

Parental Satisfaction With Nursing Care Provided For Their Children Undergoing Minor Surgeries

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Abstract

Background: Parents' satisfaction represents an important indicator for the quality of health care delivery, and it is a widely accepted factor, which needs to be studied repeatedly for better functioning of health care systems. **Aim of the study:** The study was aimed to assess parental satisfaction with nursing care provided for their children undergoing minor surgeries. **Research design:** Descriptive design was utilized to conduct the study. **Setting:** The study was conducted at surgical daily care unit at pediatric hospital affiliated to Ain Shams University. **Subjects:** total eighty parents accompanied their children from one month to twelve years old undergoing minor surgeries admitted to the previously mentioned settings over a six months periods. **Tools for data collection:** Two tool an interview questionnaire sheet to assess characteristics of parents, children and their knowledge about satisfaction, Likert type like scale to assess parents satisfaction regarding the care provided for their children undergoing minor surgery. **Results:** less than half of the studied parents had good knowledge regarding satisfaction with nursing care for their children under going minor surgery, while the quarter of the studied parents had poor knowledge level. Additionally more than third of the studied parents was satisfactory with the care provided to their children under going minor surgery.. **Conclusion:** Based on the present study findings, it could be concluded that the less than half of the studied parents had good total knowledge regarding nursing care satisfaction for their children under going minor surgery, while the quarter of the studied parents had poor total knowledge level. Additionally, more than two fifth of the studied parents had high total satisfactory score regarding the care provided to their children under going minor surgery. Furthermore, the more than fifth of them had low total satisfactory level.. Also, there were highly statistically significant relations between the studied parents' total knowledge, total satisfactory score regarding the care provided to their children and their personal characteristics **Recommendations:** parents' satisfaction survey should be carried out routinely to improve the efficiency and quality of health services provided in surgical units., Replication of the study using a larger probability sample from different setting and population to generaliz

Keywords: Parents' satisfaction, nursing care for children, minor surgery.

Introduction

Parents' satisfaction is considered to be a measure of health care, and hospitals worldwide use it to improve the quality of health used to evaluate the quality of medical services by evaluating the objective outcomes of patients' physical condition (*Rider & Perrin, 2017*). Parents should still be considered as the most important estimator of the quality of care. Parents' opinions and satisfaction status may affect their future behaviors related to the treatment outcomes, Analysis of the parents' subjective feedback can fully understand the areas that need to be improved, which can

upgrade the quality of medical care (*Mehmet Sargin et al., 2020*).

Measuring parent satisfaction has become integral to the evaluation of health care services, parent satisfaction has defined it as an individual's appraisal of the health care services received and their assessment of the service providers, Satisfaction is a reflection of the consumer's personal preferences, expectations, and the realities of the care received, others have described satisfaction had been defined as the health care recipient's cognitive evaluation and emotional reaction to the structure or attributes of the setting, the caregiving process, and the outcome of their

service experience or the parent's judgment about the quality of care received (*Kruszecka et al., 2019*).

Surgery is one of the most stressful and frightening events of life for parents and children. Surgery as a way to correct child's health problem and or remove diseased tissues that are affecting a person's health and quality of life. Surgeries normally fall into two comprehensive types, major surgery, and minor surgery (*Neumayer et al., 2017*). Minor pediatric surgeries are considered to be procedures that allow children to return to their everyday lives within a relatively quick period postoperatively. These surgeries may be done on an outpatient basis with children being allowed to go home the very same day or the one thereafter, major complications are also very rare following minor surgeries (*Humphreys et al., 2018*).

The nurse is one of the important component of health team in caring for children the pediatric nurse gives direct bedside care to sick children, guide families in the care of their children during health and illness, in hospital and at homes. Nurse should provide children and their parent with the best possible patient experience and outcomes in health care, care should be delivered locally, where safe, and centrally managed in an appropriate environment by staff with the right skills at centers with the right facilities (*RCS, 2013*).

Significant of the study:

No previous study was conducted at Pediatric Nursing department for assessing parent satisfaction toward the care provided to their children undergoing minor surgery. Identifying the relation between parental satisfaction with the care given and children health status under minor surgery. As well as parent satisfaction is a good standard for measuring health care quality, so health care providers must use parent satisfaction for improving health care and for positive results. The prevalence of minor surgery is 55% in Egypt 2015 according to ministry of health which reflects the daily cornerstone of nursing care and need more attention for caring of children under minor surgery. On the other hand the minor

surgery in Arabic countries represents 61% in Saudi Arabian 2017. On average, 3.9 million surgical procedures are performed on children in the united states each year, with 4.8% of children undergoing minor surgeries had greatly reduced likelihood of surgical intervention in the united states 2020.

Aim of the work

To assess parental satisfaction with nursing care provided for their children undergoing minor surgeries

Research Questions:

- What are Parents knowledge regarding the nursing care provided for their children undergoing minor surgery?
- Are parents satisfied by the nursing care provided for their children undergoing minor surgery?
- Are there relation between parents characteristics and their satisfaction?

Subject and Methods

The subject and methods of the current study were porteria under the following four (4) designs:

Research Design

A descriptive design was used to conduct this study.

Setting:

The study was conducted at surgical daily care unit at pediatric hospital affiliated to Ain Shams University because it represents public sector of Egypt and most of patients are coming from different governorate.

Subject:

A purposive sample consisted of the 80parents having children from 1 month to 12 years ndergoing minor surgeries

Technical Design

Tools I:

Data collection was obtained by using the following tools:

1- Questionnair format by interview:

It was developed by the researcher after reviewing of literature and was written in simple Arabic language to suite level of parents understanding, it is include the following parts:

Part (I):

- a) Characteristics of parents such as (age, education, occupation, income, The residence, home condition)
- b) Characteristics of children under going minor surgeries.: (age, sex, rank, number of family member, reason of admission,, minor surgery name, duration of hospitalization period)

Part (2):

Parents knowledge about satisfaction toward nursing care provided for their children under going minor surgery, it is include of 6 question Meaning of satisfaction containing 5 items, Causes leading to satisfaction containing 5 items, Causes leading to unsatisfaction containing 6 items, Indicators of satisfaction containing 6 items, Outcome of satisfaction containing 6 items. and Factor affecting of satisfaction containing 8 items.

❖ Scoring system

- Good knowledge >60%
- Average knowledge 50-60%
- Poor knowledge <50%

Tool II**Parent's satisfaction scale:**

To assess parents satisfaction regarding the care provided for their children undergoing minor surgery Likert scale adopted from *Rudman, (2011)* it was developed by (*Latour, 2013*) and modified by the researcher after reviewing of literature.

It was designed as Likert type like scale will include statements, each statement will be evaluated as agree (2), uncertain (1), and disagree (0). it was composed from 4 parts.

Parent's satisfaction towards the surgical unit, it was containing 7 items, Parent's satisfaction towards the nurses' perception of the parents' needs, it was containing 8 items, Parent's satisfaction towards the health teams' perception of the parents' needs, it was containing 8 items, and Parent's satisfaction towards the care provided to their children by the health team it was containing 11 items.

❖ Scoring system

- High satisfied >75%
- Moderate satisfied 50-75%
- Low satisfied <50%

Operational Design

The operational design for this study consisted of three phases, namely, preparatory phase, pilot study, and fieldwork.

Preparatory phase:

A review of past and current literature covering the various aspect of research problem. It done by using the available articles, periodicals, journals and text books to be acquainted with the research problem.. During this phase, the researcher also visited the selected places to get acquainted with the personnel and the study settings. Development of the tools was under supervisors' guidance and experts' opinions were considered.

Pilot study:

Pilot study was carried out on 10% (8 parents) of the studied parents at the previously mentioned settings in order to test the applicability of the constructed tools and its clarity and validity. The pilot has also served to estimate the time needed for each subject to fill in the questions. According to the results of the pilot, no corrections and omissions of items were performed. The pilot participants were included in the main study sample.

Content Validity and Reliability:

Content Validity Tools was exposed to jurying committee by a group of experts (3 experts for pediatric nursing and 2 experts for surgical pediatric medicine) to gain their experiences and opinion's regarding the tools contents and modification was done accordingly.

Content reliability of the tool was tested to ensure that an assessment tool produces stable and consistent result over times. Reliability of the study tools for knowledge was done by alpha Cronbach test (0.89) and satisfaction alpha Cronbach test (0.87).

Field work:

The actual field work of this study was carried out over 6 months period started from the beginning of April 2020 till the end of September 2020 from 9 a.m. to 2 p.m. three days per week. The researcher was introduced

herself in previously mentioned setting and explain aim of the study. Each parent/child was interviewed individually to gather the necessary data of the study. The parents were asked to give their responses according to the study tools. The required time to collect data for the questionnaire sheet, parent knowledge about satisfaction and parent's satisfaction scale consumed about 30-40 minutes filled by researcher.

Administrative design:

Written approval to carry out the study was obtained by the Dean of Faculty of Nursing Ain Shams University to general director of pediatric surgical unit.

Ethical considerations:

Verbal approval was obtained from the parents before inclusion in the study; a clear and simple explanation was given according to their level of understanding. They secured that all the gathered data was confidential and used for research purpose only.

The ethical research considerations include the following:

- The research approval was obtained from the faculty ethical committee before starting the study.
- The researcher was clarifying the objectives and aim of the study to nurses included in the study before starting.
- The researcher was assuring maintaining anonymity and confidentiality of subjects' data included in the study.
- The parents informed that they are allowed to choose to participate or not in the study and they have the right to withdraw from the study at any time.

Statistical analysis

Data collected from the studied sample was revised, coded and entered using computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 20. Data were presented using descriptive statistics in the form of frequencies, percentages. Chi-square test (X^2) was used for comparisons between qualitative variables.

Results:

Table (1): Describes that, 43.7% of the studied fathers aged between 25 to less than 35 years old with $\bar{X} \pm SD$ of 31.77 ± 7.43 , 37.5% of them had secondary education, 100.0% of them were working, and 31.3% were employers, while 75.0% of them had enough monthly income. While, 37.5% of the studied mothers aged between 25 to less than 35 years old with $\bar{X} \pm SD$ of 29.52 ± 6.90 , 35.0% of them had secondary education, 56.3% of them were not working, and 43.7% of them were housewives.

Table (2): Illustrates that, 73.8% of the studied children were living in urban areas, and 100% of them had a well ventilated house with both sanitary water supply and sewage disposal inside them.

Table (3): Shows that, 31.3% of the studied children aged between 1 to less than 3 years old with $\bar{X} \pm SD$ of 6.35 ± 2.93 , 68.8% of them were males, and 47.5% of them were the second child in the family. As regards the number of family members, 58.8% of them had from 4 to 5 members in their family with $\bar{X} \pm SD$ of 1.58 ± 0.495 .

Figure (1): This figure reveals that, 26.3% of the studied children had inguinal hernia, 18.7% of them had hydrocele, while 15.0% of them had circumcision.

Table (4): This table reveals that 68.8% of the studied parents knowledge regarding the meaning of nursing care satisfaction were Giving the nursing care within skillful manner and the shortest possible time.

Table (5): This table describes that 91.2% of the studied parents knowledge regarding the responsible persons for providing nursing care were about the nurses and, 62.5% about nursing auxiliary.

Figure (2): This figure demonstrates that, 43.7% of the studied parents had good total knowledge score regarding nursing care satisfaction, and 31.3% of them had average total knowledge score, while 25.0% of them had poor total knowledge score.

Table (6): Denotes that, 42.5% of the studied parents were satisfied with the nurses' perception of the parents' needs, 22.5% of them

were uncertain, while 35.0% of them were unsatisfied.

Table (7): Reveals that, 37.5% of the studied parents were satisfied with the care provided to their children by the health team, 27.5% of them were uncertain, while 35.0% of them were unsatisfied.

Figure (3): This figure shows that, 41.2% of the studied parents had high total satisfactory score regarding the care provided to their children, and 35.0% of them had moderate total satisfactory score, while 23.8% of them had low total satisfactory score.

Table (8): Describes that, 41.3%, and 37.5% of the studied parents who had poor total knowledge score aged between 25 to less than

35 years old respectively, while 25.0%, and 26.3% of them who had poor total knowledge score had preparatory education respectively. The same table also shows that there were highly statistically significant relations between the studied parents' total knowledge score and their personal characteristics especially education and age ($P < 0.001$).

Table (9): Shows that, 16.3% of the studied fathers who had low total satisfaction score aged between 25 to less than 35 years old, and 21.3% of them who had moderate total satisfaction score had secondary education. The same table also shows that there were highly statistically significant relations between the studied parents' total satisfaction score and their personal characteristics ($P < 0.001$).

Table (1): Distribution of the studied parents according to their personal characteristics, (n = 80).

personal characteristics	Fathers' personal characteristics		Mothers' personal characteristics	
	No.	%	No.	%
age (Years):				
< 25 years	15	18.8	20	25.0
25 - < 35	35	43.7	30	37.5
35 - < 45	20	25.0	25	31.3
45+	10	12.5	5	6.2
	$\bar{X} \pm SD$ 31.77 \pm 7.43		$\bar{X} \pm SD$ 29.52 \pm 6.90	
Educational level:				
Illiterate	12	15.0	15	18.7
Primary education	10	12.5	10	12.5
Preparatory education	20	25.0	21	26.3
Secondary education	30	37.5	28	35.0
University education	8	10.0	6	7.5
Occupation:				
Working	80	100.0	35	43.7
Not working			45	56.3
The type of work:				
Handicraft	15	18.7		
Driver	15	18.7		
Worker	8	10.0		
Employer	25	31.3	30	37.5
Teacher	17	21.3	15	18.7
Housewife			35	43.7
Monthly income:				
Enough	60	75.0		
Not enough	20	25.0		

Table (2): Distribution of the studied parents according to their residence and home condition, (n = 80).

Residence and home condition	No.	%
The residence:		
Urban	59	73.8
Rural	21	26.3
Home condition:		*
Well ventilated	80	100.0
Sunny	78	97.0
Presence of sanitary water supply	80	100.0
Presence of sanitary sewage disposal	80	100.0
Close to work	20	25.0

* Responses are not mutually exclusive

Table (3): Distribution of the studied children according to their personal characteristics, (n = 80).

Personal characteristics	No.	%
Age (Years):		
Less than 1 year	18	22.5
1 - > 3	25	31.3
3 - > 6	20	25.0
6 - > 9	10	12.5
9 - > 12	7	8.7
	$\bar{X} \pm SD$ 6.35 ± 2.93	
Sex:		
Male	55	68.8
Female	25	31.2
The child ranking:		
1 st	24	30.0
2 nd	38	47.5
3 rd	18	22.5
The number of family members:		
3 members	33	41.2
4 - 5	47	58.8
	$\bar{X} \pm SD$ 1.58 ± 0.495	

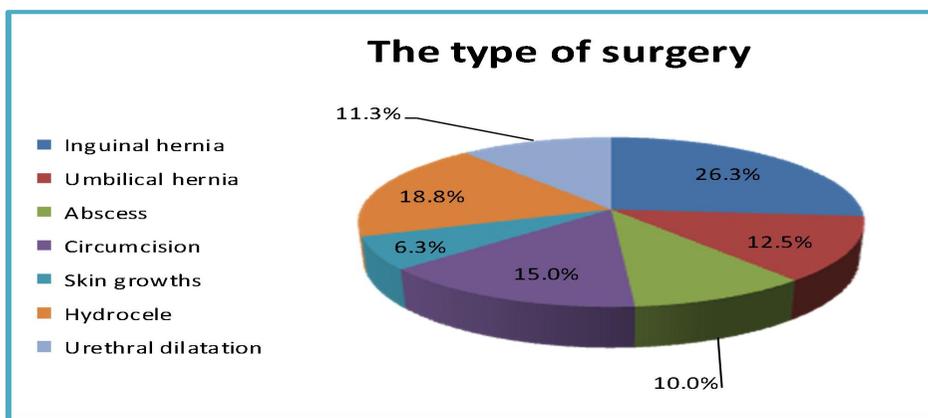
**Figure (1):** Distribution of the studied children according to the type of surgery, (n = 80).

Table (4): Distribution of the studied parents according to their knowledge(opinion) regarding the meaning of nursing care satisfaction, (n = 80).

Knowledge items	No.	%
The meaning of nursing care satisfaction:		
1- Giving the nursing care within skillful manner and the shortest possible time.	55	68.8
2- Providing physical and psychological care.	40	50.0
3- The integration between the health care provided by the health team with the services that parents expect to be given to their children.	45	56.3
4- The extent to which the child is affected and responded to the nursing care provided to him.	50	62.5
5- All of the above.	30	37.5

* Responses are not mutually exclusive

Table (5): Distribution of the studied parents according to their knowledge(opinion) regarding the responsible persons for providing nursing care, (n = 80).

Knowledge items	No.	%
The responsible persons for providing nursing care:		
1- The nurses.	73	91.2
2- The surgeon.	30	37.5
3- Anesthesiologist.	25	31.2
4- Nursing auxiliary.	50	62.5
5- The secretary of the unit.	3	3.8
6- All of the above.	40	50.0

* Responses are not mutually exclusive

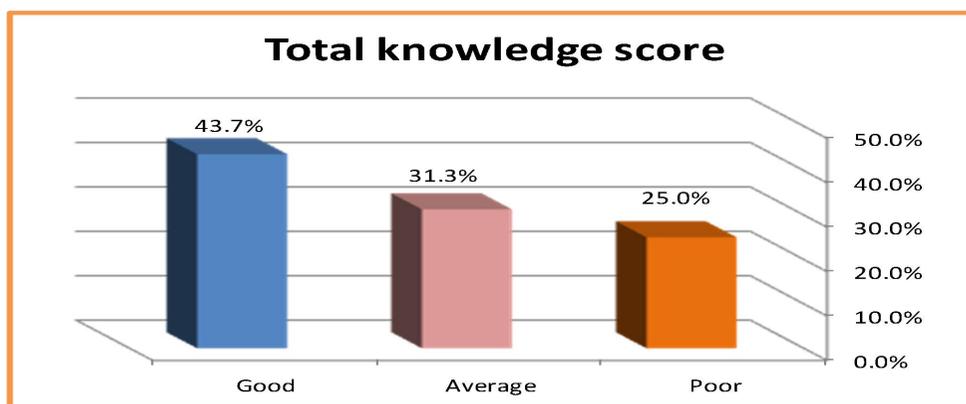


Figure (2): Percentage distribution of the studied parents' total knowledge score regarding nursing care satisfaction, (n = 80).

Table (6): Distribution of the studied parents according to their satisfaction towards the nurses' perception of the parents' needs, (n = 80).

Items	Agree		Uncertain		Disagree	
	No.	%	No.	%	No.	%
The nurse allows me enough time to talk with her about the child's condition.	32	40.0	23	28.7	25	31.3
The nurse's facial expressions make me feel comfort.	26	32.5	43	53.7	11	13.8
The nurse answers all my questions honestly.	29	36.3	30	37.5	21	26.2
The nurse explains to me the child's condition from entering the unit until after the surgery.	38	47.5	16	20.0	26	32.5
The nurse takes care of my words when I speak and listen to me without interrupting.	39	48.7	16	20.0	25	31.3
The nurse makes sure that I am present with the child during the nursing care.	33	41.3	15	18.7	32	40.0
The nurse encourages me to give treatment to my child.	35	43.7	25	31.3	20	25.0
The nurse encourages me to express my feelings.	30	37.5	30	37.5	20	25.0
Total	34	42.5	18	22.5	28	35.0

Table (7): Distribution of the studied parents according to their satisfaction towards the care provided to their children by the health team, (n = 80).

Items	Agree		Uncertain		Disagree	
	No.	%	No.	%	No.	%
The health team is aware of their profession.	37	46.3	18	22.5	25	31.2
Takes the child's medical history on admission and receive him friendly.	22	27.5	23	28.7	35	43.8
The health team informs me about who is responsible for my child's condition.	40	50.0	27	33.7	13	16.3
The health team provides psychological support to me and my child.	30	37.5	26	32.5	24	30.0
The health team provides my child with the right medication at the right time.	35	43.7	24	30.0	21	26.3
The health team works to meet the needs of me and my child.	36	45.0	25	31.2	19	23.8
The health team provides me with oral and written information on how to take care of my child at home.	30	37.5	28	35.0	22	27.5
The child is receiving good nursing care.	25	31.2	31	38.8	24	30.0
Provid care to my child is satisfactory.	35	43.7	29	36.3	16	20.0
The health team provides the same care to all children without any bias.	30	37.5	20	25.0	30	37.5
The health team keeps the secrets and privacy of my child.	36	45.0	30	37.5	14	17.5
Total	30	37.5	22	27.5	28	35.0



Figure (3): Distribution of the studied parents' total satisfaction score regarding the care provided to their children undergoing to minor surgery, (n = 80).

Table (8): Relation between the studied parents' total knowledge score and their personal characteristics, (n= 80).

The personal Characteristics	Total knowledge score						Significance test	
	Good		Average		Poor		X ²	P-value
	No.	%	No.	%	No.	%		
Father's age (Years):								
< 25 years	3	3.8	9	11.3	3	3.8	55.86	0.001**
25 - < 35	0	0.0	2	2.5	33	41.3		
35 - < 45	11	13.8	8	10.0	1	1.3		
45+	4	5.0	4	5.0	2	2.5		
Educational level:							56.83	0.001**
Illiterate	3	3.8	9	11.3	0	0.0		
Primary education	0	0.0	0	0.0	10	12.5		
Preparatory education	0	0.0	0	0.0	20	25.0		
Secondary education	13	16.3	8	10.0	9	11.3		
University education	2	2.5	4	5.0	2	2.5		
Mother's age (Years):							57.84	0.001**
< 25 years	3	3.8	9	11.3	8	10.0		
25 - < 35	0	0.0	0	0.0	30	37.5		
35 - < 45	14	17.5	9	11.3	2	2.5		
45+	1	1.3	3	3.8	1	1.3		
Educational level:							58.44	0.001**
Illiterate	3	3.8	9	11.3	3	3.8		
Primary education	0	0.0	0	0.0	10	12.5		
Preparatory education	0	0.0	0	0.0	21	26.3		
Secondary education	14	17.5	8	10.0	6	7.5		
University education	1	1.3	4	5.0	1	1.3		
Mother's occupation:							55.61	0.001**
Yes	0	0.0	15	18.7	20	25.0		
No	35	43.7	10	12.5	0	0.0		
Monthly income:							34.28	0.001**
Enough	15	18.7	25	31.3	20	25.0		
Not enough	20	25.0	0	0.0	0	0.0		

Table (9): Relation between the studied parents' total satisfaction score and their personal characteristics, (n= 80).

The personal Characteristics	Total satisfaction score						Significance test X ² P-value	
	High		Moderate		Low			
	No.	%	No.	%	No.	%		
Father's age (Years):								
< 25 years	5	6.3	1	1.3	9	11.3		
25 - < 35	10	12.5	12	15.0	13	16.3	15.90	0.001**
35 - < 45	3	3.8	10	12.5	7	8.7		
45+	0	0.0	6	7.5	4	5.0		
Educational level:								
Illiterate	5	6.3	0	0.0	7	8.7		
Primary education	2	2.5	2	2.5	6	7.5	19.80	0.001**
Preparatory education	7	8.7	5	6.3	8	10.0		
Secondary education	4	5.0	17	21.3	9	11.3		
University education	0	0.0	5	6.3	3	3.8		
Mother's age (Years):								
< 25 years	6	7.5	2	2.5	12	15.0		
25 - < 35	9	11.3	11	13.8	10	12.5	16.78	0.001**
35 - < 45	3	3.8	13	16.3	9	11.3		
45+	0	0.0	3	3.8	2	2.5		
Educational level:								
Illiterate	5	6.3	1	1.3	9	11.3		
Primary education	3	3.8	2	2.5	5	6.3	18.50	0.001**
Preparatory education	7	8.7	7	8.7	7	8.7		
Secondary education	3	3.8	15	18.7	10	12.5		
University education	0	0.0	4	5.0	2	2.5		
Mother's occupation:								
Yes	11	13.8	5	6.3	19	23.7	13.94	0.001**
No	7	8.7	24	30.0	14	17.5		
Monthly income:								
Enough	17	21.3	18	22.5	25	31.3		
Not enough	1	1.3	11	13.8	8	10.0		0.001**

Discussion

Parents' satisfaction represents an important indicator for the quality of health care delivery, and it is a widely accepted factor, which needs to be studied repeatedly for better functioning of health care systems. Parent is the best judge for the quality of health care so the factors affecting parents' satisfaction must be taken in consideration (Keiza et al., 2017).

The current study was aimed to assess parental satisfaction with nursing care provided for their children undergoing minor surgery.

Discussion of findings will cover four parts including characteristics of the studied children and their parent, the parents' knowledge regarding nursing care satisfaction, the parents' satisfaction regarding the care

provided for their children undergoing to minor surgery and Relations between the study variables.

As regards socio- demographics characteristics of studied fathers' children the findings of the current study revealed that less than one half were aged between 25 to less than 35 years old with $\bar{X} \pm SD$ of (31.77 ± 7.43) and more than one third of them had secondary education (table 1), This is in accordance with El sherbiny et al. (2015). Who studied Patient's a Health Care Provider Satisfaction with Outpatients Clinics System in fayoum University Hospital found that their mean age was 24.6 years old and 47.9% were of secondary education.

As regards socio-demographic characteristics of studied mothers' children the findings of the current study showed that more than one third of studied children were aged between 25 to less than 35 years, the mean of the studied mothers' children was (29.52 ± 6.90) years (**table 2**). These findings in accordance with *Eileen et al., (2020)*, who studied Parent Satisfaction With Care and Treatment Relates to Missed Nursing Care in Neonatal Intensive Care Units mentioned that 52% of the studied mothers' children were aged from 25- 34 years old. The findings also supported by *Yilmaz et al., (2016)* who studied Evaluation of the effect of sociodemographic characteristics on the satisfaction of mothers in neonatal Intensive Care Units in Turkey, reported that three quarter of the mothers in their study were within the age group less than 30 years

Regarding children characteristics, the present study displayed that the mean age of the studied children was (6.35 ± 2.93) years and less than one third of them aged 1 to less than 3 years old (**table 3**). These findings were in contrast with *Mahmood, (2015)*, who studied Mothers' Satisfaction Regarding Emergency Nursing Care of their Children, cleared that nearly one third of children (32.5%) aged from $7 < 10$ years.

The findings of the current study revealed that more than one quarter of the studied children had inguinal hernia (**figure 1**). The findings were in contrast with *Aydin et al., (2016)*. Who studied Parental Satisfaction with Pediatric Day Case Surgery. Mentioned that 57% of the surgeries were ear, nose and throat (ENT).

Concerning parents' knowledge regarding the meaning of nursing care satisfaction. More than two thirds of the studied parents had correct knowledge regarding the meaning of nursing care satisfaction about giving the nursing care within skillful manner and the shortest possible time. (**table 4**). In the researcher point of view it because the parent had past experience about nursing care. This finding was supported by *Yilmaz et al., (2016)*. Who studied Evaluation of the effect of sociodemographic characteristics on the satisfaction of mothers in neonatal Intensive Care Units in Turkey reported that, the highest

score of parent knowledge about nursing care satisfaction was achieved in the subscales of information and technical skills of the staff.

Concerning parents' knowledge regarding the responsible persons for providing nursing care, most of the studied parents had correct knowledge about nurses as the most responsible person (**table 5**). It due to all Egyptian think that the nurse is the person only who can give care in hospitals. The finding supported by *Dian (2020)*, whom studied Parent Satisfaction about Nurse Caring Behavior: Based on Swanson's Theory of Caring and Transcultural Nursing Theory Surabaya, Indonesia mentioned that, caring is given completely by the nurse to the patient and is very closely to parent satisfaction.

It was cleared from the findings of the current study that, more than two fifth of the studied parents had good total knowledge score regarding nursing care satisfaction (**figure 2**). It may related to the parents had previous hospitalization and most of parents were educated. This study was agree with *Tesfa and Tsige, (2019)*. Who studied Parental Satisfaction and Involvement Concerning Care of Their Hospitalized Child. Bahir Dar University, Bahir Dar, Ethiopia. mentioned that The overall knowledge level of parents concerning their child's hospital care showed that more than half 134 (59.8 %) parents had good knowledge about nursing care satisfaction. The finding also supported by *Sam et al., (2017)*. Who studied Parental satisfaction with pediatric day-care surgery reported that, overall knowledge score was 88% in the study population.

According to the present study, more than two fifth of the studied parents were satisfied with the nurses' perception of the parents' needs (**table 6**). It may attribute to the nurses had enough time to speak with parents and give attention to their needs. These findings were supported by *Naiire et al., (2019)*. Who studied The Process of Satisfaction with Nursing Care in Parents of Hospitalized Children stated that parents and family need to be reassured about their children problems. However, *Ulus & Kublay, (2017)*. Who studied Turkish adaptation of the health care parent satisfaction scale, demonstrated that there

was an inefficacy of health care personnel in providing sufficient information for the parents of children with critical conditions.

It was illustrated from the current study that more than one third of the studied parents were satisfied with the care provided to their children (**table 7**), it might due to nurses care with children very well and share parents in the care. These findings were supported by *Matziou et al., (2015)*. Who conducted a study of Parents' satisfaction concerning their child's hospital care mentioned that, the parents showed greater satisfaction with staff attitudes and medical treatment.

Regarding the studied parents' total satisfaction score regarding the care provided to their children undergoing to minor surgery. It was observed from the current study that more than one third of the studied parents had high total satisfactory score regarding the care provided to their children (**figure 3**), it was similar to a study carried out by *Awad Allah et al., (2017)* whom studied Patient Satisfaction at Dentist Clinic in Zagazig University Hospitals Egypt at Zagazig University Hospitals Dental Clinic, where 66.2% of studied participants were satisfied about treatment. This study finding was also supported by *Selwa and Bindu (2017)*. Who studied Parents' Satisfaction with Nursing Care for Pediatric Gastrointestinal Endoscopy Patients in Khartoum State Public Hospitals Khartoum, Sudan mentioned that nearly Three quarters (74.5%) were totally satisfied with the services provided to their children about less than one quarter (21.9%) of them was moderately satisfied while only (3.6%) were not satisfied.

In relation between the studied parents' total knowledge score and their personal characteristics, the current study clarified that there were highly statistically significant relations between the studied parents' total knowledge score and their personal characteristics especially education and age ($P < 0.001$). (**table 8**). It may due to younger parent usually limited experience and this may influence their information and knowledge. This result disagree with (*Ragab et al., 2019*). Who studied Women awareness and

satisfaction toward health services provided at family health centers in mini revealed that, there is no significant relationship between studied woman personal data and awareness with the health services provided at the family health center P -value ≥ 0.05 .

In relation between the studied parents' total satisfaction score and their personal characteristics, the current study clarified that there were highly statistically significant relations between the studied parents' total satisfaction score and their personal characteristics ($P < 0.001$) (**table 9**). Perhaps lower parental education is associated with lower awareness of the child's and parental rights in the hospital, the lack of knowledge about the developmental specificity, and consequently less expectations about the nursing team. It was disagree with *Smolen et al., (2019)* who studied Determinants of Parental Satisfaction with Nursing Care in Paediatric Wards A Preliminary Report, reported that There was no relationship between parental gender ($p = 0.59$), age ($p = 0.19$) and general satisfaction with nursing care and the assessment within all major criteria ($p > 0.05$). This results also disagree with *Alsaqri (2016)* who studied Parent satisfaction with quality of nursing care at governmental hospitals, Saudi Arabia found that, no relationships were found between gender and patient satisfaction levels

According to the present study, less than one fifth of the studied fathers who had low total satisfaction score aged between 25 to less than 35 years old, and one fifth of them who had moderate total satisfaction score had secondary education (**table 9**). These findings in constant with *Hagen et al., (2019)*. Who studied Parental satisfaction with neonatal intensive care units: a quantitative cross-sectional study found that, parents' age was the third most important areas and was positively and significantly related to total satisfaction indicating that older parents were more satisfied. This findings not supported by *Wong et al., (2016)*. Who studied Parental satisfaction with quality of care in neonatal follow-up programs found that, age was not significantly related to parental satisfaction, while *Tsironi et al., (2016)*. Who studied Factors affecting parental satisfaction in the neonatal intensive care unit found that,

younger parents were significantly more satisfied than older parents were.

The aim of the study achieved and the researcher identify the level of parents' satisfaction with nursing care in surgical units. The findings of the present study provide nurses with information about aspects that enhance or hinder parents' satisfaction.

Conclusion

Based on the present study findings, it was concluded that the less than half of the studied parents had good total knowledge regarding nursing care satisfaction for their children under going minor surgery, while the quarter of the studied parents had poor total knowledge level. Additionally, more than two fifth of the studied parents had high total satisfactory score regarding the care provided to their children under going minor surgery. Furthermore, the more than fifth of mothers had low total satisfactory level. That, the more than third of them had moderate total satisfactory level. Also, there were highly statistically significant relations between the studied parents' total knowledge, satisfactory regarding the care provided to their children and their personal characteristics.

Recommendations

In the light of the study findings, the following recommendations are suggested:

- Parents' satisfaction survey should be carried out routinely to improve the efficiency and quality of health services provided in surgical units.
- Using oral and written information about how to provide the health care for children at the home.
- Encourage the parents in the process of decision making related to their child's health condition.
- Replication of the study using a larger probability sample from different setting and population to generalize.

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