Measuring Parents' Satisfaction with Pediatric In-Hospital Care

Thesis

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Abstrct

In that study, we found that; the parents were dissatisfied regarding the amount of information given to them by the physicians. They need to have more information about their children's illness, investigation, and treatment. On the other hand, their perception of the Physician's work environment was positive. They were convinced that, doctors have a heavy work load and they are working under stressful condition.

Key word; **Measuring - Satisfaction -Pediatric**

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Finally, I dedicate this work to the memory of my father, Dr. Shaker Zakher, and to all my family who support me with their love and care.

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Abbreviations list:

- AACH: American Academy on communication in Health Care.
- AAP: American Academy of Pediatrics.
- ED: Emergency department.
- ICU: Intensive Care Unite.
- NICU: Neonatal Intensive Care Unite.
- PICU: Pediatric Intensive Care Unite.
- QOF: Quality and Outcome Framework.

The Aim of Work:

Measurement of parent satisfaction has the potential to be an important component in evaluating service adequacy because parents usually are (a) responsible for obtaining health services for their children, (b) key to the success of treatment through their participation, (c) the best source of information about the effects of caring for a child with health problems, and (d) the primary caregivers after service completion.

Research consistently shown that the most important factor contributing to satisfaction in the healthcare context has been interpersonal relationship between staff and consumers. Technical aspects of care, although an important determinant of clinical outcomes, have not been found to account for significant variance in consumer satisfaction. Focusing on interpersonal interactions of staff, therefore, served as the common denominator when developing items for the parent satisfaction questionnaire described in this thesis.

So, the purpose of that study is twofold. First, to attempt to develop an Arabic language questionnaire for assessing parent satisfaction with inpatient care in pediatric hospital, taking into account that item pool selection should incorporate the importance of the communication skills of the physicians. Second, to elicit parents' assessments of care in the particular setting of (Kasr El Ainy Children's hospital and possibly identify the contributing factors to their dissatisfaction.

Introduction

Patient satisfaction with care and ease of using health care services are important quality and access- to- care indicators and key measures for monitoring and evaluating the performance of health care systems. ***(Ngui and Floris 2006).***

Interest in the area of patient satisfaction in health care was generated almost half a century ago. Early reports in the 1970s demonstrated the relationship between patients and professionals followed by a series of studies interested in the patients' view of medical and nursing care. In the 1980s, the concept of quality of care became a major issue in monitoring and improving health care. Consequently, and due to the public exerting its influence in health care, patients' opinions became an important issue in the assessment of the quality of services. ***(Latour 2005).***

Some authors divide researches in patient satisfaction as three periods and may be viewed as three different historical eras. During "The Age of Exploration" (1968-1977), a few early forays established the field as worthy of serious inquiry. ***Koarsch and colleagues*** found that, mothers expected pediatricians to be friendly, to communicate well, and to provide information about their child's condition and its cause. For parents expecting to learn the cause and nature of their child's illness, failure to have this expectation met led to considerable dissatisfaction. ***(Korsch et al. 1968).*** Other early studies explored the range and salience of patient's expectations in many clinical contexts.

Next, came the “Age of Discovery” (1978-1988), the 1984 paper by ***Uhlmann and coworkers*** clarified important distinctions between expectations (probabilistic

beliefs that something will happen), desires (wishes that something will occur), explicit expectations (expectations verbally communicated to the provider) and requests (desires communicated to the provider). Despite the appeal of this taxonomy, other researchers have rarely applied it**.** ***(Uhlmann et al. 1984).***

The third period (1989-present) might be called the “Age of Refinement and Applications”. The emphasis has been on the use of different assessment methods in different clinical settings. Increasing attention has been paid to expectations and requests associated with specific symptoms and requests for services by symptomatic patients or their parents. ***(Kravitz 2001)***

Today’s health care is influenced by politics, healthcare insurance and patient organizations to provide a more patient driven care. As a response to this demand and the incentive of the healthcare professionals for continuous quality improvement, a quality gap was recognized between theory and practice. In view of this framework, new strategies to optimize care became the source of control of our work. Therefore, evaluating patient satisfaction and responding to patients’ priorities is a key domain in quality-of-care improvement. ***(Latour 2005).***

Traditionally, both direct and indirect outcome measures have been developed to assess the result of health care from the view point of health

care professionals. However, more recent studies have emphasized the need for assessment techniques to measure patient perception of health care quality, given that their perceptions can differ from those of professionals. Thus, patient perceptions have become a major indicator in the evaluation and improvement of quality in health care ***(Gonzalez et al. 2005).***

Satisfaction with care influences several health behaviors, including changing providers, adhering to treatment, changing health care plans, avoiding physicians visits, and filing lawsuits .satisfaction with care can vary according to practice characteristics, service organization, and site of care ***(Conner and Nelson 1999).***

Satisfaction was determined by the difference between perceived actual services and consumers' perceptions of ideal, expected, or deserved services. Comparing consumers' perceived expectations, needs, or desires with perceptions of care experienced is proposed to result in consumers' judgments about their level of met desires, met needs, and met expectations. Met desires, met needs and met expectations are proposed to influence satisfaction. Patient satisfaction is defined as the degree to which a patient is pleased with particular aspect s of the health care system***. (Gerkensmeyers and Austin 2005).***

For patient populations with difficulties in expressing their views directly, such as small children or elderly individuals with mental impairments, the views of close relatives take on increased importance.

Parent satisfaction with the medical care of their children has been the subject of a number of studies. Several have focused on neonatal care ***(Conner and Nelson 1999)***, while others concern emergency services ***(Brown et al. 1995)***, inpatient wards ***(Dawson and Mogridge 1991)***, and outpatient care ***(Tso et al. 2006)***. A number of reports concern the association between parent satisfaction and their child's pain treatment ***(Watt et al. 1990)***. Physician communication and behavior have also been discussed ***(Worchel et al. 1995)***. Parental involvment in the

medical care of children has been the subject of different studies. ***(Ygge and Arnetz 2001).***

Inevitably, a great deal of literature in this area deals with basic communication styles and attempt to delineate physicians communications and determine variable related to communication style. Researchers have described pediatrician-to-parent conversations as being primarily directed towards information and motivation. According to their findings, both of these goals have been linked to patient compliance and treatment adherence. ***(Moumtzoglou et al. 2000)***.

The goal of informing may be more closely related to physician behaviors such as amount of information given, clarity of instructions, and strategies for helping patients remember instructions. Alternately, the goal of motivating is more likely correlated with the interpersonal nature of the physician/parent relationship. Preliminary studies in this area have

attempted to further delineate physician communications, and to determine variables related to communication style. ***(Worchel et al. 1995)***.

There is a move from prescriptive medicine to collaborative medicine. Beliefs that the doctor should be the repository of scientific health knowledge that is dispensed to the patient when needed are changing. Ideas that health is something which health professionals and consumers create together are gaining currency. A new language has been sought to replace a relationship of patient compliance with that of patient collaboration and to describe patient as co-producers of health. While there are differences between patients, today patients are more likely to be

conceptualized as active decision makers, rather than passive recipients of decisions made by others. ***(Draper et al. 2001).***

Concepts of Parents' Satisfaction

Researchers examining health services for children have long studied the determinants of parental satisfaction with pediatric physician services, particularly with care delivered in ambulatory settings. These studies have shown that parental satisfaction with outpatient care is strongly influenced by the clinician providing clear information to the parent that addresses parental concerns and by demonstrating sensitivity to the parent's emotional needs. While these findings are important for guiding education about parent-physician communication, they may offer only limited help in directing efforts to change and improve the quality of care, particularly in pediatric inpatient settings. These studies do not indicate the frequency with which particular problems occur. Moreover, these findings may not apply to settings where care is multidisciplinary and dependent on the function of complex systems ***(Homer et al. 1999).***

Important studies have been conducted to provide a theoretic yet "actionable" framework in which multiple outcomes of health care can be viewed as a process of care. This work has expanded our thinking from measuring purely clinical outcomes to measuring clinical and functional outcomes, patient satisfaction, and cost of care within the framework of the care delivery process. The process involves an episode of care beginning with patient entry into the health care system with needs and expectations and ends when the health care needs and expectations have been met (Fig 1). The episode of care begins with an expression of a need, such as an infant born prematurely and admitted to the neonatal intensive care nursery. The Clinical Value Compass on entry into the health care delivery