



International Journal of Research In Paediatric Nursing

E-ISSN: 2664-1305

P-ISSN: 2664-1291

www.paediatricnursing.net

IJRPN 2023; 5(1): 41-50

Received: 06-12-2022

Accepted: 20-01-2023

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A study to assess the satisfaction of caretakers regarding pre- and post-operative care of children undergoing surgery in a tertiary care hospital Bangalore with a view to develop an information booklet

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DOI: <https://doi.org/10.33545/26641291.2023.v5.i1a.117>

Abstract

Background: Assessment of caretaker's satisfaction with child care is the key issue in evaluation of the quality of care, enabling the adjustment of the services provided to the needs and expectations of recipients. Children admitted to pediatric wards require special hospital situations, a bespoke approach from the medical and nursing team. It is important to give attention to the caregivers while planning for child services. The purpose of this study was to assess the caretaker's satisfaction with the services provided in pediatric surgery wards of tertiary care hospital Bangalore and identify its associated factors [4].

Methodology: Quantitative research approach and descriptive research design was adopted for the study. The samples from the selected hospital were selected using non-probability purposive sampling technique. The sample consisted of 65 caretakers of children admitted in pediatric surgery ward. The tools used for data collection was proforma to collect demographic variables 5-point Likert scale to assess satisfaction of pre and postoperative care.

Result: The present study revealed that 89% of caretakers were highly satisfied and 11% were satisfied with the preoperative care. With regard to postoperative care 81% Caretakers were highly satisfied and 19% were satisfied. The result shows in pre- and post-operative care area wise satisfaction are highest in surgeon's care. In this present study there was no statistically significant Association of total satisfaction of pre-and post-operative care with demographic variables of caretakers and children. Except the aspect of socioeconomic status of caretakers.

Conclusion: Based on the findings of the study an information booklet is prepared to help the health professionals to educate the caretakers in future. Investigator took initiative to ensure the utilization of the information booklet as routine practice in surgery ward to educate the caretakers regarding pre and post operative care of children by health professionals.

Keywords: Satisfaction, caretakers and post-operative care, information booklet

Introduction

Patient's and caretaker's satisfaction has become an important indicator of quality care. Children are special patients and require a unique delivery of care. Nurses have the additional responsibility of establishing a family centered care that is consistent, supportive and nurturing which meets the physical, emotional, and psychosocial needs of the patients and care takers and to maintain an environment conducive to healing, is a reflection of trust, honesty, and respect to caretakers. Satisfaction consists of freedom from stressful situation, pain, anxiety and doubt, and to have adequate knowledge and understanding, efficient care and effective communication, and good rapport are the positive element of satisfaction. Care cannot be of high quality, unless the patient and care takers are satisfied. Assessment of quality of care may be accomplished by investigating caretakers satisfaction obtained by evaluation of services received during their hospital stay. Collecting information about specific experiences with concrete aspects of health services is a more valid measure of satisfaction, and easier to interpret than satisfaction ratings.

Hospital strives to make Pediatric services focus on family centered care that is consistent, supportive and nurturing which meets the physical, emotional, and psychosocial needs of the child and care takers [1]. But the use of sophisticated equipment busy work schedule and proliferation of health care professionals and inadequate Present time people expect quality of medical care, nursing care, competency, courtesy, kindness, consideration, comfort and adequate timely information from health professionals. communication have made the services in the hospital impersonal, fragmented and leads to dissatisfaction to patients and care takers [6].

Many studies have revealed that most caretakers found it difficult to accept the role of helping their children and manage their stress, they also experience intense stress, feelings of helplessness and dissatisfaction. Lack of understanding regarding disease condition, investigations, upcoming procedures, unfamiliarity with hospital environment and uncertainty regarding the details and outcome of the treatment are the major contributing factors towards parental ignorance and dissatisfaction. Despite economic advantages and development of health services and the medical psychological advancements pre-operative psychological preparation for the parents of children still remains inadequate. Many studies have discussed the impact of nurse staffing on health care outcomes (flanks hear *et al*; 2005, Bolton *et al*. 2003) and suggest that positive patient outcomes depend more on the quality of nursing than on the available technology (Navuluri 1999). Continuing education is a term used to describe the programmes or courses that assist professional nurses in developing and maintaining the clinical expertise that promotes quality-nursing care [2].

Need for the study

Assessing satisfaction and providing quality care is important to maximise caretakers' satisfaction. Units should have an organized pre admission programme that incorporates elements of the pre- and post- operative care. This gives the child and caretakers to express their expectations, fears, doubts, and to learn their role in delivering care and gives health professionals opportunity to improve quality services, and effectively manage and monitor health care performance. Therefore, the present study aimed to monitor, measure, assess, and improve health care Professionals performance to achieve service excellence and caretaker's delight. Also, to empower and involve all employees in continuous quality improvement.

With this background, the researcher decided to conduct a study to assess the caretaker's satisfaction of treatment in a paediatric surgery unit [3].

Objectives

1. To assess the level of satisfaction among caretakers of children regarding pre- and post-operative care.
2. To determine the association of level of satisfaction with selected Demographic variables.

Delimitation

The study is limited to care takers of children who are admitted for surgery in paediatric surgery ward of St: John's Medical College Hospital.

Projective outcome

The finding will serve as an input into improvement of the services provided to the children.

The information booklet which is developed based on the findings of the study will be useful tool to provide information to surgical patients.

Research Hypothesis

- The following hypothesis will be tested as 0.05 level of significance.
- H1: There will be an association between the caretaker's satisfaction and demographic variables.

Methodology

Research Approach: Quantitative research approach

Research design: descriptive research design

Sampling technique: Non probability Purposive Sampling Technique.

Sample size: 65

Setting of the study: Pediatric surgery ward of St. John's Medical College Hospital Bangalore.

Tool used for data collection: The tool consists of Two sections: -

Section 1: Proforma to collect demographic variables.

Section 11: Likert scale for assessing pre-operative and post- operative care satisfaction.

Description of the tool

A structured interview schedule was used for the collection of demographic variables of the subjects.

Conceptual frame work

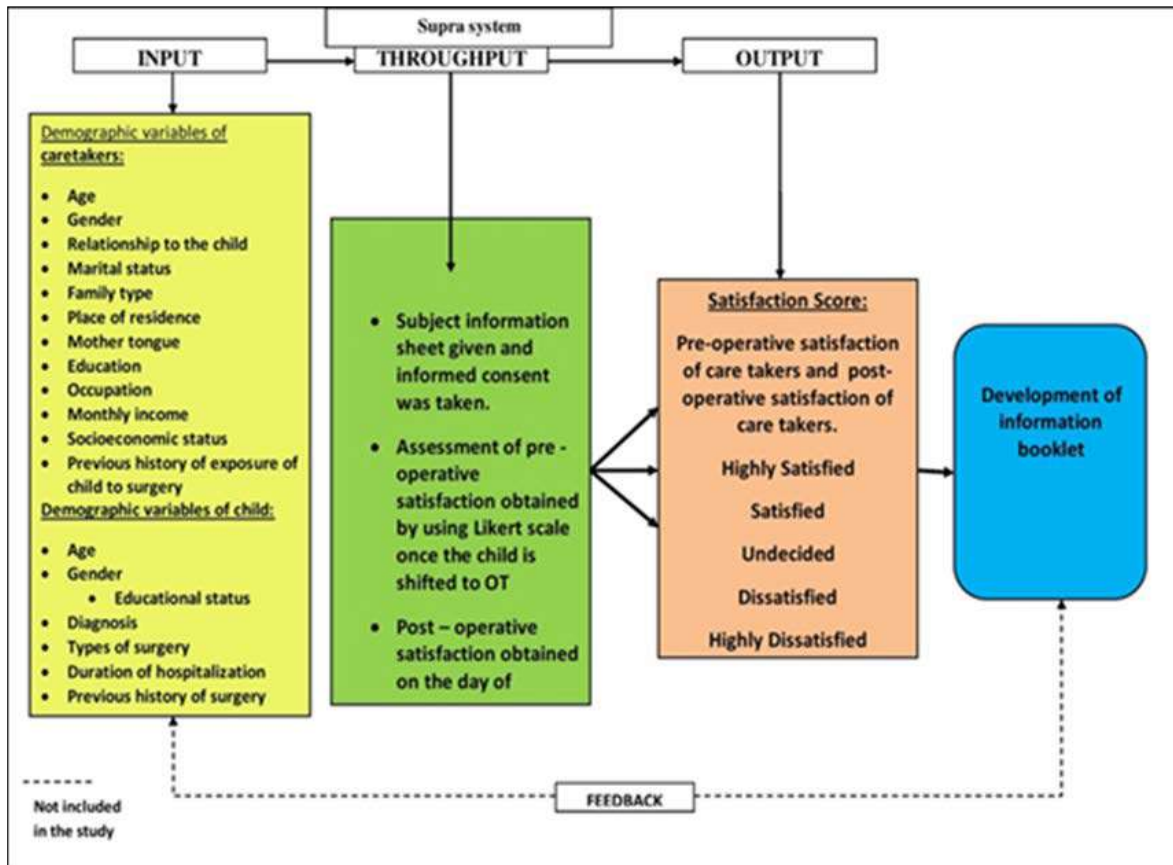


Fig 1: Conceptual frame work based on general system theory by BERTALANFY in 1968

Likert scale: The Likert scale has 27 statements in each section such as pre-operative care and postoperative care. mother.93.8% of care takers are married. Majority (61.5%) belong to nuclear family. 75.4% care takers are from rural area. majority of them (38.5%) have mother
 Scored as: - 1: Highly dissatisfied, 2: Dissatisfied, 3: - Undecided, 4: -Satisfied, 5: Highly satisfied. Minimum score is 54. Maximum score is 270.

Satisfaction of caretakers regarding pre and post op: care of children was collected by using a Likert scale through structured interview schedule. Pre-operative care satisfaction was collected after the child is shifted to OT and post-operative care satisfaction was collected on the day of discharge.

Inclusion criteria for sampling

- Caretakers of Children who are in the age group 1-18years.
- Care takers of Children who are undergoing surgery.

Exclusion criteria for sampling

- Caretakers of Children who are critically ill.
- Care takers of children who are undergoing emergency surgery.

Content validity

- To establish the content validity, the tool was sent to 15 experts seeking their suggestions, of which 9 responded with their suggestions.
- The suggestion was taken and modification was done.

Reliability

To establish the reliability the tool in the present setting was administered on 7 patients.

The reliability of tool of Likert scale was established using split half technique for internal consistency. The reliability (r) of the tool of Likert scale was found to be 0. 916. Hence the tool was found to be reliable

Procedure

Data was collected after obtaining Ethical approval from IEC and Administrative permission from selected hospital and the head of the department of Paediatrics surgery. The investigator personally explained the confidentiality of their responses and written consent was obtained from the subjects. The sample was selected by non-probability purposive sampling technique. The sample size was 65. Subjects were selected as per inclusion and exclusion criteria. A proforma was used to collect the demographic variable. Satisfaction of caretakers regarding pre and post op: care of children was collected by using a Likert scale through structured interview schedule. Pre - operative care satisfaction was collected after the child is shifted to OT and post-operative care satisfaction was collected on the day of discharge.

Data analysis plan

The data analysis and the interpretation of the study included descriptive& inferential statistics. The frequency and percentage distribution were used to describe the baseline variables.

The ‘chi square’ test and fishers exact test was used to determine the association.

Result

Section 1A: The findings related to demographic variables of caretakers.

Table 1: Frequency and percentage distribution of subjects, N=65

| SL. No | Baseline variables | Frequency | Percentage (%) |
|--------|---|-----------|----------------|
| 1. | Age | | |
| | 21-30 years | 12 | 18.5 |
| | 31-40 years | 47 | 72.3 |
| | 41-50 years | 6 | 9.2 |
| 2. | Gender | | |
| | Male | 16 | 24.6 |
| | Female | 49 | 75.4 |
| 3. | Relationship to the child | | |
| | Father | 8 | 12.3 |
| | Mother | 49 | 75.4 |
| | Others | 8 | 12.3 |
| 4. | Marital Status | | |
| | Married | 61 | 93.8 |
| | Single | 4 | 6.2 |
| 5. | Family | | |
| | Joint Family | 25 | 38.5 |
| | Single Family | 40 | 61.5 |
| 6 | Place of residence | | |
| | Urban | 16 | 24.6 |
| | Rural | 49 | 75.4 |
| 7. | Mother tongue | | |
| | Kannada | 19 | 29.2 |
| | Telugu | 25 | 38.5 |
| | Tamil | 7 | 10.8 |
| | Hindi | 12 | 18.5 |
| | English | 2 | 3.1 |
| 8 | Educational status | | |
| | Illiterate | 4 | 6.2 |
| | Primary school | 19 | 29.2 |
| | Middle school | 13 | 20 |
| | High school | 20 | 30.8 |
| | Intermediate/diploma | 4 | 6.2 |
| | Graduate | 3 | 4.2 |
| | Professional degree | 2 | 3.1 |
| 9 | Occupation | | |
| | Professional | 4 | 6.2 |
| | Semi professional | 1 | 1.5 |
| | Clerical/shop/farm | 8 | 12.3 |
| | Skilled worker | 17 | 26.2 |
| | Semiskilled worker | 22 | 33.8 |
| | Unskilled worker | 11 | 16.9 |
| | Unemployed | 2 | 3.1 |
| 10. | Socio-economic status | | |
| | Upper class | 3 | 4.6 |
| | Upper middle | 44 | 67.7 |
| | Lower middle | 10 | 15.4 |
| | Upper lower | 8 | 12.3 |
| | Lower | 0 | 0 |
| 11 | Previous history of exposure of child to surgery | | |
| | Yes | 17 | 26.2 |
| | No | 48 | 73.8 |

Section 1B: The findings related to demographic variables of Children

Table 2: Frequency and percentage distribution of subjects, N=65

| SL. No | Baseline variables | Frequency | Percentage (%) |
|--------|---|-----------|----------------|
| 1. | Age | | |
| | 1-3 years | 18 | 27.7 |
| | 4-6 years | 24 | 36.9 |
| | 7-12 years | 15 | 23.1 |
| | 13-18 years | 8 | 12.3 |
| 2. | Gender | | |
| | Male | 44 | 67.7 |
| | Female | 21 | 32.3 |
| 3. | Educational Status | | |
| | Pre schooler | 20 | 30.8 |
| | 1-5 STD | 36 | 55.4 |
| | 6-10 STD | 9 | 13.8 |
| | Intermediate | 0 | 0 |
| 4 | Types of surgery | | |
| | Genito urinary | 46 | 70.8 |
| | Gastro intestinal | 15 | 23.1 |
| | Musculoskeletal | 4 | 6.2 |
| 5 | Duration of hospitalization | | |
| | 1-5 days | 9 | 13.83 |
| | 6-10days | 20 | 30.8 |
| | >10 days | 36 | 55.37 |
| 6 | Previous experience of hospitalization | | |
| | Yes | 24 | 36.9 |
| | No | 41 | 63.1 |
| 7 | Previous history of surgery | | |
| | Yes | 14 | 21.5 |
| | No | 51 | 78.5 |
| 8 | Procedure performed | | |
| | Major | 52 | 80 |
| | Minor | 13 | 20 |

In the present study sample consist of 65 caretakers of children. The result shows that 72.3% of care takers belong to age group of 31-40 years. Majority of them (75.4%) are females. This can be due to the fact that in most of the families’ fathers are bread winners and may go to the work. Mothers take care of the children at home and they are the first person to accompany then to hospital. They back with the child during hospitalization and take care of them. 75.4% had their relationship with patient as tongue of Telegu.30.8% had high school education.33.8% were semiskilled workers. 67.7% belonged to middle class family.73.8% of the care takers have the experience of previous exposure of child to surgery.

In the present study, the sample consist of 65 children. In this study 72.3% of children belong to age group of 4-6 years. Majority of the children (67.7%) are males. 55.4% of children had high school education of 1-5 std.70.8% of children had Genito urinary problem. 55.4% of the children had > 10 days of hospital stay. 63.1% of children had no previous experience of hospitalization.78.5% of children had no previous history of surgery. 80% of children underwent major surgery.

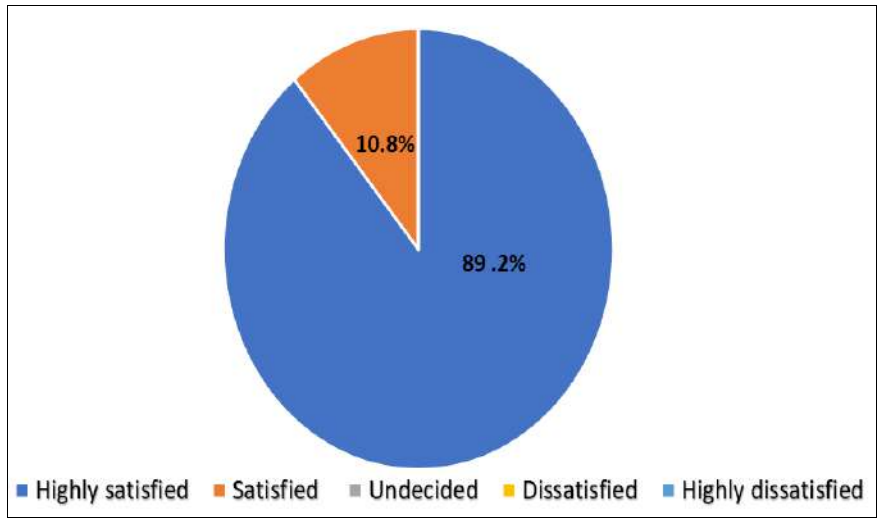


Fig 1: Overall satisfaction of Pre-operative care

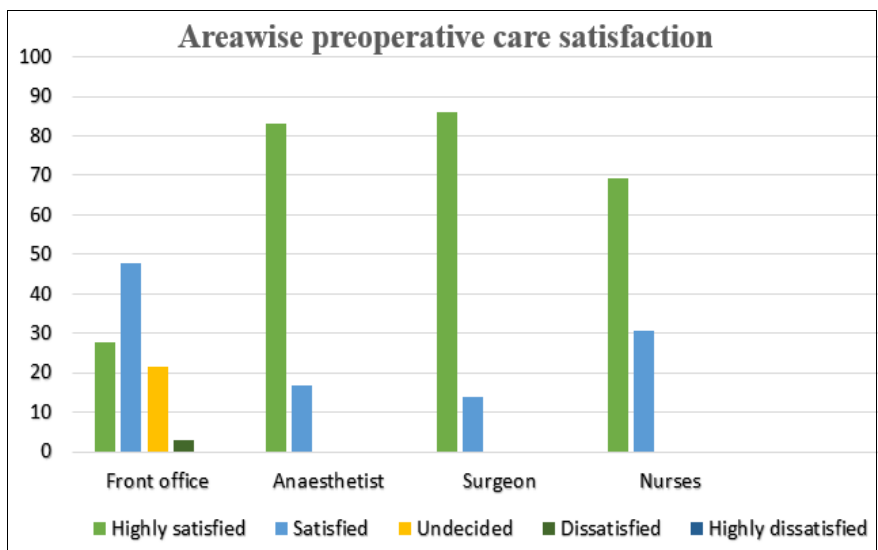


Fig 2: Area wise satisfaction of pre-operative care

FIG.2. Depicts that area wise satisfaction score of preoperative care is highly satisfied. 86.20% (surgeon), 83.10% Anesthetist, 69.20% Nurses, 27.7% Front office.

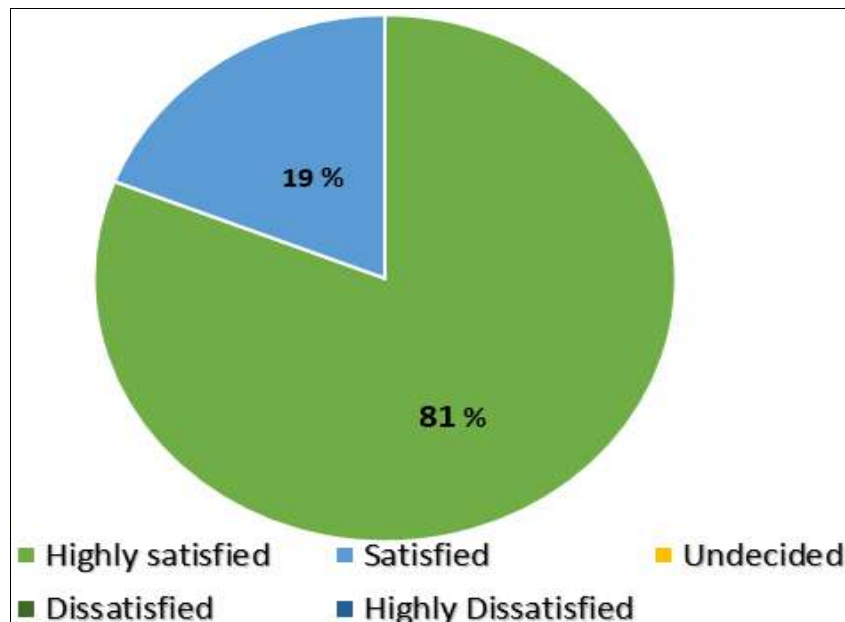


Fig 3: Overall Satisfaction score of Post-operative care

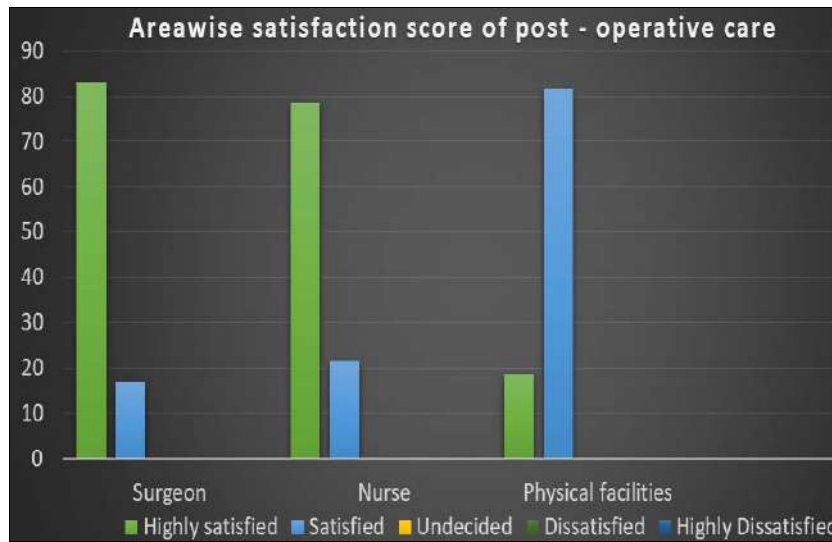


Fig 4: Area wise satisfaction of post-operative care

Fig-4 Depicts that the Area wise satisfaction score of postoperative care is highly satisfied. 83.10% surgeon, 78.50% Nurses, 18.50% physical facilities

Table 3A: (i) Association of satisfaction regarding pre -operative care with selected base line variables of caretakers, N=65

| S.N | Baseline variables | Total | | Highly satisfied | | Satisfied | | Chi-square | P-Value |
|-----|---------------------------|-------|-------|------------------|-------|-----------|------|------------|---------|
| | | F | % | F | % | F | % | | |
| 1. | Age | | | | | | | | |
| | 21-30 yrs. | 12 | 18.5 | 10 | 17.2 | 2 | 28.6 | 91# | .65NS |
| | 31-40 yrs. | 47 | 72.3 | 42 | 72.4 | 5 | 7.69 | | |
| | 41-50 yrs. | 6 | 9.23 | 6 | 10.3 | 0 | 0 | | |
| 2. | Gender | | | | | | | | |
| | Male | 16 | 24.6 | 16 | 27.6 | 0 | 0 | 2.562* | .18 NS |
| | Female | 49 | 75.4 | 42 | 72.4 | 7 | 100 | | |
| 3. | Relationship to the child | | | | | | | | |
| | Father | 8 | 12.3 | 8 | 13.8 | 0 | 0 | 1.31# | .50 NS |
| | Mother | 49 | 75.4 | 42 | 72.4 | 7 | 100 | | |
| 4. | Marital status | | | | | | | | |
| | Married | 61 | 93.8 | 54 | 93.8 | 7 | 100 | .51* | 1.0 NS |
| | Single | 4 | 6.15 | 4 | 6.9 | 0 | 0 | | |
| 5. | Family type | | | | | | | | |
| | Joint family | 25 | 38.4 | 20 | 34.5 | 5 | 71.4 | 3.60 | 0.97 NS |
| | Nuclear family | 40 | 61.5 | 38 | 65.5 | 2 | 28.6 | | |
| 6. | Place of residence | | | | | | | | |
| | Urban | 16 | 24.6 | 16 | 27.6 | 0 | 0 | 2.56* | .18 NS |
| | Rural | 49 | 75.3 | 42 | 72.4 | 7 | 100 | | |
| 7. | Mother tongue | | | | | | | | |
| | Kannada | 54 | 83.0 | 50 | 25.9 | 4 | 57.1 | 3.80# | .40 NS |
| | Telugu | 25 | 38.4 | 24 | 41.4 | 1 | 14.3 | | |
| | Tamil | 7 | 10.7 | 6 | 10.3 | 1 | 14.3 | | |
| | English | 2 | 3.07 | 2 | 3.4 | 0 | 0 | | |
| | Hindi | 12 | 18.4 | 11 | 19 | 1 | 14.3 | | |
| 8. | Education | | | | | | | | |
| | Illiterate | 4 | 6.1 | 4 | 6.15 | 0 | 0.0 | 4.25# | .61 NS |
| | Primary school | 19 | 29.2 | 15 | 23.0 | 4 | 6.2 | | |
| | Middle school | 13 | 20 | 13 | 20 | 0 | 0.0 | | |
| | High school | 20 | 30.7 | 17 | 26.15 | 3 | 4.6 | | |
| | Intermediate/diploma | 4 | 6.1 | 4 | 6.15 | 0 | 0.0 | | |
| | Graduate | 3 | 0.0 | 3 | 4.6 | 0 | 0.0 | | |
| | Professional degree | 2 | 3.07 | 2 | 3.07 | 0 | 0.0 | | |
| 9. | Occupation | | | | | | | | |
| | Professional | 4 | 6.1 | 3 | 4.61 | 1 | 1.5 | 9.22# | .10 NS |
| | Semi professional | 2 | 3.0 | 1 | 1.5 | 1 | 1.5 | | |
| | Clerical/shop/farm | 8 | 12.3 | 8 | 12.3 | 0 | 0 | | |
| | Skilled worker | 17 | 26.1 | 16 | 24.6 | 1 | 1.5 | | |
| | Semiskilled worker | 21 | 32.30 | 21 | 32.30 | 0 | 0 | | |
| | Unskilled worker | 11 | 16.92 | 7 | 10.76 | 4 | 6.2 | | |

| | | | | | | | | | |
|----|--|----|-------|----|-------|---|------|-------|-------|
| | Unemployed | 2 | 3.0 | 2 | 3.0 | 0 | 0 | | |
| 10 | Socio-economic status | | | | | | | | |
| | Upper class | 3 | 4.6 | 3 | 4.6 | 0 | 0 | 9.66# | .01 |
| | Upper middle | 44 | 67.6 | 41 | 63.0 | 3 | 4.6 | | |
| | Lower middle | 10 | 15.38 | 10 | 15.38 | 0 | 0 | | |
| | Upper lower | 8 | 12.3 | 4 | 6.1 | 4 | 6.1 | | |
| 11 | Previous history of exposure of child to surgery | | | | | | | | |
| | Yes | 17 | 26.15 | 16 | 27.6 | 1 | 14.3 | .57* | .66NS |
| | No | 48 | 73.8 | 42 | 72.4 | 6 | 85.7 | | |

Table 3b; (ii) Association of satisfaction regarding post-operative care with selected base line variables of caretakers, N=65

| S. No | Baseline variables | Total | | Highly satisfied | | Satisfied | | Chi-square | P-Value |
|-------|---|-------|-------|------------------|-------|-----------|------|------------|---------|
| | | F | % | F | % | F | % | | |
| | 1. Age | | | | | | | | |
| | 21-30 yrs. | 12 | 18.46 | 11 | 20.8 | 1 | 8.3 | .91# | .76NS |
| | 31-40 yrs. | 47 | 72.30 | 37 | 69.8 | 10 | 83.3 | | |
| | 41-50 yrs. | 6 | 9.23 | 5 | 9.4 | 1 | 8.3 | | |
| | 2. Gender | | | | | | | | |
| | Male | 16 | 24.61 | 13 | 24.5 | 3 | 25.0 | .001* | 1.00 NS |
| | Female | 49 | 75.38 | 40 | 75.5 | 9 | 75.0 | | |
| | 3 Relationship to the child | | | | | | | | |
| | Father | 8 | 12.30 | 7 | 13.2 | 1 | 8.3 | | |
| | Mother | 49 | 75.38 | 40 | 75.5 | 9 | 75.0 | .57# | .86 NS |
| | Others | 8 | 12.30 | 6 | 11.3 | 2 | 16.7 | | |
| | 4 Marital status | | | | | | | | |
| | Married | 61 | 93.84 | 50 | 94.3 | 11 | 91.7 | .12* | .56 NS |
| | Single | 4 | 6.15 | 3 | 5.7 | 1 | 8.3 | | |
| | 5 Family type | | | | | | | | |
| | Joint family | 25 | 38.46 | 19 | 35.8 | 6 | 50.0 | .82* | .51 NS |
| | Nuclear family | 40 | 61.53 | 34 | 64.2 | 6 | 50 | | |
| | 6 Place of residence | | | | | | | | |
| | Urban | 16 | 24.61 | 11 | 20.8 | 5 | 41.7 | 2.30* | .15 NS |
| | Rural | 49 | 75.38 | 42 | 79.2 | 7 | 58.3 | | |
| | 7 Mother tongue | | | | | | | | |
| | Kannada | 19 | 29.23 | 17 | 32.1 | 2 | 16.7 | | |
| | Telugu | 25 | 38.46 | 18 | 34.0 | 7 | 58.3 | 4.94# | .25 NS |
| | Tamil | 7 | 10.76 | 7 | 13.2 | 0 | 0.0 | | |
| | English | 2 | 3.07 | 1 | 1.9 | 1 | 8.3 | | |
| | Hindi | 12 | 18.46 | 10 | 18.9 | 2 | 16.7 | | |
| | 8 Education | | | | | | | | |
| | Illiterate | 4 | 6.15 | 4 | 6.15 | 0 | 0 | | |
| | Primary school | 19 | 29.23 | 14 | 21.5 | 5 | 7.69 | | |
| | Middle school | 13 | 20 | 10 | 18.9 | 3 | 4.61 | 3.989# | .66NS |
| | High school | 20 | 30.76 | 18 | 34.0 | 2 | 3.07 | | |
| | Intermediate/diploma | 4 | 6.15 | 3 | 4.61 | 1 | 1.9 | | |
| | Graduate | 3 | 4.61 | 2 | 3.07 | 1 | 1.9 | | |
| | Professional degree | 2 | 3.07 | 2 | 3.07 | 0 | 0 | | |
| | 9 Occupation | | | | | | | | |
| | Professional | 4 | 6.15 | 4 | 6.15 | 0 | 0 | | |
| | Semi professional | 1 | 1.53 | 1 | 1.53 | 0 | 0 | | |
| | Clerical/shop/farm | 8 | 12.30 | 6 | 9.23 | 2 | 3.07 | 2.05# | .96NS |
| | Skilled worker | 17 | 26.15 | 13 | 20 | 4 | 6.15 | | |
| | Semiskilled worker | 22 | 33.84 | 18 | 27.6 | 4 | 6.15 | | |
| | Unskilled worker | 11 | 16.92 | 9 | 13.8 | 2 | 3.07 | | |
| | Unemployed | 2 | 3.07 | 2 | 3.07 | 0 | 0 | | |
| | 10 Socio-economic status | | | | | | | | |
| | Upper class | 3 | 4.61 | 3 | 4.61 | 0 | 0 | | |
| | Upper middle | 44 | 67.69 | 35 | 75.14 | 9 | 13.8 | 1.09# | .88 NS |
| | Lower middle | 10 | 15.38 | 9 | 13.8 | 1 | 1.53 | | |
| | Upper lower | 8 | 12.30 | 6 | 9.23 | 2 | 3.07 | | |
| | 11 Previous history of exposure of child to surgery | | | | | | | | |
| | Yes | 17 | 26.15 | 12 | 22.6 | 5 | 41.7 | 1.83* | .27 NS |
| | No | 48 | 73.8 | 41 | 77.4 | 7 | 58.3 | | |

Table 3c: Association of satisfaction regarding pre-operative care with selected base line variables of children, N=65

| S. n | Baseline variables | Total | | Highly satisfied | | Satisfied | | Chi-square | P-Value |
|---|--------------------|-------|------|------------------|------|-----------|------|------------|---------|
| | | F | % | F | % | F | % | | |
| 1. Age | | | | | | | | | |
| | 1-3yrs | 18 | 27.6 | 16 | 27.6 | 2 | 28.6 | 1.37* | .40 NS |
| | 4-6yrs | 24 | 36.9 | 23 | 39.7 | 1 | 14.3 | | |
| | 7-12yrs | 15 | 23 | 13 | 22.4 | 2 | 28.6 | | |
| | 13-18yrs | 8 | 12.3 | 6 | 10.3 | 2 | 28.6 | | |
| 2. Gender | | | | | | | | | |
| | Male | 44 | 67.6 | 38 | 65.5 | 6 | 85.7 | 1.16* | .41NS |
| | Female | 21 | 32.3 | 20 | 34.5 | 1 | 14.3 | | |
| 3. Educational status | | | | | | | | | |
| | Preschooler | 20 | 30.7 | 18 | 31.0 | 2 | 28.6 | 1.72# | .45NS |
| | 1-5 std | 36 | 55.3 | 33 | 56.9 | 3 | 42.9 | | |
| | 6-10std | 9 | 13.8 | 7 | 12.1 | 2 | 28.6 | | |
| 4. Types of surgery | | | | | | | | | |
| | Genito urinary | 46 | 70.7 | 42 | 72.4 | 4 | 57.1 | 1.73# | .47NS |
| | Gastro intestinal | 15 | 23 | 12 | 20.7 | 3 | 42.9 | | |
| | Musculoskeletal | 4 | 6.1 | 4 | 6.9 | 0 | 0.0 | | |
| 5. Duration of hospitalization | | | | | | | | | |
| | 1-5 days | 8 | 13.8 | 8 | 13.8 | 1 | 14.3 | .91# | .85NS |
| | 6-10 days | 17 | 29.3 | 17 | 29.3 | 3 | 42.9 | | |
| | >10 days | 33 | 56.9 | 33 | 56.9 | 3 | 42.9 | | |
| 6. Previous experience of hospitalization | | | | | | | | | |
| | Yes | 24 | 36.9 | 20 | 34.5 | 4 | 57.1 | 1.37* | .40NS |
| | No | 41 | 63 | 38 | 65.5 | 3 | 42.9 | | |
| 7. Previous history of surgery | | | | | | | | | |
| | Yes | 14 | 21.5 | 13 | 22.4 | 1 | 14.3 | .24* | 1.0 NS |
| | No | 51 | 78.4 | 45 | 77.6 | 6 | 85.7 | | |
| 8. Procedure performed | | | | | | | | | |
| | Major | 52 | 80 | 47 | 81.0 | 5 | 71.4 | .36* | .62 NS |
| | Minor | 13 | 20 | 11 | 19.0 | 2 | 28.6 | | |

Table 3D: Association of satisfaction regarding post-operative care with selected base line variables of children, N=65

| S. No | Baseline variables | Total | | Highly satisfied | | satisfied | | Chi-square | P-Value |
|---|--------------------|-------|-------|------------------|------|-----------|------|------------|---------|
| | | F | % | F | % | F | % | | |
| 1. Age | | | | | | | | | |
| | 1-3yrs | 18 | 27.69 | 15 | 28.3 | 3 | 25 | .83# | .88NS |
| | 4-6yrs | 24 | 36.92 | 19 | 35.8 | 5 | 41.7 | | |
| | 7-12yrs | 15 | 23.07 | 13 | 24.5 | 2 | 16.7 | | |
| | 13-18yrs | 8 | 12.3 | 6 | 11.3 | 2 | 16.7 | | |
| 2. Gender | | | | | | | | | |
| | Male | 44 | 67.6 | 34 | 64.2 | 10 | 83.3 | 1.16* | 3.9NS |
| | Female | 21 | 32.3 | 19 | 35.8 | 2 | 16.7 | | |
| 3. Educational status | | | | | | | | | |
| | Preschooler | 20 | 30.76 | 16 | 30.2 | 4 | 33.3 | .45# | .82NS |
| | 1-5 std | 36 | 55.38 | 30 | 56.6 | 6 | 50.0 | | |
| | 6-10std | 9 | 13.84 | 7 | 13.2 | 2 | 16.7 | | |
| 4. Types of surgery | | | | | | | | | |
| | Genito urinary | 46 | 70.76 | 39 | 73.6 | 7 | 56.3 | 2.80# | .22NS |
| | Gastro intestinal | 15 | 23.07 | 10 | 18.9 | 5 | 41.7 | | |
| | Musculoskeletal | 4 | 6.15 | 4 | 7.5 | 0 | 0.0 | | |
| 5. Duration of hospitalization | | | | | | | | | |
| | 1-5 days | 9 | 13.84 | 7 | 13.2 | 2 | 16.7 | .45# | .82NS |
| | 6-10 days | 20 | 30.76 | 16 | 30.2 | 4 | 33.3 | | |
| | >10 days | 36 | 55.38 | 30 | 56.6 | 6 | 50 | | |
| 6. Previous experience of hospitalization | | | | | | | | | |
| | Yes | 24 | 36.92 | 18 | 34 | 6 | 50 | 1.08* | .33NS |
| | No | 41 | 63.07 | 35 | 66 | 6 | 50 | | |
| 7. Previous history of surgery | | | | | | | | | |
| | Yes | 14 | 21.53 | 9 | 17 | 5 | 41.7 | 3.52* | .113NS |
| | No | 51 | 78.46 | 44 | 83 | 7 | 58.3 | | |
| 8. Procedure performed | | | | | | | | | |
| | Major | 52 | 80 | 43 | 81.1 | 9 | 75 | .23* | .69NS |
| | Minor | 13 | 20 | 10 | 18.9 | 3 | 25 | | |

In this present study there was no statistically significant Association of total satisfaction of pre-and post-operative care with demographic variables of caretakers and children. Except the aspect of socioeconomic status of caretakers.

Discussion

The present study revealed that 89.2% of caretakers were highly satisfied and 10.8% were satisfied with the preoperative care. With regard to postoperative care 81% Caretakers were highly satisfied and 19% were satisfied. The findings showed that the overall preoperative care satisfaction is higher than postoperative care. This is because the score obtained for physical facilities were high in satisfied category.

The result shows in pre and post-operative care area wise satisfaction is highest in surgeon's care. So, the study shows there is teamwork between surgeons's and nurses to provide quality health care to the child and the family. Even though the staff patient ratio is less for nurses than doctors they were able to provide quality care to surgery patients. This shows the commitment and competency of paediatric surgery staff and their availability and approachability in spite of language constraints.

The findings of the study show, there was no statistically significant association of total satisfaction of pre- and post-operative care with demographic variables of caretakers and children. This shows that patient and caretakers demographic factors do not seem to influence the satisfaction of quality of services. The major determinants

of caretaker's satisfaction with care have shown to be physical facilities and comfort, trust, emotional support and respect for their preferences, interpersonal communication skills and their competency in giving care of the health care providers and the outcome of treatment. The care takers satisfaction with care influenced by many factors such as their socioeconomic status, maternal education, length of hospital stay, moreover clinical condition and diagnosis of child, environment cleanliness

Conclusion

The present study assessed the level of satisfaction among caretakers showed highly satisfied about preop care 89.2% (58) and post-operative care satisfaction showed highly satisfied 81.5%. It revealed that overall satisfaction is increased in preoperative care and there is no association with demographic variables with satisfaction. The study was useful to identify the areas need improvement in pediatric surgery services. The study findings also stressed the need for introducing appropriate quality service strategies to prevent the dissatisfaction of caretakers of children admitted in pediatric surgery ward.

Based on the findings of the study an information booklet is prepared to help the health professionals to educate the caretakers in future. Investigator took initiative to ensure the utilization of the information booklet as routine practice in surgery ward to educate the caretakers regarding pre and post-operative care of children by health professionals.



Implications of study

The findings of the study help.

Nursing practice

- Highlight the importance of assessing caretakers' satisfaction.
- Motivate the nurses to influence caretakers' satisfaction by spending more time with child and family to educate, and support.
- Incorporate and utilize knowledge, skill, and resources in delivering quality nursing service.

Provide nursing care to the child based on individual

nursing process. Utilize information booklet to educate caretakers.

Nursing education

- Motivates the nurse educators to train the students on parental satisfaction and its influencing factors.
- Emphasises the importance of health education.

Nursing research

- Provide data base for future research studies.
- To develop Quality improvement projects. To focus on factors, enhance the caretaker's satisfaction.

Nursing administration

- Nurse administrator to empowering hospital staff through CNE, workshop and conferences to promote best standard practice.
- Nurse administrator to make modules, IEC materials on pre and post-operative care.

Limitations of the study

Pre-operative satisfaction collected just after shifting the child to OT, hence some amount of stress might have influenced the satisfaction level.

Recommendations

1. A study can be conducted to assess the effectiveness of informational booklet on pre and post-operative care of children.
2. Qualitative studies can be conducted to explore the lived experiences of caretakers of children undergoing major surgery.
3. A Comparative study can be done to assess the satisfaction between minor and major surgery.
4. A study can be conducted to explore the factors influencing the care takers satisfaction

Acknowledgement

I attribute all honor and glory to my God, My Father Almighty who has been my constant shelter for the successful completion of this study. I wish to express my deep sense of appreciation and gratefulness to all those who helped me in accomplishing this task successfully specially my guide, Mrs. Shiny Mathew, Professor, HOD. Department of Child Health Nursing, my Co-guide, Dr. Prasanna Kumar, Associate professor, department of pediatric surgery, Prof. Reena Menon Principal, Dr. Bindu Mathew whose sound knowledge, astute judgement, unreserved support, constructive direction and unceasing motivation have facilitated the fruitful accomplishment of this study. I would like to extend my sincere gratitude to the Head of the department for giving permission to conduct this study, and also grateful to all the participants.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Joseph M, Mathew S, Kumar P. A study to assess the satisfaction of caretakers regarding pre- and post- operative care of children undergoing surgery in a tertiary care hospital Bangalore with a view to develop an information booklet. International Journal of Research in Paediatric Nursing. 2023;5(1):41-50.

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