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Original research

FACTORS ASSOCIATED WITH THE SATISFACTION OF PARENTS OF CHILDREN HOSPITALIZED IN THE PEDIATRIC WARD IN TOGO

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Abstract: **Background**. Patient satisfaction, a key indicator of healthcare quality, is particularly crucial in pediatric care. This study aims to delve into the factors that influence the satisfaction of parents whose children are hospitalized in the pediatric ward at the Sylvanus Olympio Teaching Hospital.
Methods. A cross-sectional study was carried out between June and August 2022 in the Sylvanus Olympio Teaching Hospital pediatric ward.
Results. A total of 165 parents participated in our study, with an average age of 33.5 years (+/- 8.8). The key factors influencing high satisfaction were reception (p= 0.009), execution of care (p<0.001), and caregiver response when they called (p<0.001). However, 69.7% (115) of parents found the cost of hospitalization to be high, and 41.2% (68) expressed dissatisfaction with the quality of equipment.
Conclusion. Satisfaction was statistically significant between the reception, the care received, and the caregivers' reaction to the children's complaints, not the socio-demographic characteristics.

Keywords: Healthcare delivery satisfaction, parents, hospitalized children, pediatrics.

INTRODUCTION Patient satisfaction is a component of the definition of quality-of-care assessment [1]. Quality care must be accessible, equitable, effective, safe, efficient, and patient-centered. The healthcare services offered and sensitivity to their needs lead to customer satisfaction. Satisfaction is a subjective entity that reflects patients' personal preferences and expectations, which may differ from the objective reality of the hospitalization experience [2-3]. Interest in quality of care has grown steadily in recent years. There are many reasons for this, such as the constant and rapid evolution of medicine thanks to scientific progress, increasing demands for accessibility and quality of care, and newer technologies [4] [5].

The quality of this new patient-physician relationship and the patient's satisfaction must be assessed to bring about continuous improvement [6]. Therefore, a healthcare system must have a culture of self-measurement and self-assessment to increase the quality of care and services offered to patients [2-4]. Patient satisfaction is measured by various means, including complaints and discharge questionnaires, as well as specific or general surveys carried out at the initiative of healthcare establishments [7]. Several satisfaction surveys have been carried out in African hospitals. At the Treichville Pediatrics Teaching Hospital in Côte d'Ivoire, a study identified the main reasons for dissatisfaction in the pediatrics department. This made it possible to target the most relevant and efficient interventions to improve service provision quality [8].

In Togo, several satisfaction surveys have been carried out in health facilities. One study assessed the satisfaction with nursing services among those accompanying children. The satisfaction of those accompanying the children in the pediatric unit depended on the service's functioning, organization, and environment [9]. This study aimed to determine the factors associated with the satisfaction of

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parents of children hospitalized in the pediatrics department at Sylvanus Olympio Teaching Hospital.

PATIENTS AND METHODS

Study framework.

The pediatrics department at the Sylvanus Olympio Teaching Hospital treats all pediatric pathologies from 0 to 18 years of age. It consists of two main buildings adjoining one another on one level and comprises seven wards, including two intensive care units.

Type and period of study.

This was an analytical cross-sectional study carried out in the pediatric wards at the Sylvanus Olympio Teaching Hospital between June and August 2022, a two-month period.

Study population.

The study covered all parents of children hospitalized in the pediatric department at Sylvanus Olympio Teaching Hospital who had been cured, discharged, and met the study criteria during the study period. Parents of children under 18 years old who had been hospitalized in the pediatric ward for at least 48 hours and had agreed to participate in the study were included. Parents of children discharged against medical advice or whose children had died were not included. Non-probability convenience sampling was used.

Parameters studied.

The parameters studied were the parents' gender, age, socio-demographic and professional conditions, the services offered, the relationship between the children's parents and the nursing staff, the comfort and cleanliness of the service, and the billing and discharge methods.

Data collection.

The survey consisted of completing a questionnaire during a one-to-one interview with parents of hospitalized children. This was a face-to-face satisfaction survey. The questionnaire was administered entirely by an interviewer, who accurately recorded the respondent's answers. This method ensured perfect control of the survey. Thus, the interviewer could seek out the people to be interviewed and obtain their consent with greater ease. The interviewer also ensured that the questionnaire was administered in the right order and that the respondent understood it correctly [10].

Data analysis.

Data entry was performed on a data entry mask created using Epi Data software version 3.1. Data analysis was performed using R Studio 3.3.4. Results were presented as headcount and percentage for categorical variables and mean and standard deviation for quantitative variables. Statistical tests used were chi-square or Fisher tests for categorical variables and Student's t-test for quantitative variables. The significance level of the p-value was set at 0.05.

Ethical considerations.

Prior authorization had to be obtained from the management of the University of Lomé's Medical School and from the management at Sylvanus Olympio Teaching Hospital to conduct the survey. The survey was validated by the head of the pediatrics department. Data collection was carried out after obtaining informed consent from parents and guardians. Data collection was anonymous to allow them to express themselves freely. Professional secrecy was respected.

RESULTS A total of 165 parents of children meeting the inclusion criteria agreed to participate in this study. Of the 165 parents interviewed, 115 (69.7%) were mothers and 11.5% (19) were fathers. The average age of the parents was 33.5 years, with a standard deviation of 8.8 years. The extremes of age were 18 and 62. The 20-40 age group accounted for 78.8% (130). 46.7% (77) of parents were artisans, 37% (61) were housewives, 12.1% (20) were shopkeepers, and 2.4% (4) were civil servants.

Parental satisfaction in relation to socio-demographic characteristics. No significant association existed between children's parents' satisfaction and socio-demographic characteristics. However, the co-variate of educational level (p=0.092) could be associated with parental satisfaction. In fact, among satisfied parents, 8.55% had a higher level of education and 23% a lower level, whereas among non-satisfied parents, the opposite was true, as shown in Table 1 below.

Parents' satisfaction with relations with nursing staff.

In this study, 53.6% of parents were satisfied with the welcome they received, compared with 6.6% who were dissatisfied at the significance level (p = 0.009). Care scheduling (p< 0.001) and caregiver reaction (p< 0.001) were significantly associated with parental satisfaction (Table 2).

	Satisfaction			
	Total N	**No N = 13**	**Yes N = 152**	***p*-value**
Age (years)	165			0.7
18-20		0 (0)	2 (1.3)	
20-30		5 (38.5)	52 (34.2)	
30-40		7 (53.8)	66 (43.4)	
40-50		0 (0)	21 (13.8)	
50-60		1 (7.7)	8 (5.3)	
60- 62		0 (0)	3 (2)	
Occupation	165			0.9
Other		7 (53.8)	70 (46.1)	
Retailer		2 (15.4)	18 (11.8)	
Farmer		0 (0)	1 (0.7)	
Civil servant		0 (0)	4 (2.6)	
Housewife		4 (30.8)	57 (37.5)	
Unemployed		0 (0)	2 (1.3)	
Level of education	165			**0.092**
Uneducated		1 (7.6)	35 (23.0)	
Primary		3 (23.1)	46 (30.3)	
Secondary		5 (38.5)	58 (38.2)	
Higher		4 (30.8)	13 (8.5)	

Table 1. Distribution of parents' satisfaction in relation to socio-demographic characteristics.

	Satisfaction			
	Total N	**No N = 13**	**Yes N = 152**	***p*-value**
Appreciation of the « welcome »	165			**0.009**
Acceptable		6 (46.2)	2 (1.3)	
Good		3 (23.1)	81 (53.6)	
Poor		4 (30.8)	11 (6.7)	
Healthcare delivery	165			**<0.001**
Yes		6 (46.2)	142 (93.4)	
No		7 (53.8)	10 (6.6)	
Given Information				**0.7**
Yes		9 (69.2)	114 (75.0)	
No		4 (30.8)	57 (37.5)	
Caregiver reaction	165			**<0.001**
No reaction		1 (7.7)	2 (1.3)	
Delay reaction		3 (23.1)	110 (72.4)	
Late reaction		9 (69.2)	40 (26.3)	

Table 2. Distribution of parents' satisfaction with nursing staff

Parent satisfaction with amenities (comfort and cleanliness of service). As shown in Table 3, there was no significant association between satisfaction and equipment quality (p=0.5), service availability (p>0.9), or access to drinking water (p=0.3).

DISCUSSION Parental satisfaction was not associated with socio-demographic characteristics. More than half of the parents reported a good reception, and almost all were satisfied with the care they received. Nearly three-quarters of parents found the cost of hospitalization high,

		Satisfaction		
	N	**No N = 13**	**Yes N = 152**	***p*-value**
Quality of equipment	165			0.5
Acceptable		5 (38.5)	57 (37.5)	
Good		1 (7.7)	34 (22.4)	
Poor		7 (53.8)	61 (40.1)	
Availability of services	165			>0.9
Yes		1 (7.7)	18 (11.8)	
No		12 (92.3)	134 (88.2)	
Access to drinking water	165			0.3
Difficult		8 (61.5)	70 (46.1)	
Easy		5 (38.5)	82 (53.9)	

Table 3. Distribution of parents in relation to approvals.

Parental satisfaction with billing method and patient discharge. There was no significant relationship between parental satisfaction and the discharge circuit for the mode of discharge (p=0.7), the high cost of hospitalization (p=0.3), and referral to a relative (p=0.2), as shown in (Table 4).

and two out of five parents found the quality of equipment poor.

This study would contribute to the implementation of recommendations made based on the analysis of the data collected. This would undoubtedly help to reduce the

		Satisfaction		
	N	**No N = 13**	**Yes N = 152**	***p*-value**
Circuit assessment for output mode	165			0.7
Difficult		3 (23.1)	31 (20.4)	
Easy		10 (76.9)	121 (79.6)	
High hospitalization costs	165			0.3
Yes		11 (84.6)	104 (68.4)	
No		12 (92.3)	134 (88.2)	
Referral to a relative	165			0.2
Yes		11 (84.6)	142 (93.4)	
No		2 (15.4)	10 (6.6)	

Table 4. Distribution of parents by billing and discharge method.

suffering of the parents during the hospitalization of these fragile beings.

The study has limitations, such as excluding parents of children discharged against medical advice. This would have overestimated overall satisfaction, given that we need to determine whether the reasons for discharge against medical advice were linked to dissatisfaction with the reception or care received. The face-to-face interview could also induce a probable social desirability bias.

This study showed a statistically significant association between reception and parent satisfaction (P=0.009). Welcoming patients and their families remain an essential factor. It's more than just an everyday act. The arrival of a patient in a care unit is a special event. For them, it's a special time, a moment when they're sensitive, vulnerable, and in need of support. A study in Niger found a significant association between reception and satisfaction (P<0.001) [11].

The majority of parents of the children in the study (93.4%) were satisfied with the care they received (P<0.001). A significant association was found between the satisfaction of the children's parents and the care they received. Treatment encompasses a whole range of parameters that need to be considered to meet patients' expectations.

Among those surveyed in this study, 72.0% of parents recognized the immediate reaction of caregivers (P<0.001). There was a significant relationship between caregiver reaction and satisfaction. Parents whose child is hospitalized are generally anxious because of the foreign environment and the child's illness. This condition of uncertainty also makes them anxious. A positive approach on the part of the nursing staff goes a long way towards satisfying parents' expectations. Keeping communication channels open, answering their questions, and providing the best possible care are ways to achieve better standards of treatment [12]. In a study in Vietnam, dissatisfaction was associated mainly with waiting times, caregiver behavior, and hygiene [13].

CONCLUSION Satisfaction was statistically significant between the reception; the care received, and caregivers' reaction to children's complaints, not the socio-demographic characteristic. This study noted shortcomings attributable not only to the hospital structure itself but also to the staff working there. Implementing the recommendations made based on the analysis of the data collected will undoubtedly help to reduce the suffering often involved in hospitalizing such fragile beings.

Conflicts of interest: The authors declare no conflicts of interest.

Author contributions: TOE contributed to study design, data analysis, and manuscript writing. DKE reviewed the study protocol and revised the draft. AF collected the data and reviewed the literature.

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