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Assistance to infants admitted to a pediatric ward: factors associated with the degree of family satisfaction

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ABSTRACT

OBJECTIVE

The aim of this study was to assess the level of satisfaction of the family members attended in a nursery unit of a hospital in São Paulo, SP, Brazil.

METHODS

A questionnaire structured on liker scale (QSEnf 10) was applied to check the levels of familiar satisfaction during hospitalization.

RESULTS

Most of the volunteers indicated that are satisfied with the services provided for each specialty, ranging from 81.5 to 100%. The average satisfaction score of 33 for the nursing team, 36.9 for doctors, 19.5 for physiotherapists, 19.0 for psychologists and 18.3 for nutritionists. On the other hand, a few were unsatisfied with the services provided in some specialties.

CONCLUSIONS

Among the main factors associated with the dissatisfaction of family members is related to the lack of information or inaccurate information and the delay in responding to special requests.

DESCRIPTORS

Family satisfaction, Pediatrics, Hospitalization.

RESUMO

OBJETIVO

O objetivo desse estudo foi avaliar o nível de satisfação de familiares atendidos em uma unidade de enfermagem de um hospital de São Paulo, SP, Brasil.

MÉTODOS

Utilizamos um questionário estruturado em escala de *likert* (QSEnf 10) para averiguar o nível de satisfação dos familiares de lactentes que foram atendidos em uma unidade de enfermagem pediátrica.

RESULTADOS

A maioria mostrou-se satisfeito com os serviços prestados de cada especialidade, variando de 81,5 a 100%. O escore médio de satisfação foi de 33,1 pontos para a equipe de enfermagem, 36,9 para médicos, 19,5 para fisioterapeutas, 19,0 para psicólogos e 18,3 para nutricionistas. Por outro lado, poucos se demonstraram insatisfeitos aos os serviços prestados de algumas especialidades.

CONCLUSÃO

Dentre os principais fatores associados a insatisfação dos familiares, está relacionado a falta de informação ou informação imprecisa, demora em respostas às solicitações e falta de interesse de especialistas.

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DESCRITORES

Satisfação familiar, Pediatria, Internação

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INTRODUCTION

Child hospitalization is a moment that significantly impacts psycho-emotional aspects of both family members and the child. This observation is based on the uncertainty of the outcome¹. In addition, hospitalized children may not be with their parents in the bedside, which may potentially increase the carelessness feeling². Hospitalizations also represent a crucial moment for the development of nosocomial infections³. In addition, hospitalization in an infant period, plays an intensifying role, mainly because the child is in psychomotor development.

It is known that the insertion of a companion and their involvement in the hospitalization process is relevant, especially in the case of children under 5 years of age, when they require greater attention from caregivers. Separation from the mother is a factor that causes different effects in the child hospitalization process. It is worth mentioning that the changes in hospital policies during the last years reflect a modified attitude towards parents, emphasizing their presence throughout the child's hospitalization period. Currently, most hospitals offer unrestricted visitation hours for parents in general pediatric wards⁴. The Ministry of Health, through the National Humanization Program, encourages key points regarding service to users.

It is important to emphasize the aspect that is also representative regarding the child's attention and care is family satisfaction in care during hospitalizations. In fact, this has been shown to be an important indicator of the quality of care⁵. The definition of satisfaction, described by Linder-Pelz, lies in the socio-psychological theory that satisfaction is the expression of an attitude, an affective response that it is related to the belief that the service must have certain attributes and, thus, satisfaction is defined as positive evaluations of the individual about different dimensions of the health service. This is a complex attribute and is established according to the user's expectations⁶. It is worth noting that satisfaction is linked to marketing strategies aimed at identifying and solving problems, as well as optimizing the service. In addition, because it is a growing subject in the form of care within hospitals, which has been gaining prominence due to the importance progressively evidenced in studies of satisfaction assessment, the investigation of factors associated with different degrees of family satisfaction allows the adoption of targeted actions in the service provided.

Thus, the identification of the nature of the actions that are necessary to improve hospital care, whether they are qualitative or quantitative, it can contribute to the improvement of the activities developed by the hospitals' care staff. Therefore, the aim of this study was to evaluate the factors associated with the satisfaction of family members regarding the care received by their infant children admitted to a pediatric ward.

METHODS**Subjects**

The study was conducted in the ward of the Dr. Cármino Caricchio hospital in São Paulo, SP, Brazil. Family members of hospitalized children were included in the study after reading and signing the Informed Consent Form (ICF). This work was approved by the Ethics and Research Committee of the University of Santo Amaro, CAAE# 56784116.2.0000.0081.

Participants were included in the study after hospital discharge, and invited to answer structured questionnaires in order to collect socio-demographic data and questions related to satisfaction with medical and nursing care (QSEnf 10)⁷. Satisfaction questionnaires were based on Likert scale and were used to assess aspects related to the quality of nursing care, interpersonal relationships, interest shown to them as a person and not only because of their illness, capacity for comfort, time dedicated to family members, time to fulfill their requests, clarity of the received information, amount of information received, demonstrated professionalism, co-organization in the work of the nursing team and relationship between nurses. For each question, a scale of 1 to 5 was determined. In addition, for the medical teams, aspects related to cordiality and friendliness, how to approach the child, clarity, and ease in communicating with the family and technical knowledge were evaluated.

Data were scaled into scores according to the total score in their respective items. In the questionnaire on satisfaction with medical and nursing care, family satisfaction was defined as a score equal to or greater than 30 points and as family dissatisfaction, a score lower than 30 points. In the satisfaction questionnaire for health analysts, family satisfaction was defined as a score greater than or equal to 15 points and dissatisfaction a score less than 15 points. Their respective significance for non-descriptive variables was obtained through the chi-square test.

RESULTS

A total of 55 relatives of infants were included in the study. The sociodemographic data of family members and data related to infants are described in table 1.

Table1. Demographic data of subjects and children.

| Relatives' demographic data | Volunteers n=55 |
|--|--------------------|
| Men (%) | 6(10,9%) |
| Women(%) | 49(89,1) |
| Age (average) | 16-43(28,1) |
| Schooling in years (average) | 5-14(9,1) |
| Family income in minimal wages (average) | 0,1-4,0(1,4) |
| Children's demographic data | N=55 |
| Boys (average) | 34(61,8) |
| Girls (average) | 21(38,2) |
| Age in months (average) | 8,9-12(10,4) |
| Average time of hospitalization in days | 5,6 |
| Average breastfeeding time in days | 100,8 |
| Updated vaccination portfolio (%) | 49(89%) |

An interesting data observed in this study is the fact that 34 (62%) of the family members sought care for infants due to symptoms related to respiratory infections. The average satisfaction score of the study volunteers with the different teams are described in table 2.

Table 2. Average score of those responsible for infants regarding satisfaction with the different care teams.

| Care Teams | N (average) | Confidence interval (average) |
|------------------|-------------|----------------------------------|
| Nurse | 54 | 31,5-34,8 (33,1) |
| Physician | 55 | 35,7-38,1 (36,9) |
| Physiotherapist | 30 | 19,1-19,9 (19,5) |
| Speech therapist | 27 | 18,9-19,9 (19,4) |
| Psychologist | 4 | 16,7-21,3 (19) |
| Nutritionist | 44 | 17,5-19,2(18,3) |

The positive aspects pointed out by parents or guardians related to the nursing team, in the care of their infant children were attention, care, dedication, form of treatment, time to fulfil their request, harmony and professionalism. On the other hand, the negative aspects were difficulty of interaction between professionals, lack of information and the imprecision in the practice or information of some professionals.

Regarding the medical team, some positive aspects were pointed out: frequency in beds, attention, time to fulfil their request, organization of the activities, care and professionalism. The negative aspects were inconsistency or lack of information, the delay in responding to requests and the lack of interest from specialist doctors.

Regarding the analysis of greater dissatisfaction on the part of family members, medical professionals, nurses and nutritionists were observed. Among the aspects of family dissatisfaction with childcare, issues related to the daily lives of the guardians were evaluated, as well as issues related to the disease and the outcome of the infant care in the Intensive Care Unit (ICU) ($p = 0.052$)

DISCUSSION

Most family members showed satisfaction with the care provided by each team. To a lesser extent, for some family members there was dissatisfaction linked to doctors, nurses, and nutritionists.

Several factors may have contributed to the observed outcome. Regarding the satisfaction of family members with the care provided to the infant, we found a high level of satisfaction. The team that works directly with the family, assisting in the provision of information and availability are factors that contribute to the increase in patients' needs⁸. In fact, different strategies have been adopted to add care with family contact with their children, especially neonate individuals, and it is

known that such care can contribute to the development and recovery of the individual^{9,10}.

This finding is evident when we analyze the main points raised in regarding on the dissatisfaction of family members, who reported as main points related to the lack of information or inaccurate information, delay in responding to requests, lack of interest from specialist doctors.

Another factor that tended to be associated with aspects of satisfaction was linked to the need for ICU care. ICU needs greater and special attention, as well as requiring greater processes from health teams with patients. Undoubtedly, this tendency to significance reflected the main challenge we have in establishing medical care protocols, as well as considering different ways the team's attention to the patient's family members. Assessing family satisfaction about all these aspects also becomes a considerable challenge¹¹.

Our study is in touch with Stengard et al¹². They also observed that most of the volunteers were satisfied with the various services. However, among family members who reported dissatisfaction, aspects similar to that observed in this study were described as lack of information on the part of professionals¹². Recently, a study reviewed previous findings related to family members' satisfaction with pediatric care. Interestingly, there is great evidence associated with length of stay with the level of satisfaction, as well as the availability of information¹³. Such findings can also be observed in our study, since high levels of satisfaction can also be associated with rapid improvement of infants, without needing other care, and in fact, the average length of stay was 5.6 days, considerably less than if they were in the ICU.

In summary, our study emphasizes that several aspects should constantly considered in the most diverse health services. Also, satisfaction surveys tend to optimize the service provided, as well as aid in the recovery of patients and in the perception of family care.

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