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**Mothers' Satisfaction with Nursing Care Provided in
Pediatric Departments in European Gaza Hospital**

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Thesis Approval

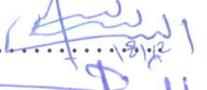
Mothers' Satisfaction with Nursing Care Provided in Pediatric Departments in European Gaza Hospital

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Dedication

I would like to convey my sincere gratitude to my father and my mother who encouraged me all the way through this study ... without their encouragement and support, this thesis wouldn't come to the end ...

All the kind feelings to my wife and my children who supported me all the time

Special thanks to my sisters and my brother for their support which provided me with energy to complete my study

I would like to express my appreciations to all my colleagues in European Gaza Hospital, especially the nurses in pediatric department who contributed to the completion of this thesis.

Shady Abu Naja

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed

Shady Abu Naja

...../...../.....

Acknowledgement

First of all, praise to Allah, the lord of the world, and peace and blessings of Allah be upon our prophet Muhammad, all thanks for Allah who granted me the capability to accomplish this thesis.

I would like to express my deepest thanks to the academic staff at Al Quds University for the knowledge and skills they provided through my study.

I had the great fortune to complete this study under the supervision, guidance and valuable instructions of Dr. Hatem El-Dabbakeh and Dr. Osama Elian.

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Abstract

The purpose of this study was to determine mothers' satisfaction with nursing care provided in pediatric departments in European Gaza Hospital (EGH). The researcher used descriptive, analytical, cross sectional design. The sample of the study consisted of 196 mothers selected by simple random sampling method from whose their children were admitted to the medical and surgical paediatric departments at EGH during the period from March to June 2018. For data collection, the researcher used Newcastle Satisfaction with Nurses Scale (NSNS), and the scale has been tested for validity and reliability by conducting a pilot study on 20 participants and Cronbache alpha coefficient was 0.935. For data analysis, the researcher used SPSS program (version 22), and statistical analysis included frequencies, percentage, means, standard deviation, t test, and One way ANOVA. The results of the study showed that mean age of the mothers was 29.270 ± 6.493 , 61.7% had secondary school education or less, 38.3% had university education, 95.4% of mothers were housekeeper. The results also showed that 46.4% of children aged between 1 to 5 years, 22.4% were the first child in their family, 65.8% of the sample have been treated in the medical ward, 88.3% of them have been hospitalized for 2 – 5 days, and 52.6% have been admitted to paediatric ward for the first time. The overall satisfaction of mothers with nursing care was high with a mean score 3.81 and weighted percentage 76.2%. Also, 67.9% of mothers expressed high level of satisfaction compared to 26% expressed moderate satisfaction, and 6.1% expressed low satisfaction. The results also indicated that there were statistically no significant differences in mothers' level of satisfaction related to age of the mother, work, department, length of stay in paediatric department, child's age, order of child in his family. Moreover, mothers with secondary school education and less had higher level of satisfaction compared to mothers with university education, and mothers of children who had a history of previous admissions had higher level of satisfaction compared to those who have been admitted to pediatric departments for the first time. The study concluded that mothers' satisfaction with nursing care is an indicator for quality of care, therefore, to promote satisfaction, nurses need to integrate nursing science into their clinical practice, spend more time with their patients.

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List of Abbreviations

ANOVA	Analysis of Variance
SPSS	Statistical Package for Social Science
GDP	Gross Domestic Product
GS	Gaza Strip
EGH	European Gaza Hospital
MOH	Ministry of Health
NGOs	Non-Governmental Organization
NSNS	Newcastle Satisfaction with Nursing Scale
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PCBS	Palestinian Central Bureau of Statistics
PFS	Pediatric Family Satisfaction
PICU	Pediatric Intensive Care Unit
UNRWA	United Nations Relief and Works Agency for the Palestinian Refugees in the Near East
USA	United States of America
WB	West Bank

Chapter One

Introduction

1.1 Background

Nursing care is one of the major health care services that contribute significantly to the patient healing process. Even though there may be competent physicians present in a given health institution, it would be inadequate without appropriate nursing care. Thus, patients' satisfaction is often determined by the nursing care in any health care facility (Dzomeku et al., 2013). Moreover, nurses are the frontline people that patients most likely meet up with, spend the highest amount of time with, and rely upon for recovery during their hospitalization (Tang et al., 2013).

The assessment of health care quality has incorporated the patients' perspective and this subjective assessment is translated in the measuring of patients' satisfaction with the health service, thus it is considered an important indicator of quality of care (Dorigan et al., 2015).

Within the health care services, nurses have the most frequent contact with patients, so, patients' satisfaction with health care depends to a large extent on the experiences with nursing (Ozga et al., 2014). Satisfaction with nursing care is defined as the degree of congruence between patients' expectations of ideal care and the actual care provided during the course of interaction with nurses (Lee and Yom, 2007).

It is important to say that during hospitalization of sick children, mothers' satisfaction represents a balance between their perception and expectations of their children nursing care, and satisfaction from nursing care is an important patient-centered outcome to measure, and is accepted as standard measure of quality of care (Rajeswari, 2011). The researcher believes that in order to fulfill children's satisfaction in pediatric wards, good

nursing care should include meeting children needs, caring, providing prompt care and being competent.

In the case of pediatric patients who can't personally express their views, family members can help in determining their satisfaction with the provided care. Thus, determining children's satisfaction could be determined based on their family members' perception (Roberti and Fitzpatric, 2010). Mothers of children admitted to pediatric departments are the children's legal guardians and are therefore taken responsible for asking their child about the quality of care he or she has received and thus the mothers' satisfaction with the provided care reflect the children's own satisfaction (Tsironi et al., 2012).

Several studies examined satisfaction with nursing care in different settings and reflected variations in levels of satisfaction due to some factors including sociodemographic, cultural, and environmental factors. Kinder, (2016) found that parents' perceptions of overall satisfaction with care from pediatric nurse practitioners was high. Moreover, Boroumand et al. (2015) found that 70.7% of mothers were highly satisfied with nursing care of their children, and Al-Akour et al. (2013) reported that the perception of Jordanian mothers to nursing support was moderate. Also, Delaney et al. (2015) found Very high overall parents' satisfaction with preoperative nursing care in pediatric pre-surgical ward.

Caring for pediatric patients is a challenge facing nursing care in European Gaza Hospital (EGH) due to the high increase in care demands with high number of in patients, and longstanding shortage of qualified nurses that may affect the overall quality of nursing care.

In this study, the researcher is going to assess children's satisfaction from the nursing care provided in pediatric departments at EGH as measured by their mothers' satisfaction from the care they received during their hospitalization.

1.2 Research problem

Children's satisfaction is an indispensable aspect of quality nursing care in any hospital today, that care assessed to be of high quality according to clinical, economic or other provider-defined criteria is not ideal if the patient feels dissatisfied (Dzomeku et al., 2013). Nurses' attitudes towards sick children have great influence on their perceptions of nursing care, and children satisfaction is one indicator of quality of nursing care. According to the researcher's knowledge, no previous published studies were conducted locally to measure satisfaction from nursing care in pediatric departments based on mothers' satisfaction. Therefore, this study intended to explore some thematic area that have not been addressed enough before such as satisfaction and experiences regarding nursing care in pediatric departments.

From my experience as a nurse working in EGH, the pediatric departments are the most occupied departments at EGH, and many children with a wide range of different health problems are treated including tonsillectomy, appendectomy, cleft palate, respiratory disorders, gastrointestinal disorder and meningitis. On the other hand, the pediatric departments usually suffer from chronic shortage of nurses and that attributed to have many female nurses with maternity leave without replacement from the nursing office, so this situation disturbs the schedules and safe coverage of these departments.

1.3 Justification of the study

Nurses strive to promote health, prevent diseases and save lives, and to do so, nurses need to possess specialized knowledge in the area in which they practice in order to develop their clinical competency (Neami et al., 2014). Understanding consumers' views is essential for any service to be developed and improved. Children's opinions about the nursing care they receive have been found to be an important outcome indicator for quality nursing care, and examining patients' experiences of nursing care would help nurses to

reflect on the care they provide and assist them to plan appropriate modifications to the services offered by their institutions (Shirdelzade et al., 2014).

In addition, nurses' understanding of the perceptions of patients regarding nursing care helps nurses to become more sensitive about their caring behaviors, which would be reflected in overall nursing care and satisfaction of patients who receive this care.

So, it is important to investigate mothers' satisfaction regarding nursing care in pediatric settings in order to improve the quality of nursing care and meet children needs in a professional, competent way.

1.4 Goal of the study

The goal of the study is to determine mothers' satisfaction with nursing care provided in pediatric departments at European Gaza Hospital.

1.5 Objectives of the study

- To assess level of mothers' satisfaction with nursing care in pediatric medical and surgical departments at European Gaza Hospital.
- To identify mothers sociodemographic characteristics that may be related to satisfaction with nursing care at European Gaza Hospital.
- To identify children factors that may be related to satisfaction with nursing care at European Gaza Hospital.
- To suggest recommendations that may contribute to improving mothers satisfaction in the pediatric departments.

1.6 Questions of the study

- What is the level of mothers' satisfaction from nursing care in pediatric medical and surgical departments at European Gaza Hospital?
- What are the mothers' sociodemographic characteristics that may be related to satisfaction with nursing care at European Gaza Hospital?
- What are the children's sociodemographic characteristics that may be related to satisfaction with nursing care sociodemographic characteristics?
- What are the suggested recommendations that may contribute to improving mothers satisfaction in the pediatric departments?

1.7 Context of the study

1.7.1 Demographic context

Palestine lies within an area of 27,000 Km², expanding from Ras Al-Nakoura in the north to Rafah in the south. Due to Israeli occupation, Palestinian territory is divided into three areas separated geographically; the West Bank (WB) 5.655 Km², Gaza Strip (GS) 365 Km² and East Jerusalem. The population density (capita/km²) is considered very high 778 in Palestine (506 in WB and 4,986 in GS), and this high density could be a risk factor for health problems especially in the respiratory system. The total population of 4,952 million in WB and GS (3,008 in WB and 1,943 in GS), and male to female ration 103.4.(Palestinian Central Bureau of Statistics - PCBS, 2017).

1.7.2 Economic context

The Palestinian economy is very weak and unable to create decent and productive jobs, unable to reduce poverty and provide economic security for all social groups due to long-term siege imposed by Israeli occupation against GS. Economic status in the Palestinian territories is very low. Gross Domestic Product (GDP) is estimated about 9.3%, and the workforce participation 43.6, unemployment is very high and reached a rate of 26.9% for

males (15.5% in WB and 34.4% in GS) and for females unemployment rate is 44.7% (29.8% in WB and 65.2% in GS) (PCBS, 2017). Due to blockade of the GS and restriction of movement and trade, a significant increase in poverty rates occurred in GS which reached up to 53% by the end of 2017 (United Nations Office for the Coordination of Humanitarian Affairs - OCHA, 2018). These hard conditions affected the ability to afford healthy food to the children which may lead to subsequent negative effects on their health.

1.7.3 Health care system

The Palestinian health system is a complex mix of different sectors. The five major groups of health providers are the MOH, Palestinian NGOs, United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), the military health service, and the private sector. The total number of hospitals in Palestine is 81 hospitals, 30 of them in GS. The total number of hospital beds is 6146 beds with rate of 784 populations per bed (784 in GS and 783 in WB). The number of hospitals owned by MOH is 27 hospitals with a capacity of 3325 beds which accounts for 54.1% of total beds in Palestine, of these hospital, there are 13 governmental hospitals in GS with a capacity of 1664 beds. The number of beds allocated for children is 19.3% of the total number of beds in MOH hospitals (260 beds in WB and 381 beds in GS). The number of physicians working in different health facilities of MOH is 2529 physicians, with 5.3 physicians per 10,000 population (4.1 physician per 10,000 populations in WB and 7.0 physician per 10,000 populations in GS), and the number of nurses and midwives working in MOH is 4142 nurses and midwives, of which, 2715 (65.5%) in WB and 1427 (34.5%) in GS (MOH, 2017).

1.7.4 Children in Palestine

The Palestinian population is characterized by high percentage of young age as the percentage of children 0 - 14 years old is 38.9% (36.6% in WB and 42.6% in GS), and those aged between 15 – 29 years accounted for 29.7% (29.9% in WB and 29.5% in GS) (PCBS, 2017). The number of children under the age of 18 is 2,115,370 children in Palestine according to the results of Population, Housing and Establishments Census 2017, of which 1,083,720 males and 1,031,650 females. The percentage of children is 45.3% of the population (43.4% in WB and 48.0% in GS). Data from the scholastic year 2017/2018 showed that the number of children enrolled in schools reached about 1.254 million, of which 1.107 million were children students in the basic stage (50.4% males versus 49.6% females), and the number of children enrolled in kindergartens reached about 146.8 thousand children (51.1% males and 48.9% females) (PCBS, 2018).

Regarding health-related data, 0.9% of the children have at least one form of disability (0.7% in WB and 1.2% in GS), 1.1% of male children compared to 0.8% for females. The main causes of disability among children included congenital or genetic causes; 45.5% (43.5% males and 48.3% females), followed by causes related to pregnancy and childbirth 23.3% (22.8% males and 24.1% females), then 21.1% for pathological causes (22.2% males and 19.6% females). Moreover, 25.3% of the children suffer from communication disability followed by mobility disability and use of hands 25.1%, then remembering and concentration 19.7% and the lowest percentage goes for hearing disability by 13.2% for the year 2017 (PCBS, 2018).

In addition, enrollment of children in basic education (6 – 15 years) in GS reached 94.3% for male children and 95.9% for female children. There are 443,425 children enrolled in basic education in GS (223,928 males and 219,497 females), and classroom density was 36.9 (37.1 in government schools and 39.0 in UNRWA schools), and rate of student per

teacher was 24.8 (21.9 in government schools and 30.4 in UNRWA schools) (PCBS, 2017).

1.8 Theoretical and operational definition

Nursing

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals families, groups, communities, and populations (American Nurses Association, 2017).

The researcher defines pediatric nursing operationally as: the profession of caring of children in the pediatric departments, aiming to alleviate their pain and improve their health status to the best possible level.

Nurses

A group of healthcare professional who promote health, prevent diseases and save life (Neami et al., 2014).

The researcher defines pediatric nurses operationally as: any pediatric nurses who completed successfully a study program in nursing science from a credited university or college and have a valid license from the Palestinian Ministry of Health, and work in pediatric departments in European Gaza Hospital.

Pediatric patient

The researcher defines pediatric patient operationally as: any sick child admitted to medical or surgical pediatric department in European Gaza hospital and stayed in hospital for 2 days or more.

Patient's satisfaction

Patients' satisfaction is a set of attitudes and perceptions of patients towards health services. It is the degree to which an individual regards health care as useful, effective, and beneficial (Ahmad et al., 2012).

Mothers' satisfaction

The researcher defines mothers' satisfaction operationally as: the level of satisfaction with nursing care in the pediatric departments as expressed by the total scores obtained on the Newcastle Satisfaction with Nursing Scale (NSNS). Satisfaction is measured as the following:

High satisfaction: obtained scores on NSNS ≥ 75 .

Moderate satisfaction: obtained scores on NSNS 51 - 74.

Low satisfaction: obtained scores on NSNS ≤ 50 .

1.9 Layout of the study

This study composed mainly of five chapters: introduction, conceptual framework and literature review, methodology, results and discussion, conclusion and recommendations.

The first chapter presented general introduction to the study, with a brief background regarding the subject of the study. The researcher illustrated the research problem, justification for conducting the study, the general goal and specific objectives, research questions, context of the study, and definition of terms.

The second chapter consisted of two parts: the first part is conceptual framework where the researcher provided a diagram of the conceptual framework of the study. The second part is the literature review related to the study topic and variables. In depth detailed inquiry including previous studies were presented.

The third chapter described methodology including study design, population, sample, instruments of the study, pilot study, ethical and administrative considerations, and limitation of the study.

The fourth chapter consisted of two parts: the first part presented the study results. The researcher treated the results in form of tables and figures that make it easy for the reader to understand. The second part presented the discussion. The results were discussed in respect to available previous studies that related to the topic of this study and its objectives.

Finally, in the fifth chapter, the researcher presented conclusion, recommendations and suggestions for further studies in the light of the study results.

Chapter Two

Conceptual framework and literature review

2.1 Conceptual framework

Conceptual framework is the map that guides the research process. The diagram showing how satisfaction with nursing care is influenced by patients and mother characteristics.



Figure (2.1): Diagram of conceptual framework (self-developed)

The diagram illustrated the main domain under study "satisfaction from nursing care". The researcher will identify level of satisfaction from nursing care in both medical and surgical department, and to do that, New Castle satisfaction questionnaire has been used. As part of evaluating quality of nursing care, satisfaction from nursing care became an important indicator, and many hospitals started to integrate patients' satisfaction in evaluation of health services.

The diagram denoted that two main factors are linked with satisfaction; mothers' factors and children's factors.

Mothers' factors; include mothers' age, education, work status. These factors play different roles in shaping opinions and consequently satisfaction. Some studies indicated that age and level of education were significant factors that contributed to satisfaction with nursing care (Dorigan et al., 2015), while other studies found that lower level of education and younger age patients had higher level of satisfaction (Dzomeku et al., 2013; Tsironi et al., 2012), while other studies reflected that mothers' education was not associated with satisfaction (Halfon et al., 2004). Also, economic status affects satisfaction, and it is found that patients with low income showed higher level of satisfaction (Aljeesh and Alkariri, 2010), while Al Sharif (2008) reported that patients with high income were more satisfied.

Patients' factors; Different factors may contribute to satisfaction from nursing care including gender, age, department, length of stay in hospital, frequency of admissions, and order of child in the family. Gender may contribute to differences in satisfaction, and Dzomeku et al., (2013) found that male patients had higher level of satisfaction from nursing care. Also, length of stay in the hospital is another determinant of satisfaction and parents whose children had short duration of hospitalization expressed higher level of satisfaction (Tsironi et al., 2012). Another study indicated that satisfaction was significantly correlated with gender, children's age and disease (Joolae et al., 2010).

2.2 Literature review

2.2.1 Background

Evaluation of nursing care is an integral part of improving the quality of the healthcare provided in hospitals, and one of the efficient methods for this evaluation is to assess the patients' satisfaction with nursing care (Lee et al., 2007). It provides valuable information about the quality of health care services as well as patients' healthcare needs (Ladha et al., 2014). Accordingly, it can help healthcare providers to effectively fulfill patients' needs, facilitate their recovery, and promote their well-being (Schoenfelder et al., 2014).

Nurses constitute the largest group of health-care providers and play a significant role in achieving the health-care system's goals, and assessing patients' satisfaction with nursing care is important in evaluating whether patients' needs are fulfilled and subsequently facilitating in the planning as well as implementing appropriate nursing interventions for patients (Shirdelzade et al., 2014).

Children satisfaction from nursing care has gained the attention from global scholars. Although studies appoint the inconsistency in the definition of the patient satisfaction construct with nursing care, the most widely accepted definition in the literature considers it as the level of congruence between the patient's expectations and subjective perceptions of the care received (Dorigan et al., 2015).

In the case of pediatric patients who cannot personally express their views, mothers can help in determining their satisfaction with the provided care, and the quality of care can be assessed through determining patients' satisfaction based on their mothers' perception (Roberti and Fitzpatric, 2010).

2.2.2 Impact of hospitalization on children

The hospital is considered as an unfamiliar environment for most of the children. Hospitalization has many unfavorable effects on children, which need to be recognized and treated (Crnkovic et al., 2009). An admission to the hospital means being separated from one's family and known surroundings, experiencing a change in daily routine and going through a series of unpleasant experiences opposite to the need of the child's development (Gerali et al., 2011). Hospitalization have impact on children's psychological health (Fereshteh and Hossein, 2012), and literature showed that 30% of hospitalized children experience psychosocial problems as a result of short and long term impact of hospitalization (Robb, 2000).

In addition, anxiety increased by diagnostic, radiological, or other procedures can give rise to fear of staff, procedures, needles, infections, loss of control, long hospital stays, relapses, fear of dying, other children dying, check-up results, separation from friends, lack of independence, hospital environment, lack of activities, and restriction of movement, chemotherapy, medical tests, invasive surgeries. It is critical to reduce the negative effects of hospital stay and to minimize physical, emotional and social trauma often caused by such variables as pain, fear, treatment options, and unknown outcomes (Shah and Othman, 2013).

The psychosocial reaction of children to the hospitalization depends on significant variables such as the child's age, gender, personality traits, kind and severity of cancer, type of treatment, frequency and duration of inpatient length of stay. Also relationships between the medical staff and the patient and his family, the child's relationship with his own family and the parent's reaction to the medical diagnosis and hospitalization can also have a psychosocial impact on the patient (Li et al., 2011).

In addition to different physical surroundings, children encounter many unpleasant experiences that include painful procedures as well as unpleasant effects from treatments, these changes in their day to day life style can cause regressive behavior, which is a coping mechanism often observed with hospitalization. Any developmental problems or emotional difficulties need to be addressed with interventions provides to normalize the hospital environment for children (Obaid, 2015).

Psychosocial support of children is important not only to the child but to the family members, including siblings. Most negative experiences of hospitalized children are due to poor attention to developmental needs of children in health care planning in hospitals, so, Preparing sick children for hospitalization, clinic visits, diagnostic and therapeutic procedures is an important aspect to familiarize the children and their families with the hospital environment and common procedures they will encounter, which in turn help reduce emotional disturbances in hospitalized children (Crnkovic et al., 2009).

2.2.3 Impact of hospitalization on the child's family

Hospitalization of children is stressful for both children and their mothers. Factors such as unknown prognosis of the underlying disease, repeated hospitalizations, need for receiving specialized healthcare services, and witnessing children's pain and fear would increase family members' stress and negatively affect their functions. 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. 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 (Hosseinian et al. 2015; Fidanci et al. 2014; Cimete, 2002).

The impact of the disease on the mothers of sick children could vary depending on the situations as follows: the child's disease being acquired; the child's age; the child's level of development and integration capabilities; a mother-child relationship and family balance; the severity of illness, treatment method, meaning of the disease to the mothers; the impact of the disease on the child's social environment, school life and other relations. Thus, mothers 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. Therefore they expect guidance on what to do to help their children. 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 (Fidanci et al., 2014).

The hospital is an unknown and unfamiliar place for both the child and his mother. The mothers' anxiety due to the fact that the child is ill and the mother is away from her home where privacy and control can be exercised, puts them in a vulnerable situation (Ygge, 2004).

2.2.4 The concept of satisfaction in healthcare settings

Satisfaction is a complex concept which is related to several factors such as life style, previous experiences, future expectations, and individual and social values (Acaroglu et al., 2007). Patient satisfaction is defined to be a result of each patient's perception of the care designed for that patient to eliminate his problems (Ozlu and Uzun, 2015), and it reflects the outlooks from the patients' point of view in comparison with the realities of the

care received (Tang et al., 2013). There is no consensus regarding what the concept of patient satisfaction encompasses. Flores-Pena et al., (2009) defined patient satisfaction as an attitude reflecting the extent of congruence between what patients expect and their perception of the care they received.

The assessment of health care quality has incorporated the patients' perspective and this subjective assessment is translated in the measuring of patients' satisfaction with the health service (Milutinovic et al., 2012; Mpinga and Chastonay, 2011). Patient's satisfaction is considered one indicator of healthcare quality, and several studies have considered patient satisfaction as a predictor of treatment compliance, ongoing use of healthcare services, recommending healthcare services to others, and valuable feedback to evaluate health programs (Bragadottir and Reed, 2002; Alves and Ribas, 2007).

There is a growing increase in incorporating patient's satisfaction in evaluation of health services, and in this regard, Bowling et al., (2012) indicated that there is prevalent recognition in health policy of the significance of evaluating health services from patients' perspectives and that patients' evaluations of their healthcare are now an established component of quality assessment, mainly through surveys of patient satisfaction. Patient satisfaction is a crucial and an inevitable quality outcome indicator in health care. It is a significant input necessary to improve the quality of fast growing, complex and cost challenged health care services (Al- Fozan, 2013).

2.2.5 The relevance of patient satisfaction

Patient's satisfaction is an essential component in assessing quality of healthcare (El-Nagger et al., 2013). In addition, the patient's perspective is increasingly viewed as a meaningful indicator of health services quality and may, represent the most important perspective (Alasad et al., 2015). Satisfaction and quality assessment are often used

interchangeably, and although they have some elements in common, satisfaction is generally recognized as the broader concept that can be viewed at the individual service encounter (transaction) level or at a more global level, encompassing all experiences with an organization (Ervin, 2006).

The quality of nursing care significantly influences satisfaction of both the sick child and his mother. Quality nursing care can be defined as care carried out by nurses meeting the patients' expectations (Alasad and Ahmad, 2003). Satisfaction with nursing carries considered an increasingly important factor in explaining patients' perceptions of service quality (Akin and Erdogan, 2007). Perceptions about what is quality nursing care differ between nurses and patients and across care settings. Zhang (2005) emphasized that patients find satisfaction in aspects other than the technical expertise of the hospital staff, primarily the human aspect of caring. For hospitalized patients, satisfaction represents a balance between the patients' perception and expectation of their nursing care (Lynn et al., 2007). Patients' satisfaction has been widely advocated as an outcome measure of quality nursing care (Al-Doghaither, 2007; Palese et al., 2011). Measures of patient satisfaction have been found to correlate directly with treatment compliance, nursing quality, and outcome of care (Alasad and Ahmad, 2003).

Studies have demonstrated varying results concerning the relationship between patient characteristics and patient satisfaction with nursing care (Palese et al., 2011). The patients' ability to evaluate their care is diminished when they do not have enough knowledge about their condition. Research indicates that older people tend to be more satisfied with most aspects of hospital care than do younger people (Alasad and Ahmad, 2003; Findik et al., 2010).

In addition, patients might be reluctant to be honest when assessed for their satisfaction if they feel that they may be identified because of fears of retaliation by care providers. Because patient satisfaction is a subjective evaluation about the care received, it must be assessed from the patients' perspectives (Palese et al., 2011).

2.2.6 Satisfaction with nursing care in pediatric department

The assessment of healthcare quality has incorporated the patients and their family perspective and this subjective assessment translated in the measuring of patients' satisfaction with the health services (Otani et al., 2009). Patients' satisfaction is considered an important indicator of quality of care (Milutinovic et al., 2012). Furthermore, satisfaction is considered an important outcome measure because it is related to improvement in health status (Shirdelzade et al., 2014). In addition, evaluating patient's satisfaction is a prerequisite to health care quality improvement (Malewski et al., 2015).

Satisfaction with nursing care reflects the suitability and the effectiveness of the provided care as well as the degree of healthcare providers awareness of and responsiveness to patients preferences (Hosseinian et al., 2015). Patient's satisfaction is defined as patients' attitude toward and judgment about the degree of fulfilling their preferences and expectations by healthcare providers (Prieto-Diaz-Chavez et al., 2014). In other words, there will be no quality care without patient's satisfaction, and patients who are more satisfied with the provided care are more compliant to the treatment regimen.

Taking in consideration the children's poor decision making ability, mothers are usually involved in making decisions about the courses and types of treatments for their children, thus mothers' views can reflect their children's views (Prieto-Diaz-Chavez et al., 2014).

2.2.7 Determinants of satisfaction from nursing care

Satisfaction is a complex concept that may be linked to various factors and social values. It has been reported that to enhance the quality of care and promote mothers' satisfaction, healthcare providers need to adopt a patient-centered approach to care, establish close relationship with mothers, assess and fulfill their educational needs, and provide them with comprehensive pre-discharge patient education (Hosseinian et al., 2015). In addition, age, level of education, and patient's satisfaction with hospitalization in general were significant factors that contributed to satisfaction with nursing care (Dorigan et al., 2015). Furthermore, Dzomeku et al., (2013) found that male patients had higher level of satisfaction from nursing care compared to female patients. The results also reflected that patients with lower level of education, younger age patients had higher level of satisfaction, and that dignity, love, safe delivery of care were the expectations of most patients.

Another study carried out in Greece aimed to evaluate parental satisfaction indicators from nursing care in NICU. The study included 550 parents (297 mothers and 253 fathers), and the results showed that younger age mothers, with basic education level, living in rural areas, and whose infants length of stay was short, expressed higher level of satisfaction (Tsironi et al., 2012). Also, mothers' needs during children hospitalization were significantly correlated with their gender, education, as well as their children's age and disease (Joolae et al., 2010). Another study found that adequacy of care, adequate pain management, parents' involvement in care, trusting relationship and staff attitudes were the most important determinants of parental satisfaction (Boutopoulou et al., 2010).

Another study carried out in Amman found that the number of hospital admissions, health insurance and the severity of illness was the main predictor of parents' satisfaction.

In addition, the availability of health care professionals, the support and the information they share with the child's parents are all significant to parent's satisfaction (Abu qamar et al., 2016).

Other factors that have been explored as associated with parental satisfaction with the healthcare their children receive include parental age and parental education. In this regard, a study found that satisfaction is lower for children whose mothers are younger than 20 years old compared to children with older mothers, while mothers' education was not associated with any satisfaction measurement (Halfon et al., 2004).

It is worth to emphasize the positive correlation between nurses' caring behaviors and patient's satisfaction, which implies that nurses should integrate human emotions and nursing art into their clinical practice, spend more time with their patients, and pay careful attention to patients' problems and the social aspects of care (Tzeng et al., 2002). In addition, Ziviani et al., (2014) reported that intra-organizational and extra-organizational factors may contribute to patients' satisfaction with nursing care.

A qualitative study used semi-structured interviews carried out in Iran aimed to examine parents' perceptions of nurses behavior as determinant of satisfaction from nursing care. The study included 14 mothers and 4 fathers, and the results reflected that parents of hospitalized children are experiencing a variety of caring behaviors that might build or destroy their trust in nursing care and these behaviors include nurses' qualities, providing mothers with information about their child's disease, respect, and communicate with the children in a way that they understand (Salmani et al., 2017).

Furthermore, two groups of determinants of satisfaction were identified; those relating to the characteristics of respondents and those relating to health service delivery features, also, patient's expectation is an important determinant among individual factors, and care process is an important determinant regarding health delivery system (Sam et al., 2017).

2.2.8 The Newcastle Satisfaction with Nursing Scale (NSNS)

The Newcastle Satisfaction with Nursing Scale (NSNS) is used to assess the satisfaction levels of patients with the nursing care. It is valid and standardized tool which can be used to compare patients' experiences and satisfaction levels between patient rooms, clinics, clinic managers, and hospitals. The scale is of character that can be implemented by individuals by themselves and can be applied to literate adults. Patients identify their satisfaction with the nursing care through a 5-point Likert scale and the score assessment is conducted by aggregating the points of all items and then converting them to percentage values (Ozlu and Uzun, 2015).

According to Thomas et al. 1996, the NSNS provides information about nursing quality from patients' perspectives, and specific items of the scale can be used to monitor particular aspects of nursing practice, and scale scores could be monitored over time to build up population norms (Alasad et al., 2015).

2.2.9 Previous studies

Searching through the internet and journal articles for relevant studies reflected a wide range of studies that assessed satisfaction from nursing care in general and for adults, but studies specific for satisfaction from nursing care in pediatric settings were less common. So, the researcher will describe studies that are specific for children and for other age groups to enrich the study literature.

2.2.9.1 International studies

A cross sectional descriptive study carried out in India aimed to assess the level of parental satisfaction of pediatric day-care surgery and its different determinants. The study included 121 patients, and the results showed that parental satisfaction score of various domains of care in day-care surgery patients ranged from 4.46 to 4.89 out of 5 (89.2% to 97.8%), and the overall satisfaction was 88%. The mean score satisfaction from preadmission visit was 4.63, day of surgery was 4.65, operating room was 4.76, from nursing care was 4.46, from medical care was 4.89, from information was 4.51, from autonomy was 4.64, and from discharge was 4.50 (Sam et al., 2017).

A cross sectional, descriptive correlational study carried out in Pennsylvania, USA aimed to explore parents' perceptions of satisfaction with care from primary care pediatric nurse practitioners using the 28-item Parents' Perceptions of Satisfaction with Care from Pediatric Nurse Practitioners questionnaire. The study sample consisted of 91 participants, and the results indicated that parents' perceptions of overall satisfaction with care from pediatric nurse practitioners and satisfaction with each of the four components (communication, clinical competence, caring behavior, and decisional control) were high (Kinder, 2016).

A prospective, exploratory, comparative, and correlational descriptive study carried out in USA aimed to evaluate parental satisfaction with preoperative assessment and education in a pediatric pre-surgical care center, using a 23-item questionnaire. The study sample consisted of 542 parents, and the results indicated that very high overall satisfaction was seen, and the highest overall satisfaction was seen related to nurse practitioner and registered nurse behaviors and lowest satisfaction to operational aspects (Delaney et al., 2015).

A cross sectional study carried out in Turkey aimed to investigate what the expectations of parents about their child's care were, how care and treatment practices affect parents' satisfaction and what kind of a relationship between the expectation and the satisfaction. The sample of the study consisted of 56 mothers, and the results reported that explaining the conditions and procedures, satisfying children's needs within a short period of time, keeping a supportive and concerned manner were main expectations of mothers. In addition, 28.6% of mothers reported that they were fully satisfied with nurse in respect to these expectations (Fidanci et al., 2014).

A cross sectional study carried out in Greece found that parents showed greater satisfaction with staff attitudes and medical treatment, whereas they were less satisfied with the information concerning routines and the staff work environment. They were pleased by the nursing care (87.37%), nurses' concern (86.89%) and from the respect to their needs (87.86%) or their child's needs (90.29%) (Boutopoulou et al., 2010).

2.2.9.2 Regional studies

A cross-sectional study carried out in pediatric intensive care unit (PICU) in Amman showed that more than half of the mothers were not satisfied with the noise level of the PICU, the time nurses spent at the child's bedside, as well as the way the healthcare team prepare them for the child's admission. Almost 90% of the mothers believed that the nurses ignored their child's needs by not listening to mothers and by responding slowly to child's needs. Also, the number of admissions, health insurance and the severity of illness was the main predictor of mothers' satisfaction (Abu qamar et al., 2016).

A Cross-sectional descriptive analytic study was conducted in Iran aimed to evaluate mother's satisfaction of hospital care in hematology-oncology ward using Pediatric Family Satisfaction (PFS) questionnaire. The study sample consisted of 164 mothers, and the results indicated that 56% of mothers described their satisfaction about medical care as

moderate, 70.7% reported that their satisfaction with nursing care was very high, 36.5% reported that their satisfaction with welfare services was high, and 59% of mothers described their overall satisfaction as very high (Boroumand et al., 2015).

Another study carried out in Saudi Arabia found that the overall mean satisfaction score of patients and family caregivers with nursing care was 4.45, and areas of highest satisfaction were respecting religion and culture, maintaining privacy and confidentiality, communication and professionalism, while areas of least satisfaction were discharge instructions and updating patient's family with changes in patient's condition (Al-Fozan, 2013).

Another study conducted in Sudan included children under five years old found that the overall satisfaction score was high (64%), areas of satisfaction included: caring process (90%), information about illness and treatment (80%), competence of nurses (52%), room cleanness and preparation (47%) (Amin and Musa, 2013).

A cross sectional study carried out in Jordan aimed to describe Jordanian mothers' perceptions of nursing support provided during hospitalization of their children. The study sample consisted of 235 mothers who stayed with their children during their hospitalizations for medical or surgical health problems, and the results showed that the perception of Jordanian mothers to nursing support was moderate ($M = 3.23$, $SD = 0.95$). Stepwise multiple regression analysis showed that mothers' satisfaction with nursing support and mothers' education explained (0.332) of the variance in the mother's perception of nursing support (Al-Akour et al., 2013).

Another study carried out by Hosseinian et al. (2011) found that only 26% of mothers were satisfied with nursing care in pediatric department. A cross sectional study investigated mothers' satisfaction with pediatric care in a local hospital in Iran found that 85.5% of the

participating mothers evaluated medical services, nursing care, and accommodations as good or fairly good (Pourmovahed et al., 2007).

2.2.9.3 National studies

Patients' satisfaction with nursing care did not have adequate attention from researchers in Palestine especially studies conducted in pediatric settings.

A descriptive, analytical study carried out in GS aimed to assess the patients' satisfaction with health services provided at outpatients' ophthalmology clinic department at Saint John Hospital in Gaza. The study included 309 patients, and the results found that the overall patients' level of satisfaction was 63.9%. The patients' expectation dimension reported the highest level of satisfaction (68.1%), while, the waiting time dimension reported the lowest level of satisfaction (58.5%). The study illustrated important differences in satisfaction in relation to patients' socio-demographic characteristics, health status and organizational characteristics (Alkhalaileh et al., 2017).

Another descriptive study conducted in Al Shifa hospital in Gaza city aimed to evaluate patients' satisfaction with the health services delivered at the outpatient department. The sample of the study consisted of 450 patients, and the results found that the overall patients' level of satisfaction was 63.9%, the patients' expectation dimension reported the highest level of satisfaction (68.1%) while the waiting time dimension reported the lowest level of satisfaction (58.5%). Also, the study revealed that there were statistically significant differences in the overall satisfaction with old patients, females, low education, low income, and patients' with chronic disease were more satisfied than their counterparts. In contrast, place of residency, marital status, number of visits, and presence of disability did not show statistically significant differences in patients' level of satisfaction (Aljeesh and Alkariri, 2010).

A cross sectional study carried out in Nablus, WB, to measure patients' satisfaction with health services provided at Nablus hospitals, and to determine factors affecting patients' satisfaction. The sample of the study consisted of 365 patients, and the results showed that 70.2% of patients rated their general satisfaction with governmental hospitals as good to very good and more than 90% of patients rated their general satisfaction with non-governmental hospitals as good to very good. The results also indicated that older patients were more satisfied than younger patients, females were more satisfied than males, patients with high income were more satisfied (Al Sharif, 2008).

Chapter Three

Methodology

3.1 Study design

A descriptive, cross sectional design was utilized in this study.

3.2 Study population

The study population consisted of all mothers who are attending with their children in the medical and surgical paediatric departments in EGH during data collection period. According to head nurse of paediatric department, the average number of children admitted to both medical and surgical paediatric departments is about 400 patients monthly.

3.3 Sample size and sampling method

Based on the average admission number of cases "400 " per month sample sized calculated 196 with 95% confidence interval, subject were chosen randomly using simple random method; from cases admitted to medical and surgical departments meeting the inclusion criteria.

3.4 Setting of the study

The study has been conducted in medical and surgical paediatric departments in EGH.

3.5 Period of the study

The study has been conducted during the period from December 2017 to September 2018.

Data was collected from participants during March to June 2018.

3.6 Eligibility criteria

3.6.1 Inclusion criteria

- Mothers of children admitted to either surgical or medical pediatric department in EGH.
- Stay in the hospital for at least two days.

3.6.2 Exclusion criteria

Children who are treated in day care department.

3.7 Instrument of the study

The researcher used Newcastle Satisfaction with Nurses Scale (NSNS) (Annex 2 and 3). It is self-administered questionnaire. The questionnaire was translated into Arabic language for easy understanding. It consists of 21 items, and all the items are scored on a 5-point Likert scale.

The questionnaire consisted of two parts:

1. Sociodemographic data:

- Information about the mother (age, level of education, working status).
- Information about the child (age, department, length of stay in the hospital, number of admissions, and order of child in the family).

2. The questionnaire design: consisted of 21 items measuring satisfaction with nursing care. Scoring of items as follows:

(5) completely satisfied, (4) very satisfied, (3) quite satisfied, (2) barely satisfied, (1) not at all satisfied.

3.8 Data collection

Data was collected by the researcher and assistance of two nurses. The nurses received training and instructions to ensure consistency of filling the questionnaire. Time allocated for each questionnaire about 15 minutes. Questionnaires were distributed to mothers included in the study, and instructions given to each mother about filling the questionnaire.

3.9 Pilot study

A pilot study has been conducted on 20 participants before the start of data collection. Piloting aims to show the clarity of questions, and checking validity and reliability of the questionnaire.

3.10 Validity and reliability of the study instrument

3.10.1 Validity

Face validity:

To ensure validity of questionnaire, the researcher distributed the questionnaire to a panel of experts (Annex 4) for face and judged content validity. Their suggestions were considered.

Internal consistency:

To check internal consistency, the researcher calculated the correlation between each statement the total score of the scale. The results showed significant value for all the items and thus concluded that all the items measure their proposed study objective (Table 3.1).

Table (3.1): Correlation between each statement and total score of satisfaction from nursing care

No.	Correlation value	P value	No.	Correlation value	P value
1	0.461	0.004 **	12	0.715	0.000 **
2	0.555	0.000 **	13	0.788	0.000 **
3	0.651	0.000 **	14	0.680	0.000 **
4	0.743	0.000 **	15	0.760	0.000 **
5	0.783	0.000 **	16	0.729	0.000 **
6	0.761	0.000 **	17	0.670	0.000 **
7	0.634	0.000 **	18	0.340	0.000 **
8	0.590	0.000 **	19	0.766	0.000 **
9	0.617	0.000 **	20	0.673	0.000 **
10	0.586	0.000 **	21	0.661	0.000 **
11	0.710	0.000 **			

** = significance at 0.01

3.10.2 Reliability

Cronbache alpha

The researcher used Cronbache alpha test to find the reliability of the questionnaire.

Table (3.2): Cronbache alpha coefficient for satisfaction of mothers from nursing care

Satisfaction scale (NSNS)	Number of items	Alpha coefficient
	21	0.935

Table (3.2) showed that α -Cronbache value was 0.935 which indicated excellent reliability, thus the questionnaire is suitable for this study.

3.11 Data quality assurance

Quality of data was assured by the following:

- Careful translation of the data collection tool (NSNS) into Arabic language.
- The tool was pretested.
- Data was collected by the researcher and two trained nurses to ensure consistency of data collection.
- Coding and data cleaning was done.

3.12 Satisfaction score calculation

The scale consists of 21 items, and the score for each item ranges between 1 – 5, so, the total score of the scale ranges between 21 – 105. Level of satisfaction is calculated as follows:

Low satisfaction	Moderate satisfaction	High satisfaction
≤ 50	51 - 74	≥ 75

3.13 Statistical analysis

The researcher used SPSS program (version 22) for data entry and analysis. Statistical analysis included frequencies, means, and standard deviation. In addition (t) test, and One way ANOVA used for comparison of selected variables.

3.14 Ethical and administrative considerations

Before conducting the study, approval letter obtained from Helsinki Committee (Annex 5) and MOH (Annex 6). Also, confidentiality of information was assured, consent from mothers was obtained (Annex 1). Mothers were asked for their voluntary agreement to participate in the study through signing the consent form.

3.15 Limitation of the study

This study was limited to mothers of children who were admitted in medical and surgical pediatric department in EGH, so, the results of the study may not reflect the real satisfaction with nursing care in other pediatric settings.

During data collection, the researcher faced some obstacles as some mothers refused to be interviewed for questionnaire filling because of gender differences so the researcher asked for help from two female nurses to collect data. In addition, long hours cut-off electricity which delayed typing of the research paper, financial shortage caused by inadequate salaries were obstacles that faced the researcher during conducting this study.

Chapter Four

Results and discussion

This chapter presents the findings of statistical analysis of data. Descriptive analysis of sociodemographic characteristics of participants is illustrated. In addition, results of different variables were identified, and the differences between selected variables were explored using proper analytical statistical tests. The results are illustrated below.

4.1 Results

4.1.1 Descriptive results

Table (4.1): Distribution of mothers and children by sociodemographic characteristics (N= 196)

Variable	N	Percent
Age of mother		
25 years and less	63	32.2
26 – 30 years	68	34.7
31 – 35 years	32	16.3
36 years and more	33	16.8
Mean age = 29.270 SD = 6.493		
Mothers' level of education		
Secondary school and less	121	61.7
University	75	38.3
Department		
Medical	129	65.8
Surgical	67	34.2
Length of stay in the hospital		
2 – 5 days	173	88.3
6 days and more	23	11.7
History of previous admission		
No	103	52.6
Yes	93	47.4

As presented in table (4.1), the sample of the study consisted of 196 mothers of children who were admitted to the medical and surgical pediatric departments in EGH. Their mean age was 29.270 ± 6.493 . More than two thirds of mothers were young as 63 (32.2%) aged less than 25 years old and 68 (34.7%) aged between 26 – 30 years old. In addition, 121 (61.7%) had low education (secondary school and less), 129 (65.8%) were from medical pediatric department, 173 (88.3%) stayed in the hospital for 2 – 5 days, 103 (52.65) had history of previous admission to pediatric departments.

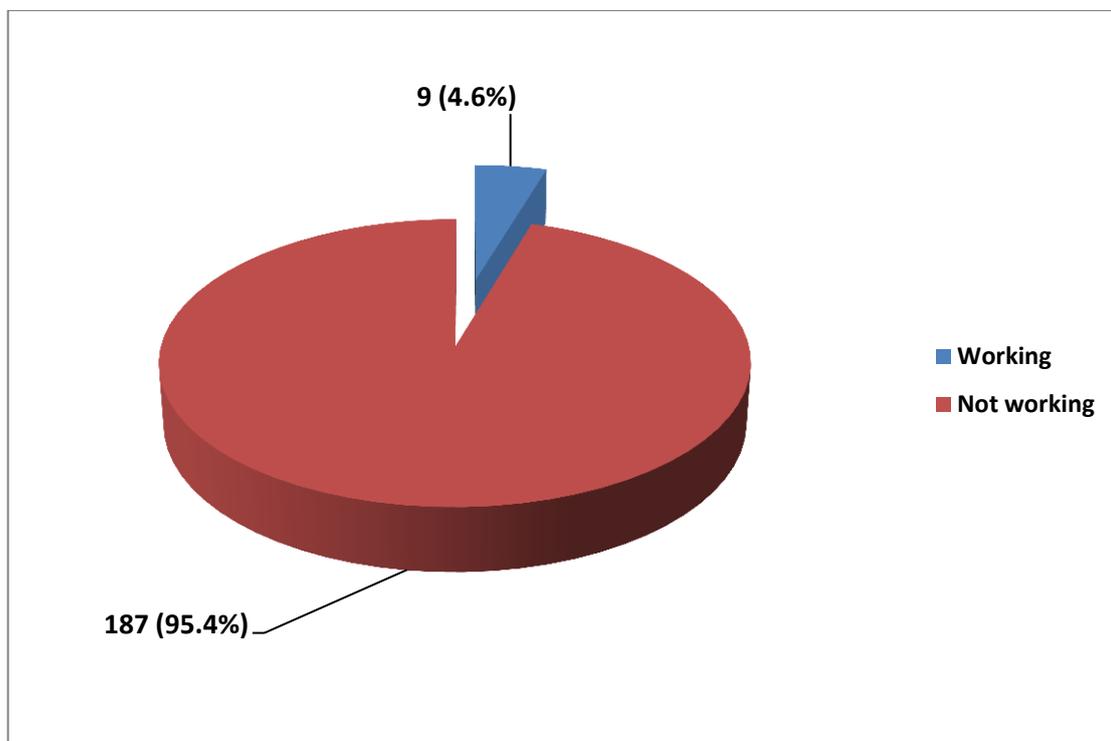


Figure (2): Distribution of mothers by work status

Figure (4.2) showed that 187 (95.4%) of mothers were housekeepers while 9 (4.6%) were working.

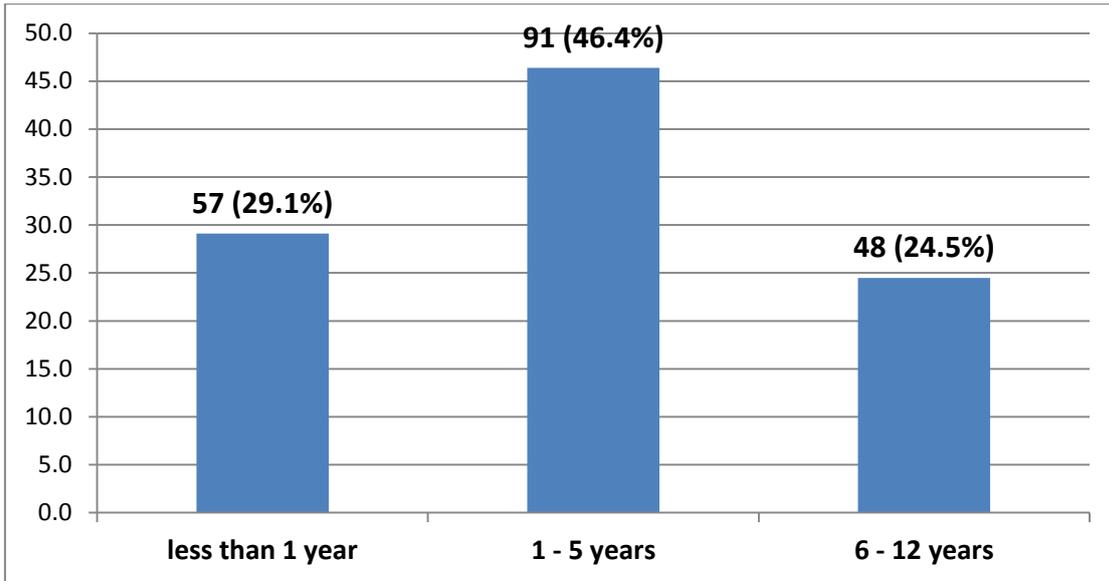


Figure (3): Distribution of children by age

Figure (4.3) showed that most frequent age of hospitalized children belong to age group 1 – 5 years and represented 91 (46.4%) of children.

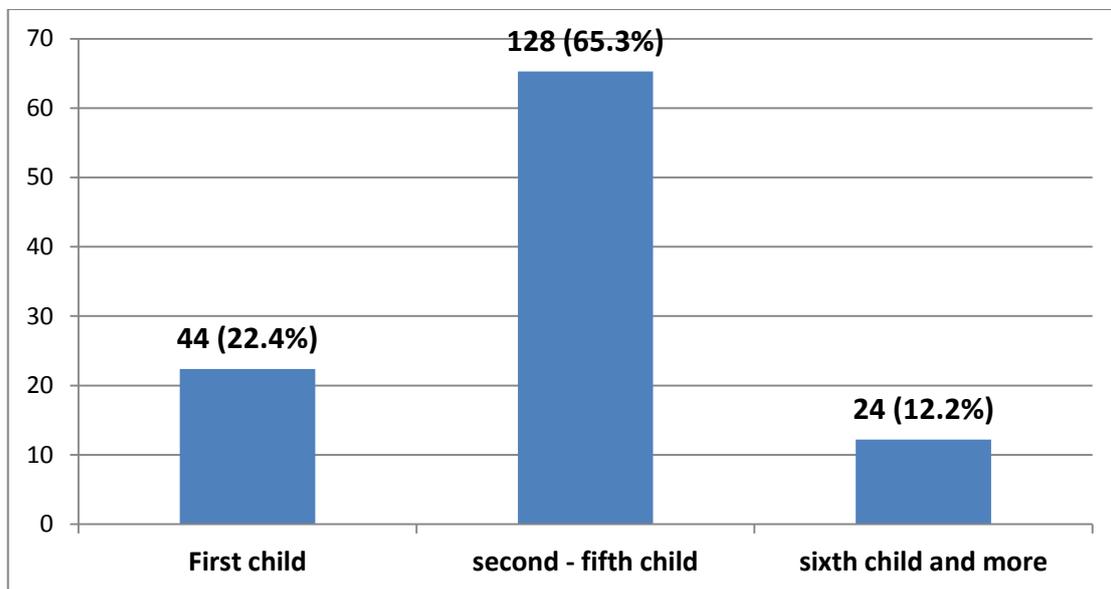


Figure (4): Distribution of children by their order

Figure (4.4) showed that more than two thirds of children 128 (65.3%) were the second to the fifth child in their family.

Table (4.2): Satisfaction with nursing care in pediatric departments

Rank	Statement	Low satisfaction		Moderate satisfaction	High satisfaction		Mean	S.D.	Weighted %
		Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Completely satisfied			
1	Nurses' treatment of my child as an individual.	1.5	5.1	13.8	29.6	50.0	4.21	0.96	84.2
2	There always being a nurse around if I need one.	1.0	3.1	19.9	31.1	44.9	4.15	0.91	83.0
3	How capable nurses were at their job.	1.0	7.1	20.4	34.7	36.7	3.98	0.97	79.6
4	Nurses' manner in going about their work.	1.0	7.1	19.4	36.7	35.7	3.98	0.96	79.6
5	How nurses listened to my worries and concerns.	3.6	7.1	19.9	27.6	41.8	3.96	1.10	79.2
6	Nurses' awareness of my child needs.	3.1	7.1	17.3	34.7	37.8	3.96	1.05	79.2
7	The amount nurses knew about my child care.	1.0	5.1	24.5	37.8	31.6	3.93	0.92	78.6
8	How willing nurses were to respond to my requests.	3.1	6.6	18.9	36.7	34.7	3.93	1.03	78.6
9	The amount of freedom I was given on the ward.	3.6	5.6	20.9	35.2	34.7	3.91	1.04	78.2
10	The amount of privacy nurses gave me.	3.1	6.1	20.9	36.2	33.7	3.91	1.03	78.2
11	How quickly nurses came when I called for them.	3.6	6.6	21.4	33.2	35.2	3.89	1.07	77.8
12	Nurses' helpfulness.	0	12.2	21.9	35.7	30.1	3.83	0.99	76.6
13	How nurses helped put me and my child at rest.	2.6	10.2	25.5	30.1	31.6	3.78	1.08	75.6
14	The way nurses explain things to me.	5.1	14.3	21.9	26.5	32.1	3.66	1.21	73.2
15	The type of information nurses gave to me about treatment of my child.	4.1	9.2	24.5	41.8	20.4	3.65	1.03	73.0
16	The type of information nurses gave to my about my child condition.	2.0	11.7	26.5	39.8	19.9	3.63	0.99	72.6
17	The amount of time nurses spent with me.	3.1	13.3	28.6	30.6	24.5	3.60	1.08	72.0
18	The amount of information nurses gave to me about treatment of my child.	6.1	13.8	20.4	35.2	24.5	3.58	1.17	71.6
19	The way the nurses made me feel at home.	5.6	14.8	30.1	21.9	27.6	3.51	1.20	70.2
20	The amount of information nurses gave to me about my child condition.	6.1	15.3	21.9	34.7	21.9	3.51	1.17	70.2
21	How often nurses checked to see if my child is okay.	9.2	8.7	29.1	33.2	19.9	3.45	1.17	69.0
Overall							3.81	0.74	76.2

Table (4.2) presented mothers' response to the items of the satisfaction questionnaire. Generally, the results showed that mothers of children have high satisfaction with nursing care in the pediatric departments in EGH with mean score 3.81 and weighted percentage 76.2%.

The highest satisfaction was in the statement "nurses' treatment of my child as an individual" with mean score 4.21 and weighted percentage 84.2%, followed by the statement "there always being a nurse around if I need one" with mean score 4.15 and weighted percentage 83%, and the statement "how capable nurses were at their job" with mean score 3.98 and weighted percentage 79.6%, followed by the statement "nurses' manner in going about their work" with mean score 3.98 and weighted percentage 79.6%, and the statement "how nurses listened to my worries and concerns" with mean score 3.96 and weighted percentage 79.2%. In contrast, the lowest satisfaction was in the statement "how often nurses checked to see if my child is okay" with mean score 3.45 and weighted percentage 69% followed by the statement "the amount of information nurses gave to me about my child condition" with mean score 3.51 and weighted percentage 70.2%.

Table (4.3): Levels of satisfaction with nursing care among study participants

Level of satisfaction	N	Percent
High (≥ 75)	133	67.9
Moderate (51 - 74)	51	26.0
Low (≤ 50)	12	6.1

Table (4.3) indicated that more than two thirds of mothers 133(67.9%) expressed high level of satisfaction with nursing care in pediatric departments while 12(6.1%) expressed low satisfaction.

Table (4.4): Distribution of levels of satisfaction with nursing care by demographic variables

Variable	Category	Level of satisfaction			
		Low N(%)	Moderate N(%)	High N(%)	Total N(%)
Age of the mother	≤ 25 years	4(6.3)	14(22.2)	45(71.4)	63(100.0)
	26 – 30 years	3(4.4)	18(26.5)	47(69.1)	68(100.0)
	31 – 35 years	2(6.3)	8(25.0)	22(68.8)	32(100.0)
	≥ 36 years	3(9.1)	11(33.3)	19(57.6)	33(100.0)
	Total	12(6.1)	51(26.0)	133(67.9)	196(100.0)
Mothers' level of education	Secondary & less	6(5.0)	25(20.7)	90(74.4)	121(100.0)
	University	6(3.1)	26(34.7)	43(57.3)	75(100.0)
	Total	12(6.1)	51(26.0)	133(67.9)	196(100.0)
Mothers' work	Working	1(11.1)	2(22.2)	6(66.7)	9(100.0)
	Not working	11(5.9)	49(26.2)	127(67.9)	187(100.0)
	Total	12(6.1)	51(26.0)	133(67.9)	196(100.0)
Age of child	< 1 year	2(3.5)	22(38.6)	33(57.9)	57(100.0)
	1 – 5 years	6(6.6)	19(20.9)	66(72.5)	91(100.0)
	6 – 12 years	4(8.3)	10(20.8)	34(70.8)	48(100.0)
	Total	12(6.1)	51(26.0)	133(67.9)	196(100.0)
Department	Medical	8(6.2)	35(27.1)	86(66.7)	129(100.0)
	Surgical	4(6.0)	16(23.9)	47(70.1)	67(100.0)
	Total	12(6.1)	51(26.0)	133(67.9)	196(100.0)
Length of stay in department	2 – 5 days	11(6.4)	42(24.3)	120(69.4)	173(100.0)
	6 days and more	1(4.3)	9(39.1)	13(56.5)	23(100.0)
	Total	12(6.1)	51(26.0)	133(67.9)	196(100.0)
History of previous admissions	No	10(9.7)	30(29.1)	63(61.2)	103(100.0)
	Yes	2(12.2)	21(22.6)	70(75.3)	93(100.0)
	Total	12(6.1)	51(26.0)	133(67.9)	196(100.0)

Table (4.4) showed that high level of satisfaction with nursing care in pediatric departments was demonstrated among mothers aged between 25 years and less 45 (71.4%), mothers with secondary education and less 90 (74.4%), mothers who are not working 127 (67.9%), mothers whose their children aged 1 – 5 years 66(72.5%), mothers from the surgical pediatric department 47 (70.1%), mothers whose their children stayed in the department for 2 – 5 days 120 (69.4%), and mothers whose their children had history of previous admissions 70 (75.3%).

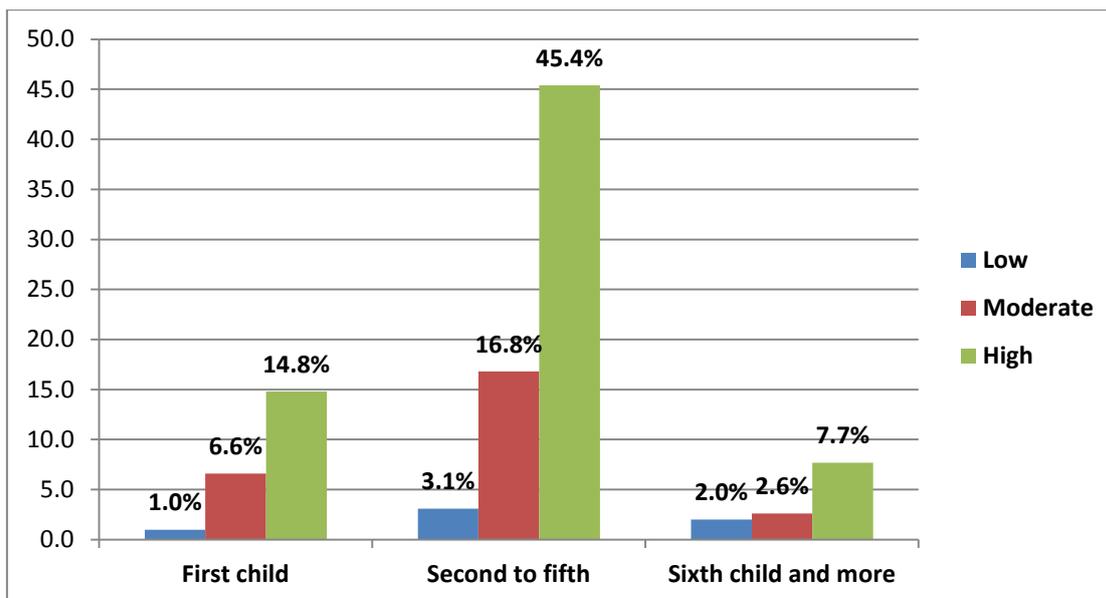


Figure (5): Distribution of mothers' satisfaction with nursing care by order of child

Figure (4.5) showed that 89 (45.4%) of mothers whose children were between the second to the fifth child in the family expressed high level of satisfaction.

4.1.2 Analytical results

Table (4.5): Differences in satisfaction mean with nursing care related to age of mothers

Age	N	Mean	SD	df	F	P value
25 years and less	63	3.91	0.81	3	0.665	0.574
26 – 30 years	68	3.77	0.67	192		
31 – 35 years	32	3.79	0.68	195		
36 years and more	33	3.71	0.82			

Table (4.5) showed that there was insignificant statistical differences in satisfaction with nursing care in pediatric departments related to mothers' age (F= 0.665, P= 0.574).

Table (4.6): Differences in satisfaction mean with nursing care related to mothers' level of education

Level of education	N	Mean	SD	T	P value
Secondary & less	121	3.92	0.74	2.609	0.010
University	75	3.64	0.72		

* = significant at 0.05

Table (4.6) showed that there was statistically significant differences at 0.05 in satisfaction with nursing care in pediatric departments related to mothers' level of education ($t= 2.609$, $P= 0.010$), and that mothers with secondary school education and less had higher level of satisfaction compared to mothers with university education.

Table (4.7): Differences in satisfaction mean with nursing care related to mothers' work

Work status	N	Mean	SD	T	P value
Working	9	3.76	0.79	0.220	0.826
Housekeeper	187	3.81	0.74		

Table (4.7) showed that there was insignificant statistical differences in satisfaction with nursing care in pediatric departments related to mothers' work ($t= 0.220$, $P= 0.826$).

Table (4.8): Differences in satisfaction mean with nursing care related to department

Department	N	Mean	SD	T	P value
Medical	129	3.77	0.75	1.089	0.277
Surgical	67	3.89	0.72		

Table (4.8) showed that there was insignificant statistical differences in mothers' satisfaction with nursing care related to type of department (medical and surgical) ($t= 1.089$, $P= 0.277$).

Table (4.9): Differences in satisfaction mean with nursing care related to length of stay in the hospital

Length of hospitalization	N	Mean	SD	T	P value
2 – 5 days	173	3.82	0.75	0.606	0.545
6 days and more	23	3.72	0.66		

Table (4.9) showed that there was insignificant statistical differences in mothers' satisfaction with nursing care in pediatric departments related to length of stay in the hospital ($t= 0.606$, $P= 0.545$).

Table (4.10): Differences in satisfaction mean with nursing care related to children's age

Age of child	N	Mean	SD	Df	F	P value
Less than one year	57	3.66	0.70	2	1.785	0.171
1 – 5 years	91	3.89	0.75	193		
6 - 12 years	48	3.84	0.77	195		

Table (4.10) showed that there was insignificant statistical differences in mothers' satisfaction with nursing care in pediatric departments related to children's age ($F= 1.785$, $P= 0.171$).

Table (4.11): Differences in satisfaction mean with nursing care related to history of previous admissions

History of previous admissions	N	Mean	SD	T	P value
No (first time admission)	103	3.71	0.80	1.975	0.050
Yes (second time or more)	93	3.92	0.66		

Table (4.11) showed that there was statistically significant differences at ≤ 0.05 in mothers' satisfaction with nursing care in pediatric departments related to history of previous admissions ($t= 1.975$, $P= 0.050$), which means that mothers of children who had a history of previous admissions had higher level of satisfaction compared to those who have been admitted to pediatric departments for the first time.

Table (4.12): Differences in satisfaction mean with nursing care related to order of child in the family

Order of child	N	Mean	SD	Df	F	P value
First child	44	3.80	0.71	2	0.596	0.552
Second to fifth child	128	3.84	0.72	193		
Sixth child and more	24	3.66	0.91	195		

Table (4.12) showed that there was insignificant statistical differences in mothers' satisfaction with nursing care in pediatric departments related to order of child in his family ($F= 0.596$, $P= 0.552$).

4.2 Discussion

Children satisfaction with nursing care has gained the attention from global scholars. Pediatric patients can't express their opinions in terms of satisfaction or dissatisfaction, so, mothers might take the responsibility to express their satisfaction with the provided nursing care.

The purpose of this study was to assess mothers' satisfaction with nursing care provided at pediatric departments on EGH. The sample of the study consisted of 196 mothers of children who were admitted to the medical and surgical pediatric departments on EGH. Their mean age was 29.3 ± 6.5 years, the vast majority were housekeepers, and two thirds have low education (secondary school and less). The majority of children aged between 1 – 5 years, two thirds (65.8%) of them have been admitted to medical ward, the majority of children (88.3%) stayed in the ward for 2 – 5 days, and more than half of them (52.6%) have been admitted to pediatric ward for the first time. Comparing sociodemographic characteristics of the study participants with other studies reflected similarities in some characteristics and differences in others. The study carried out in Egypt by El bahnasawy et al. (2013) showed that the majority of mothers' age was 30 years and more, 60% of them were highly educated, and more than half of them were working, while 32.5% of children aged between 1 – 3 years old, more than half were males, and 8.4% had chronic illnesses. Another study conducted in Iran by Hosseinian et al. (2015) indicated that mothers' mean age was 30.21 years, more than half of them had primary or secondary education, and slightly more than half of them were unemployed, 53.1% of children were the first child in their family. Moreover, Fidanci et al. (2014) reported that mean age of mothers was 29.50 years, also, 66% of them were high school graduate or more and 34% of them were elementary school graduates, 62.5% of the mothers were housewives and 37.5% of them were working in the public and private sector.

4.2.1 Satisfaction with nursing care

Patients' satisfaction is an important indicator of quality of care, and also is considered an important outcome measure, thus, evaluating patient's satisfaction is a prerequisite to health care quality improvement (Milutinovic et al., 2012; Shirdelzade et al., 2014; Malewski et al., 2015; Ameryoun et al., 2013).

The results of the study showed that most of mothers were highly satisfied with the nursing care offered to their children, presence of nurses when mothers need them, capabilities of nurses, and listening to mothers' worries and concerns, while low satisfaction existed in the frequency of checking the children, the amount of information nurses gave to mothers about their children. In this regard, Fidanci et al. (2014) found that mothers' satisfaction about their children's care included explaining the condition of their children and procedures performed to them, satisfying children's needs within a short period of time, and keeping a supportive and concerned manner. In addition, Boutopoulou et al. (2010) found that parents were satisfied to a high extent by the nursing care (87.37%), nurses' concern (86.89%), respect to their needs (87.86%) and their child's needs (90.29%), but they expressed low satisfaction with the information concerning routines and the staff work environment. Furthermore, Kinder, (2016) in Pennsylvania, found that that parents expressed high satisfaction from communication, clinical competence, caring behavior, and decisional control, and Delaney et al. (2015) reported that parents expressed high satisfaction with nursing care, and nurses' behaviors while they expressed low satisfaction with operational aspects. Also, Al-Fozan, (2013) reported that areas of highest satisfaction included respecting religion and culture, maintaining privacy and confidentiality, communication and professionalism, while areas of least satisfaction were discharge instructions and updating patient's family with changes in patient's condition. In addition, Amin and Musa, (2013) found that the areas of high satisfaction

included caring process (90%), information about illness and treatment (80%), competence of nurses (52%), and room cleanness and preparation (47%). In Jordan, a study carried out by Abu qamar et al. (2016) found lower results as almost 90% of the mothers believed that the nurses ignored their child's needs, not listening to mothers, and responding slowly to child's needs, also, more than half of the mothers were not satisfied with the noise level in the department, and the time nurses spent with the child.

The results of this study also reflected that 67.9% of mothers were highly satisfied, 26% moderately satisfied, and 6.1% low satisfied. The results of the study were consistent with the results obtained by Dorigan et al. (2015) in Brazil who found that patients expressed high level of satisfaction and positive experiences with nursing care during hospitalization, with overall score 84.7. Furthermore, in Iran, Boroumand et al. (2015) found that 70.7% of mothers reported that their satisfaction with nursing care was very high, and Amin and Musa, (2013) found that the overall satisfaction score was above moderate (64%). In WB, Palestine, Al Sharif, (2008) found that 70.2% of patients rated their general satisfaction with governmental hospitals as good to very good and more than 90% of patients rated their general satisfaction with non-governmental hospitals as good to very good, while in Saudi Arabia, high results obtained by Alasad et al. (2015) which revealed high level of satisfaction with average satisfaction score for all patients 90.67%, and Sam et al. (2017) found that parental satisfaction with care ranged from 89.2% to 97.8%, and Pourmovahed et al. (2007) found that 85.5% of the mothers evaluated nursing care as good or fairly good. Moreover, the results obtained by Abdeldafie and Abraham (2017) showed that 74.5% of parents were totally satisfied, 21.9% were moderately satisfied, and 3.6% were not satisfied.

In contrary, the results of this study were inconsistent with the results obtained by Rahman et al. (2017) which showed that 56% of patients were satisfied from nursing care. In addition, Fidanci et al. (2014) found that only 28.6% of mothers reported that they were fully satisfied with nurses, and Hosseinian et al. (2011) found that only 26% of mothers were satisfied with nursing care in pediatric department, and Moreover, Rizvi et al. (2014) found that 54% of patients were completely satisfied, and Ozlu and Uzun, (2015) carried out a study in Turkey and found that 45.3% of patients said that the nursing care was good and 0.8% stated that the nursing care was very poor. In GS, Alkhalaileh et al. (2017) found that the overall patients' level of satisfaction was 63.9%, and Aljeesh and Alkariri, (2010) found that the overall patients' level of satisfaction was 63.9%.

From the above results, it was clear that some studies reflected high satisfaction and were consistent with the results of this study, while other studies revealed lower satisfaction. Variations in results could be attributed to different settings and environmental factors that may affect levels of satisfaction. In addition, most of the studies that reflected lower satisfaction were conducted nationally or in Arab countries such as (Abu qamar et al. 2016; Hosseinian et al. 2011; Rahman et al. 2017; Alkhalaileh et al. 2017), and that raised the need to focus on pediatric health services through in-service training and postgraduate programs.

4.2.2 Association between satisfaction with nursing care and sociodemographic factors

The results of the study indicated that there were insignificant statistical differences in mothers' satisfaction with nursing care of their children related to their age, work, while mothers with secondary school education and less expressed higher level of satisfaction compared to mothers with university education. The researcher explained this result as mothers who have university education have higher expectations from the health services offered in the hospitals and thus have higher expectations from the nurses performance, but

when they go to the hospital with their children, they are faced with the reality of governmental hospitals with shortage of nurses and shortage of medical supplies and equipment, with work overload and high number of patients, and that will decrease their satisfaction from nursing care.

Similar results obtained by Aslanabadi and Shahbazi (2014) who found that mothers' satisfaction was not significantly correlated to their age, level of education, and job, while Mucuk and Cimke (2017) found that mothers' satisfaction was lower among mothers who are working, and those who had a high school degree and more. Furthermore, Tsironi et al. (2012) found that younger mothers, with basic education level expressed higher levels of satisfaction with nursing care, and Tavasoli and Alhari, (2011) found that there was a significant relationship between parents' age, education level and satisfaction from nursing care. Also, the results of this study indicated that there were statistically no significant differences in mothers' satisfaction with nursing care whether their child has been admitted in medical ward or surgical ward, length of stay in the hospital, child's age, history of previous admissions (first time admission or frequent admissions), and order of child in the family. In my opinion, nursing care at the pediatric departments in EGH is well organized, and the nurses are selected carefully, and all the nurses who are working in pediatric department are female nurses, and that make communication and cooperation with mothers of children easier, and the mothers feel more comfortable, and that increase their satisfaction with nursing care.

Similar results obtained by Aslanabadi and Shahbazi (2014) who found that mothers' satisfaction was not significantly correlated to child's gender, age, number of hospitalizations, and health status at the time of discharge. Also, Abu qamar et al. (2016) found that the number of hospital admissions, and the severity of illness was the main predictor of parents' satisfaction. Furthermore, Tsironi et al. (2012) found that mothers

whose infant's length of stay was short expressed higher levels of satisfaction with nursing care, and Tavasoli and Alhari, (2011) found that there was a significant relationship between child's history of hospitalization and satisfaction with health care, while Schmidt et al., (2008) and Matziou et al., (2011) found that sociodemographic characteristics were not major predictors of the satisfaction level of parents' of sick children.

It is worth to say that mothers' satisfaction with nursing care in pediatric departments is influenced by nurses' competencies and capabilities to perform their care efficiently. In addition, sociodemographic factors play an important role in shaping mothers' satisfaction. Factors such as mothers' age, level of education and work status are the major determinants in this regard. It was clear that our results were consistent with most of the previous studies especially in mothers' age and work status which reflected no effect on level of satisfaction. On the other hand, our results indicated that lower level of education contributed to higher satisfaction which was consistent with some studies (Mucuk and Cimke, 2017; Tsironi et al. 2012; Tavasoli and Alhari, 2011). Thus, it is important to consider sociodemographic factors of mothers when caring for their children, and nurses should pay attention to these factors and they need to understand how these factors may influence mothers' satisfaction with nursing care provided to their children.

Chapter Five

5.1 Conclusion

We can conclude that mothers expressed high level of satisfaction with nursing care provided to their children, and highest level of satisfaction was related to the manner in which nurses treat children and availability of nurses, while the lowest satisfaction was related to amount of information that nurses gave to mothers about their children condition, and frequency of checking their children. The results also revealed that some factors influence mothers' satisfaction including mothers' level of education, history of previous child's hospitalization, while other factors did not affect level of satisfaction such as mothers' age, work status, department (medical or surgical), length of stay in the hospital, child's age, and order of the child in his family.

Patient satisfaction reflects the suitability and the effectiveness of the provided care as well as the degree of healthcare providers' awareness of and responsiveness to patients' preferences, expectations, and psychosocial needs. It is obvious to say that mothers' satisfaction with nursing care is an indicator of quality of care and to promote satisfaction, nurses need to integrate nursing art into their clinical practice, spend more time with their patients, and pay careful attention to patients' problems including psychosocial aspects of care.

5.2 Recommendations

In the light of the study results, the researcher recommends the following:

- Improve communication patterns and offer adequate information to mothers regarding health status of their children and plans of treatment.
- The need to expand the scope of knowledge about mothers' satisfaction with nursing care provided to their children by carrying out another study including all the pediatric hospitals in Gaza Strip.
- Involve mothers in the care of their children as they stay 24-hours a day with their children during their stay in the pediatric department.
- To conduct a study aiming to examine the psychological impact of children hospitalization on their mothers.
- To carry out a study to determine mothers' level of satisfaction from nursing care in all the pediatric hospitals in Gaza Strip.

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Annexes

Annex (1): Consent form

بسم الله الرحمن الرحيم

السيدة الفاضلة ،،،

أنا الباحث / شادي أبو نجا أقوم بإجراء دراسة كمتطلب تكميلي للحصول على درجة الماجستير من جامعة القدس - كلية الصحة العامة.

تهدف هذه الدراسة إلى التعرف على مستوى الرضا عن العناية التمريضية المقدمة لدى أمهات الأطفال المنومين في أقسام الأطفال بمستشفى غزة الأوروبي.

يرجى الاستجابة على الاستبانة المرفقة بكل أمانة مع العلم أن إجاباتك تعبر عن رأيك الشخصي في فقرات الاستبانة، كما أن البيانات التي سيتم جمعها سوف تستخدم لأغراض البحث العلمي فقط.

المشاركة في هذه الدراسة طوعية ولا داعي لكتابة الاسم.

إقرار بالموافقة:

شكراً لحسن تعاونك معنا

الباحث

شادي أبو نجا

جوال / 0599263792

Annex (2): Newcastle Satisfaction with Nurses Scale (Arabic version)

أولاً: معلومات خاصة بالأم

عمر الأم: سنة
 المستوى التعليمي: (1) ثانوي فأقل (2) جامعي
 العمل: (1) تعمل / موظفة (2) لا تعمل

ثانياً: معلومات خاصة بالطفل

عمر الطفل: سنة
 القسم: (1) باطنة أطفال (2) جراحة أطفال
 عدد أيام المكوث في القسم: (1) 2 – 5 أيام (2) 6 أيام فأكثر
 عدد مرات الدخول في القسم: (1) أول مرة (2) مرتان فأكثر
 ترتيب الطفل بين إخوته: (1) أول طفل (2) الثاني - الخامس (3) السادس فأكثر
 يرجى الاستجابة على كل فقرة بوضع إشارة (X) في العمود المناسب مقابل كل فقرة.

الرقم	الفقرة	غير راضية	راضية بدرجة قليلة	راضية بدرجة متوسطة	راضية بدرجة عالية	راضية تماماً
1	مقدار الوقت الذي تقضيه الممرضات معك					
2	قدرة الممرضات على أداء الأعمال المنوطة بهن					
3	يوجد دائماً ممرضة عند الحاجة					
4	مدى معرفة الممرضات بالعناية اللازمة لطفلك					
5	سرعة استجابة الممرضات عندما تستدعيهن					
6	قدرة الممرضات على جعلك تشعرين كأنك في بيتك					
7	كمية المعلومات التي تتلقينها من الممرضات بخصوص حالة طفلك					
8	كمية المعلومات التي تتلقينها من الممرضات بخصوص خطة علاج طفلك					
9	عدد المرات التي تقوم فيها الممرضات بالاطمئنان على حالة طفلك					
10	مدى مساعدة الممرضات لك					
11	طريقة قيام الممرضات بشرح المعلومات لك					
12	كيفية قيام الممرضات بتوفير سبل الراحة لك ولطفلك					
13	كيفية قيام الممرضات بالمهام المطلوبة منهم					
14	نوعية المعلومات التي تتلقينها من الممرضات بخصوص حالة طفلك					
15	نوعية المعلومات التي تتلقينها من الممرضات بخصوص خطة علاج طفلك					
16	تعامل الممرضات مع طفلك بشكل إنساني					
17	كيفية استماع الممرضات لتساؤلاتك وهمومك					
18	كمية الحرية التي منحت لك في القسم					
19	مدى استجابة الممرضات لطلباتك					
20	مدى الخصوصية التي وفرها لك الممرضات					
21	مدى دراية الممرضات باحتياجات طفلك					

Annex (3): Newcastle Satisfaction with Nurses Scale (English version)

Please answer the following questions by putting (x) in-front of each question.

No.	Item	Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Completely satisfied
1	The amount of time nurses spent with you					
2	How capable nurses were at their job					
3	There always being a nurse around if you need one					
4	The amount nurses knew about your child care					
5	How quickly nurses came when you called for them					
6	The way the nurses made you feel at home					
7	The amount of information nurses gave to you about your child condition					
8	The amount of information nurses gave to you about treatment of your child					
9	How often nurses checked to see if your child is okay					
10	Nurses' helpfulness					
11	The way nurses explain things to you					
12	How nurses helped put you and your child at rest					
13	Nurses' manner in going about their work					
14	The type of information nurses gave to you about your child condition					
15	The type of information nurses gave to you about treatment of your child					
16	Nurses' treatment of your child as an individual					
17	How nurses listened to your worries and concerns					
18	The amount of freedom you were given on the ward					
19	How willing nurses were to respond to your requests					
20	The amount of privacy nurses gave you					
21	Nurses' awareness of your child needs					

Annex (4): List of Experts

Name	Place of work
Dr. Hamza Abd eljawad	Palestine College of Nursing
Dr. Ahmad Nejm	Al Azhar University– Gaza
Dr. Mohammad Al Jerjawy	Palestine College of Nursing
Dr. Hatem Al Dabbakeh	Palestine College of Nursing
Dr. Osama Elian	Al Azhar University– Gaza

Annex (5): Approval from Helsinki Committee



المجلس الفلسطيني للبحث الصحي

Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee

For Ethical Approval

Date: 05/02/2018 **Number: PHRC/HC/316/18**

Name: SHADY S. ABUNAJA **الاسم:**

We would like to inform you that the committee had discussed the proposal of your study about: **نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:**

Mothers' Satisfaction with Nursing Care Provided in Pediatric Departments in EGH

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/316/18 in its meeting on 05/02/2018 **و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه**

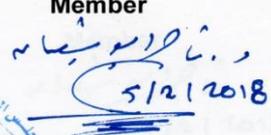
Member



Signature



Member



Genral Conditions:-

- Valid for 2 years from the date of approval.
- It is necessary to notify the committee of any change in the approved study protocol.
- The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail: pal.phrc@gmail.com

Gaza - Palestine **غزة - فلسطين**

شارع النصر - مفترق العيون

Annex (6): Approval from Ministry of Health

STATE OF PALESTINE
Ministry of health



دولة فلسطين
وزارة الصحة

التاريخ: 10/04/2018
رقم المراسلة 208116

السيد : رامي عيد سليمان العبادله المحترم

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة

السلام عليكم و...

الموضوع/ تسهيل مهمة الباحث//شادي أبونجا

التفاصيل //

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ شادي سمير أبو نجا
الملتحق ببرنامح ماجستير التمريض - تخصص صحة الأم والطفل- جامعة القدس أبوديس في إجراء بحث بعنوان:-
"Mothers' Satisfaction with Nursing Care Provided in Pediatric Departments in European
Gaza Hospital"

حيث الباحث بحاجة لتعبئة استبانة من عدد من الأمهات الأطفال المنومين في مستشفى غزة الأوربي.
نأمل توجيهاتكم لذوي الاختصاص بضرورة الحصول على الموافقة المستنيرة من أمهات الأطفال اللاتي لديهن استعداد للمشاركة
في البحث ومن ثم تمكين الباحث من التواصل معهن، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون
تحمل الوزارة أي أعباء أو مسئولية.
وتفضلوا بقبول التحية والتقدير،،
ملاحظة/ البحث حصل على موافقة لجنة اخلاقيات البحث الصحي
ملاحظة / تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 6 شهر من تاريخه.

محمد ابراهيم محمد السرساوي

مدير دائرة/الإدارة العامة لتنمية القوى البشرية -



التحويلات

إجراءتكم بالخصوص (10/04/2018)	← رامي عيد سليمان العبادله (مدير عام بالوزارة)	■ محمد ابراهيم محمد السرساوي (مدير دائرة)
إجراءتكم بالخصوص (10/04/2018)	← عبد اللطيف محمد محمد الحاج (مدير عام بالوزارة)	■ رامي عيد سليمان العبادله (مدير عام بالوزارة)
إجراءتكم بالخصوص (10/04/2018)	← يوسف فوزي اسماعيل العقاد (مدير مستشفى)	■ عبد اللطيف محمد محمد الحاج (مدير عام بالوزارة)
لعمل اللازم (10/04/2018)	← كمال صبحي عبدالحميد موسى (مدير اداري)	■ يوسف فوزي اسماعيل العقاد (مدير مستشفى)
لعمل اللازم (10/04/2018)	← عطا اسماعيل خليل الجعبري (مدير دائرة التمريض)	■ يوسف فوزي اسماعيل العقاد (مدير مستشفى)
لعمل اللازم (10/04/2018)	← يحيى عبد القادر رمضان النواجحه (رئيس شعبة اداري)	■ كمال صبحي عبدالحميد موسى (مدير اداري)

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عنوان الدراسة: مستوى رضا أمهات الأطفال عن العناية التمريضية المقدمة لهم في أقسام الأطفال بمستشفى غزة الأوروبي.

إعداد: شادي أبو نجا

إشراف: د. حاتم الدباكة

ملخص الدراسة

هدفت هذه الدراسة الحالية إلى معرفة مستوى رضا أمهات الأطفال عن العناية التمريضية المقدمة لهم في أقسام الأطفال (باطنة وجراحة) في مستشفى غزة الأوروبي، كما هدفت إلى معرفة الفروق في مستويات الرضا التي تعزى لبعض المتغيرات، وقد استخدم الباحث المنهج الوصفي وتكونت عينة الدراسة من 196 امرأة من أمهات الأطفال المنومين في قسمة باطنة وجراحة أطفال في مستشفى غزة الأوروبي تم اختيارهن بالطريقة العشوائية البسيطة.

لجمع البيانات فقد تم استخدام مقياس نيوكاسل للرضا عن العناية التمريضية (NSNS)، وقد تم إجراء دراسة استطلاعية على عينة مكونة من 20 فرداً بهدف التأكد من صدق وثبات المقياس وقد بلغت قيمة كرونباخ ألفا 0.935. لتحليل البيانات تم استخدام برنامج الرزم الإحصائية للعلوم الاجتماعية (SPSS version 22)، ولمعالج البيانات تم استخدام التكرارات، النسب المئوية، المتوسطات الحسابية، اختبار (ت) واختبار تحليل التباين الأحادي.

بينت نتائج الدراسة أن متوسط أعمار الأمهات بلغ 29.27 سنة بانحراف معياري 6.49، كما أن 61.7% من الأمهات كان مستوى التعليم لديهن ثانوي فأقل في حين أن 38.3% حاصلات على الشهادة الجامعية، 95.45 من الأمهات ربات بيوت. كما بينت النتائج أن 46.4% من الأطفال تراوحت أعمارهم بين 1 - 5 سنة، 22.4% كانوا الطفل الأول في الأسرة، 65.8% من العينة تم أخذها من قسم باطنة أطفال، 88.3% من الأطفال مكثوا في القسم 2 - 5 أيام، و52.6% من الأطفال كانت هذه أول مرة يتم فيها إدخالهم للمستشفى.

بينت النتائج أيضاً أن مستوى الرضا العام عن العناية التمريضية في أقسام الأطفال كان مرتفعاً، حيث بلغ المتوسط العام 3.81 والوزن النسبي 76.2%، كما تبين أن 67.9% من الأمهات أظهرن مستوى عالٍ من الرضا، 26% أظهرن مستوى متوسط من الرضا، في حين أن 6.1% من الأمهات أظهرن مستوى متدني من الرضا عن العناية التمريضية المقدمة في أقسام الأطفال بمستشفى غزة الأوروبي.

وأظهرت النتائج عدم وجود فروق ذات دلالة إحصائية في مستوى رضا الأمهات عن العناية التمريضية تعزى لكل من عمر الأم، العمل، القسم (باطنة / جراحة)، مدة المكوث في القسم، عمر الطفل، ترتيب الطفل في الأسرة، في حين بينت النتائج أن مستوى الرضا عن العناية التمريضية كان أعلى لدى الأمهات الحاصلات على تعليم ثانوي فأقل، وأمهات الأطفال الذين لديهم تاريخ مرضي وتم إدخالهم لأقسام الأطفال أكثر من مرة.

وعليه فإن الرضا يعتبر أحد مؤشرات جودة العناية التمريضية، وللحفاظ على مستوى عالٍ من الرضا يتوجب على الممرضين الربط بين علوم التمريض والأداء المهني، والحاجة إلى قضاء وقت أطول مع المرضى.