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The Process of Satisfaction with Nursing Care in Parents of Hospitalized Children: A Grounded Theory Study

*Naiire Salmani [1], Abbas Abbaszadeh [2], Maryam Rasouli [3], Shirin Hasanvand [4]

[1] Assistant Professor, Department of Pediatrics, School of Nursing and Midwifery, Shahid Sadoughi University of Medical Sciences, Yazd, Iran.
[2] Professor, Department of Internal Medicine and Surgery, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran.
[3]Associate Professor, Department of Pediatrics, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran.
[4] Assistant Professor, Department of Pediatrics, School of Nursing and Midwifery, Lorestan University of Medical Sciences, Lorestan, Iran.

Abstract

Introduction
Satisfaction is the result of a process; to assess satisfaction, the care recipients' experiences of the services received should be understood and efforts should be made to understand how these experiences have formed that satisfaction. The aim of this study was to understand the processes of satisfaction with nursing care in parents of hospitalized children.

Materials and Methods
The present grounded theory study was conducted on 25 participants selected through theoretical sampling and examined using in-depth semi-structured interviews. Interviews, promptly transcribed after the end of each the interview. The data obtained were analyzed concurrently with their collection based on Strauss and Corbin's method of data analysis (1998) in three steps: open, axial and selective coding.

Results
The main concern of the parents in the process of satisfaction with nursing care was the "influence of insecurity". The parents were put in an unstable context of care, upon which they resorted to the "prudent gaining of certainty" strategy. In this process, intrapersonal and extra personal triggers acted as facilitators and personal weaknesses as inhibitors, and "fluctuating trust" was the result of the process.

Conclusions
Gaining certainty plays an important role in the formation of satisfaction with nursing care, and the particular characteristics of the context of care have a crucial effect on the intensity or weakness of the developed trust; eventually, the developed certainty results in trust in the received care, which further emphasizes the importance of nurses' efforts for facilitating an ascertaining care.

Key Words: Children, Grounded theory, Nursing care, Satisfaction.

Corresponding Author:

Dr. Naiire Salmani, Bu Ali Av., Timsar Fallahi St., Department of Pediatrics, School of Nursing and Midwifery, Shahid Sadoughi University of Medical Sciences, Yazd, Iran

Email: n.salmani@sbmu.ac.ir

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1-Introduction

Quality evaluation is an integral part of improving the quality of the healthcare provided in hospitals .The most efficient method for this evaluation is to assess the patients' satisfaction with nursing care (1). In the case of patients who cannot personally express their views, family members can help determine their satisfaction with the provided care. The quality of care can be assessed through determining patients' satisfaction based on their family members' perception (2). Parents 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 the parents' satisfaction with the provided care thus counts as the children's own satisfaction (3). Many studies have been conducted to date on satisfaction with the provided care in parents of hospitalized children. One of the most prominent problems with these studies, however, is the absence of a theory about the process of satisfaction in parents, which further shows the need for conducting grounded theory study on the subject (4). The general disregard for the evolution of the theory and the failure to test its applicability to parents' satisfaction comprised a great stimulus for conducting the present grounded theory study (5). In addition, satisfaction is a construct affected by certain underlying factors, such as the social, economic and religious conditions (6), as parents with different backgrounds tend to have different perceptions and expectations of care (7). In other words, psychosocial, environmental, situational and demographic factors affect parents' attitudes toward the provided care (3). Moreover, the process by which satisfaction or dissatisfaction are formed is still unrecognized (8). Therefore, it appears crucial to conduct a study to examine the process of satisfaction with nursing care in parents of hospitalized children

2-Materials and Methods

2-1: Study design

Given the study's objective of theorizing the process of satisfaction with nursing care in parents of hospitalized children, the grounded theory method was used to conduct the study. Data were collected through semi-structured interviews and were analyzed using Strauss and Corbin's approach (1998).

2-2: Setting and sample

The participants were purposively selected from parents with hospitalized children that include various diseases, from different age groups, of both sexes, Indigenous and non-indigenous; moreover nurses were purposively selected from of hospitals has a Pediatric ward, including a hospital affiliated with the University of Medical Sciences, a hospital affiliated to Social Security and two private hospitals in Yazd- Central of Iran, in 2012-2013. The study inclusion criteria consisted of having hospitalized children about to be discharged and being willing to participate in the study and express one's experiences. The exclusion criterion was the unwillingness to continue the interview.

2-3: Ethical consideration

This study was conducted after obtaining permissions from the Shahid Beheshti University of Medical Sciences and the affiliated educational hospital. A written consent was obtained from participating parents and nurses who were informed of the aim and method of the study.

2-4: Data collection

We used semi-structured interviews to collect data during a period of 12 months. The duration of the interviews were between 30 and 90 minutes (mean= 60

minutes), depending on the participant's tolerance and interest in explaining their experiences. The interview guide was initially developed with the help of one expert supervisor. Participants spoke about their experiences with the nursing care. Samples of leading questions used for interviews were: "What are your experiences with the nursing care?" and "When faced with such care, how was your reaction?" As needed, we modified the questions based on points and topics raised during the interviews. The interviews were tape recorded, transcribed verbatim and analyzed consecutively by the authors.

2-5: Data analysis

Sampling continued until the saturation of the data, when the number of participants reached 25. The constant comparative analysis of the data obtained from each interview was carried out once the interview was transcribed and typed up and consisted of three steps: open, axial, and selective coding. The transcribed interviews were first read several times and their main sentences were extracted and recorded as codes. Similar codes were then classified under the same category. In the axial coding, the classes were linked to their subcategories in order to provide more accurate and thorough explanations; and the initial categories developed in the open coding were also compared together and similar categories revolved around the same axis. The next step was selective coding, for which the researcher arranged the subjects in a specific way so as prepare them for the development and presentation of a theory. In this step, the categories were integrated and purified and the core category was determined, and links were then made between the categories revolving around the core category and using a paradigmatic pattern.

2-6: Credibility

The validity and reliability of the study were examined throughout the research. To increase the acceptability of the data, the researchers engaged with participants and the study setting for a rather long period of time, provided participants with information about the study objectives so as to gain their trust for the interviews, conducted a constant examination of the data, recorded the interviews and transcribed them and analyzed the data promptly after each interview and examined their feedback for the next interviews. The confirmability of the data was assessed through member check and external check and through making modifications based on the comments. To assess the transferability of the data, the results were presented to a number of parents and nurses who had not participated in the study, who were requested to compare the results with their own experiences of the matter.

3-Results

The study subjects included 14 mothers, 4 fathers, 5 nurses, 1 matron and 1 supervisor. The selected parents had different backgrounds in terms of their level of education, financial status and local or non-localness, and their hospitalized children were also different from one another in terms of their type of disease (chronic or acute), duration of hospitalization, frequency of hospitalization and age group. The nurses differed from one another in terms of their years of service, type of employment (formal, contractual and internship), marital status and place of service (private, public or university-affiliated hospital). A total of 19 categories formed at the end of the open coding. The categories were analyzed and reduced during the axial coding with respect to their similarities and differences and the paradigmatic pattern. A total of 6 categories were thus conceptualized in the axial coding, which

can be presented as causal, contextual and mediating conditions (facilitator-based and inhibitor-based), strategy and consequence. The next section discusses how each subject and its classes were developed using participants' statements.

*3-1: **A**- The influence of insecurity: The causal condition*

The process of satisfaction with nursing care starts with the "influence of insecurity" as the causal condition obtained through combining two concepts, including the need to gain certainty and agitation. In fact, the parents experienced different degrees of the need to gain certainty and agitation and suffered feelings of fear, worry, anxiety, anger and despair after the incidence of the disease. The mother of a toddler with fever explained her reason for visiting the hospital, "When I'm at home, I don't feel secure. I mean, here, the nurses are more experienced, and if something happens to my kid, they understand it before me anyways and do whatever is necessary for my kid".

*3-2: **B**- Unstable context of care: A contextual condition*

The process of satisfaction occurs in a context with a series of discordant conditions; that is, parents encounter a generally unstable context of care involving nurses' efforts to meet the needs versus nurses' failure to meet these needs, nurses with a high care sensitivity versus nurses with a low care sensitivity, nursing with passion versus nursing with reluctance, positive characteristics versus negative ones, uninterrupted communication versus interrupted communication, and a favorable work atmosphere versus an unfavorable work atmosphere. As for the nurses' performance in relation to providing the required information, the mother of a toddler with esophageal varices stated, "When I came here, one of the nurses came to me and said 'do you know what a varix is?' I said 'no' and then I showed her the endoscopy results and she explained them to me and said that esophageal varices are a balloon state; and she drew some lines and said that, first, a syringe is injected, and then the vein should dry up and drop. If that doesn't work, they throw in a fishing net and endoscopy will work if God wills, but it may not work in some people, and the last resort is surgery. When they explain it this way, we can understand better. When you think esophageal varices are terrible things, you get scared, but when she explained it that way to me, I was no longer so desperate". However, the mother of a child with kawasaki disease defined the nurses' failure to reply to her questions about her child's disease, "I had a lot of questions, but the nurses didn't instruct me at all or gave very short answers to my questions about the treatment, the medications and the follow-up procedures and then quickly left. I was very upset with them and my questions would pile up and I would ask them from the doctor the next day".

*3-3: **C**- Prudent gaining of certainty: The strategy*

The "prudent gaining of certainty", consisting of subcategories including comparison of the mental context with the realities, the mental perception of the realities, emotional action and prudent behavior, was a strategy used by the parents of hospitalized children as part of the process of satisfaction with nursing care. First, the parents compared the different dimensions of the current context of care with their own mental context. When their mental perception indicated that the provided care was incongruent with their expectations and beliefs or, inversely, had been better than their expectations or previous experiences, they felt relaxed, satisfied and happy and

showed their satisfaction with the provided care through thanking the nurse and praying God to bless her. However, when the comparison of the parents' mental context with the realities led to a mental perception showing unfulfilled expectations of nursing care or was incongruent with the parents' beliefs or had a lower quality than previously experienced, the parents experienced feelings of dissatisfaction, resentment and discouragement toward the nurse and made efforts to confront those responsible for the situation and get indemnified.

The mother of a toddler with a high fever stated, "When I brought my child to the ward to get admitted, she was in my arms with a fever, and the nurses began to ask questions, 'What's happened to the kid?' I told them that she had a fever, and they then asked me if she also had diarrhea, had been vomiting and how long she had been sick. They kept asking me questions, so I told them, 'Listen, my kid is sick, tell me first where her bed is so I can put her on the bed and you can inject a serum and then I'll answer all your questions'. Of course I've seen other hospitals, and my other child was once admitted to B Hospital, I had seen nurses there, and they weren't like this at all, and as soon as I took my child to the ward, they told me to put her on a bed and then they came to his bedside and measured his fever and injected a serum. But here, the nurses didn't do this (comparing the mental context [experiences] with the realities), so I figured they wouldn't really be taking good care of my child here. But I still expected them to do their job (mental perception of the realities) and I was angry and mad at them (emotional action, an unpleasant feeling). So I told them, 'What kind of nursing is this ma'am? What if the kid gets a seizure? Who will then be responsible for it? Who is your head? I want to see her so she will take care of my kid quickly (prudent behaviors, confrontation)".

*3-4: **D**- Intrapersonal and extra personal triggers and personal weaknesses: Mediating conditions*

Intrapersonal and extra personal triggers include the caregiver's socioeconomic-cognitive status, triggering characteristics, intensifiers of the child's disease as facilitators, and personal weaknesses including an inhibiting personality and the caregiver's socioeconomic-cultural status as inhibitors, played a mediating role in the process of satisfaction with nursing care. The caregiver's socioeconomic-cognitive status included a good financial status, high level of education and knowledge; triggering characteristics included having courage and curiosity; and intensifiers of the disease included the severity of the child's disease and his young age. One nurse with 5 years of work experience in pediatric departments stated, "Well, there's a difference between the mother who knows something and the one who doesn't. I mean, all mothers want their child be well take care of, but a mother who knows that a high fever causes seizures and also knows that seizures can be repeated struggles to find out how good the nurse takes care of her child, more so than a mother who knows nothing and is simply watching her kid burning with a fever of 40 degrees or higher".

*3-5: **E**- Fluctuating trust: The consequence*

The consequence of the strategy used by the parents in the process of satisfaction with nursing care is a fluctuating trust and consists of two parts: becoming interested in the healthcare system and withdrawing from the healthcare system. With the influence of insecurity, the parents experience an unstable context of care and therefore resort to the strategy of prudent gaining of certainty, which is itself

influenced by intrapersonal and extra personal triggers and personal weaknesses; the consequence of this process is a fluctuating trust. The parents experience different mental perceptions, emotional actions and prudent behaviors during their child's hospitalization based on the conditions of their particular context of care; the outcome of this process is becoming interested in the healthcare system or withdrawing from it. According to participants, becoming interested in the healthcare system means that if the child gets sick again in the future and needs to be hospitalized and receive nursing care, the parents will take him to the same hospital he has previously been admitted to and will also recommend the hospital to their friends, relatives and family members. The mother of a child with pneumonia said, "I was here several months ago as well, actually, whenever our children get sick, we bring them here to B Hospital, because it has caring nurses who do a very good job. When I talk to the other mothers I meet here, most of them are also kind of regular customers of this hospital, and whenever their children get sick, they bring them here. When we see that the nurses here take well care of the patients, we feel relaxed and so if we need to hospitalize our children again, we bring them here. Even when chit-chatting with my neighbors about getting sick and hospitals, I always talk this hospital up and tell about the nurses' good behaviors and their good care practices and everything else that is good too. So, if their child needs to be hospitalized, they may bring the child here too".

Prudent gaining of certainty was determined as the main category in selective coding due to its repetition in the data, subjectivity, explanatory power and being the link between all the other categories obtained. In other words, this category dominates all the concepts and categories either directly or indirectly. To obtain the main category, the researcher used the technique of writing the main storyline and reviewing the cues and notes, which contributed to detecting participants' main concerns (influence of insecurity) and the strategies (prudent gaining of certainty) that they used in order to deal with those concerns.

4-Discussion

The influence of insecurity was the reason for the parents examined in the present study to visit the hospital. Purssell & While (9) believe that, in the incidence of a disease in children, parents become less even-minded, perhaps due to their inability to evaluate their sick child's needs and estimate the severity of his disease. Maguary et al. (10) agrees that parents will feel the need to be reassured in these conditions. The background of the present study is an unstable context of care that is conceptualized within six subcategories, including the nurses' efforts to meet the needs versus the nurses' failure to meet the needs, nurses with a high care sensitivity versus nurses with a low care sensitivity, nursing with passions versus nursing with reluctance, positive characteristics versus negative ones, uninterrupted communication versus interrupted communication and a favorable work atmosphere versus an unfavorable work atmosphere. The needs that have to be met include the need for information, psycho-emotional needs, physical needs and the need to participate in taking care of the child. Latour et al. (11) state that providing information and instructions to the parents of newborns admitted to intensive care units is one of the 6 main forces affecting parents' satisfaction. The results showed that the failure to provide information to the parents leads to feelings of worry, insecurity and dissatisfaction. Patistea & Siamanta (12) also consider the healthcare team's failure to respond to the

parents' medical questions about their child's condition a stressor. Another part of the nurses' efforts for meeting the patients' needs pertained to meeting the parents and the sick child's psycho-emotional needs and understanding its effect on the formation of satisfaction or dissatisfaction. Gesell and Wolosin (13) claim that patients' satisfaction increases through a greater focus on the psycho-emotional dimensions of support in providing care. Jenkinson et al. (14) also consider psycho-emotional support as one of the most powerful predictors of high levels of satisfaction in patients. According to the findings, the physical needs of parents and their children and the nurses' efforts in meeting these needs affects the formation of satisfaction or dissatisfaction in the parents with the nursing care received. In a study conducted on the parents of children admitted to intensive care units, Conar and Nelson (15) report these parents' major needs to include a place for resting, bedding, a quiet place and food.

Rmritu and Croft (16) claim that the parents of hospitalized children need physical support, including the supply of food and bedding. The parents were willing to participate in taking care of their sick child and when the nurses accepted their participation, they felt more peaceful and secure; however, if the nurses did not accept their participation, they felt stressed and anxious. In fact, participation in taking care of their child reduces parents' feelings of stress and insecurity and improves their satisfaction with the nursing care received (17), when parents encounter difficulties in participating in taking care of their child, their satisfaction decreases (18).

The nurses' care sensitivity was another component of the unstable context of care and consists of various subcategories, including punctuality, which was found to be very effective in bringing the parents satisfaction. Tzeng and Yin (19) also state that nurses should be prompt to respond to their patients' needs and help them with whatever they need, as the nurses' failure to meet the patients' needs in a prompt manner can reduce the satisfaction with the nursing care received. Participants explained that nurses' accuracy while providing care to the children, including venipuncture, can make the parents feel secure. Participants found promptness to be another influential characteristic of the nurses. Otani et al. (20) also consider the prompt providing of care as a main characteristic of nurses. Being available, responding to requests and paying attention were some other components of care sensitivity. Potter and Fogil (21) reviewed previous studies conducted on nurses' care behaviors and explained that care behaviors, including nurses' availability, performing of examinations, follow-up measures, fulfillment of human needs and providing medical care were the main care behaviors effective in the development of satisfaction. Skillfulness, particularly in performing venipuncture for a sick child, contributes greatly to the formation of satisfaction with nursing care in the parents. One of the components of contextual conditions was the manner of communication. Participants considered comprehensibility as a main characteristic of communication. According to Latour et al. (22) an effective and comprehensible communication can reduce stress and anxiety in the parents and when the nurses' or doctors' statements are not comprehensible when talking to the parents and are filled with medical jargon, the parents tend to complain about this way of expression. Characteristics comprised another component of the unstable context of care. Conner and Nelson (15) argue that parents expect to be respected by the nurses and a respectful communication results in the parents' improved cooperation with the healthcare team. In another study, Jennings et al. (5)

state that certain characteristics such as rudeness, arrogance and impatience lead to greater complaints about the care providers. Being passionate about working with children comprised another component of the contextual conditions suggested by participants. In fact, the presence of a series of internal forces in nurses makes them relate better to their profession and motivates them to perform their professional responsibilities as good as they can. Jones and Belcher (23) also propose the interest in others as an influential factor in the development of trust between individuals and argue that nurses' tendency to take care of others and help them can be effective in the development of trust between the nurses and the patients. The work atmosphere in the department might be another component affecting the contextual conditions. Glazer and Gurak (24) argue that the shortage of nursing personnel providing the nursing care required for patients damage the efficiency of the system, including satisfaction with care. Vahey et al. (25) also note that heavy workloads can make nurses dissatisfied with their profession and result in a reduced efficiency for meeting the patients' needs and can be a threat to the safety of the patients. With the experience of an unstable context of care, the parents adopted a strategy that proceeded in a chain. First, the parents compared the previous experiences, beliefs and expectations that had formed their mental context with the realities. Wilde et al. (26) conducted a grounded theory study on the quality of care from the perspective of patients and noted that patients' perspective on the quality of care developed on the basis of their norms, expectations and experiences. According to Ozsoy et al. (27) previous experiences with hospitals affect the individual's perception of nursing care. Participants reached a new mental perception after comparing their mental context with the actual context of care. Roftopolos (28) considers the patients' perception of the care received as a predictor of satisfaction, because perception plays a major role in the individual's assessment of the care received and people tend to assess the care that they receive on the basis of their own perception (29). Patients' behaviors after receiving care depend on their perception of care (30). With the developed mental perception, participants experienced a spectrum of feelings, from pleasant to unpleasant ones. Larson and Wilde state that patients' perception of the care received follows their assessment of the care and results in emotional actions (31). The last step in the strategy was adopting a prudent behavior, which involves acceptance, getting indemnified and confrontation. Pleasant feelings make the parents express their feelings of gratefulness to the nurses, and unpleasant feelings make them want to get indemnified or confront the matter. Westbrook (32) states that the feelings the individual experiences can provide a powerful explanation for his behavioral intentions. Barsky and Nash (33) note that the feeling that develops in individuals can be the main factor linking satisfaction in them with their behavioral intentions, as good feelings can lead to loyalty and the inclination to re-use the services provided (34). According to Chitturi (35), the experience of pleasure causes the emergence of positive verbal communication. Alford & Sherrell (36) also emphasize the fact that the feelings experienced will have a direct effect on the evaluation of the care providers' performance and the satisfaction with it.

According to participants, children's state of having a severe disease and being young, which are conceptualized as intensifiers of the condition, could be a driving force for the parents' beginning to

seek care. Numerous studies have also proposed the child's young age as a factor influencing the parents' care-seeking behaviors (37-40). In fact, it can be argued that parents of very young children, especially newborns, believe that the incidence of a disease can cause serious complications for the children, and thus seek care more frequently than the parents of older children (41, 42). Children's state of having a severe disease was another factor leading the parents to seek the necessary care for their child, and different studies examining the factors affecting care-seeking behaviors have also noted it (40, 43, 44). Based on the results of the present study, a high level of education and a good financial status are considered the bases of support that accelerate the parents' efforts; in contrast, a low level of education and a poor financial status play an inhibiting role. Sreeramareddy et al. (45) also state that mothers with a higher level of education and families with a higher monthly income surpassing 10,000 Nepalese Rupees seek the necessary care for their child more promptly and more frequently than do other mothers and families, and the lack of financial means counted as an inhibitor for the parents' seeking to provide their child with the required care. Asafa et al. (39) and Maketa et al. (46) propose poverty as a serious limiting factor for parents in making decisions for receiving care. Gao et al. (47) believe that parents with a high level of education make greater efforts to provide their sick child with high-quality care, use the available information and services better, can better control and make decisions for the care they receive and can better detect the risks of the disease. Individuals' characteristics comprised another factor affecting their adopted strategy, so that courage and curiosity were considered as bases of support, and cowardice and shyness acted as intrapersonal barriers. In fact, it can be interpreted that personality traits can affect how experience and evaluation of the care received. As extroverts than introverts are more comfortable expressing their fears, their needs and demands and more satisfying experience (48).

The results of this study also showed speaking a non-native language was another barrier to the strategy. Parents who visited hospitals in Yazd from regions around the city had difficulty communicating with the nurses and understanding their statements uttered in Yazdi accent, which consequently reduced their willingness for continuing communication and was a barrier to the expression of their desires and actions. In other words, language can also be considered a barrier to the achievement of the desirable care (49).

A fluctuating trust is a consequence of the process of satisfaction that is manifested either as becoming interested in the healthcare system or as withdrawing from it. Studies conducted by Ferguson & Candib (50) and Ennew et al. (51) support these findings and assert that consumers of a service or product establish conversations with others about the quality of the services or products they have received, which can be positive, negative or neutral. Anderson and Mittal (52) also emphasize the relationship between satisfaction and positive conversations or the desire to make recommendations. Jenkinson et al. (14) also argue for a strong relationship between individuals' experiences of nursing care and their intention for recommending the hospital to others, and what increases this intention is the trust developed in the care recipient toward the care provider (53). In contrast, Zineldin (54) and Iloh et al. (55) states that dissatisfaction with the received services makes the individual reluctant to recommend the hospital to others. Damaghi et al. (56) and Ezegwui et al. (57)

also state that individuals who are more satisfied with the quality of the care they have received will be more willing to return to the hospital in the future to seek healthcare services.

4-1: Limitations

Despite the mechanisms we applied to enhance the rigor of this study, the subjective nature of data collection and the small number of fathers limited the generalization of the findings.

5-Conclusion

Based on the results of the study, satisfaction is a cognitive-emotional-behavioral process. All the constituents of the process should therefore be emphasized by nurses, directors and nursing authorities in promoting satisfaction with nursing care in parents of hospitalized children. Based on the identified process and the role of each constituent, authorities should adopt appropriate measures for bringing satisfaction to the parents through devising plans for the hospital's nursing management system and overseeing its implementation by pediatric nurses so as to improve the quality of nursing care and achieve greater satisfaction in parents.

6-Conflict of interest: None.

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