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Parental Satisfaction and Factors Affecting Parental Satisfaction at Pediatric Emergency Unit, Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia: A Cross-Sectional Study

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ABSTRACT

Background: Parental satisfaction is an important part of quality care. This is particularly true in emergency departments, which uniquely cannot refuse patients, even when at full capacity. These departments are tasked with the rapid diagnosis and treatment of emergency patients. When parents are actively involved and content with the care their child receives in the hospital, it enhances their understanding of their child's illness and adherence to the prescribed treatment plan. This study aimed to assess parental satisfaction and identify factors that affect parental satisfaction.

Methods: We conducted a cross-sectional study with parents who visited the pediatric emergency unit from June to September 2022. Trained interns collected the data using a pretested self-administered questionnaire. We analyzed the data and calculated frequencies and percentages for all variables. Binary logistic regression was used to determine associated factors.

Result: In this study, 52.8% of parents were overall satisfied with the emergency service. The highest satisfaction scores were for patient care by doctors and nurses (54.2%), while the lowest scores were for the hospital environment and parental participation (49.6% and 45.4%, respectively). The regression analysis revealed that parental satisfaction was significantly associated with parents' age, occupation and the longer waiting time before seeing a doctor.

Conclusion: The results showed that the hospital service met the mean expectations of half of the parents, but there were significant shortcomings in the hospital environment and the involvement of parents in the care process. The level of satisfaction among parents varied depending on their age, occupation and the time they had to wait before seeing a doctor.

Keywords: Parental satisfaction, Emergency unit, Tikur anbesa specialized hospital, Pediatric, Healthcare

African Relevance

This study on parental satisfaction at a Pediatric Emergency unit in Ethiopia reflects the African context of quality of care and the level of communication between healthcare providers and parents, which affects the outcome of the patients.

To improve the experience of care for children and their families in the emergency department, we need to know and respect the preferences and values that influence parents' trust and confidence in the health system and their willingness to seek care in the future.

Furthermore, this provides critical feedback and guidance for healthcare providers to improve their practice and meet the needs and expectations of parents in the newly developing healthcare systems of Africa.

1. Introduction

1.1. Background

Emergency departments have a unique role in hospitals. They cannot turn away any patient, even when they are full. They also must diagnose and treat emergency cases quickly[1]. It is important to measure the satisfaction of patients or guardians with the medical service they receive. This can help improve patient-centered care and policies at medical facilities[2-4].

Satisfaction is how well the service provided by the hospital matches the expectations of the patients. It depends on many factors, such as the personal and social characteristics of the patients and their relatives, their previous experiences, their future hopes, the hospital facilities and how urgent they think their condition is[5]. The pediatric emergency unit admits all critically ill children who need hospital care, except for newborns <7 days old and surgical emergencies that require immediate intervention. Patient satisfaction depends more on the personal, social and medical factors of the patient than on the quality of care they receive[6].

To improve the experience of care for children and their families in the emergency department, we need to know and respect their preferences and values. A report by the American Academy of Pediatrics suggests some key aspects of family-centered care for patient satisfaction in pediatric emergency care, such as allowing family presence, being culturally sensitive, communicating well, sharing decisions, coordinating with the primary care provider and giving clear discharge instructions[7]. Many studies have shown that parental satisfaction is a vital part of quality care. When parents are involved and satisfied with their child's care in the hospital, they can better understand their child's illness and follow their treatment plan[8-11]. In a study conducted at the pediatric emergency department of Mayo Hospital, most 60% of the participants were male while, (69.5%) of the participants reported an overall satisfaction rate[12]. In a separate study conducted in Ethiopia focusing on the neonatal ICU, a significant majority of the respondents, accounting for 79.6%, were female and out of these, 63% expressed satisfaction with the care received[13]. In Korian pediatric emergency study 40.2% were having overall parental satisfaction while, environmental 33.3% and waiting time satisfaction were (68.3%) but in Greek, Denmark hospital (80.2%), higher parental satisfaction respectively[14-16] 36.1%[17]. In one of Germen study most (93.4%) of participants were mother and overall parental satisfaction.

According to a study by the Düzce University Faculty of Medicine, there was a strong link between how satisfied the parents were and whether they would suggest their relatives choose the pediatric emergency department. Most of the parents said they would go to the pediatric emergency department again. In the same study, the overall parental satisfaction was 79%[18]. According to Mohamed Beshir's research in Jimma, Ethiopia study which was done in pediatric wards 68% of the caregivers were found to be satisfied[19]. In a study conducted by Kibret and his colleagues[20] in our hospital's pediatric wards, 224 parents were evaluated, resulting in an overall parental satisfaction rate of 59.8%. In Tikur Anbessa Specialized Hospital, the parental satisfaction with the care of their children and the emergency environment is not known. The purpose of this research is to assess how satisfied parents are with the services provided by the pediatric emergency unit of Tikur Anbessa Specialized Hospital, which is affiliated with Addis Ababa University and to pinpoint the elements that affect this satisfaction. The goal of our study is to offer valuable insights to healthcare practitioners and administrators to enhance care quality and boost parental satisfaction.

2. Methods

2.1. Study design

Institution-based cross-sectional study.

2.2. Study area and period

This study was done at Tikur Anbessa Specialized Hospital, one of the five specialized referral hospitals in Addis Ababa. The city has 11 sub-cities 100 districts and 48 hospitals in total. Thirteen of these hospitals are public and five are under the Addis Ababa City Health Bureau. Tikur Anbessa has more than 800 beds and serves roughly 370,000 to 400,000 patients each year. The pediatric emergency unit has 45 beds and treats about 9,000 emergency cases each year or 750 each month. The study period was from June 1 to August 31, 2022.

2.3. Source and study population

We selected the parents of children who were admitted to the pediatric emergency unit during the study period as the source of the population. The study population included only the parents who agreed to take part in the study and whose children stayed in the unit for at least 24 hours.

2.4. Sample size

The sample size was determined by, from the previous study done at Tikur Anbessa specialized hospital pediatric ward showed that 40.2% of the parents were not satisfied with 5% marginal error, 95% Confidence Interval (CI) and a none response rate of 10%. Based on this assumption, the actual sample size for the study was determined using the formula for single population proportion.

$$n = \frac{(Z_{\alpha/2})^2 P (1-P)}{d^2}$$

Where n=Sample size

Z=z value corresponding to a 95% level of significance=1.96

p=expected proportion of parental satisfaction=40.2%=0.4

q= (1-p) = (1-0.4) =0.6

d=absolute precision (5%)

None response rate=10%

Therefore, based on using the above single population proportion formula the sample size can be calculated as:

n= (1.96)2 0.4(1-0.4), n=368

(0.05)2

However, since the total number of children visited at pediatrics emergency unit per month and even per year is less than 10,000.so, reduction formula was employed as follows

$$nf = \frac{n}{1+\frac{n}{N}}$$

Where nf = final sample size resulted from the reduction formula

n = calculated sample size using simple proportion formula which is 368

N = total population (total pediatric emergency cases per month) which is an average of 523 visited children per month so

Nf= $\frac{368}{1+368/523}$ Therefore nf =216

Adding 10 % to the calculated number the final sample size was 216. So nf =238e included in the study.

2.5. Sampling procedure

The study recruited parents or guardians of pediatric emergency patients who met the inclusion criteria until the minimum sample size 238 was reached. Parents or guardians who were literate in Amharic filled out the questionnaire themselves after giving written consent. For those who were not, the interns interviewed them and completed the questionnaire on their behalf.

2.6. Inclusion and Exclusion Criteria

The study included parents and/or guardians who stayed in the pediatric emergency unit with their children for at least 24 hours during the study period. Parents whose children died in the hospital were excluded from the study.

2.7. Study Variables

2.7.1. Dependent variable

- Level of parent's satisfaction whose children are hospitalized.
- Communication (Information)
- Hospital environment
- Parental participation
- Patient care (both medical and nursing care)
- Communication (information)
- Waiting time

2.7.2. Independent variables

- Parents' socio-demographic characteristics
- Duration of hospital stay.
- Frequency of previous hospitalization

2.7.3. Operational definitions: To determine the overall satisfaction level of parents using a 5-point Likert scale, you can apply the following formula to calculate the average satisfaction score: {(total highest score-total lowest score)/2} + Total lowest score, this formula finds the average point between the maximum and minimum possible scores, then adds the minimum possible score to establish the level of satisfaction[20-22].

The satisfaction level for each aspect was gauged by the average score. Scores that fell below the average were deemed as unsatisfied, whereas scores that exceeded the average were interpreted as satisfaction. The following were the average scores for the various dependent variables.

General satisfaction - 3.65

Patient care satisfaction - 3.6

Information satisfaction - 3.3

Waiting time satisfaction - 3.09

Hospital environment satisfaction - 3.1

Parental participation satisfaction - 3.03

- The hospital's atmosphere, characterized by elements like the level of noise, tidiness, systematic arrangement and the safeguarding of privacy and confidentiality, received positive evaluations from parents. Their feedback surpassed the predefined standard for measuring the quality of the hospital's physical environment, reflecting their contentment[20].
- Patient care encompasses the tangible assistance provided by nurses, doctors and other healthcare professionals to patients. This includes administering medical treatments, offering nursing support, displaying compassion, responding promptly and giving advice. Satisfaction in patient care is determined if the cumulative score of these individual aspects exceeds a certain threshold[21].
- Waiting Time: This term refers to the duration parents and patients spend in the hospital awaiting healthcare services. Satisfaction with waiting times is inferred when the aggregate score for these periods surpasses a specified benchmark, as determined by the threshold demarcation formula[22].

2.8. Data collection procedure and quality assurance

The data collection process was followed by a thorough verification of the data's completeness.

The parent satisfaction survey questionnaire was developed from validated other study and adjusted after a pilot study to fit cultural norms[20]. The survey originally drafted in English, was carefully polished and then translated into Amharic by language experts. To ensure accuracy, it was subsequently retranslated back into English.

We pre-tested the tool on 5% of the monthly seen patients and assessed its clarity, length, completeness, consistency and required time. Based on the pre-test findings, we revised the tool. Two trained interns collected the primary data and a resident supervised them. The tool was culturally appropriate in general the questionnaire comprises five dimensions out of 39 questions (8 questions in patient care, 6 questions in communication, 2 question in participation, 3 question hospital environment and 3 question in waiting time) The literate participants filled out the questionnaire by themselves (54%) after getting a verbal explanation and consent. The interns interviewed the illiterate participants (46%) after obtaining verbal consent. The data's completeness was assessed by the supervisor daily.

2.9. Data analysis

The data were coded, cleaned and examined using the Statistical Package for Social Science (SPSS) version 26. The missing data were not included in the analysis. As descriptive statistics to display the findings, we used frequency and percentage. Bivariate analysis and crude odds ratio with 95% Confidence Interval (CI) were used to see the association between the independent variables and the outcome variable

by using binary logistic regression. The level of statistical significance was considered at a P- value less than 0.05. The data were summarized using graphs and figures.

2.10. Ethical consideration

The study was approved by the research and publication committee of the Department of Pediatrics and Child Health, College of Health Sciences, Addis Ababa University. The study also obtained written and verbal permissions from the pediatric emergency unit of Tikur Anbessa Specialized Hospital. The study participants were informed about the purpose and significance of the study and their consent was obtained before collecting data. They were also told that they could choose not to participate or withdraw from the study at any time. The privacy and confidentiality of the information were protected and the data was collected have no any identifier. The collected data was kept in locked cupboard

3. Results

3.1. Socio-demographic characteristics

A total of 268 parents were approached and 238 accepted to participate, making the response rate 89%. Out of a total of respondents, 120 (50.4%) were mothers. Most of the participants, 193 (81.1%) were less than 40 years of age. Furthermore, 195 (81.9%) of the participants were married and only 68 (28.6%) attended high school. Most (57.6%) of the respondents this was their first visit to the emergency department (Table 1).

Table 1: Socio-demographic characteristics of parents whose child was admitted at Tikur Anbessa specialized hospital pediatrics emergency unit, Addis Ababa Ethiopia, 2022.

Characteristics	Total (n=238) Number (%)
Sex	
Female	120(50.4)
Male	118(49.6)
Age in years	
<20 years	2(0.8)
20 - 40 years	191(80.3)
41 - 60 years	45(18.9)
Marital status	
Single	24(10.1)
Married	195(81.9)
Divorced	9(3.8)
Widowed	4(1.7)
Live separate place	6(2.5)
Educational status	
No formal learning	22(9.2)
Below high school	66(26.7)
9th - 12th grade	40(16.8)
College Diploma	42(17.6)
University Degree and Above	
Occupation	
Governmental employee	55(23.1)
Private	42(17.6)
Merchant	30(12.6)
Farmer	32(13.4)
Housewife	60(25.2)
Others (specify)	19(8)*
Estimate of monthly income	
Less than 1000 Birr	52(21.8)
1000 - 3000 Birr	47(19.7)
Greater than 3000 Birr	139(58.4)
Relationship with the child	
Father	96(40.3)
Mother	115(48.3)
Other	27(11.3)**
Frequency of previous hospitalizations	
Once	137(57.6)
More than once	101(42.4)
Duration of hospital stay	
<3 days	112(47.1)
3-7 days	87(36.6)
8-14 days	17(7.1)
More than two weeks	22(9.2)
Is there any chronic disease?	
Yes	166(69.7)
No	72(30.3)
Emergency arrival time	
During working hours	179(75.2)
During duty hours	59(24.8)
Reason for waiting in emergency services	
Examination	77(32.4)
Treatment	38(16)
Hospitalization	123(51.7)
For how long does your child wait before being examined by a physician?	
Less than 15 minutes	87(36.6)
15 – 30 minutes	40(16.8)
30 – 60 minutes	27(11.3)
Greater than 1 hour	84(35.3)

*= laborer, student, bête shine, no job, **= aunt, ankle grandmother, grandfather

3.2. Parental satisfaction

3.2.1. Proportion of quality care of overall satisfaction in pediatric emergency units: The overall satisfaction level of parents regarding their child's pediatrics emergency care showed that 126 (52.9 %) were satisfied and the remaining 112 (47.1 %) were unsatisfied (Figure 1).

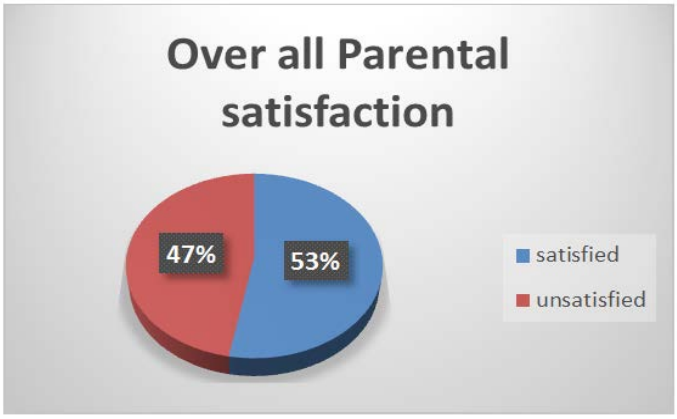

Figure 1: Parental satisfaction of children admitted at Tikur Anbessa Specialized Hospital Pediatrics Emergency Unit, Addis Ababa, Ethiopia, in 2022.

3.2.2. Parental satisfaction level by dimensions (indices): The data analysis calculated the mean percentage of parental satisfaction for each care index and the overall quality scale. The results showed that half of the parents were satisfied with the care, communication and information provided by the doctors, nurses and staff (54.2%, 52.1% and 50.8% respectively). The parents were less satisfied with the hospital environment and their involvement in discussions (49.6% and 45.4% respectively) (Figure 2).

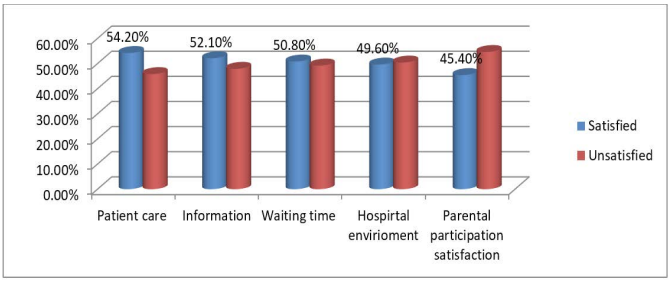

Figure 2: Parental satisfaction level by dimensions (indices) at Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia 2022 (n=238).

3.2.3. Factors associated with parental satisfaction: Parents aged 40 and below had 72% lower odds of being satisfied than patients aged above 40 (AOR= 0.28, 95% CI 0.11-0.67, P-value= <0.01). Parents who waited 15-30 minutes, 30-60 minutes and more than an hour before being examined by a physician had 84%, 75% and 89% reduced odds of satisfaction than those who waited only for 15 minutes and less (P-value < 0.001) (Table 2).

4. Discussion

In order to deliver quality care that is centered around the patient, it's crucial to evaluate the level of satisfaction of the patients or their guardians. This means that nurses and doctors should understand and meet the needs and preferences of patients, as well as consider their family and social situations when making decisions. The overall parental satisfaction was 53%. This is comparable with the study conducted in the Bahir Dar Hospital 59.8% this minor difference pertains to the present study conducted on patients admitted to the pediatric ward[20]. However, relatively lower than the study done in the southern part of Ethiopia and Pakistan study (63%) and (69%) respectively[12,13].

Table 2: Results from Bivariate and multivariable logistic regression analysis about parental satisfaction in Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia 2022 (n=238).

Variables	Categories	Parental Satisfaction		AOR (95%CI)
		Unsatisfied (%)	Satisfied (%)	
Waiting period before evaluation by doctors	Less than 15 minutes	64(26.8%)	23(9.6%)	
	15 minute - 30 minutes	23(9.6%)	17(7.1%)	8.983(1.357,59.483)
	30 seconds -1hr	13(5.4%)	14(5.9%)	.928(.144,5.987)
	Greater than 1 hour	53(22.2%)	31(13%)	.765(.186,3.139)
Total time spent in the Emergency unit satisfaction	Satisfied	24(10%)	97(40.7%)	
	Unsatisfied	88(36.9%)	29(12.2%)	35.451(6.877, 182.746)
Patient care satisfaction	Satisfied	22(9.2%)	107(44.98%)	
	Unsatisfied	90(37.8%)	19(7.98%)	42.335(9.203, 194.740)
Hospital environment satisfaction	Satisfied	23(9.7%)	95(39.9%)	
	Unsatisfied	89(37.4%)	31(13%)	63.877(11.813, 345.392)
Information satisfaction	Satisfied	22(9.2%)	102(42.8%)	
	Unsatisfied	90(37.8%)	24(10.1%)	32.660(6.751, 157.990)
Participation satisfaction	Satisfied	22(9.2%)	86(36.1%)	
	Unsatisfied	90(37.8%))	40(16.8%)	17.164(3.860, 76.335)

COR=Crude odds ratio, AOR=Adjusted Odds ratio, *=p. value<0.05, **=P value <0.01, ***= p value <0.001

This difference can be attributed to our study being conducted in an emergency setting with a larger patient volume, whereas the study by Eden et al., carried out in a NICU in Pakistan, might have a comparatively well-structured emergency setup. This was higher than the national average satisfaction rate in Korea (40.2%)[17] but lower than the rates reported in other studies from Düzce University (79%)[18] and Germany (68.3%)[14]. The differences in satisfaction levels could be due to socio-cultural, economic and health service quality factors, as well as the different study settings, such as regular wards versus emergency rooms. The parental participation satisfaction on their child management was 45.4% which is lower than the study done in the same hospital accounting for 58.9%[23] this difference is our study was done in a pediatric emergency while the other study was done in a pediatric inpatient word.

In our study, environmental satisfaction happens in 49.6% of this almost similar to the same hospital[23] study of 53.6% but lower than the study done by Eden et.al 68%[13].

The waiting time at the emergency unit was satisfactory for 50% of the parents in this study. This was much lower than the satisfaction rates reported in other studies from a Greek hospital (75%)[15], Düzce University (69%)[18] and Denmark[16]. This could be due to the insufficient resources, quality of health service and staff in the study setting. The study also showed that parents who waited for less than 15 minutes for their children to be seen by doctors were more satisfied than those who waited longer. This result was lower than that of a German study[14], which might indicate the different economic conditions of the countries.

Half of the parents (52.2%) were happy with the amount of information they got about their child's course of illness and treatment. This result is higher than the study done in Tikur Anbessa Hospital's children's ward (47.3%)[23], but lower than the one from a Greek hospital in 2022 (67-75%), Eden et.al[13], study 79% and Indian[24] study (99.8%) this high discrepancy might be explained by the availability of good resource and environment. Even though it was tried to inform the parents about their

child's illness the parents were usually panicked by their child's problem they may not be satisfied with the information that was given. This outcome agreed with the Jimma study[19].

Most of the parents (69.7%) were satisfied with how the pain was handled and how fast the pain relief was administered. This finding was comparable to a study done at Tikur Anbessa Hospital (75%)[23]. However, this practice needs to be improved so that patients should be pain-free.

The study also revealed that the parents had limited involvement in their children's care and wanted more active participation in the decision-making process and the interventions or procedures during their hospitalization.

The factor that was statistically significantly associated with parental satisfaction in this study was: parental age (< 40 years) the younger the age the more satisfied (p-value 0.01), which is consistent with the findings of studies in Bahir Dar Hospital inpatient pediatric ward[20]; The waiting time at the emergency unit (p-value 0.0001) which is also in line with the studies in Greece and UK[15,25].

5. Strengths and Limitations of the Study

5.1. Strengths

- It examined both patient and institutional factors that may affect the quality of care in the pediatric emergency service, which provides a comprehensive and holistic perspective.
- It can serve as a basis for further similar and large-scale studies since there is limited literature on this topic in Ethiopia and Africa.

5.2. Limitations

- Being a cross-sectional study, it cannot establish causal relationships between the dependent and independent variables.
- There may be a social desirability bias in the responses of the parents, who may not report their true beliefs or experiences.
- There is a lack of adequate literature on the same or related topic in Ethiopia and Africa, which makes it difficult to compare the results with other studies.

6. Conclusion

The results of this study showed that half of parents were satisfied with the quality of care that their children received at the pediatric emergency unit. However, the parents expressed low levels of satisfaction with the emergency environment and their involvement in their children's treatment. These findings suggest that there is room for improvement in these aspects of the pediatric emergency service.

7. Recommendations

- The pediatric emergency unit should improve the emergency environment by providing more comfortable waiting areas, reducing noise levels and ensuring privacy options for children and parents.
- The pediatrics emergency unit should increase the involvement of parents in their children's treatment by providing clear and timely information, explaining the diagnosis and procedures, seeking their consent and preferences and addressing their concerns and questions.
- The pediatric emergency unit should conduct regular surveys to measure the satisfaction of parents and children and use the feedback to identify areas of improvement and implement quality improvement initiatives.

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