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# Nursing Students Knowledge of Factors Influencing Parent Satisfaction of Pediatric Nursing Care

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Nursing Students Knowledge of Factors  
Influencing Parent Satisfaction of  
Pediatric Nursing Care

By

Carol L. Smith, RN, BSN, CRRN

A scholarly thesis submitted to the faculty of  
Gardner-Webb University School of Nursing  
In partial fulfillment of the requirements for the  
Degree of Master of Science in Nursing

Boiling Springs, North Carolina

2010

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## ABSTRACT

Professional Pediatric Registered Nurses and parents of sick children share a common goal of returning the sick child to health. To the Pediatric Registered Nurse the means to achieving the goal of returning the child to wellness involves their knowledge of signs and symptoms of disease processes and their abilities to quickly respond to warning signs of impending illness. The knowledge and abilities of the Pediatric Registered Nurse is important to the parent of the ill child however to the parent there are many other elements of care delivery that can assist the Pediatric Registered Nurse and parent in achieving the common goal of returning the sick child to health.

This non-experimental descriptive study focused on measuring nursing student's perception of the relative importance of the factors that influence parent satisfaction utilizing a tool developed by this researcher derived from the Press Ganey Inpatient Pediatric Survey © (2007).

The conceptual-theoretical basis for this research was derived from Jean Watson's Human Caring Theory and measures the ten carative factors that are imbedded in the theory. A convenience sample of 44 nursing students at a private university in the Southeastern United States completed an anonymous survey assessing their perception of the importance of care elements that influence the parent's satisfaction of pediatric nursing care. Nursing students reported higher importance to the care elements of skill of the nurses caring for the child and the nurses' attitude toward the child and parent's requests reflecting Watson's carative factors of Systematic use of the Scientific Problem-Solving method for decision making and Development of a Helping-Trusting Relationship than to the information provided about available facilities for close family

members (e.g. places to sleep, eat, shower, talk, etc.) and speed of the admission process reflecting Watson's carative factor of Assistance with Gratification of Human Needs.

## ACKNOWLEDGEMENTS

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Over the past ten years I have pursued both a BSN and a MSN. I want to especially thank my husband and best friend, Marc Smith and my beautiful daughter, Katelynn Smith for their love and encouragement along this journey. You have been with me all along the way, through the good and the bad times. Thank you from the bottom of my heart.

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## CHAPTER I

### Introduction

#### *Background*

In this age of consumerism, patient satisfaction is becoming increasingly important to healthcare facilities. Parents often do not have the knowledge, educational background, or experience to identify technically excellent nursing skills, but they do know when they believe the nurses care for their child. Parents of hospitalized children often equate the “caring attentiveness and compassion of the nurse” as quality care (Turkel, 2001).

As Registered Nurses working in Pediatric units we successfully care for sick children everyday. Our knowledge of pediatric illnesses and disease processes and our abilities to quickly recognize and react to signs and symptoms of impending illness allows us to provide quality pediatric nursing care. Quality pediatric nursing care from the nursing perspective may be different from that held by the patient’s parent. Nurses are more likely to emphasize the importance of changes in their patient’s assessment and their abilities to prevent crises, rather than emphasizing the importance of caring.

Parents describe caring in terms of actions or behaviors. This includes behaviors such as talking, listening, and touching, but also includes the attitudes with which nursing tasks are completed. Those attitudes include respect, nurturance, compassion, and commitment (Sappington, 2004). Caring includes using all the knowledge of illnesses the nurse has, but also includes being present and in relationship with the patient and the parent (Authier, 2004). Nurses are more likely to emphasize the importance of a change

in their patient's assessment and their abilities to prevent crises, rather than emphasizing the importance of caring.

Jean Watson defined nursing as caring and believes that nursing education and healthcare systems should evolve from a foundation of human interactions demonstrating concern for others (Watson, 1999). Watson (1989) also believes that the principles of human caring theory in nursing are first applied in the educational setting and afterward is transitioned into the clinical world of nursing practice. Through modeling, dialogue and practice nursing students demonstrate caring behaviors.

According to the American Nurses Association (ANA) (1995) nursing is defined as:

- Attention to the full range of human experiences and responses to health and illness without restriction to a problem-focused orientation.
- Integration of objective data with knowledge gained from understanding of the patient or groups subjective experience.
- Application of scientific knowledge to the process of diagnosis and treatment.
- Provisions of a caring relationship that facilitates health and healing.

### *Theoretical Framework*

The theoretical framework for this research is based on the Theory of Human Caring developed by Dr. Margaret Jean Harmon Watson. Her theory of caring, which she describes as a philosophy, is comprised of three major conceptual elements; Ten Carative Factors, Transpersonal Caring Relationships, and Caring Moment/Caring Occasion (Watson, 1979).

Watson's Theory of Caring was developed as she worked to "bring meaning and focus" to nursing as an emerging discipline and distinct health profession with its own

unique values, knowledge and practices, with its own ethic and mission to society” (Watson, 2006). Watson’s Theory of Caring asserts that caring is manifested in actions for and on behalf of the patient (Watson, 2006).

Watson believes that nursing or caring is an inter-subjective human process where a high value is placed on the transpersonal caring relationship between the one giving care and the one receiving care (Watson, 2006).

The theoretical framework being considered in this research will be limited to the Ten Carative Factors, which comprise the mid-range theory concepts:

1. Formation of Humanistic-Altruistic System of Values: will be represented as the student nurse’s satisfaction with giving to others and will be measured by the perception of importance of statements 2, 3, 5, and 14 of the researcher developed survey tool. (Watson, 1985).
2. Instillation of Faith-Hope: will be represented by the student nurse’s support of the child and parent beliefs and will be measured by the perception of importance of statements 7 and 12 of the researcher developed survey tool. (Watson, 1985).
3. Cultivation of Sensitivity to Self and to Others: will be represented as the student nurse’s acceptance of the hospitalized child and the parent of the child; anticipating their needs, asking about their situation, and sharing appropriate personal information are some examples of student sensitivity and will be measured by the perception of importance of statements 6 and 21 of the researcher developed survey tool. (Watson, 1985).

4. Development of a Helping-Trusting Relationship: will be represented by the student nurse's ability to communicate with the child and the parent and will be measured by the perception of importance of statements 23, 24, 25, and 26 of the researcher developed survey tool. (Watson, 1985).
5. Promotion and acceptance of the expression of positive and negative feelings: will be represented by the student nurse's ongoing emotional support of the child and the parent and will be measured by the perception of importance of statement 22 of the researcher developed survey tool. (Watson, 1985).
6. Systematic use of the Scientific Problem-Solving method for decision making: will be represented by the student nurse's skill in caring for the child and the individualized teaching to the parent that allows the parent to deal with and find solutions for medical issues and will be measured by the perception of importance of statements 1, 8, 9, and 10 of the researcher developed survey tool. (Watson, 1985).
7. Promotion of interpersonal teaching-learning: will be represented as the student nurse's ability to use the nursing process to assess and care for the child and provide learning opportunities for the parent and will be measured by the perception of importance of statements 17 and 19 of the researcher developed survey tool. (Watson, 1985).
8. Provision for supportive, protective, and corrective mental, physical, sociocultural, and spiritual environment: will be represented by the student nurse's ability to advocate for the child and parent in the clinical setting and will

be measured by the perception of importance of statement 8 of the researcher developed survey tool. (Watson, 1985).

9. Assistance with gratification of human needs: will be represented by the student nurse's ability to determine the needs of the child and the parent and will be measured by the perception of importance of statements 4, 13, 15, 16, 18, 19, and 28 of the researcher developed survey tool. (Watson, 1985).
10. Allowance for existential-phenomenological forces: will be represented by the student nurse's ability to provide avenues of expression for the child and the parent and will be measured by the perception of importance of statement 10 of the researcher developed survey tool. (Watson, 1985).

Dr. Watson believes that carative factors make up the core of nursing, which “refers to those aspects of nursing that are intrinsic to the actual nurse-patient/client process that produce therapeutic results in the person being served” (Watson, 1979). The strength of Dr. Watson's work is that it not only assists in providing the quality of care that clients ought to receive but also provides the registered nurse with the feeling of satisfaction with their care delivery which is the reason many nurses enter the profession.

#### *Purpose and Rationale*

The purpose and rationale of this research is to identify the nursing student's perception of importance of caring factors that influence parent satisfaction with Pediatric nursing care. The following research question was considered for this study: What nurse caring behaviors are perceived by nursing students caring for pediatric patients as important for patient satisfaction with nursing care?

## CHAPTER II

### Review of the Literature

#### *Parent Satisfaction*

Parents of children being treated in the pediatric hospital setting have certain expectations of the care that is delivered to their loved one. Little is known of the elements of care delivery that determines the parent's satisfaction with the pediatric care their child receives. It is important to determine the elements of care delivery that satisfies the parent as well as those elements that dissatisfy the parent.

King, Cathers, King and Rosenbaum (2001) studied "whether satisfaction is dimensional (a continuum ranging from satisfaction to dissatisfaction) or categorical in terms of its underlying elements (i.e. different elements underlying satisfaction versus dissatisfaction)" (G. King et al., 2001). In this study, 130 highly satisfied and 101 relatively dissatisfied parents were identified based on their scores on a standardized satisfaction measure. The CSQ (Larsen et al., 1979) is a standardized measure of satisfaction with high internal consistency (Cronbach's  $\alpha = .93$ ) and adequate concurrent validity. There are eight items on the CSQ, each with a response scale ranging from one to four, with higher scores indicating greater satisfaction. The parents were then asked to comment on the three things they liked most and least about the services received from a children's rehabilitation center or program which were then coded using a comprehensive coding scheme based on the medical and rehabilitation literatures (G. King et al., 2001).

This study found that satisfied parents most frequently commented on respectful and supportive care, staff competence, available services, and being provided with general information (G. King et al., 2001). Dissatisfied parents most frequently

commented on a lack of respectful and supportive care, a lack of continuity and coordination of care, and inconvenience in accessing services (G. King et al., 2001).

Studies have identified practitioners' interpersonal skills (respectful and supportive care) to be one of the most important determinants of client satisfaction (G. King et al., 2001). In this study, respectful and supportive care was mentioned frequently by both satisfied and dissatisfied parents, indicating that respectful and supportive care is the major element underlying both satisfaction and dissatisfaction (G. King et al., 2001).

Miceli and Clark (2002) conducted a retrospective database study of parent satisfaction surveys from the Press Ganey Pediatric Inpatient National Database collected during 2002. Their analysis focused on three questions:

- How satisfied are parents with the pediatric inpatient experience nationally?
- Does satisfaction differ depending on the degree of specialization (dedicated children's hospital versus a general acute care facility)?
- What are the greatest opportunities for improving the experience from the family's perspective?

The average parent overall satisfaction score was 83.8 on a 100-point scale (SD = 13.6). This translated into an average rating of the care experience situated between "good" and "very good" on the current Press Ganey Pediatric Inpatient Survey tool. The results regarding the difference in satisfaction levels shown at dedicated children's hospitals versus general acute care hospitals were mixed. There was no statistically significant difference in satisfaction between those served by dedicated children's hospitals and those served by general acute care hospitals with regard to admission issues, nursing care, tests and treatments, physician care, or discharge issues. However,

parents of children treated at dedicated children's hospitals were significantly more satisfied with their experience when it came to their child's room, meals, treatment of family and visitors, various personal issues, and their overall assessment of their experience.

The results of this study by Miceli and Clark (2002) determined that there are seven priorities for improving patient care from the parent's perspective.

- Improve staff sensitivity to the inconvenience that a child's health problems and hospitalization can cause (national average = 82.8, correlation = .77).
- Improve the degree to which the hospital staff address emotional and spiritual needs (national average = 80.0, correlation = .72).
- Improve staff response to concerns/complaints made during the child's stay (national average = 81.4, correlation = .77).
- Improve staff efforts to include parents in decisions about the child's treatment (national average = 84.1, correlation = .75).
- Improve the accommodations and comfort for visitors (national average = 80.3, correlation = .66).
- Improve information provided about available facilities for close family members (national average = 76.1, correlation = .64).
- Improve staff concern to make the child's stay as restful as possible (national average = 83.8, correlation = .72).

In conclusion this study suggests that overall satisfaction with the pediatric care experience from the parent's perspective is good to very good, but differs based on facility type (dedicated children's hospital or general acute care facility).

Ammentorp, Mainz, and Sabroe (2005) conducted a study designed to identify parents' priorities and satisfaction in relation to pediatric care to assess nurses' and physicians' ability to provide care and treatment that fulfilled parents' needs. The study included 300 parents of children admitted for acute care, and the data was collected by means of a self-administered questionnaire. The questionnaire utilized in this study consisted of 36 questions reflecting six dimensions of service quality: Access to care and treatment, Information and communication related to care and treatment, Information related to practical conditions, Physicians' behavior, Nurses' behavior and Access to service. Parents were asked to assess what they found most important on a five-point Likert scale upon admission and after discharge from the hospital. The results of this study showed parents see most aspects of care as important though the aspects valued most were questions and information relating to care and treatment. The item "Find out what is wrong with the child" had a mean score of 4.6 with a maximum score of 5.0 indicating that nearly all parents view this problem as their highest priority. Items on practical information such as "The nurses show you around the ward" and "The nurses tell you about the ward procedures" were the lowest priorities, with a mean score of 2.8. This study also found parents were most satisfied with the nurses' behavior and information given by the nurses. Other items such as "Being involved in the care and treatment" and "The physicians are kind" received a high satisfaction score among the parents. In conclusion, this study found medical care and treatment as well as information about care and treatment are issues highly ranked as important by parents and they are most satisfied when the nurses' and physicians' behavior demonstrates care and concern toward the child and the parent.

Communication with pediatric parents or families and pediatric pain management are challenging areas for pediatric health care providers (S. Hong, S. Murphy, P. Connolly, 2008). A study, conducted in a general pediatric unit (including an acute, general pediatric ward and a level III pediatric ICU) of a tertiary level teaching hospital on the west coast, explored the relationship between nurses' communication with parents and parental satisfaction with care. The researchers involved in this study tested the hypothesis that patient/parent satisfaction ratings would be significantly higher following an educational in-service on communication with parents/families provided for staff nurses and a researcher developed handout providing information to parents regarding pain management on the unit. A random sample of 50 parents from approximately 400 parents whose children were discharged in one quarter participated in a telephone survey by a professional research company. The regularly gathered parent satisfaction data were analyzed to discern whether there was a change in parent satisfaction after the interventions were implemented on the units. Results found there were positive trends showing increased satisfaction ratings. Compared to previous quarters, mean score of satisfaction with nurses' communication with parents/family increased from 81.6 to 85.3; satisfaction with nurses' instructions/explanations of treatments/tests increased from 78 to 82; satisfaction with pain management increased from 80.8 to 82.4. In conclusion the increases in percent satisfaction were not statistically significant but did show positive post intervention results, indicating that parental satisfaction ratings were higher after the two interventions were implemented on the units (Hong et al., 2008).

Despite recommendations that rehabilitation programs adopt family/patient satisfaction as an outcome measure, few studies have addressed satisfaction with services

for children with head injury. Swaine, Pless, Friedman, Montes (1999) utilized the Measure of Processes of Care (MPOC) developed by King et al (1995) to capture parents' perceptions of the extent to which specific behaviors of health-care professionals (valued by parents) occur during an episode of care (Swaine et al., 1999).

The MPOC is a self-administered questionnaire consisting of 56 items each in one of five aspects of care-giving scales: Enabling and partnership, providing general information, providing specific information about the child, Coordinated and comprehensive care and Respectful and supportive care. For each item, respondents were asked to rate to what extent a particular behavior occurs using a scale from one to seven. The study was conducted at a Children's Hospital with a designation of Level 1 pediatric trauma center. One hundred thirty-one children were admitted to the hospital for one or more nights with a concussion or skull fracture. Of these, 123 were eligible to participate; at least one parent in these families had been present during the hospital stay. The MPOC was mailed to 123 parents after their child's discharge from the hospital and administered to 16 professionals who provided the services during the child's hospitalization. The professionals were asked to rate their job satisfaction using a Likert-type scale, ranging from one to ten. The parental surveys responses ranged from 4.6 for the scale of general information to 6.4 for the scale of respectful care. The professionals' responses ranged from 5.9 for the scale of enabling and partnership to 6.6 for the scale of coordinated care. The results were interpreted that a mean score of 4 indicates that needs are sometimes met; whereas a score of close to 7 indicates that needs are being met to a great extent. In conclusion, the providers were pleased with how closely their perceptions matched those

of the parents and determined that it is feasible to collect data from parents using a standardized measure to further study parental perceptions of care (Swaine et al., 1999).

### *Nurse Perception of Caring*

Konorita, Doering and Hirschert (1991) conducted a study on nurse educators' perceptions of caring behaviors. Ninety-seven master's prepared nurses and 13 nurses near master's completion participated in the study (n = 110). The study group's nursing composition included 72 educators, 15 managers, and 23 practitioners/clinical nurse specialists. Utilizing the Caring Assessment Report Evaluation Q-sort (Care-Q), study participants were asked to indicate what they believed were the most and least important caring behaviors. Nurse in this study ranked, "Listening to patients," to be the most important caring behavior (M = 5.99, SD = 1.03). Four behaviors that nurses perceived s most important were in the Care-Q subscale of trusting relationship, followed by equal numbers in the subscales comforts, explains, and facilitates. Least important included professional in appearance, suggests questions for the patient to ask his/her doctor, cheerfulness, and organization.

### *Summary*

A review of literature found studies concerning parent satisfaction (King, Cathers, King & Rosenbaum, 1996); (Miceli & Clark, 2002); (Ammentorp, Mainz, & Sabroe, 2005); (Hong, Murphy, & Connolly, 2008); (Swaine, Pless, Friedman, & Montes, 1999). A review of literature also found a study concerning nurse perception of caring (Konorita, Doering, & Hirschert, 1991).

## Chapter III

### Method

#### *Design, Setting, and Sample*

In this non-experimental descriptive study a convenience sample of 44 nursing students in the associate degree nursing program at a university located in the southeastern United States were asked to participate in a study examining nursing students' knowledge of factors influencing parent satisfaction of pediatric nursing care. All participants in this study met the following criteria: currently enrolled in the first semester of the second year of the associate degree nursing program and participating in their obstetric/pediatric clinical rotations. Demographic data (See Appendix A) included age, gender, race, previous educational experience in years after high school, highest degree held (high school, associates, bachelors), and work experience in the healthcare industry. No one was excluded because of race or gender.

Forty-four students completed the survey; 100% of the students were enrolled in the first semester of the second year of the associate degree nursing program and were participating in their obstetric/pediatric clinical rotations. Of the total nursing students participating in this study (n = 44) 92.5% (n = 37) were women and 7.5% (n = 3) were males. Of the total nursing students participating in this study (n = 44), 4 omitted their gender. The mean age of students was 24.8 years, ranging from 19 to 42 years of age. The majority of the 44 students were Caucasian (87.5%), followed by African American (5.0%), Other (5.0%), and Hispanic (2.5%). The mean score for the group of students with no experience in healthcare was 122.72 and the mean score for the group of students with healthcare experience was 128.38.

### *Instrument*

The Press Ganey Inpatient Pediatric Survey tool (See Appendix F), developed by Press Ganey Associates, Inc (2004) was utilized to develop a Survey of Importance of Nursing Care Components of Hospitalized Children tool (See Appendix C). The researcher developed tool was comprised of 28 items on a five-point Likert Scale ranging from one (strongly disagree) to five (strongly agree). These items correspond directly to items on the Press Ganey Inpatient Pediatric Survey tool that evaluates parents' perceptions of nursing care provided to their hospitalized child, parents' perceptions of tests and treatments provided to their hospitalized child, parents' perceptions of treatment of family and visitors of the hospitalized child, parents' perceptions of the discharge process, and parents' perceptions of staff concern for personal issues.

### *Ethical Considerations*

Approval for this study was obtained from the Institutional Review Board (IRB) of the private University (See Appendix D). Permission for the use of the Press Ganey Inpatient Pediatric Survey tool was obtained from Press Ganey Inc. (See Appendix E). All the ethical requirements for conducting research with students were met before the data was collected for this study. Consent and study information was provided in the informed consent (See Appendix B).

### *Procedure*

After receiving approval for the study from the university a copy of the informed consent was given to each student and included information describing the nature, purpose, duration, minimal risk, potential benefits, means to protect confidentiality, procedures of the study and the researcher's contact information. The informed consent

also explained that participation in the study was both voluntary and anonymous and return of the completed survey signified the student's permission and enrollment into the study. It was also explained that neither grades, status in school, or graduation would be affected by participating or not participating in the study.

After reviewing the informed consent, the student agreeing to participate in the study completed the Demographic Data Sheet and the Survey of Importance of Nursing Care Components of Hospitalized Children. Each participant returned the completed survey, without identifiable criteria, face down on a designated desk and was later stored in a locked desk at the researcher's home.

#### *Data Analysis*

Quantitative data was entered by a graduate assistant into a personal computer for analysis utilizing the Statistical Package for Social Sciences (SPSS 16.0). Independent samples t-test was made to determine the difference between nursing students' perception of level of importance of nursing care components of hospitalized children if they had healthcare industry experience or if they did not have healthcare industry experience. A two-tailed alpha level of significance was set at .05 and Levene's test for equality of variances was performed.

## Chapter IV

### Results

To identify students' perceptions of importance of nursing care components of the hospitalized children the means of the five highest importance nursing care components and the lowest importance nursing care components were identified by the mean and the standard deviation. The means of the five highest importance nursing care components ranged from 4.72 to 4.75. The highest mean score of the highest importance nursing care components was attributed to the item, "skill of the nurses caring for your child", followed by "instructions given about how to care for your child at home", "nurses' attitude toward you and your child's requests", "skill of the person who took your child's blood (e.g., did it quickly, with minimal pain, and was responsive to your child)", and "skill of the person who started IV's (e.g., did it quickly, with minimal pain, and was responsive to your child)" (see Table 1).

Table 1

*Students' perception of the Five Highest Important Nursing Care Components*  
*Nursing Care Component*

	<u>M</u>	<u>SD</u>
Skill of the nurse caring for your child	4.75	.438
Instructions given about how to care for your child at home	4.74	.441
Nurses' attitude toward you and your child's requests	4.72	.454
Skill of the person who took your child's blood	4.72	.504
Skill of the person who started IV's	4.72	.454

The means of the five lowest importance nursing care components ranged from 4.27 to 4.40. The highest mean score of the lowest importance nursing care components was attributed to the item, “speed of the discharge process after you were told your child could go home”, followed by “degree to which hospital staff addressed your emotional needs”, “speed of the admission process”, “accommodations and comfort for visitors of you and your child”, and “information provided about available facilities for close family members (e.g., places to sleep, eat, shower, talk, etc.)” (see Table 2).

Table 2

*Students Perception of the Five Lowest Important Nursing Care Components*  
*Nursing Care Component*

	<u>M</u>	<u>SD</u>
Speed of the discharge process after you were told you could go home	4.40	.660
Degree to which hospital staff addressed your emotional needs	4.37	.536
Speed of the admission process	4.34	.645
Accommodations and comfort for visitors of you and your child	4.32	.708
Information provided about available facilities for close family	4.27	.660

## Chapter V

### Discussion

#### *Interpretation of Findings*

The purpose and rationale of this research is to identify the nursing student's perception of importance of caring factors that influence parent satisfaction with Pediatric nursing care. The results of this study indicated that nursing students perceive that skills of the nurse caring for the hospitalized child are the most important nursing care component that influences the satisfaction of the parent of the hospitalized child. One possible explanation for this finding may be found in the design of the nursing curriculum in nursing programs. In the nursing programs there is an emphasis on learning nursing skills to care for the hospitalized child and less of an emphasis on the concept of caring and appropriate interaction with the hospitalized child and his or her parent.

The results of this study also indicated that there isn't a significant difference in the nursing students' perception of importance of caring factors that influence parent satisfaction with Pediatric nursing care if the nursing student has experience in the healthcare setting or has not worked in a healthcare setting before attending a nursing program. A possible explanation for this finding may be that the nursing student with the experience in a healthcare setting has worked in a setting that doesn't require interaction with hospitalized children or parents.

#### *Implications for Nursing*

This research focused on the student nurse's perception of level of importance of nursing care components that influence the satisfaction of the parent of a hospitalized child. As healthcare facilities place more of an emphasis on patient satisfaction perhaps

it will present an opportunity for nursing programs to evaluate the curriculum and include discussion or presentation of important elements of patient satisfaction.

In an era of evidence-driven nursing practice focusing on the science of the nursing profession, an emphasis on nursing theory may be important. As healthcare facilities adopt the caring theory as their practice guide for direct patient care and incorporate Watson's theory into their education, hiring, job descriptions and staff programs perhaps it will present an opportunity for nursing programs to identify a specific nursing theory to adopt and utilize as a guide when developing the nursing program curriculum.

#### *Limitations of this study*

Study limitations include the use of a convenience sample of associate degree nursing students at one university in the southeastern United States. The small sample size limits the generalization of the results of this study.

#### *Implications for Further Research*

Parents and professional caregivers share the same goal of returning a sick child to health but do not always view the care giving situation from the same perspective. Little is known about the elements of nursing care components that underlie parents' satisfaction with nursing care delivery. Determining the most important components of satisfaction and dissatisfaction will assist health care managers to know what should be done to enhance nursing care delivery.

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Appendix A

Demographic Data Sheet

Age in Years: \_\_\_\_\_

Gender: Male: \_\_\_\_\_

Female: \_\_\_\_\_

Race: White: \_\_\_\_\_

African American: \_\_\_\_\_

Hispanic: \_\_\_\_\_

Other: \_\_\_\_\_

Previous educational experience in years after high school: \_\_\_\_\_

Highest degree held: High School: \_\_\_\_\_

Associates: \_\_\_\_\_

Bachelors: \_\_\_\_\_

Work experience in the healthcare industry: Yes: \_\_\_\_\_

No: \_\_\_\_\_

If so, what capacity: \_\_\_\_\_

Thank you for your participation.

## Appendix B

### Informed Consent

Researcher: Carol L. Smith, RN, BSN, CRRN

Gardner-Webb University School of Nursing

Carol Smith is a graduate nursing student studying student nurses' knowledge of factors influencing parent satisfaction of pediatric nursing care.

As nursing students you are being asked to participate in this study. Although the study will not benefit you directly, the knowledge gained from this study will help future nursing students and also advance parent satisfaction of pediatric nursing care.

You are invited to complete an anonymous survey and a demographic data sheet. Participation in this study will take approximately 20-30 minutes. Your participation in this study is voluntary and will not affect your grades, status in school, or graduation. Responses are anonymous. I do not anticipate any risk to you as a result of your participation in this study.

Results of the study will be shared with all participants, nursing faculty and data may also be used in nursing publications and presentations.

Your return of the survey signifies your permission and enrollment into the study. You are free to ask any questions about the study or your participation in the study and you may call Carol Smith @ (704) 860-4671 (cell) or e-mail @ [carol.smith@carolinashealthcare.org](mailto:carol.smith@carolinashealthcare.org)

## Appendix C

### Research Tool

## **Survey of Importance of Nursing Care Components of Hospitalized Children**

As a nursing student, we are interested in your opinions about the importance of nursing care of hospitalized children. Please indicate your level of agreement with the importance of the following care components that may impact parental satisfaction of nursing care of hospitalized children.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. Speed of the RN admission process.					
2. Courtesy of the RN who admitted your child.					
3. Friendliness/courtesy of the nurses caring for your child.					
4. Promptness in responding to the call button.					
5. Nurses' attitude toward you and your child's requests.					
6. Amount of attention paid to you and your child's special or personal needs.					
7. Degree to which nurses kept you informed using language you could understand.					
8. Skill of the nurses caring for your child.					
9. Skill of person who took your child's blood (e.g., did it quickly, with minimal pain, and was responsive to your child).					
10. Skill of person who started IV's (e.g., did it quickly, with minimal pain, and was responsive to child).					
11. Concern for your child's comfort during tests or treatments.					
12. Degree to which tests and treatments were explained using language you could understand.					
13. Accommodations and comfort for					

visitors of you and your child.					
14. Staff attitude toward family and visitors.					
15. Comfort of overnight facilities for parents.					
16. Information provided about available facilities for close family members (e.g. places to sleep, eat, shower, talk, etc.)					
17. Degree to which you felt ready to have your child discharged.					
18. Speed of discharge process after you were told your child could go home.					
19. Instructions given about how to care for your child at home.					
20. Staff concern for your and your child's privacy.					
21. Staff sensitivity to the inconvenience that a child's health problems and hospitalization can cause.					
22. Degree to which hospital staff addressed your emotional needs.					
23. Response to concerns/complaints made during your child's stay.					
24. Staff efforts to include you in decisions about your child's treatment.					
25. Degree to which staff respected your knowledge of your own child.					
26. Staff concern not to frighten your child.					
27. How well your child's pain was controlled.					
28. Staff concerns to make your child's stay as restful as possible.					

Appendix D

Gardner-Webb University Institutional Review Board Approval

Appendix B



THE INSTITUTIONAL REVIEW BOARD  
of  
GARDNER-WEBB UNIVERSITY

This is to certify that the research project titled Nursing Students' Knowledge of Factors Influencing Patient  
Adherence in Pediatric Nursing Care  
being conducted by Carol Smith

has received approval by the Gardner-Webb University IRB.

Date 12/1/09

Exempt Research

Signed [Signature]  
Department/School/Program IRB Representative  
[Signature]  
Department/School/Program IRB Member

Expedited Research

Signed \_\_\_\_\_  
Department/School/Program IRB Representative  
\_\_\_\_\_  
IRB Administrator or Chair or Institutional Officer

Non-Exempt (Full Review)

Signed \_\_\_\_\_  
IRB Administrator  
\_\_\_\_\_  
IRB Chair  
\_\_\_\_\_  
IRB Institutional Officer

Expiration date 12/1/09

IRB Approval:

Exempt  Expedited  Non-Exempt (Full Review)

Revised 09-09

## Appendix E

### Press Ganey Permission

Date: Monday, November 23, 2009 10:27 AM  
From: Bradley Fulton <BFulton@pressganey.com>  
To: csmith543@carolina.rr.com <csmith543@carolina.rr.com>  
Cc: Robert Wolosin <rwolosin@pressganey.com>, Donald Malott <DMalott@pressganey.com>, Dr Rebecca Beck Little <rbeck-little@gardner-webb.edu>  
Subject: Your Request for PG's Inpatient Pediatric Survey

---

Ms. Smith,

Your request to use Press Ganey's standard Inpatient Pediatric survey has been approved. If you need a signed copy of your request letter for your records, please send me a fax number and I will send it to you.

Attached is a copy of the current version of that survey. If you have any questions as you move forward with your research feel free to contact me. Also please keep us updated.

Good luck with your work!

**Brad**

**Bradley R. Fulton, Ph.D.**

Senior Researcher

Press Ganey Associates, Inc.

Partners in Improvement

(800) 232-8032, Ext. 249

Fax: 574-232-3485

<http://webmail.nyc.rr.com/do/mail/message/mailto?to=bfulton%40pressganey.com>

<http://webmail.nyc.rr.com/do/redirect?url=http%253A%252F%252Fwww.pressganey.com>

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PG\_Inpatient\_Pediatric\_Standard\_Survey\_11-23-09.pdf

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# Appendix F

## Press Ganey Inpatient Pediatric Survey

	very				
	poor	fair	good	good	
	1	2	3	4	5
1. Overall cheerfulness of the hospital.....	<input type="radio"/>				
2. How well staff worked together to care for your child.....	<input type="radio"/>				
3. Overall rating of care given at this hospital.....	<input type="radio"/>				
4. Likelihood of your recommending this hospital to others.....	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_

### OPEN-ENDED

1. Name one thing you wish were different about our hospital: \_\_\_\_\_

2. What was the best thing about your family's experience with our hospital? \_\_\_\_\_

Patient's Name (optional): \_\_\_\_\_

Parent's or Guardian's Name (optional): \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_

# CLIENT LOGO

## INPATIENT PEDIATRIC SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

### BACKGROUND QUESTIONS (write in answer or fill in circle (for example ●) as appropriate)

1. Patient's first stay here.....  Yes  No

2. Child admitted through the Emergency Department.....  Yes  No

3. Did your child have a roommate?.....  Yes  No

4. Was your child placed on a special or restricted diet during most of the stay?.....  Yes  No

5. Did a parent or guardian stay overnight?.....  Yes  No

6. Do you have insurance that limits your choice of physician or provider (e.g., HMO, PPO)?.....  Yes  No

7. Main source of payment for hospital stay: (fill in one circle only)

Private Insurance  
 Medicaid  
 Self-Pay

8. Room number: [ ] [ ] [ ]

9. Number of days in hospital: [ ] [ ] [ ] days

10. Date of admission: [ ] [ ] [ ] [ ] [ ] [ ]

11. Patient's sex.....  Male  Female

12. Patient's age..... [ ] [ ] [ ] years

13. Did someone give you information about the Patient's Bill of Rights?.....  Yes  No

INSTRUCTIONS: Please read the services you and your child received from our facility. Fill in the circle that best describes your experience. If a question does not apply to you or your child, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you or your child.

Please use black or blue ink to fill in the circle completely.  
Example: ●

### A. ADMISSION

	very				
	poor	fair	good	good	
	1	2	3	4	5
1. Speed of admission process.....	<input type="radio"/>				
2. Courtesy of the person who admitted your child.....	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_

continued...



This survey was current at the time of printing and distribution to you. If you would like to confirm that it is still the most recent version, please contact your consultant or Account Executive.

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CL#0000-PO0000-00-00007

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Appearance of room	<input type="radio"/>				
2. Room cleanliness	<input type="radio"/>				
3. How well things worked (e.g., TV, call button, lights, bed, etc.)	<input type="radio"/>				
4. Courtesy of the person who cleaned the room	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. If your child was placed on a special diet, how well it was explained to you and your child	<input type="radio"/>				
2. Temperature of the food (e.g., cold foods cold, hot foods hot)	<input type="radio"/>				
3. Quality of the food	<input type="radio"/>				
4. Availability of the kind of food your child likes to eat	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Friendliness/courtesy of the nurses	<input type="radio"/>				
2. Promptness in responding to the needs of your child	<input type="radio"/>				
3. Nurses' attitude toward requests	<input type="radio"/>				
4. Amount of attention paid to your and your child's special or personal needs	<input type="radio"/>				
5. Degree to which nurses kept you informed using language you could understand	<input type="radio"/>				
6. Skill of the nurses	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Skill of person who took your child's blood (e.g., did it quickly, with minimal pain, and was responsive to child)	<input type="radio"/>				
2. Skill of person who started IVs (e.g., did it quickly, with minimal pain, and was responsive to child)	<input type="radio"/>				
3. Concern for your child's comfort during tests or treatments	<input type="radio"/>				
4. Degree to which tests and treatments were explained using language you could understand	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Helpfulness of the people at the information desk	<input type="radio"/>				
2. Accommodations and comfort for visitors	<input type="radio"/>				
3. Staff attitude toward family and visitors	<input type="radio"/>				
4. Comfort of overnight facilities for parents	<input type="radio"/>				
5. Information provided about available facilities for close family members (e.g., places to sleep, eat, shower, talk, etc.)	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Time the physician spent with your child	<input type="radio"/>				
2. Degree to which the physician kept you informed using language you could understand	<input type="radio"/>				
3. Physician's concern for you and your child's questions and worries	<input type="radio"/>				
4. How friendly and caring the physician was toward your child	<input type="radio"/>				
5. Trust you had in your child's physician	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Degree to which you felt ready to have your child discharged	<input type="radio"/>				
2. Speed of discharge process after you were told your child could go home	<input type="radio"/>				
3. Instructions given about how to care for your child at home	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Staff concern for you and your child's privacy	<input type="radio"/>				
2. Staff sensitivity and assurance that a child's health problems and hospital stay are confidential	<input type="radio"/>				
3. Degree to which staff addressed your emotional needs	<input type="radio"/>				
4. Response to concerns/complaints made during your child's stay	<input type="radio"/>				
5. Staff efforts to help you in decisions about your child's treatment	<input type="radio"/>				
6. Degree to which staff respected your knowledge of your own child	<input type="radio"/>				
7. Staff concern not to frighten your child	<input type="radio"/>				
8. How well your child's pain was controlled	<input type="radio"/>				
9. Staff concern to make your child's stay as restful as possible	<input type="radio"/>				

Comments (describe good or bad experience): \_\_\_\_\_



continued...