

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

**PARENTAL SATISFACTION CONCERNING THEIR CHILD'S
HOSPITAL CARE AND ASSOCIATED FACTORS IN BLACK LION
SPECIALIZED HOSPITAL, ADDIS ABABA, ETHIOPIA, 2015**

BY: GETASEW TESFA (BSc)

ADVISOR: YOSIEF TSIGE (BSc, MSc)

**THESIS SUBMITTED TO ADDISABABA UNIVERSITY, COLLEGE OF HEALTH
SCIENCES, SCHOOL OF ALLIED HEALTH SCIENCES, DEPARTMENT OF
NURSING AND MIDWIFERY IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE DEGREE OF MASTER'S IN PEDIATRICS AND CHILD HEALTH
NURSING.**

JUNE, 2015

ADDIS ABABA, ETHIOPIA

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

PARENTAL SATISFACTION CONCERNING THEIR CHILD'S HOSPITAL
CARE AND ASSOCIATED FACTORS IN BLACK LION SPECIALIZED
HOSPITAL, ADDIS ABABA, ETHIOPIA, 2015

BY: GETASEW TESFA (Bsc)

ADVISOR: YOSIEF TSIGE (Bsc, Msc)

JUNE, 2015

ADDIS ABABA, ETHIOPIA

APPROVED BY THE BOARD OF EXAMINERS

This thesis by Getasew Tesfa is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of Masters of Science in pediatrics and child health nursing.

Examiner:

<u>Bazie Mekonnen</u>	<u>(BSc, MSc)</u>	_____
Full name	Rank	Signature and Date

Advisor:

<u>Yosief Tsige</u>	<u>(BSc, MSc)</u>	_____
Full name	Rank	Signature and Date

Department Head:

<u>Daniel menegistu</u>	<u>Ass't professor</u>	_____
Full name	Rank	Signature and date

June, 2015

Addis Ababa, Ethiopia

Acknowledgement

First, I would like to thank my Almighty God for keeping me in all aspects of my life and helping me in doing this thesis work.

Next, I would like to express my deepest appreciation and heartfelt thanks to my advisor M/r. Yosief Tsige; for his valuable guidance and unreserved support throughout my thesis work

My deepest appreciation also goes to Addis Ababa University for giving me this golden opportunity. I would like also to thank Bahir Dar University which sponsored me to learn my master's studies. I greatly appreciate also Black lion specialized hospital quality management office staffs, HMIS and all pediatric department staffs for their valuable information and all my friends who helped me by giving relevant information to develop this thesis. Last but not least, I would like to say thank you for the supervisor, data collectors and most valuably the study participants. Because this thesis was nothing with out thier participation.

Table of Contents

Acknowledgement	I
Acronyms	IV
List of tables	V
List of figures	V
ABSTRACT	VII
1. INTRODUCTION	1
1.1. Background	1
1.2. Statement of the problem	3
1.3. Significance of the study	5
2. LITRATURE REVIEW	6
2.1. Conceptual framework	11
3. OBJECTIVE OF THE STUDY	12
3.1. General objective	12
3.2. Specific objectives	12
4. METHODS AND MATERIALS	13
4.1. Study design:	13
4.2. Study area:	13
4.3. source population	13
4.4. Study population	13
4.4.1. Inclusion criteria:	14
4.4.2. Exclusion criteria:	14
4.4.3. Sample size determination	14
4.4.4. Sampling procedure	15
4.5. Variables of the study	17
4.5.1. Dependent variable	17
4.5.2. Independent variables	17
4.6. Operational definitions	17
4.7. Measuring instruments	19
4.8. Data collection procedure	19
4.9. Data quality control	19

4.10. Data processing and analysis	20
4.11. Ethical consideration.....	20
4.12. Dissemination and utilization of result	20
5. RESULTS	21
5.1. Socio-demographic characteristics.....	21
5.2. parental satisfaction levels from measuring likert items.....	23
5.3. proportion of subscales satisfaction by ward types.....	26
5.4. proportion of quality care of overall satisfaction in pediatrics wards (units)	27
5.5. Parental satisfaction level by dimensions (indices)	28
5.6. Bivariate and multivariate analysis	30
5.7. Factors associated with parental satisfaction	31
6. DISCUSSION.....	32
7. STRENGTH AND LIMITATION	35
7.1 Strength	35
7.2 Limitation.....	35
8. CONCLUSIONS & RECOMONDATION.....	36
8.1 conclusion	36
8.2. Recommendations.....	37
EFERENCES.....	38
Appendix I: Participant Information Sheet.....	41
Appendix II: Informed consent.....	42
Appendix III: Questionnaire, English Version	43
Appendix V: የስምምነት መግለጫ ፎርም - በአማርኛ	49
Appendix VI: መጠይቅ - አማርኛ ቅጽ.....	50

Acronyms

AARHB	Addis Ababa Regional Health Bureau
FCC	Family centered care
IRB	Institution Review Board
ICU	Intensive Care Unit
NICU	Neonatal Intensive Care Unit
OPD	Out Patient Department
PSS	Parent Satisfaction Survey
PFCC	Patient and Family centered care
PICU	Pediatric Intensive Care Unit
PCGs	Primary Care Givers
WHO	World Health Organization

List of tables

Table 1 Distribution of Socio demographic and visit characteristics of parents whose children are hospitalized in Black lion specialized hospital, Addis Ababa, Ethiopia, 2015(n=224).....	22
Table 2 Level of parental satisfaction from each likert items among parents of hospitalized children in Black lion specialized hospital, Addis Ababa, Ethiopia, 2015(n=224).....	24
Table 3 proportion of subscales satisfaction by ward types in black lion specialized hospital, Addis Ababa, June, 2015 (n=224)	27
Table 4 Results from Bivariate and multiple logistic regression analysis about parental satisfaction in black lion specialized hospital, June 2015 (n=224).....	30

List of figures

Figure 1: Conceptual framework for parental satisfaction.....	11
Figure 2: Schematic presentation of sampling procedure	16

Figure 3: satisfaction level of parents concerning their child’s hospital care in Black lion specialized hospital, Addis Ababa, Ethiopia, June, 2015 (n=224)	26
Figure 4: proportion of quality care satisfaction in pediatrics wards (units) of Black lion specialized hospital, Addis Ababa, Ethiopia 2015 (n=224).....	28
Figure 5: the parental satisfaction level by dimensions (indices) at Black lion specialized hospital, Addis Ababa, Ethiopia June 2015 (n=224).....	29

ABSTRACT

Introduction :In recent years, the scope of patients'/parents' participation in the evaluation of healthcare services has been broadened because patients' /parents experiences and satisfaction are considered to be vital components in the evaluation of healthcare interventions, as well as in assessing the quality of care. Parents' satisfaction with health care is associated with an improvement in their child's health or with a reduction of symptoms, including adherence to the therapeutic regimen and understanding medical information. Parent participation in care has also become the new catchphrase in many pediatric health care facilities. In the hospital setting, parent participation refers to act of parents being involved in their child's care to the degree that they desire. In addition effective communication is also paramount between parents of sick children and the direct care providers. Parents need to participate in decision making regarding their baby's well being. They value open and honest communication.

Objective: The objective of this study is to assess the level of satisfaction and identify factors influencing parents' satisfaction with the health care service delivered at Black lion specialized hospital, Addis Ababa, Ethiopia, 2015

Methodology: An institutional based cross sectional study was conducted among parents of hospitalized children in Black lion specialized hospital with systematic random sampling technique to fulfill the main objective of this study. Data was collected by using interviewer - administered structured questionnaire. Then the collected data was entered and cleaned using Epi data 3.1 versions and then exported & analyzed using Statistical Package for Social Science (SPSS) version 21. And descriptive analysis like frequency and mean were used to present results. To determine association between nominal variables such as socio-demographic variables and parents' level of satisfaction bivariate and multiple logistic regression were computed.

RESULT: - The overall proportion of parental satisfaction of admitted children was found to be 59.8%. Majority of the respondents (73.2%) rated the communication as high among the subscales while physical environment aspect and Parental participation were rated the least (53.6%, 58.9%) respectively. The regression analysis shows that the adequacy of care, adequacy of pain management, duration of hospital stay and all the indices were predictors of the overall satisfaction score ($p < 0.05$).

Conclusion and recommendation: Even though greater percentages of parents (59.8%) were satisfied concerning pediatric inpatient care, the level of satisfaction was lower compared to other studies and it was strongly stressed that there is a great need for clinical practices regarding parental involvement to be established in order to optimize the hospital care of ill children

Key words: parental satisfaction, quality of care, patient care

1. INTRODUCTION

1.1. Background

In recent years, the scope of patients'/parents participation in the evaluation of healthcare services has been broadened because patients' /parents experiences and satisfaction are considered to be vital components in the evaluation of healthcare interventions, as well as in assessing the quality of care(1).Moreover, parents' satisfaction with health care is associated with an improvement in their child's health or with a reduction of symptoms, including adherence to the therapeutic regimen and understanding medical information. Thus, the level of parent's satisfaction with health care can be used as a good proxy variable for important aspects of quality of care(2).

Increasingly, families' perspectives are taken into account in the appraisal of health services and the views of parents are sought for the evaluation of pediatric care quality. Parents whose child is in hospital are generally in anxiety because of the foreign environment and child's disease. This condition of uncertainty also makes them worried. Therefore, the expectations of parents of hospitalized children and how much of this expectation in the hospital were met must be set forth (3).

The hospitalization of a child would create significant changes in the lives of all families. These changes could be caused from such situations as family members concern for the child's care; they feel insecure and low-spirited because of being in a foreign environment and the probability of inefficiencies in child's care(4). Parents often feel helpless and desperate in the hospital and do not know what to do for their children. Although they are exactly not aware of their role in the hospital, they seem eager to take part in the child's care and treatment process. Moreover, they feel the necessity to share emotional burden with someone other than relatives, often with nurses, and create a reliable relationship along with them. The other expectations of parents from nurses are: to provide necessary information and options, to get acknowledged and provide support during the periods of initial processing, diagnosis, changes in the treatment methodology, to learn about the children's pre-hospital daily routine and personality traits so as to provide care accordingly. Comforting both parents and children in adaptation to the new

environment and supporting them to ease the feeling of loneliness, providing necessary information on the child's status or any changes in a timely and appropriate manner. To show proper respect to the parents and seriousness to the situation with opportunity to express ideas(5).

Parent participation in care has also become the new catchphrase in many pediatric health care facilities. To understand parent participation in care, one must first examine the larger philosophy of family-centered care (FCC). The philosophy is, in some ways, a self-explanatory concept. Family-centered care is a philosophy that guides practitioners away from paternalistic approaches in their delivery of care and toward partnerships with families. Parent participation in care is just that: parents participating in the care of their child(6). In the hospital setting, parent participation refers to act of parents being involved in their child's care to the degree that they desire. A variety of ways exist for parents to participate, ranging from assisting with activities of daily living to being directly involved in important health care decisions(7).

In addition effective communication is also paramount between parents of sick children and the direct care providers. Parents need to participate in decision making regarding their baby's well being. They value open and honest communication(8). Researchers also argued that in low-income countries, the mothers' social conditions, engagement and participation in particular, are all important in the search for support and involvement in a sick child's recovery and development. In order to benefit pediatric care and facilitate family involvement, it is also necessary to gain a clear understanding of the situation experienced by African families caring for a hospitalized child. Their experience often contributes towards making the health service more responsive to clients - an area which currently being emphasized by World Health Organization (WHO)(9). Health care systems today are characterized as complex, in flux, technically proficient, competitive, and market-driven. Nowadays, there is increased evidence that greater satisfaction with health services results in better treatment adherence, which leads to better health outcomes(10).

1.2. Statement of the problem

The goal of pediatric care is improvement of children's health. The responsibility of their health and well being does not rest solely on the health care providers. There is an increasing awareness of the important role of parents in promoting the health and well-being of their children. Since most of the patients in pediatric care are young and communication is mainly between the provider and the parents, parents are responsible for evaluating many aspects of the quality of care (2). In order to improve pediatric care, the first step is to understand the gaps between the expectations of parents and the services provided. In identifying these barriers to pediatric care, parents are, increasingly, a vital part of the pediatric care team and in a unique position to report on the care their children receive. Parents' perceptions and experiences of barriers to care may differ from those of health care providers in important ways. These differences indicate, among other things, enormous social and cultural gaps may separate parents and health care providers. Understanding parents' perceptions is the key to developing programs and interventions to minimize barriers and is crucial to the provision of patient-centered care. The experience of care perceived by the patient and family is an increasingly important consideration in assessing health care quality. Studies show that partnerships between providers, patients and families improve the quality of care and increase provider and family satisfaction(11).

Parents should actively take part in clinical decision-making and feedback is required to make sure parents' expectations are being met. Moreover, at the practice level, patients and families participate in quality improvement activities. Family involvement is the critical ingredient of the medical home model as families are the real consumers of their child's healthcare. In pediatrics, family-centered care (FCC) has emerged on the basis of the realization that family is the key resource of strength and sustenance of the child and that the families and child's perspectives and information are necessary in clinical decision-making. According to the American Academy of Pediatrics (AAP), FCC increases patient and family satisfaction and improves pediatric outcomes(12).

However, the perspectives of patients and families have often been missing from health care, leading to patients' and parents' dissatisfaction. One such study on associations of FCC with health care outcomes for children with special health care needs were seen to be associated with less delayed health care and fewer unmet medical service needs(13). And in both developing and

developed countries, there has been an implicit acknowledgment that many health services do not meet minimum standards for clinical effectiveness or client satisfaction(14). In Homer's study, the most effective factor on the patients' hospital experience was identified as the communication between the staff and parents. Parents become more dissatisfied during the child-care if their communication and information expectations were not met(3).

Other different studies reported that: patient/ parent - provider relationship (courtesy, listening, consultations, etc), medical care and information, physical environment, lack of adequate transportation, in-patient services, hospital facilities and access to care, waiting time and cost of treatment, visiting of doctors after registration, inadequate physical examination by providers, laboratory procedures, re-visiting of the doctor for evaluation with laboratory results, prescription paper for drugs and supplies, availability of prescribed drugs/ medications from the hospitals' pharmacies, difficulty to locate different sections, cleanliness of toilets/bathrooms, availability of drinking water etc. were the frequently faced problems affecting satisfaction(15, 16). Not only this but also health care outcomes still have been defined by professionals and have largely reflected a clinical perspective, particularly in low income countries like Ethiopia, which is well differ from that of clients' outlook, considered as a difficult concept to be measured and interpreted; also considerably ignored by health care managers, which contradicted with suggestions of the emerging health care literatures towards patient views for the success of facilities(17-19).

Although, the level of patient satisfaction is significantly done in many health service settings, no studies have been published on parents' satisfaction and associated factors under public hospitals in Ethiopia. So the identification of the parents' expectations and meeting the care requirements in accordance with their expectations truly affect their level of satisfaction. Parental dissatisfaction with medical care will result in the lack of creditability in the health care team. Care provided that is below the expected level often results in poor parental attitudes, negative public relations and increased litigation and eventually lost revenue due to low patient census. Therefore, this study will assess parent's satisfaction and associated factors at Black lion specialized Hospital, to support providers of care by modifying their provision of services to make their clients more satisfied.

1.3. Significance of the study

The findings of this study primarily provides information for Black lion specialized and referral hospital on how to improve the quality of services. Moreover data gathered through measuring parent's satisfaction reflect care delivered by staff and can serve as a tool in decision making. In addition this parent's satisfaction study can be a tool for learning by highlighting areas of weakness in order to overcome these obstacles via appropriate management decisions. The data can also serve as means of holding physicians and nurses accountable; and it can show that they have acceptable level of parent's satisfaction. Moreover, because such data are becoming obligatory to be used in health care quality documentation by accrediting organizations and consumers. Finally the findings of this study will serve as a base for other researchers who want to study about parental satisfaction in advance. So the investigator of this study is intended to explore overall parent's satisfaction and associated factors in pediatric unit, Black lion specialized hospital that could impact the parents' perception of the care provided throughout an inpatient care.

2. LITRATURE REVIEW

Parental satisfaction regarding the delivered care to their hospitalized offspring has been the subject of several studies during recent decades in the developed world. However, most of them have focused on specific aspects of pediatric care, such as intensive pediatric care, emergency care, pain management and primary care. According to the literature, nurses' communication with the parents in pediatric inpatient units is a key factor that contributes to parents' perceptions of their child's care(20). Patient- and family-centered care (PFCC) also acknowledges the important and constant role of the family in providing medical care and encourages mutually beneficial collaborations between the patient, family and health care professionals. The practice of PFCC promotes the health and well-being of children and families and is guided by the principles of dignity/respect, information sharing, participation, and collaboration. It honors patient and family perspectives and choices including their cultures, strengths, values, and knowledge and considers them key-decision makers in the patient's healthcare. The ultimate goal of PFCC is to create the standard of practice that will lead to high quality services, best outcomes, and patient /family satisfaction(21).

A cross-sectional Study done by Ammentorp et al. in Denmark revealed that Parents were least satisfied with the waiting time related to admission as well as to fulfillment of the child's needs, and information given about care and treatment. Parents were most satisfied with the behavior of nurses although they gave physicians' performance the highest priority score(2).

Ammentorp et al on another Danish survey identified a lack of clarity in the information provided to parents. Utilizing an electronic questionnaire, they investigated reasons why parents in a pediatric unit were less satisfied with the care provided. Out of 780 parents who participated, 88% felt they had experienced kindness; 72% felt taken care of; 65% of parents felt they were well-informed. The majority of the parents were satisfied with information provided about transfer and information given by doctors. However, 66% of parents were less satisfied with the amount of time the nurses spent with them. Parents were unhappy about having to wait for a long time before being able to get in touch with staff(22).

Scott conducted a descriptive study in a Pediatric Intensive Care Unit (PICU) in a Midwestern hospital in Allendale, Michigan, United States.and the study revealed that both primary care givers (PCGs) and nurses identify similar needs as being important to the care of a critically ill

hospitalized child. Both groups revealed that information and proximity needs were more important than support and comfort needs. Parents valued child-related information and caring personnel. Parents stated that they need to visit their child frequently without time restraints and they need to receive information from the physician at least once daily(23).

A study done by Hasnat M. and Grave P. revealed that overall parent satisfaction with disclosure was found to be high (82.6%). Parents were more likely to be satisfied if they received a large amount of information. Parent satisfaction was found to be higher when the disclosing professional communicates well with the parents, has an understanding of parental concerns, and is direct in manner. Having both parents, the child or support people present were not found to have any significant relationship to parent satisfaction. And the author concludes that the major determinants of parental satisfaction with disclosure are directness, understanding of parental concerns and good communication on the part of the disclosing professional, and receiving a large amount of information(24).

A study done by Emmanuel M., Ngui, Glenn Flores in Wisconsin, USA reported that dissatisfaction with care and problems with ease of using services were 8% and 25%, respectively. Black and Hispanic parents were significantly more likely than white parents to be dissatisfied with care (13% and 16% vs 7%) and to report problems with ease of service use (35% and 34% vs 23%). Hispanic/white disparities in satisfaction with care and ease of use of services disappeared only after multivariate adjustment for parental interview language. Black/white disparities in satisfaction with care disappeared after adjustments for adequacy of family-centered care measures, but black/white disparities in ease of using services persisted. The severity of the child's condition, lack of insurance, parental interview in Spanish, and inadequate family-centered care were associated significantly with dissatisfaction with care and problems with ease of using health care services(25)

A prospective cohort Study conducted by Schempf et al. in USA showed that Parental satisfaction with pediatric healthcare was high. Majority (two thirds) of mothers rated their infant's healthcare as excellent, while 27% as good and 4% reported as fair/poor. There was also association between satisfaction with healthcare and all immunization measures examined children whose mothers rated fair/poor care had reduced odds of getting age appropriate (26).

Another cross sectional study conducted by Fidanci, et al. in Turkey military hospital revealed that mothers were mostly satisfied with the approach of nurses (85.7%) and in the same period, when they were asked to assess the attitudes of physicians, 85.7% of the mothers have found physicians very concerned while some 14.3% (n=8) found them indifferent. Although 71.4% (n=40) of mothers expressed that taking the history of illness is definitely important, records taken during patient discharge showed that only 71.4% (n=40) of mothers' histories were taken by nurses. When the importance of doctors' taking illness history was asked 85.7% of mothers answered as definitely important. Supportive approach of health care personal adds a big deal to satisfy parents' expectations. Keeping communication channels open, answering their questions and giving the best care available are respective ways to catch better standards in health care(27).

Victoria S. Koontz studied about Parental Satisfaction in a Pediatric Intensive Care Unit (PICU) in Cabell Huntington Hospital with cross sectional study design and the result showed that a strong correlation was found between hospital environment and parent satisfaction, indicating that the environment was important to parent satisfaction. In addition, a more significant relationship between patient care and parent satisfaction was identified, indicating that good patient care is necessary for parental satisfaction. In this study the strongest relationship of all was found to be between communication and parental satisfaction indicating that communication is the most important aspect of parent satisfaction(28).

A descriptive, non-experimental correlation design and quantitative study in Greece, Athens was conducted by Matziou V, et al and parents showed greater satisfaction with staff attitudes ranging 89.32% to 94.66% Nurses and Doctors respectively and medical treatment as well, whereas they were less satisfied with the information concerning routines(48.3%) and the staff work environment(62.5%). Staff attitudes and more specifically, inter professional collaboration, parents' involvement in care, the trusting relationship, and information for parents and children, emerge as the most important determinants of parental satisfaction with care. Personal contact and communication with children and their parents is an area where both nurses and doctors need to improve(30).

A study done by Weissenstein, et al. in Germany revealed that forty-two parents (70.0%) were “very satisfied” with the achieved results and 66.1% were “very satisfied” with the suggested therapy. Eighty four point two (84.2%) would definitely recommend the practice to others and regarding their overall impression of the pediatric practice two thirds (68.3%) were very satisfied. Parents who are satisfied with their visit are very likely to come back again. The means of overall satisfaction was 3.86 which is a very high score (max. 4) and therefore 91.5% of the parents would come again with their children and 84.2% would definitely recommend the practice to others. And it was found a highly significant relation between the suggested therapy of the doctor and their general satisfaction(31).

Prospective, observational study with interviews using a survey instrument which was conducted by Vincent K. Lew et al. in Oregon Health and Science University, Portland, United States of America showed that Overall satisfaction was (64.5%) and care provided by anesthesiologists was significantly associated with overall satisfaction and significant associations between each area of satisfaction and parents' overall satisfaction existed. Caregivers of anxious children reported less satisfaction than caregivers of non-anxious children. Parents of children who underwent magnetic resonance imaging reported the lowest mean satisfaction scores(32).

A cross-sectional study conducted by Mona Abu Ammo, et al. in Lebanon showed that Patient satisfaction was influenced by age, educational level, and medical insurance coverage class. Most respondents were pleased with overall nursing care (96.6%), and physician consultations (95.4%), and concluded that patient satisfaction with hospital care is significantly influenced by patient’s provider interactions during the episodes of care. Furthermore, the surrounding physical environment also has an influence on patient satisfaction(33).

Another cross-sectional study was conducted, using a questionnaire by Maja Soderback, Kyllike Christensson. In Mozambique showed that they were badly informed of anything to do with hospitalization. They needed explanation and support to make the hospital situation less intimidating. Hospital staff’s behavior was to some extent characterized by attentiveness, kindness, and sympathy, but it was also shown that the family caregivers had experiences of communication difficulties and of being neglected and these family caregivers (41%) also

thought that the staff would want them to leave the room, because they saw it as the staff's duty to handle such situations. By cross checking, it was found in this sample that family caregivers' educational backgrounds did not influence their need to participate in more advanced care or in decision making, or in participating in painful or frightening situations for the child, such as the taking of specimens(34).

In summary parental satisfaction is fulfilling the parent's positive expectations of the perceived factors of the child's care. According to literatures, there are different factors that can be associated with parental satisfaction. Staff attitudes more specifically, inter professional collaboration, parents' involvement in care, the trusting relationship, and information for parents and children, emerge as the most important determinants of parental satisfaction with care. Personal contact and communication with children and their parents is an area where both nurses and doctors need to improve(30). Similarly, hospital environment, communication and patient care were also identified as factors having strong correlation with satisfaction(28). Some other studies have examined the association between fulfillment of expectations and satisfaction (2, 26, 35). Hence the purpose of this study is to measure overall satisfaction of parents with care provided and to identify what factors play the greatest role in directly influencing satisfaction of parents whose children are hospitalized and understanding the relationship between associated factors and parental satisfaction

2.1. Conceptual framework

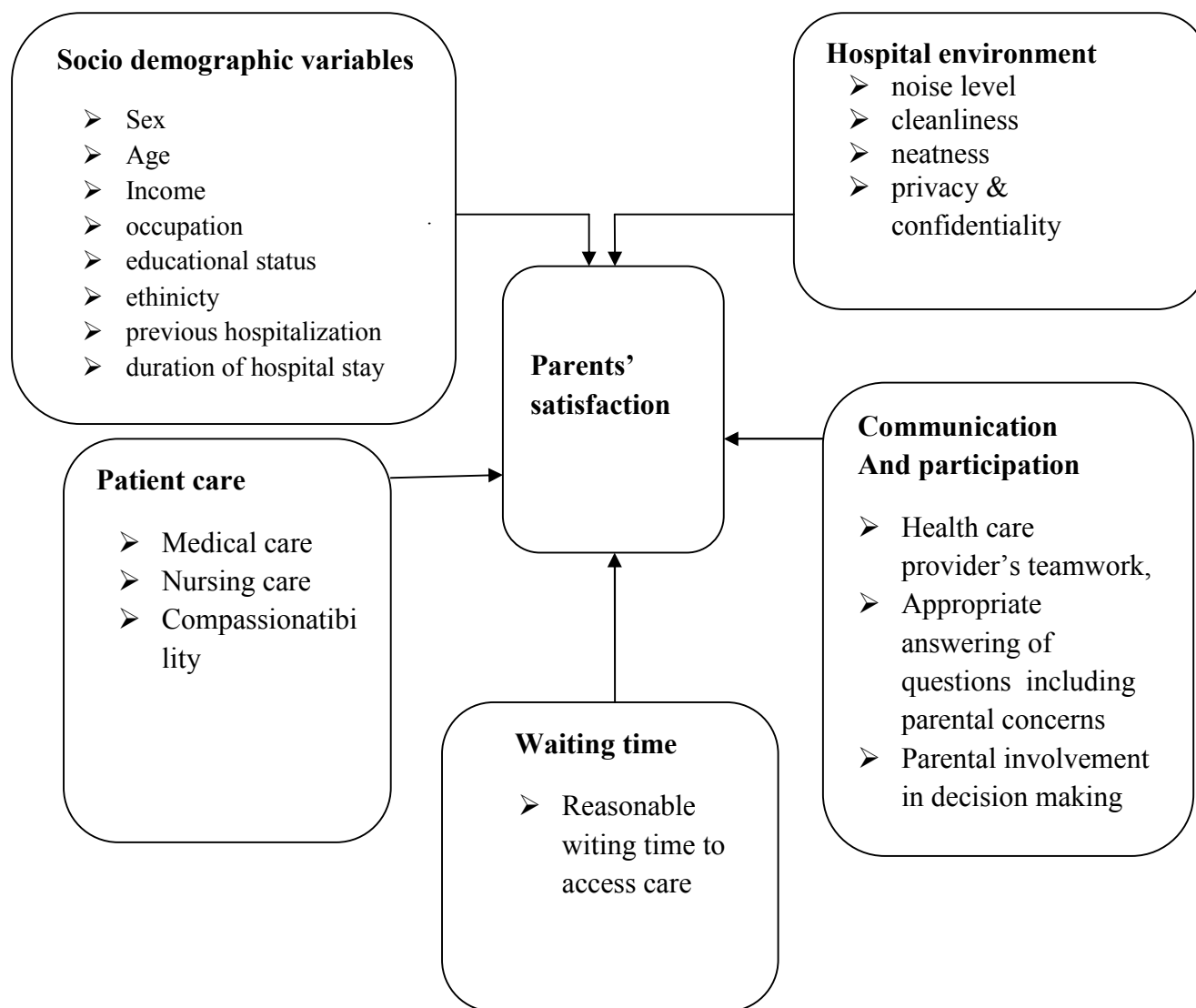


Fig.1. Conceptual framework for parental satisfaction (developed by the investigator) showing that parental satisfaction to the care provided to their children affected by factors as indicated above.

3. OBJECTIVE OF THE STUDY

3.1. General objective

The objective of this study is to assess the level of satisfaction and identify factors influencing parents' satisfaction with the health care service delivered to children at Black lion, specialized hospital, Addis Ababa, Ethiopia, 2015

3.2. Specific objectives

1. To evaluate the satisfaction level of parents' whose children are hospitalized
2. To identify the key factors that affect parents' satisfaction

4. METHODS AND MATERIALS

4.1. Study design:

An institutional based cross sectional study was conducted from March to April, 2015

4.2. Study area:

This study was conducted in Addis Ababa, Black lion specialized hospital. Addis Ababa is the capital city of Ethiopia and seat of African union and United Nations world Economic Commission for Africa. Addis Ababa has a population size of over 3 million with annual growth rate of 2.1 % (data obtained from central statistical agency of Ethiopia). The city is divided in to 10 sub-cities and 100 kebeles or districts. The city has 48 hospitals and among these 13 are public hospitals of which 5 are under Addis Ababa regional health bureau (AARHB) and 5 are specialized referral hospitals of which Black lion specialized referral hospital is the one and it has above 500 beds in medical, gynecological and obstetrics, surgical, pediatrics and emergency departments and facilitated with the outpatient department (OPD) and it has also 7 x-ray, 9 surgical and 2 laboratory diagnostic rooms. The hospital has also specialized units (referral clinics) and these are chest, renal, neurology, cardiology, dermatology, gastro intestine, infectious disease, orthopedics, general surgical, gynecologic and obstetrics, diabetic, hematology, medical intensive care unit (ICU) and surgical ICU units. Black lion specialized and referral hospital offers diagnostic and treatment for approximately 370,000 to 400,000 patients per year of which the pediatric department serves approximately 8885 in- patient cases per year with six units (pediatric surgical ward, pediatric medical ward, oncology ward, emergency ward, pediatric intensive care unit and neonatal intensive care unit) and an average of 471 pediatric cases per month with a total of 183 beds.

4.3. source population

All prents with their children who had visited black lion specialized hospital were the source population.

4.4. Study population:

All parents and guardians of in-patient children who were visiting the selected pediatric wards (units) of Black lion specialized hospital during the data collection period were the study population.

4.4.1. Inclusion criteria:

Parents and / or guardians with their hospitalized children who have had a length of stay as in-patient at least for 48 hrs in the selected wards of the hospital were included in the study

4.4.2. Exclusion criteria:

parents and attendants who had hearing problem, below 48 hrs length of hospital stay and who did not stay with the child at least for 50 % the time were excluded from the study

4.4.3. Sample size determination

The sample size was determined by the assumption that 50% of the parents were not satisfied with the health care provided in the hospital since there is no study conducted in Ethiopia concerning parental satisfaction and 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=50%=0.5

q= (1-p) = (1-0.5) =0.5

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:

$$n = \frac{(1.96)^2 \cdot 0.5(1-0.5)}{(0.05)^2}, \quad n=384$$

However, since the total number of children admitted to all pediatric wards 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 384

N = total population (total pediatric cases per month) which is an average of 471 hospitalized children per month so

$$nf = \frac{384}{1 + \frac{384}{471}} \quad \text{Therefore } nf = 212$$

Adding 10 % to the calculated number the final sample size was 212. So $nf = 233$

4.4.4. Sampling procedure

To select the study participants, first, all the monthly average number of children who were admitted in the hospital for the last six months were stratified in to five major pediatric wards based on their cases and units they should be admitted then stratified sampling technique was used to get the actual sample size from each stratum and then total sample size was obtained adding up all units finally the study subjects were selected from each wards through systematic random sampling technique every K value using their bed numbers as a sampling frame among parents of hospitalized children during the study period in Black lion specialized hospital. $K = N/n = 471/233$, $K \sim 2$, so the data collection procedure was every 2 beds from each pediatric units.

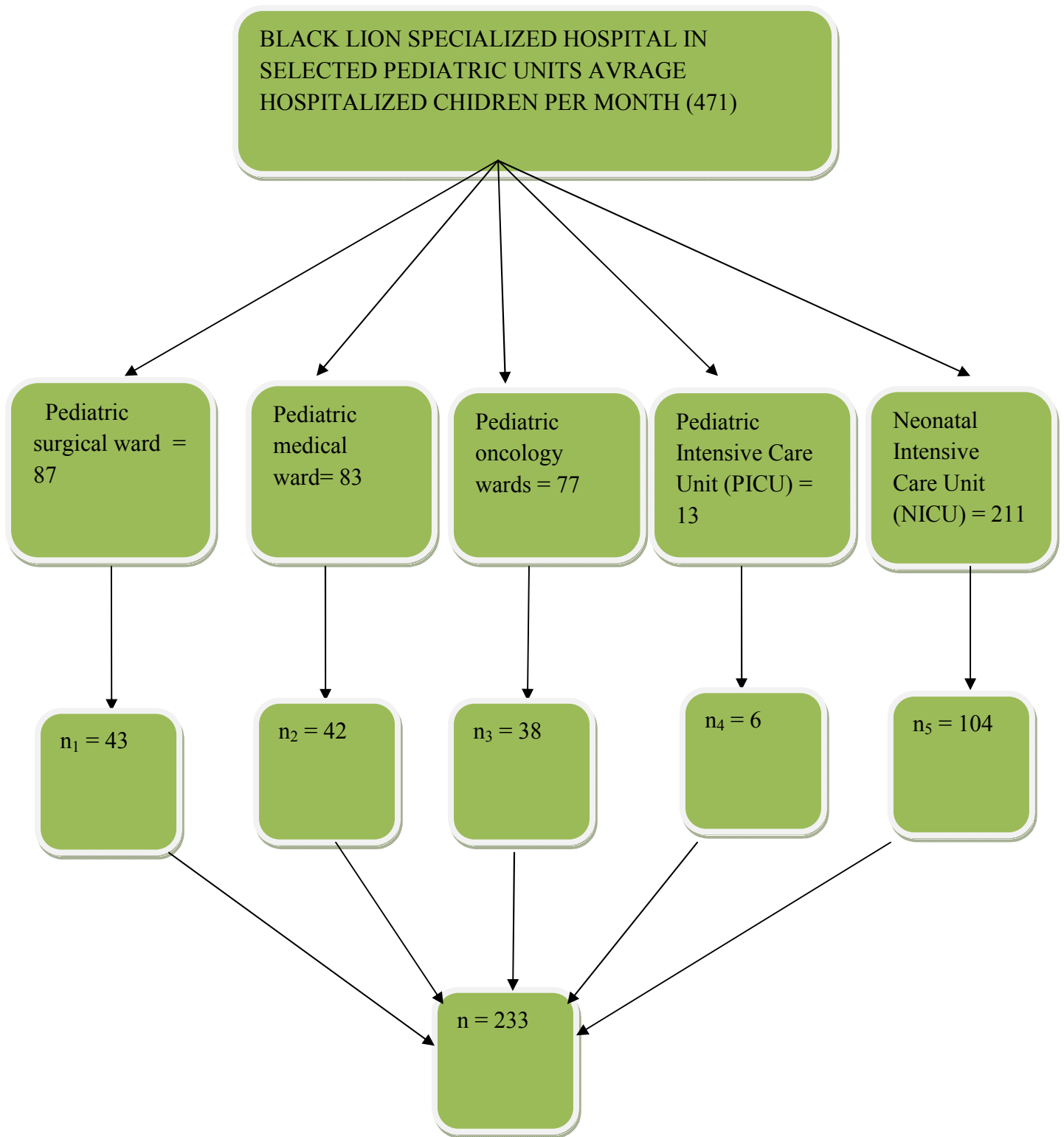


Fig 2: Schematic presentation of sampling procedure

4.5. Variables of the study

4.5.1. Dependent variable

Level of parent's satisfaction whose children are hospitalized

4.5.2. Independent variables

- Parents' socio demographic characteristics
- Duration of hospital stay
- Frequency of previous hospitalization
- Patient care (both medical and nursing care)
- Communication (information)
- Hospital environment
- Parental participation
- Waiting time

4.6. Operational definitions

The following operational definitions were used: Parental Satisfaction, Hospital Environment, Parent/Patient Care, Communication and waiting time

Cut off point for parental satisfaction: –Since each item had 5 point Likert Scale which ranges between 1 and 5; the scores for each dimension were calculated by summing the answers to all items in each dimension. parental overall and component wise level of satisfaction was classified into two categories satisfied and unsatisfied by using cut off point calculated using the demarcation threshold formula: $\{(total\ highest\ score - total\ lowest\ score) / 2\} + Total\ lowest\ score$ (36, 37).

Parental Satisfaction: Fulfilling the parent's positive expectations of the perceived factors of the child's care which was measured from each measuring items in the likert scale, the satisfaction level to be the score above mean of each likert items for each questions then parents' overall satisfaction was calculated summing all items measuring satisfaction and determining the cut off point using the demarcation threshold formula as indicated above.

Hospital Environment: The aesthetic value of the environment in which care is given, including noise level, cleanliness, neatness, privacy, and confidentiality and parents will be classified as

satisfied with hospital environment if respondents' answers will be above the cut of point of the component score of the likert items which were supposed to measure the physical environment aspect.

Patient Care: Physical care provided to the patient by the nurses, physicians and other health care workers including medical care, nursing care, compassion, response time and recommendations and parents will be considered to be satisfied if participants score is above the cut of point off the summated values of each items measuring patient care using the demarcation threshold formula.

Medical care: physical care provided to the patients by physicians as parents were considered as satisfied if they scored above the cut of point from all measuring items which were intended to measure the medical care aspect using the above threshold demarcation formula.

Nursing care: physical care provided to the patients by Nurses as parents were considered as satisfied if they scored above the cut of point from all satisfaction measuring items which were intended to measure the nursing care aspect using the above threshold demarcation formula

Communication: Includes all exchanges of information between parent/child and the health care team; including health care provider's teamwork, appropriate answering of questions and including parental concerns being identified and appropriately addressed, and informing parents of upcoming treatments and results in which the parents will be considered as satisfied with the total score of each items above the cutoff point of the summated value items in the subscale from the above demarcation threshold formula.

Waiting time: - The amount of time that parents and patients waste in the hospital without getting health care services. Parents will be considered as satisfied with waiting time if the total score of the items measuring waiting time is above the cut off point using the threshold demarcation formula.

4.7. Measuring instruments

The first draft of English version of a questionnaire was produced based on the Parent Satisfaction Survey (PSS) which was by Dr Mona McPherson of Baylor University in Houston, TX(38). And it was adapted in to this study with careful modification and the questionnaire was translated in to Amharic version by language experts and it was re-translated back to English to check for its consistency. In general the questionnaire is comprised of five dimensions (patient care, communication, participation, hospital environment and waiting time) with 39 items of which 3 are open ended questions and 9 socio demographic items.

4.8. Data collection procedure

Two data collectors (deploma nurses) were recruited for administering the questionnaire. One supervisor(BSc N) was also recruited to monitor the process of data collection. The information was collected through a pre-tested, interviewer administered structured questionnaire with five likert scale types (having a scale of range 1 strongly disagree to 5 strongly agree).

4.9. Data quality control

The quality of data was assured through the following:

Careful modification of the data collection tool (PSS) according to Ethiopian situation

The data collection tool was pre-tested with 5 % of the sample size in Yekatit 12 hospital to assess its clarity, length, completeness, consistency and required time to carry out the interview

Data collectors and supervisors were trained

Coding and data cleaning was done (checking frequencies and cross-tab for each item)

4.10. Data processing and analysis

Following the data collection data was coded and entered using Epi data version 3.1 and then it was exported to and analyzed using Statistical Package for Social Science (SPSS) version 21. Descriptive analysis like frequency and mean were used to present results. To determine relationship between nominal variables such as socio-demographic variables and parents' level of satisfaction, logistic regression was computed and to determine the most predicting explanatory variables of parents' satisfaction in health care service multiple regressions was employed.

4.11. Ethical consideration

Ethical clearance was obtained from Institutional Review Board (IRB) of Addis Ababa University, College of health sciences, department of Nursing and Midwifery then formal letter of cooperation was written to the medical director of Black Lion specialized hospital and permission was obtained. Participation in the study was voluntarily and informed verbal consent was obtained from each participant after a thorough explanation of the purpose of the study and responses of clients were unnamed and confidentiality of the information was kept and also data collectors were informed that clients have full right to discontinue or refuse to participate in the study.

4.12. Dissemination and utilization of result

The results of this study will be presented to Addis Ababa University, College health sciences, school of Allied health sciences, department of Nursing and Midwifery as part of master of science in Nursing thesis & it will also get shared to Black lion specialized Hospital. Efforts will be made to present the results on scientific conferences and peer reviewed journal publications will be considered

Data analysis

5. RESULTS

5.1. Socio-demographic characteristics

In this study, 233 parents were approached and a total of 224 parents of admitted children were voluntarily agreed to participate from 5 major inpatient pediatric wards (response rate: 96.14%) and nine (3.86%) parents refused to participate. Out of the total respondents, (n=42, 18.8%) were from medical ward, 42(18.8%) were from surgical ward, 38(16.5%) were from oncology ward, 96(43.3%) from neonatal ICU and 6(2.7%) from pediatric ICU. Out of 224 respondents participated in this study, Most of the participants 160(71.4%) were mothers. And the mean age of the participants was 32(\pm 8). And from the total of 224 respondents, 191(85.3%) of the participants were married and regarding educational status, 84(37.5%) were having primary education and regarding frequencies of previous hospitalization majority (n=137, 61.2) were visiting the hospital for the first time similarly concerning duration of hospital stay the majority 98(43.8%) were admitted for more than two weeks (Table 1).

Table 1 Distribution of Socio demographic and visit characteristics of parents whose children are hospitalized in Black lion specialized hospital, Addis Ababa, Ethiopia, 2015(n=224)

Characteristics	Total (n=224) Number (%)
Sex	
female	160 (71.4)
male	64 (28.6)
Age(in years)	
<20	10(4.5)
20-29	76(33.9)
30-39	93(41.5)
40-49	32(14.3)
50-59	11(4.9)
60 and above	2(.9)
Marital status	
single	20(8.9)
Married	191(85.3)
Divorced	5(2.2)
Widowed	8(3.5)
Educational status	
No formal education	50(22.3)
Primary education	84(37.5)
High school and above	80(35.7)
Ethnicity	
Amhara	93 (41.5)
Oromo	15 (6.7)
Tigri	61 (27.2)
Guragie	50(22.3)
Others	5(2.2) [*]
Annual income(Birr)	
Less than 12000	146 (65.2)
12000-24000	48 (21.4)
Greater than 24000	29 (12.9)
Occupation	
Governmental employee	16 (7.1)
Private	47 (21.0)
Merchant	26 (11.6)
Farmer	65 (29.0)
House wife	62 (27.7)
Others	8 (3.6) ^{**}
Frequency of previous hospitalization	
None	137 (61.2)
once	51 (22.8)
>1	36 (16.1)
Duration of hospital stay	
7 days and below	77(34.3)
8-14 days	49 21.9)
More than two weeks	98(43.8)

*=wolayita, kembata, **=laborer, student, bête kihinet, no jop

5.2. parental satisfaction levels from measuring likert items

Patient care was acknowledged by the parents. The majority, 148(66.1%) of them stated that they were satisfied, (Figure 3). More specifically, 182(81.2%) parents believed that the nurses were caring and compassionate and 171(76.3%) stated the same for the doctors. They also were pleased by the nursing care (71%) and prompt response from the nurses for their children needs (77.6%). Moreover, they acknowledged the nurses' and doctors' willingness to listen their opinions and answer for their questions properly because 66.1% stated that they were "strongly" or "to a certain degree" satisfied by the nurses' willingness in listening their opinion and 79.52% expressed the same in relation to the doctors which was noted in all pediatric wards of the hospital as there was no stated significant difference concerning doctors' attitudes.

Interestingly, the parents in all wards of the hospital rated staff cooperation as good 170(73.9%). On the contrary, the parents were less satisfied with the level of parents' participation with the health professionals during discussions of procedures and treatments or the level of reasonable waiting time in accessing care for their children 84(37.5%), (104, 46%) respectively. Moreover, 73(32.6%) parents were barely informed or not informed at all about their child's illness, 106 (47.3%) were barely informed or not informed at all about their child's treatment or diagnostic tests, and 85 (37.9%) were barely informed or not informed at all about their child's progress or diagnostic results. The data analysis revealed that below half of the respondents stated that they had fewer opportunities to participate in discussions concerning diagnostic tests, examinations, or treatments 102(45.53%).

As far as pain treatment was concerned, the parents were satisfied with the pain treatment in 168(75 %) because they believed that their child received satisfactory pain management within a reasonable period of time and 56(25%) were only a little or not satisfied at all. Most importantly when the participants were asked what they like most during their stay in the hospital (90 %) of them responded that Doctors' commitment and caring was excellent and similarly when they were asked what they dislike most during their stay in the hospital (85%) of medical and surgical ward parents were disappointed with the absence of toilet, bathing rooms and drinking water and (76%) of the participants were also dislike the waiting time around laboratory and the absence of some laboratory and investigating instruments and again when they were asked what they want to

be changed, (71%) of surgical and medical ward respondents needed toilet and water to be available near by beds (Table 2)

Table 2 Level of parental satisfaction from each likert items among parents of hospitalized children in Black lion specialized hospital, Addis Ababa, Ethiopia, 2015(n=224)

Questions	Responses options	N (%)
Do you think that this pediatric ward Nurses are caring and compassionate?	1. Strongly disagree	13 (5.8)
	2. Disagree	25 (11.2)
	3. Neutral	4 (1.8)
	4. Agree	123 (54.9)
	5. Strongly agree	59 (26.3)
Do you think that Nurses respond to your child's needs promptly?	1. Strongly disagree	0
	2. Disagree	45 (20.1)
	3. Neutral	5 (2.2)
	4. Agree	141 (62.9)
	5. Strongly agree	33 (14.7)
Do you think your child has received excellent nursing care in the pediatric ward?	1. Strongly disagree	8 (3.6)
	2. Disagree	34 (15.2)
	3. Neutral	23 (10.3)
	4. Agree	132 (58.9)
	5. Strongly agree	27 (12.1)
Are you very satisfied with the care that your child has received in this pediatric unit?	1. Strongly disagree	12 (5.4)
	2. Disagree	38 (17.0)
	3. Neutral	14 (6.3)
	4. Agree	127 (56.7)
	5. Strongly agree	33 (14.7)
Do you think that your child has received adequate pain treatment within reasonable period of time?	1. Strongly disagree	5 (2.2)
	2. Disagree	34 (15.2)
	3. Neutral	17 (7.6)
	4. Agree	147 (65.6)
	5. Strongly agree	21 (9.4)
Do you think that the doctors in the pediatric ward are caring and friendly?	1. Strongly disagree	5(2.2)
	2. Disagree	38(17)
	3. Neutral	10(4.5)
	4. Agree	132(58.9)
	5. Strongly agree	39(17.4)
Do doctors and nurses work together as a team in this ward?	1. Strongly disagree	5 (2.2)
	2. Disagree	27 (12.1)
	3. Neutral	22 (9.8)
	4. Agree	149 (66.5)
	5. Strongly agree	21 (9.4)

Do the doctors in the pediatric ward answer your questions thoroughly?	1. Strongly disagree	3 (1.3)
	2. Disagree	31 (13.8)
	3. Neutral	12 (5.4)
	4. Agree	154 (68.8)
	5. Strongly agree	24 (10.7)
Do you feel that the pediatric physicians keep you completely informed regarding procedure results?	1. Strongly disagree	13 (5.8)
	2. Disagree	85 (37.9)
	3. Neutral	8 (3.6)
	4. Agree	118 (52.7)
	5. Strongly agree	
Do you think that you have received adequate information concerning your child's illness/course of illness?	1. Strongly disagree	6 (2.7)
	2. Disagree	60 (26.8)
	3. Neutral	7 (3.1)
	4. Agree	135 (60.3)
	5. Strongly agree	16 (7.1)
Do you think that the pediatric ward unit nurses really listen to your opinion about your child's needs?	1. Strongly disagree	13 (5.8)
	2. Disagree	53 (23.7)
	3. Neutral	10 (4.5)
	4. Agree	142 (63.4)
	5. Strongly agree	6 (2.7)
Did you have the opportunity to participate in discussions concerning your child's examinations /treatments?	1. Strongly disagree	23 (10.3)
	2. Disagree	101 (45.1)
	3. Neutral	16 (7.1)
	4. Agree	76 (33.9)
	5. Strongly agree	8 (3.6)
Do you think that the waiting time you have spent in the hospital without getting care is reasonable?	1. Strongly disagree	22 (9.8)
	2. Disagree	80 (35.7)
	3. Neutral	19 (8.5)
	4. Agree	98 (43.8)
	5. Strongly agree	5 (2.2)
What did you like the most about your child's stay in this hospital's pediatric units?	1. Doctors' commitment caring	202(90.18)
	2. Nurses' commitment & caring	19(8.48)
	3. Nothing I like	3(1.34)

Among the total respondents (n=224), the overall satisfaction level of parents regarding their child's hospital care showed that majority 134 (59.8 %) were satisfied and the remaining 90 (40.2 %) were unsatisfied (Figure 3)

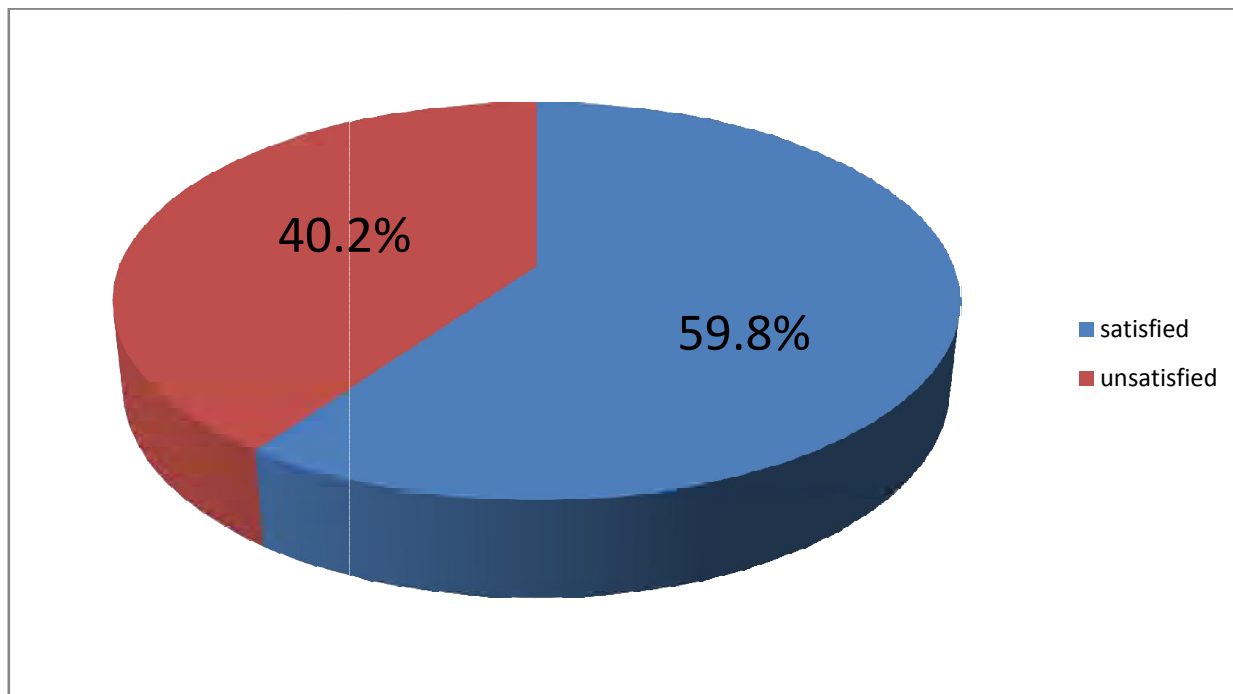


Figure 3 satisfaction level of parents concerning their child's hospital care in Black lion specialized hospital, Addis Ababa, Ethiopia, June, 2015 (n=224)

5.3. proportion of subscales satisfaction by ward types

As table 3 below indicated the parents of children in a medical ward were less satisfied with the hospital environment (38.1%) and parents' participation level (40.5%) and parents of children in surgical ward were the least satisfied group with regard to parental satisfaction (35.7%) as compared to parents of children in oncology ward, hospital environment satisfaction(81.1%) and parent participation leve (75.7%). And regarding patient care, parents of children in pediatric medical ward were less pleased (57.1%) as compared to other wards and concerning communication and information still both pediatric medical and surgical wards were less satisfied with a satisfaction level of each wards 59.5 % as compared to other wards (Table 3).

Table 3 proportion of subscales satisfaction by ward types in black lion specialized hospital, Addis Ababa, June, 2015 (n=224)

Variables		Patient care		Communication & information		Hospital environment		Participation & involvement		Waiting time	
		Satisfied N (%)	Unsatisfied N (%)	Satisfied N (%)	Unsatisfied N (%)	Satisfied N (%)	Unsatisfied N (%)	Satisfied N (%)	Unsatisfied N (%)	Satisfied N (%)	Unsatisfied N (%)
Type of ward	Surgical ward	26(61.9)	16(38.1)	25(59.5)	17(40.5)	15(35.7)	27(64.3)	26(61.9)	16(38.1)	27(64.3)	15(35.7)
	Medical ward	24(57.1)	18(42.9)	25(59.5)	17(40.5)	16(38.1)	26(61.9)	17(40.5)	25(59.5)	27(64.3)	15(35.7)
	Oncology ward	29(78.4)	8(21.6)	32(86.5)	5(13.5)	30(81.1)	7(18.9)	28(75.7)	9(24.3)	30(81.1)	7(18.9)
	PICU	5(83.3)	1(16.7)	6(100)	0	6(100)	0	4(66.7)	2(33.3)	5(83.3)	1(16.7)
	NICU	64(66)	33(34)	76(78.4)	21(21.6)	53(54.6)	44(45.4)	57(58.8)	40(41.2)	61(62.9)	36(37.1)

5.4. proportion of quality care of overall satisfaction in pediatrics wards (units)

As this study's result revealed regarding proportion of overall satisfaction to the wards, parents whose children were hospitalized in oncology ward and Intensive care units (PICU & NICU) were found to be more satisfied with the overall satisfaction level of 83.8% and 65% respectively compared to the parents whose children were in medical ward and surgical wards which are less satisfied with the overall satisfaction level of 38.1% and 47.6% respectively. A general comparison of the wards of the hospital led to the conclusion that the parents whose children were hospitalized in medical ward were less satisfied with hospital environment and parent participation in treatment plans and parents of children in surgical ward were less satisfied with hospital environment and communication & information ($P<0.05$) as compared to other wards and from all subscales (figure 4).

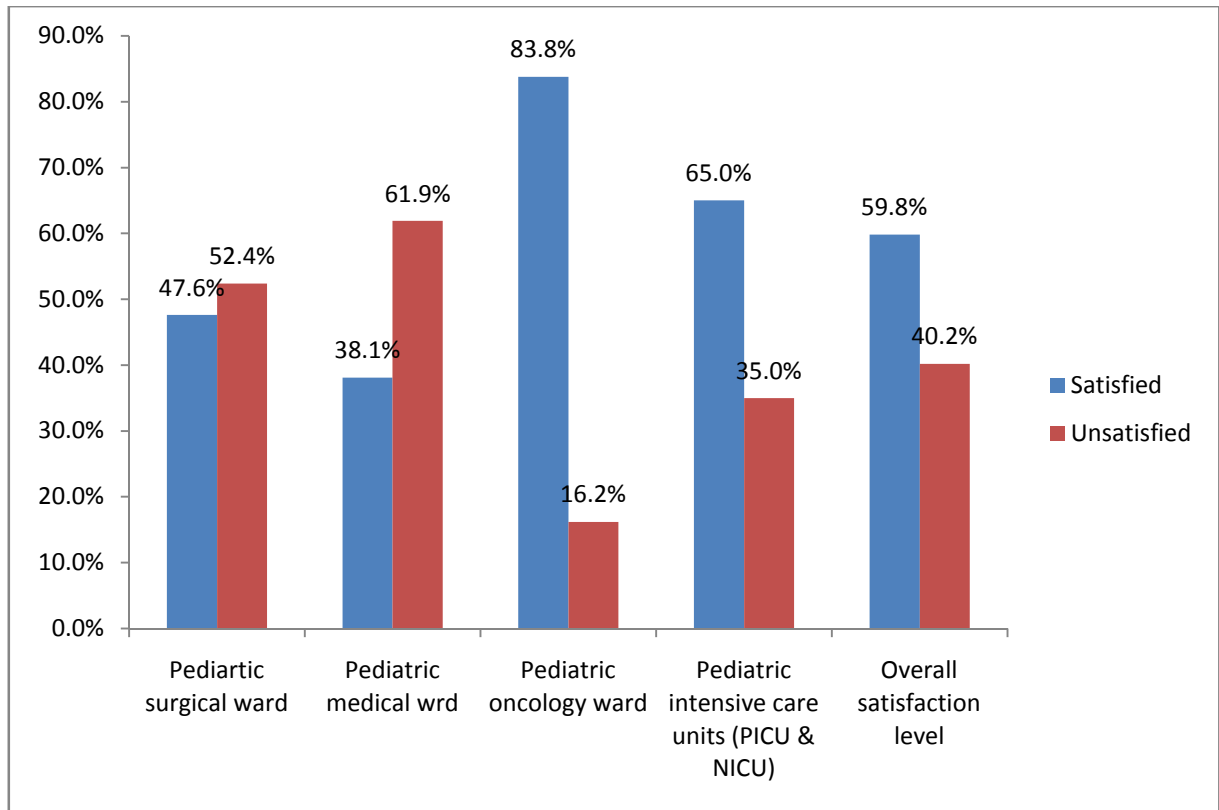


Figure 4 proportion of quality care of overall satisfaction in pediatrics wards (units) of Black lion specialized hospital, Addis Ababa, Ethiopia 2015 (n=224)

5.5. Parental satisfaction level by dimensions (indices)

During the data analysis, the mean percentage of the parental satisfaction for each care index and the overall quality scale was calculated. Overall, the parents were most satisfied with their communication with health providers and patient care (73.2%, 66.1%) respectively and less satisfied with the participation and hospital environment (58.9%, 53.6%). When nursing care and medical care are compared, parents were more satisfied with the medical care (82.6%) and less satisfied with nursing care (70.5%), (figure 5).

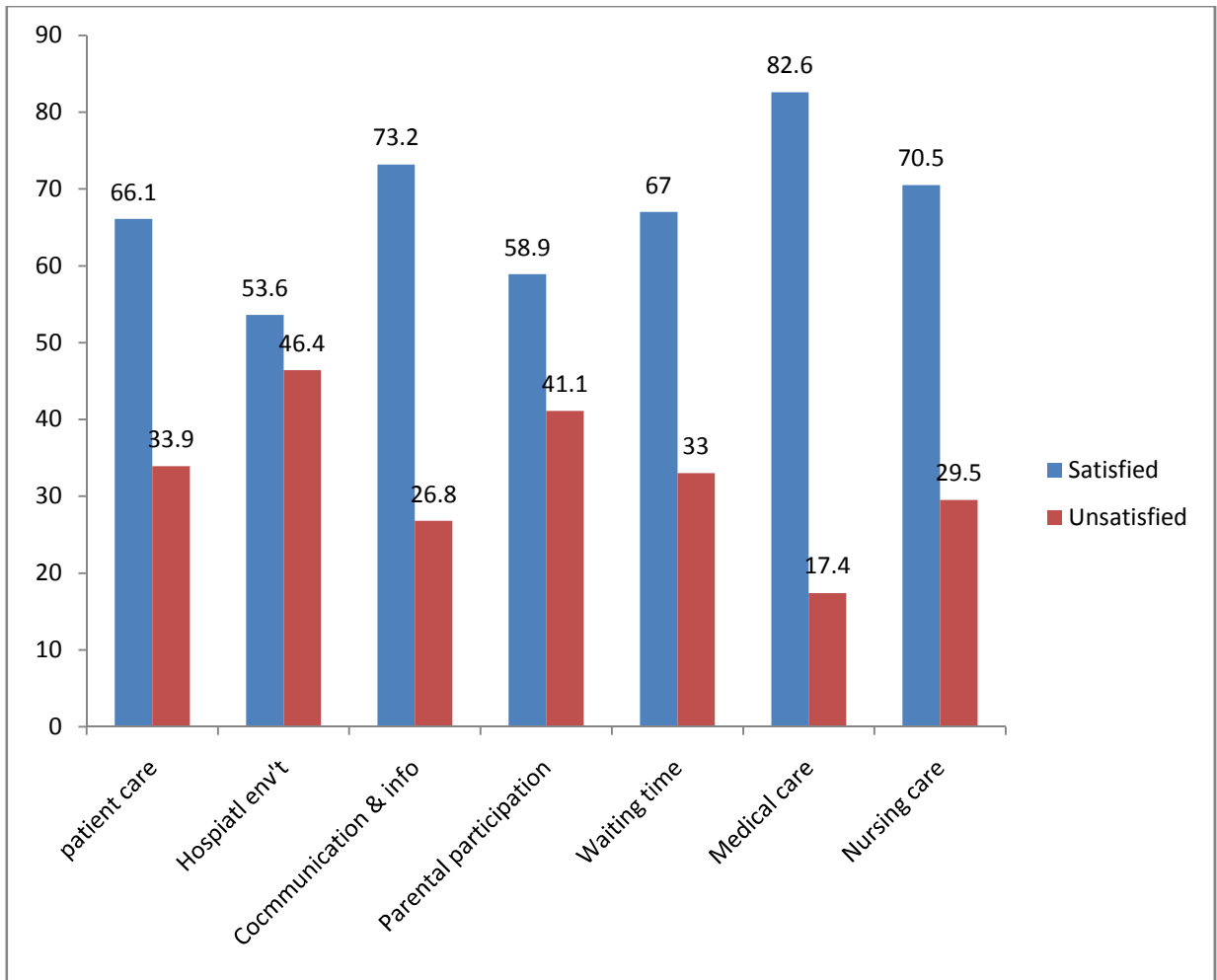


Figure 5. Parental satisfaction level by dimensions (indices) at Black lion specialized hospital, Addis Ababa, Ethiopia June 2015 (n=224)

5.6. Bivariate and multivariate analysis

Bivariate and multivariate logistic regression analysis was used to identify the characteristics that might affect parents' satisfaction for the overall quality health care. The variables that were used were first correlated with bivariate logistic regression and those that had a value of $P < 0.05$ were used for the multiple regression analysis as independent variables. These variables were demographic characteristics, duration of hospital stay, type of ward, the adequacy of health care, and adequacy of pain management (Table 4).

Table 4 Results from Bivariate and multiple logistic regression analysis about parental satisfaction in black lion specialized hospital, June 2015 (n=224)

S. No	factors	Category	Parental satisfaction		95% confidence interval	
			Satisfied N (%)	unsatisfied N (%)	COR	AOR
1	Ward type	Surgical ward Medical ward Oncology ward PICU & NICU	20(47.6) 16(38.1) 31(83.8) 67(65)	22(52.4) 26(61.9) 6(16.2) 36(35)	0.49(0.236-1.012) 0.33(0.157-0.695)** 2.78(1.059-7.275)* 1	0.21(0.080-0.569)** 1
2	Educational status	No formal education Primary school High school and above	39(78) 41(51.3) 54(57.4)	11(22) 39(48.8) 40(42.6)	1 0.30(0.133-0.660)** 0.38(0.174-0.834)*	1 0.22(0.073-0.662)**
3	Occupation	Gov.employee Private Merchant Farmer Housewife	11(73.3) 28(58.3) 16(45.7) 48(77.4) 31(49.2)	4(26.7) 20(41.7) 19(54.3) 14(22.6) 32(50.8)	2.84(0.816-9.873) 1.45(0.678-3.081) 0.87(0.380-1.990) 3.54(1.633-7.671)** 1	3.45(1.116-10.649)* 1
4	Annual income	<12000 12000-2400 >24000	73(51.4) 31(64.6) 30(88.2)	69(48.6) 17(35.4) 4(11.8)	0.14(0.047-0.421)*** 0.24(0.073-0.807)* 1	0.07(0.015-0.319)** 0.17(0.033-0.895)*
5	Duration of hospital stay	7 days & below 8-14 days 14days& above	60(77.9) 26(53.1) 48(49)	17(22.1) 23(46.9) 50(51)	3.68(1.884-7.174)*** 1.18(0.593-2.340) 1	4.75(1.840-12.265)** 1
6	Adequacy of care	Adequate Not adequate	116(72.5) 18(28.1)	44(27.5) 46(71.9)	6.74(3.531-12.854)*** 1	7.35(2.779-19.41)*** 1
7	Adequacy of pain management	Adequate Not adequate	118(70.2) 16(28.6)	50(29.8) 40(71.4)	5.90(3.027-11.501)*** 1	3.89(1.413-10.692)** 1

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

5.7. Factors associated with parental satisfaction

In bivariate logistic regression analysis; parental educational status, monthly income, parents occupation, Duration of hospital stay, ward type, adequacy of care and adequacy of pain management were statistically associated with parental satisfaction with p-value <0.05 at 95% C.I. (Table 4). After bivariate analysis only those variables which were significantly related (p-value <0.05) were entered for further multivariate logistic analysis. After adjusting for potential confounders in multivariate logistic regression analysis; all variables which were significantly associated with parental satisfaction by bivariate logistic analysis were significantly related with parental satisfaction. And as table 4 above indicated parents whose children were hospitalized in pediatric surgical ward were much less likely to be satisfied compared to parents in intensive care units (PICU & NICU), and significantly associated with the overall satisfaction level [AOR= 0.21(0.080- 0.0569)] and regarding parents educational status, parents having primary education were less likely to be satisfied than those who had no formal education [AOR= 0.22(0.073- 0.662)] and occupation was another variable which was significantly associated with parental satisfaction level. Accordingly farmers were 3.45 times more satisfied compared to housewives and significantly associated with satisfaction [AOR= 3.45(1.116- 10.649)]. But there was no significant association between government employees and parental satisfaction level.

Regarding income status, parents who had an annual income of less than 12,000 birr /year or 12,000-24,000 were less likely to be satisfied compared to parents who had above 24,000 birr annual income and significantly associated with parental satisfaction level [AOR= 0.07(0.015- 0.319) and 0.17(0.033-0.895)] respectively. And similarly duration of hospital stay of parents in a unique way was also significantly associated with parental satisfaction. Those who have less than 7 days duration of stay were 4.75 times more likely to be satisfied with the care provided when compared to parents who had more than two weeks duration of hospital stay [AOR=4.75(1.84-12.265)]. Parents who were satisfied with the care provided were 7.35 times more likely to be satisfied than those who were not satisfied with [AOR= 7.35(2.779-19.41)] and those who were pleased with adequacy of pain management were 3.89 times more likely to be satisfied than those who were not satisfied [AOR=3.89(1.413-10.692)].

6. DISCUSSION

Based on the findings, the overall proportion of parents of admitted children who were satisfied with the hospital service were found to be 59.8%. This is somewhat similar with findings of a study conducted in Oregon Health and Science University, Portland, United States of America (64.5%) but lower than other studies conducted in Germany (70%) and Study conducted by Schempf et al. in USA (69%) (26, 31, 32). The difference could be due to socio cultural, economic and health service quality. And also could be attributed to study period difference due to the increase in expectation of parents to the service they are going to receive with rapid advancement in technology and peoples thinking and lifestyle and also the study is conducted in urban setting only. Even if greater percentage of overall satisfaction was reported in different literatures, there is a difference in satisfaction level in different aspects of focused health care services (indices).

Most of the parents were generally more pleased when the level of information, the patient care, and the staff's behavior were satisfying. This study's results are comparable with several studies showing that satisfaction with the provided care is related to experiences of clear communication, empathy and competence (24, 28, 30). The parent's expectations and the level of the care that is received are also important determinants of satisfaction. Additionally, other studies have shown a close association between the fulfillment of expectations and patient satisfaction (29).

The level of satisfaction with the provided information, and communication with the staff was rated higher (73.2%) in this study among the five dimensions. However, it less than a study done by Hasnat M, Graves P (82.6%).The difference could be again due to differences in health service quality among the research settings and the increment of the demand of participants to be completely informed in this set up.

A large number of parents stated that they were barely informed or not informed at all about their child's illness, their child's treatment or diagnostic tests, and child's progress or diagnostic results (47.3%) and this result was comparable with a study done in Greece, Athens (48.3%). However, the parents of a child in the Oncology ward and PICU ward were found to be more satisfied with the provision of information, especially concerning their child's disease, compared to the parents with a child in other wards of the hospital. Several studies acknowledge the

influence of adequate, accurate, truthful, and personalized information in the overall rating of parental satisfaction (2, 39). For those parents who are expecting to learn about the cause and nature of their child's illness, the failure to have this expectation met can lead to considerable dissatisfaction(29, 30). Generally, interpersonal care, the level of information, and desired improvements in service were recognized as important determinants of parental satisfaction in different modes of care.

Furthermore, the participants in this study stated that parental involvement was limited and they expressed their need for active participation in the decision-making process and the interventions or procedures during the hospitalization of their children (58.9%). Studies commented that, although it has become common practice for parents to stay with their sick child in hospital, most hospitals lack the routines and staff guidelines for involving parents in the care processes and decisions. The expectations of their role during their child's treatment and the level of its fulfillment seemed to affect their overall satisfaction. It is well known that communication between the parents and the health professionals is a component of healthcare services that has an important impact on the patient's experience and is one of the components of pediatric health care that correlates most strongly with overall parent ratings(3, 39).

In this study, The influence of pain resolution in children on parental satisfaction was the other finding, demonstrating the importance of appropriate pain and anxiety assessment and treatment of children(30). This finding indicated that the parents were satisfied to a greater degree with the pain treatment and also were satisfied or were quite satisfied with the administration of pain relief within a reasonable period of time. the parents who believed that their children have received adequate care and adequate pain management rated significantly higher satisfaction and stated higher overall quality (p value <0.01), compared to the parents who felt their children didn't receive adequate care and adequate pain management and this result was comparable with a study done by Matziou in Greece who had investigated same result. The parents who were satisfied with the pain treatment reported a higher level of satisfaction for almost all the dimensions of care. Interestingly, the parents who had less than 7 days of hospital stay rated significantly higher satisfaction with their participation in care (p value <0.01). This may be due to parents at the time of admission they may be participate and involve the fact that the health providers need them to extract adequate information and when duration of stay increases the focus decreases due to work

load and other reasons. With respect to socio demographic characteristics, this study's results are consistent with earlier findings showing that socio demographic characteristics are a minor predictor of the satisfaction level of parents with a child with a chronic disease(10). The response rate was high, mainly because of personal contact with the researcher and the completion of the questionnaire in an interview.

In summary, the parents were most satisfied with patient care and communication level and less satisfied with the information about routines and the participation & involvement. A general comparison of the wards of the hospital led to the conclusion that the parents whose children were hospitalized in oncology pediatric ward were more satisfied in all the care indices.

7. STRENGTH AND LIMITATION

7.1 Strength

- The study could be said the first in such thematic area particularly in Ethiopia
- The study can be considered as base for further similar and large scale studies, since similar studies in Ethiopia particularly in the study area is limited

7.2 Limitation

- The fact that studies conducted so far in Ethiopia are limited on the topic, no enough literature to discuss with Ethiopian context While the study considers parental characteristics, Children's characteristics were not evaluated.
- Since this study was conducted with cross sectional study design, it didn't show the cause and effect relation ship between the independent and dependant variables.
- Due to social desirability bias parents may respond what they don't believe or experience

8. CONCLUSIONS & RECOMONDATION

8.1 conclusion

This study has shown that the parents reported medium levels of satisfaction concerning pediatric inpatient care. However, it was strongly stressed that there is a great need for clinical practices regarding parental involvement to be established in order to optimize the hospital care of ill children. Although parents cannot evaluate all aspects of care and treatment, their perspectives can make valuable contributions to the interpersonal aspect of care, communication, information, and organization of care. Quite important differences between nurses' and physicians' ability to fulfill parents' needs were identified and these results can lead to further investigations and to more-specific quality care development. Staff attitudes and, more specifically, inter professional collaboration, parents' involvement in care, the trusting relationship, and information for parents emerge as the most important determinants of parental satisfaction with care. Personal contact and allowing parents to participate and involve in decisions are an area where both nurses and doctors need to improve.

The value of assessing parents' satisfaction is increasingly important and necessary as hospitals are obliged by the state and private sector to document quality improvement measures. Parents' satisfaction can be used as an indicator of the quality of care that is experienced by parents and patients.

8.2. Recommendations

1. Administrators, practitioners and evaluators of health care service of the hospital should give attention to enhance the level of customers' satisfaction.
2. The hospital administrator should improve the accessibility of services, like all investigating modalities and laboratory instruments, reducing waiting time to obtain health care services and
Increase the proportion of health service providers with the number of customers so as to make maximum utilization of their services and in turn to benefit the patients.
3. The hospital administrators should give attention to physical facility which should include accessibility of drinking water, bathing rooms and toilet and employing additional cleaners who can clean toilets, bath rooms and bedding as every time it needs to be cleaned. Likewise, giving orientation to patients and their attendants on how to use these facilities properly will be helpful to keep its cleanness.
4. Adopting customer oriented policies and procedures. The concerned body needs to understand the extent of the problem and stimulate changes that are required to close the gap between the care provided and the care that should be provide.
5. It will be better for health care managers to consider adequacy of patient care, physical facility of the hospital, communication and information to the customers, involvement and participation of parents in decisions and the waiting time and in the process of overall service delivery process.

REFERENCES

1. Garratt AM, Bjertnæs ØA, Barlinn J. Parent experiences of paediatric care (PEPC) questionnaire: reliability and validity following a national survey. *Acta Paediatrica*. 2007;96(2):246-52.
2. Ammentorp J, Mainz J, Sabroe S. Determinants of priorities and satisfaction in pediatric care. *Pediatric nursing*. 2005;32(4):333-40, 48.
3. Homer CJ, Marino B, Cleary PD, Alpert HR, Smith B, Ganser CMC, et al. Quality of care at a children's hospital: the parents' perspective. *Archives of pediatrics & adolescent medicine*. 1999;153(11):1123-9.
4. Fidanci BE, Arslan F, Fidanci K. Parents' Expectations and Satisfaction on Pediatrics Clinic. *Transl Med (Sunnyvale)*. 2014;4(137).
5. Suhonen R, Välimäki M, Leino-Kilpi H. Individualized care, quality of life and satisfaction with nursing care. *Journal of Advance Nursing*. 2005;50:283-92.
6. Angela C. Parent Participation in Care: Bridging the Gap in the Pediatric ICU. *Newborn and Infant Nursing Reviews* 2005; 5(4):179 - 87
7. Lindeke L, Leonard BJ, Presler B, et al. Family-centered care coordination for children with special needs across multiple settings. *J Pediatr Health Care*. 2002;16:290 - 7.
8. De Rouck S, Leys M. Information needs of parents of children admitted to a neonatal intensive care unit A review of the literature (1990-2008). *Patient Education Counselling*. 2009;76:159-73.
9. Grantham-McGregor S, et al. Developmental potential in the first 5 years for children in developing countries. *Child development in developing countries 1 Lancet* 2007;369:60-70.
10. Schmidt S, Thyen U, Chaplin J, Mueller-Godeffroy E, Bullinger M. Healthcare needs and healthcare satisfaction from the perspective of parents of children with chronic conditions: the DISABKIDS approach towards instrument development. *Child: care, health and development*. 2008;34(3):355-66.
11. Sobo EJ, Seid M, Gelhard LR. Parent-Identified Barriers to Pediatric Health Care: A Process-Oriented Model. *Health services research*. 2006;41(1):148-72.
12. American Academy of Pediatrics and Institute for family-centered care. Family-centered care and the pediatrician's role. *Pediatrics*. 2003;112(3):691-6.
13. Kuo DZ, Bird TM and, Tilford JM. Associations of family-centered care with health care outcomes for children with special health care needs. *Matern Child Health J*. 2011;15(6):794-805.
14. World Bank. Are You Being Served? New Tools for Measuring Service Delivery. In: *The International Bank for Reconstruction and Development*, editor. Washington DC2008.
15. Assefa F, Mosse A. Assessment of Clients' satisfaction with health service deliveries at jimma university specialized hospital. *Ethiopian journal of health sciences*. 2011;21(2):101-10.
16. Syed A, Shamila H, Jabeen R, et al. Measuring patient satisfaction: a cross sectional study to improve quality of care at a tertiary care hospital. *health line* 2012;3
17. Redshaw M. Women as consumers of maternity care: measuring "satisfaction" or "dissatisfaction"? *Birth*. 2008;35(1):73-6.
18. Sreenivas T, Suresh N. A study on patient satisfaction in hospitals. *International Journal of research management and bussiness*. October 2012;1

19. Webster TR, Mantopoulos J, Jackson E, Cole-Lewis H, Kidane L, Kebede S, et al. A brief questionnaire for assessing patient healthcare experiences in low-income settings. *International Journal for Quality in Health Care*. 2011:mzr019.
20. Marino BL, Marino EK. Parents' report of children's hospital care: what it means for your practice. *Pediatric nursing*. 1999;26(2):195-8.
21. American , Academy of, Pediatrics and, American , College of, Emergency, et al. Patient and family-centered care and the role of the emergency physician providing care to a child in the emergency department. *Pediatrics*. 2006;118(5):2242-4.
22. Ammentorp J., Rasmussen A.M., Norgaard B, Kirketerp E., Kofoed P. Electronic questionnaire formeasuring parent satisfaction and as a basis for quality improvement. *J Qual Health Care*. 2007;19:120-24.
23. Scott, L.D. Perceived needs of critically ill children. *Journal of the Society of Pediatrics*. 1998;31(4-16).
24. Hasnat M, Graves P. Disclosure of developmental disability: a study of parent satisfaction and the determinants of satisfaction. *Journal of paediatrics and child health*. 2000;36(1):32-5.
25. Ngui EM, Flores G. Satisfaction with care and ease of using health care services among parents of children with special health care needs: the roles of race/ethnicity, insurance, language, and adequacy of family-centered care. *Pediatrics*. 2006;117(4):1184-96.
26. Schempf AH, Minkovitz CS, Strobino DM, Guyer B. Parental satisfaction with early pediatric care and immunization of young children: the mediating role of age-appropriate well-child care utilization. *Archives of pediatrics & adolescent medicine*. 2007;161(1):50-6.
27. Fidanci, et al. Parents' Expectations and Satisfaction on Pediatrics Clinic. *Transl Med (Sunnyvale)*. 2014;4(4):137.
28. Koontz, S. V. Parental Satisfaction in a P ediatric Intensive Care Unit. *Theses, Dissertations and Capstones Paper*. 2003: 695.
29. Christopher D. The Impact of a Brief Expectation Survey on Parental Satisfaction in the Pediatric Emergency Department. *ACAD EMERG MED*. December 2006;13(12).
30. Matziou V, Boutopoulou B, Chrysostomou A, Vlachioti E, Mantziou T, Petsios K. Parents' satisfaction concerning their child's hospital care. *Japan Journal of Nursing Science*. 2011;8(2):163-73.
31. Weissenstein, et al. Parent satisfaction with a pediatric practice in Germany: A questionnaire-based study. *Italian Journal of Pediatrics*. 2011;37:31.
32. Lew VK, Lalwani K, Palermo TM. Factors affecting parental satisfaction following pediatric procedural sedation. *Journal of clinical anesthesia*. 2010;22(1):29-34.
33. Ammo MA, Abu-Shaheen AK, Kobrosly S, Al-Tannir MA. Determinants of Patient Satisfaction at Tertiary Care Centers in Lebanon. *Open Journal of Nursing*. 2014;4(13):939.
34. Söderbäck M, Christensson K. Family involvement in the care of a hospitalised child: A questionnaire survey of Mozambican family caregivers. *International Journal of Nursing Studies*. 2008;45(12):1778-88.
35. Rosen P, Spalding SJ, Hannon MJ, Boudreau RM, Kwoh CK. Parent satisfaction with the electronic medical record in an academic pediatric rheumatology practice. *Journal of medical Internet research*. 2011;13(2).
36. Chemir F, Alemseged F, Workneh D. Satisfaction with focused antenatal care service and associated factors among pregnant women attending focused antenatal care at health centers in Jimma town, Jimma zone, South West Ethiopia; a facility based cross-sectional study triangulated with qualitative study. *BMC research notes*. 2014;7(1):164.

37. Akhtari-Zavare M, Abdullah MY, Hassan STS, Said SB, Kamali M. Patient satisfaction: evaluating nursing care for patients hospitalized with cancer in Tehran Teaching Hospitals, Iran. *Global journal of health Science*. 2010;2(1):p117.
38. McPherson ML, Sachdeva RC, Jefferson LS. Development of a survey to measure parent satisfaction in a pediatric intensive care unit. *Critical care medicine*. 2000;28(8):3009-13.
39. Haines C, Childs H. Parental satisfaction with paediatric intensive care. *Paediatric Care*. 2005;17(7):37-41.

Addis Ababa University
College of health sciences
School of allied health sciences
Department of nursing and midwifery

Appendix I: Participant Information Sheet

1. Name of the study area (Black lion specialized hospital)
2. Name of the pediatric specialty _____
3. Questionnaire identification no. _____

INTRODUCTION: Good morning/afternoon? My name is _____. In this Study which is undertaken by Addis Ababa University, College of Health sciences school of allied Health sciences department of Nursing and Midwifery, you and me would have a short discussion of about 15-20 minutes only and I am asking you to help us. Before we go to our discussion, I will request you to listen carefully to what I am going to read to you about the purpose and general condition of the study and you will tell me whether you agree or disagree to participate in this study at the end.

The purpose of this study is to assess parental satisfaction concerning their child's hospital care and associated factors in Black lion specialized hospital, Addis Ababa, 2015. The study will be conducted through interviews. The results of the study will enable to improve the quality of health service delivered to pediatric population. I would like to assure you that confidentiality will be maintained strictly throughout. A code number will identify every participant and no name will be used. Your responses to any of the questions will not be given to anyone else and no reports of the study will ever identify you. If a report of results is published, only information about the total group will appear.

Your participation in the study is strictly voluntarily, and your decision to complete the study will not affect the care and/or treatment of your child. You will not be paid for your willingness to complete the survey.

Are you willing to participate in this study?

1. Yes. 2. No

Thank you!!!

NB: 1. if the study subjects agree to participate in the study, go to consent form

2. No need of enforcing the clients to be included in the study

Appendix II: Informed consent

I the undersigned have been informed about the purpose of this particular research project. I have been informed that I am going to respond to this question by answering what I feel and experienced concerning the issue. I have been informed that the information I give will be used only for the purpose of this study and my identity as well as the information I give will be kept confidential. I have also been informed that I can refuse to participate in the study or not to respond to questions if I am not interested. Furthermore I have been informed that I can stop responding to the questions at any time in the process. Based on the above information I agree to participate in this research voluntarily.

Signature: _____

Date: _____

NB: 1.If the study subject is voluntary to participate in the study, start the interview.

2. Interviewer signature certifying that informed consent has been given verbally by the respondent.

Name _____

Signature _____

Date _____

3. If there are things that require clarification please don't hesitate to ask the Interviewer or the principal investigator for clarification.

Address of the principal investigator

Getasew Tesfa,

Addis Ababa University, college of Health Sciences, School of allied health sciences,
Department of Nursing and Midwifery.

Mobile: 09-13-71-43-61

Email: getasewtesfa@yahoo.com

Addis Ababa

Appendix III: Questionnaire, English Version

I. Socio demographic Characteristics

S.NO.	Questions	Responses
1.	Sex	1. Male 2. Female
2.	Age(in years)	_____
3.	Marital status	1. Single 2. Married 3. Divorced 4. Widowed
4.	Educational status	1. No formal learning 2. Below high school 3. 9 th -12 th 4. College Diploma 5. University Degree and Above
5.	Ethnicity	1. Amhara 2. Oromo 3. Tigre 4. Guragie 5. Others (specify) _____
6.	Occupation	1. Governmental employee 2. Private 3. Merchant 4. Farmer 5. Housewife 6. Others (specify) _____
7.	Estimate of annual income	_____

8.	Frequency of previous hospitalizations	1. none 2. once 3. >1
9.	Duration of current hospital stay	1. <3 days 2. 3-7 days 3. 8-14 days 4. More than two weeks

II SATISFACTIN MEASURING QUESTIONNAIRES

Instruction: Please give one answer among the alternatives that most accurately reflects your view on each statement. The alternative answers are as follows

1. = Strongly disagree 3. = Neutral 5. = Strongly agree
2. = Disagree 4. = Agree

S.NO	Questions	Responses options
Questionnaires regarding patient care(both medical and nursing care)		
1.	Do you think that paediatric ward Nurses are caring and compassionate?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
2.	Do you believe that it is very important for caregivers to keep your child's bed neat and clean?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
3.	Do you think that Nurses respond to your child's needs promptly?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
4.	Do you think your child has received excellent nursing care in the paediatric ward?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
5.	Do the Nurses' respond slowly to your child's needs?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
6.	Do you feel that healthcare providers didn't spend enough time at your child's bedside?	1. Strongly disagree 2. Disagree 3. Neutral

		4. Agree 5. Strongly agree
7.	Are you very satisfied with the care that your child has received in the paediatric unit?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
8.	Would you recommend this paediatric unit to a friend or family member who needed to be hospitalized?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
9.	Do you think that your child has received adequate pain treatment within reasonable period of time?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
10.	Do you think that the doctors in the paediatric ward are caring and friendly?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Questionnaires regarding hospital environment		
11.	Do you think your child's room is clean and comfortable?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
12.	Is your child's room too loud for him/her to rest?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
13.	Does your child's privacy and confidentiality were respected during his/her this hospital stay?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
14.	Do you think your child's room is quiet enough for him/her to rest?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Questionnaires regarding communications between parents/patients vs. health care providers		
15.	Do doctors and nurses work together as a team in this ward?	1. Strongly disagree 2. Disagree

		3. Neutral 4. Agree 5. Strongly agree
16.	Do you think that healthcare providers did a poor job preparing you for your child's hospital stay?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
17.	Do the doctors in the paediatric ward answer your questions thoroughly?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
18.	Do you think that caregivers do not do a good job of informing you who will fill in while they are off duty?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
19.	Do caregivers made a good job in preparing you for your child's hospital stay?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
20.	Do you appreciate healthcare providers who speak to your child even though he/she cannot respond?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
21.	Do you think that the health care providers in the paediatrics unit keep you well informed about your child's condition?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
22.	Do you feel that the paediatric physicians do not keep you completely informed regarding procedure results?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
23.	Are you satisfied with how much the paediatric ward doctors have told you about your child's expected outcome?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
24.	Do you think that healthcare providers in the paediatric units keep you informed regarding planned tests and procedures?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
25.	Do you think that you have received	1. Strongly disagree

	adequate information concerning your child's illness/course of illness?	2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Questionnaire regarding parental involvement/participation in decisions of their Child's care plan		
26.	Do you think that the paediatric ward unit nurses do not really listen to your opinion about your child's needs?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
27.	Did you have the opportunity to participate in discussions concerning your child's examinations/treatments?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
28.	Have you had the opportunity to discuss the goals of your child's treatment with the child's physician?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Questionnaires regarding waiting time		
29.	Do you think that the waiting time you have spent in the hospital without getting care is reasonable?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
30.	Do you think that the child's needs have been taken care of, without waiting too long?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
31.	Do you believe that the waiting time in the ward for medical examination was appropriate?	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree

A. What did you like the most about your child's stay in this hospital's pediatric units?

B. What did you like the least about your child's stay in this hospital's pediatric units?

C. What would you like to be changed in this hospital?

Appendix IV: የተሳታፊዎች መረጃ መስጫ ቅጽ-በአማርኛ

1. ጥናቱ የሚካሄድበት ቦታ ስም (ጥቁር አንበሳ ስፔሻላይዘድ ሆስፒታል)

2. የህክምና ክፍሉ ልዩ ስም _____

3. የመጠይቅ መለያ ቁጥር _____

መግቢያ : እንደምን አደሩ/ዋሉ? ስሜ _____ ይባላል። በአዲስ አበባ ዩንቨርሲቲ በነርቪንግ እና ሚድዋይሬሪ ት/ቤት አስተባባሪነት በሚከናወነው ጥናት እኔ እና እርስዎ አጠር ያለ እና ከ 15_20 ደቂቃ የሚወስድ ውይይት ይኖረናል። ለዚህም ውይይት እንዲተባበሩኝ በትህትና እጠይቃለሁ። ወደ ውይይቱ ከመግባታችን በፊት ስለጥናቱ አላማ እና ጠቅላላ ሁኔታ ስለማነብላት በጥሞና እንዲያዳምጡኝ በትህትና እጠይቃለሁ። በመጨረሻም በጥናቱ ለመሳተፍ መስማማትዎን ወይም አለመስማማትዎን ይነግሩኛል።

የዚህ ጥናት አላማ በዚህ በጥቁር አንበሳ ስፔሻላይዘድ ሆስፒታል በህጻናት ህክምና ክፍል ውስጥ ተኝተው ስለሚታከሙ ህጻናት ወላጆች ልጆቻቸው እያገኙት ባለው ህክምና ምን ያክል እንደረከ እና ተግዳሮቶቹ ምን እንደሆኑ ለማወቅ የተዘጋጀ ሲሆን ጥናቱ የሚካሄድበት መንገድ በመረጃ ሰብሳቢው በሚቀርብ መጠይቅ ይሆናል። መጠይቁ ልጆዎ እያገኘ ስላለው ህክምና የእርስዎን ሀሳብ ወይም አስተያየት ወይም እይታ በተመለከተ ይሆናል። እርስዎ የሚሰጡት መረጃ ደረጃውን የጠበቀ የህጻናት ህክምና አገልግሎት ለማስፋፋት ይረዳል።

በቆይታዎ ሁሉ ስለሚሰጡን መረጃ ሚስጥር እንደሚጠበቅ እያረጋገጥኩኝ ለእያንዳንዱ ተሳታፊ የተለየ መለያ ቁጥር የሚኖረው ሲሆን ስምም አይጻፍም ። ለማንኛውም ጥያቄ የሚሰጡት ምላሽ ለሌላ ሰው ተላልፎ የማይሠጥ ሲሆን የጥናቱም ሪፖርት ስለእርስዎ አይገልጽም። በተጨማሪም የጥናቱ ሪፖርትም ቢታተም የሚወጣው ስለ አጠቃላይ ተሳታፊ ሰዎች መረጃ ብቻ ይሆናል። ተሳትፎዎ በፍጹም ፍካደኝነት ላይ የተመሰረተ ነው። በጥናቱ ላይ ለመሳተፍ መወሰነዎ አሁን ለልጆዎ እተሰጠ ባለው የህክምና አገልግሎት ላይ ምንም አይነት ለውጥ ወይም ጉዳት አያመጣም ፤ ጥናቱ ላይ በመሳተፊዎ የሚያገኙት ክፍያም የለም።

።ጥናቱ እንደተጠናቀቀ ውጤቱ ለጥቁር አንበሳ ስፔሻላይዘድ ሆስፒታል ተሰጥቶ ሆስፒታሉም ለታካሚዎቹ የተሻለ የህክምና አገልግሎት ለመስጠት እንደመረጃ ይተቀምበታል።

በጥናቱ ለመሳተፍ ፍቃደኛ ነዎት?

- 1. () አዎ
- 2. () አይደለሁም

አመሰግናለሁ!!!

ማስታወሻ:

- 1. የጥናቱ ተሳታፊ በጥናቱ ለመሳተፍ ፍቃደኛ ከሆኑ ወደ ፍቃደኛነት ማረጋገጫ ቅጽ ይለፉ
- 2. የአገልግሎቱ ተጠቃሚዎች በጥናቱ እንዲሳተፉ ማስገደድ አያስፈልግም

Appendix V: የስምምነት መግለጫ ፎርም - በአማርኛ

ከታች ፊርማዬን ያኖርኩት እኔ የጥናቱ አላማ የተነገረኝ ሲሆን ለምጣይው ጥያቄ የማውቀውን መመለስ እንደምችል ፤ እኔ የምሰጠው መረጃ ለዚህ ጥናት አገልግሎት ብቻ የሚውል ሲሆን ስሜን እና የምሰጠው መረጃ በሚስጥር እንደሚጠበቅ ተነግሮኛል። ፍላጎት ከሌለኝ በጥናቱ ያለመሳተፍ ፤ ጥያቄ ያለመመለስ እና በጥያቄው ወቅት ምላሽ መስጠት ማቋረጥ እንደምችል ተነግሮኛል።

በዚህ መሰረት በጥናቱ ለመሳተፍ ፍቃደኛ መሆኔን በፊርማዬ አረጋግጣለሁ።

ፊርማ _____

ቀን _____

ማስታወሻ:

- 1. የጥናቱ ተሳታፊ በጥናቱ ለመሳተፍ ፍቃደኛ ከሆኑ መጠይቁን ይጀምሩ
- 2. የፍቃደኛነት መግለጫ በመልስ ሰጪው በቃል መስጠቱን የሚያረጋግጥ የመረጃ ሰብሳቢው ስም እና ፊርማ

ስም _____

ፊርማ _____

ቀን _____

ማንኛውም ገለጻ የሚያስፈልጋቸው ነገሮች ካሉ መረጃ ሰብሳቢውን ሆነ ዋና ተመራማሪውን በአካልም ሆነ በአድራሻቸው ይጠይቁ።

የዋናው ተመራማሪ አድራሻ
 ጌታሰው ተስፋ
 አዲስ አበባ ዩንቨርሲቲ
 ነርሲንግ እና ሚድዋይፈሪ ት/ቤት
 ስልክ ቁጥር: 0913714361
 አ.አ

ስለ ትብብርዎት አሁንም በድጋሜ እና መሳግናለን።

Appendix VI: መጠይቅ - አማርኛ ቅጽ

I. ማህበራዊ ህይወትና የአኗኗር ሁኔታ የሚመለከቱ መጠይቆች

ተ.ቁ.	ጥያቄዎች	አማራጮች
1.	የወላጅ ጾታ (አንዱን ይምረጡ)	1. ሴት 2. ወንድ
2.	የወላጅ ዕድሜ(በአመት)	_____
3.	ጋብቻ ሁኔታ	1. ያላገባ/ች 2. ባለትዳር 3. አግብቶ/ታ የፈታ/ች 4. የሞተችበት/ባት 5. ተለያተው የሚኖሩ
4.	የትምህርት ደረጃ	1. መደበኛ ት/ት ያልተማረ/ች 2. 1-8ኛ 3. 9-12ኛ 4. የኮሌጅ ዲፕሎማ 5. የዩኒቨርሲቲ ዲግሪና ከዚያ በላይ

5.	ብሔር	<ol style="list-style-type: none"> 1. አማራ 2. ትግሬ 3. ኦሮሞ 4. ጉራጌ 5. ሌሎች (ይገለጹ)-----
6	የስራ ሁኔታ	<ol style="list-style-type: none"> 1. የመንግስት ሰራተኛ 2. የግል ተቀጣሪ 3. ነጋዴ 4. አረሶ አደር 5. የቤት እመቤት 6. ሌላ (ይጠቀስ)
7.	አማካኝ የቤተሰቡ የገቢ መጠን (በዓመት)	_____
8	ልጆቻቸው የሥራ ስራ ተኝቶ ሲታከም አሁን ለስንተኛ ጊዜ ነው?	<ol style="list-style-type: none"> 1. ምንም 2. አንድ ጊዜ 3. ከአንድ በላይ
9.	ልጆቻቸው የሥራ ስራ አሁን ተኝቶ መታከም ከጀመረ ምን ያክል ጊዜ ሆነው?	<ol style="list-style-type: none"> 1. 2 ቀን እና ከዚያ በታች 2. 3-7 ቀን 3. 8-14 ቀን 4. ከ 2 ሳምንት በላይ

II. እርካታን የሚለኩ መጠይቆች

መመሪያ 2. እባክዎትን ከዚህ ቀጥሎ ለምንጠይቀዎት እያንዳንዳቸው ጥያቄዎች ከተሰጡት አማራጮች የእርስዎን ሀሳብ ወይም አስተያየት ወይም እይታ የሚወክለውን ትክክለኛውን አማራጭ ይምረጡ

አማራጮቹም 1. በጣም አልስማማም

2. አልስማማም

3. ምንም ሀሳብ የለኝም

4. እስማማለሁ

5. በጣም እስማማለሁ የሚሉ ናቸው

ተ.ቁ.	መጠይቆች	የመልስ አማራጮች
በሽተናው ከሀኪሞችና ከነርሶች ስላገኘው ህክምናን የተመለከቱ መጠይቆች		
1.	በጸናት ህክምና ክፍል ውስጥ የሚሰሩ ነርሶች ተንከባካቢና ሩህሩህ ናቸው ብለው ያስባሉ	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
2.	የጤና ባለሙያዎች የልጆዎን አልጋ ሁልጊዜ ንጹህና ማራኪ አድርጎ መጠበቃቸው በጣም ጠቃሚ ነው ብለው ያምናሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
3.	በዚህ ክፍል የሚሰሩ ነርሶች የልጆዎን ፍላጎት ለማሟላት ፈጣን ምላሽ ይሰጣሉ ብለው ያምናሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
4.	በዚህ የህጻናት ህክምና ክፍል ውስጥ ልጆዎ እጅግ በጣም የሚያረካ የነርሶች ህክምናና ክብካቤ አግኝቷል ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
5.	ነርሶች የታካሚ ልጆዎን ፍላጎቶች ለማሟላት በዝግታና በተንቀራፈፈ ሁኔታ ነው የሚመልሱት ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ

		5. በጣም እስማማለሁ
6.	በህክምና ክፍሉ የሚሰሩ የጤና ባለሙያዎች ክልጃ ጋር በቂ ጊዜ አልነበራቸውም ብለው ይሰማዎታል?	1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
7.	በልጅዎ የዚህ የህጻናት ህክምና ክፍል የቆይታ ጊዜ ባጠቃላይ ልጅዎ ባገኘው የህክምና አገልግሎት በጣም እረክተዋል?	1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
8.	ሌሎች ሿደኞቻቸው ወይም የቤተሰብ አባልዎ ህክምና ቢፈልጉ ወደዚህ ሆስፒታል መጥተው እንዲታከሙ ይመክሯቸዋል ወይም ያበረታቷቸዋል?	1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
9.	በልጅዎ የዚህ ሆስፒታል ቆይታ ህመም በሚሰማው ጊዜ በተገቢው ሰዓት የህምም ማስታገሻ ህክምና አግኝቷል ብለው ያስባሉ?	1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
10.	በዚህ የህጻናት ህክምና ክፍል ውስጥ የሚሰሩ ዶክተሮች ተንክባካቢና የማያካብዱ ናቸው ብለው ያስባሉ	1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
ስለ ሆስፒታሉ ይረታና ንፅግና የተመለከቱ መጠይቀቶች		
11.	ልጅዎ ተኝቶ የሚታከምበት ክፍል ንጹህና የሚመች ነው ብለው ያስባሉ?	1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
12.	የልጅዎ የመኝታ ክፍል ጫጫታና ድምጽ የበዛበት ነው	1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
13.	በልጅዎ የሆስፒታል ቆይታ የልጅዎ ግላዊ ምስጢር ተጠብቆለታለ ብለው ያምናሉ?	1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
14.	የልጅዎ የመኝታ ክፍል የልጅዎን እረፍት የማያውክና ጸጥታው የተረጋገጠ ነው ብለው ያስባሉ?	1. በጣም አልስማማም 2. አልስማማምም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ

በወላጆችና በጤና ባለሙያዎች መካከል ስላለው የመረጃ ልውውጥና ተግባራትን የተመለከቱ መጠይቆች		
15.	የዚህ ክፍል ዶክተሮችና ነርሶች እንደ ቡድን በጋራ ይሰራሉ ብለው ያምናሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
16.	በልጅዎ የሆስፒታል ቆይታ፣ በህክምና ክፍሉ የሚሰሩ የጤና ባለሙያዎች የሚገባውን መረጃ ባለመስጠት ደካማ ስራ ስርተዋል ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
17.	በዚህ የህጻናት ህክምና ክፍል ውስጥ የሚሰሩ ዶክተሮች ለሚጠይቋቸው ጥያቄዎች ተገቢውን መልስ በደንብ ይመልሳሉ ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
18.	በልጅዎ የሆስፒታል ቆይታ፣ በህክምና ክፍሉ የሚሰሩ የጤና ባለሙያዎች እነርሱ ከስራ ሲወጡ ማን ተረኛ እንደሆነ ባለማሳዎቻቸው ላራነታቸውን አልተወጡም ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
19.	በልጅዎ የዚህ ሆስፒታል ቆይታ፣ በህክምና ክፍሉ የሚሰሩ የጤና ባለሙያዎች ልጅዎ ተኝቶ እንዲታከም እርሶዎን በማዘጋጀትና የሚገባውን መረጃ በመስጠት ሀላፊነታቸውን ተወጥተዋል ብለው ያምናሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
20.	ልጅዎ ማውራት በማይችልበት ሁኔታ እንኳ ቢሆን ልጅዎን ለማውራት የሚሞክሩና የሚያወሩ የጤና ባለሙያዎችን ያደንቃሉ ወይም ደግሞ ያበረታታሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
21.	በዚህ የህጻናት ህክምና ክፍል የሚሰሩ የጤና ባለሙያዎች ስለ ልጅዎ የጤና ሁኔታ የሚገባውን መረጃ በደንብ እስረድተውኛል ወይም ነግረውኛል ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
22.	የዚህ የህጻናት ህክምና ክፍል ዶክተሮች ለልጅዎ ስለሚሰሩለት የምርመራ ውጤቶች ሙሉ በሙሉ አይነግሩኝም በማለት ይሰማዎታል?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
23.	ስለ ታካሚ ልጅዎ የዚህ የህጻናት ህክምና ክፍል ዶክተሮች በነገሩዎት የሚጠበቁ የህክምና ውጤቶች አጥጋቢነት ረክተዋል?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ

24.	በዚህ የህጻናት ህክምና ክፍል የሚሰሩ የጤና ባለሙያዎች ለልጆቻቸው ሊሰሩ ስለታቀዱ ምርመራዎች የሚገባውን መረጃ በደንብ ነግረውኛል ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
25.	ስለ ታካሚ ልጅዎ የበሽታ ሁኔታን በተመለከተ ከህክምና ክፍሉ የጤና ባለሙያዎች በቂ መረጃ አግኝተዋል?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
ወላጆች በልጆቻቸው ህክምና ላይ ሰላላቸው ተሳትፎ የተመለከቱ መጠይቆች		
26.	በዚህ የህጻናት ህክምና ክፍል የሚሰሩ ነገሮች ስለ ልጅዎ ሁኔታ አስተያየት በሚሰጡበት ጊዜ በፍጹም አያዳምጡኝም ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
27.	ስለ ታካሚ ልጅዎ ስለሚደረግለት የምርመራ ዘዴና ስለሚገኘው የህክምና አይነት ከጤና ባለሙያዎቹ ጋር በውይይታቸው ወቅት የመሳተፍ እድል አግኝተው ነበር?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
28.	ለታካሚ ልጅዎ ስለሚደረግለት የህክምና ዓላማ ክልጅዎ ዶክተር ጋር መወያየት አጋጣሚ አግኝተው ነበር?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
ወረፋን የተመለከቱ መጠይቆች		
29.	ወደ ሆስፒታል ከመጣችሁ በኋላ የህክምና አገልግሎት ከማግኘታችሁ በፊት ያባከናችሁት ጊዜ ወይም ሰዓት ተገቢና ምክንያታዊ ነው ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
30.	በዚህ ህክምና ክፍል ከገባችሁ በኋላ ልጅዎ የሚፈልጋቸውን ነገሮች ብዙ ሰዓት ሳንጠብቅ አግኝተናል ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ
31.	ከዚህ ህክምና ክፍል አልጋ ከያዛችሁ በኋላ የምርመራ አገልግሎት ለማግኘት የጠበቅነው ጊዜ ትክክል አይደልም ብለው ያምናሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ሀሳብ የለኝም 4. እስማማለሁ 5. በጣም እስማማለሁ

ሀ. በልጅዎ የሆሰፒታል የቆይታ ጊዜ በዚህ የህጻናት ህክምና ክፍል ውስጥ በጣም የወደዱት ምንድን ነው?

ለ. በልጅዎ የሆሰፒታል የቆይታ ጊዜ በዚህ የህጻናት ህክምና ክፍል ውስጥ በጣም ያልወደዱት ምንድን ነው?

ሐ. በዚህ ሆስፒታል የቆይታ ጊዜዎ ካዩት ነገር ምን እንዲቀየር ይወዳሉ?

DECLARATION

I, the undersigned, declared that this thesis is my original work and has not been presented for a degree in this or any other university, and all source materials used for the thesis have been fully acknowledged.

Name of the student: Getasew Tesfa (BSc)

Signature: _____

Place: Addis Ababa

Date of submission: _____

This thesis has been submitted for examination with my approval as university advisor.

Advisor Name: Yosief Tsige (BSc, MSc)

Signature _____

Date _____