

Original Research Article

A Study to Determine the Level of Satisfaction of Parents with the Nursing Care for Children Admitted in Paediatric Oncology Ward and Seek its Association with Selected Factors in Selected government Hospitals of Delhi

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ABSTRACT

The objectives of the study were: - to identify the level of satisfaction of parents with the nursing care, for children admitted in paediatric oncology ward in selected government hospitals. To seek association between parent's satisfactions with nursing care provided and selected factors (Present Age of the child, Sex of the child, Age of the parents, Sex of the parents, Educational status of parents, Previous experience of hospitalization of the parents with any of their child, Dependency of the child on parents, Duration of illness)

The sample population consisted of 100 parents whose children were admitted in the paediatric oncology units of 3 selected hospitals in Delhi and stay in the hospital is of 5 days or more during the study period.

System model conceptual framework was developed for this study and the approach was Descriptive survey. Purposive non probability sampling technique was used and the tool was structured interview schedule.

Data analysis shows that 83% of the parents were Partially Satisfied and 17% were satisfied with paediatric oncology nursing care. Highly satisfied paediatric nursing care areas were Nutrition (mean 267), Investigation / procedure (mean 254.33), utilisation of care and Admission (mean 252.2). The areas of least satisfied paediatric nursing care areas were Elimination (mean 193.33), Play and activity (mean 195), Personal hygiene, Comfort measures (218.5).

Chi-square test was computed to seek the relationship between parents' satisfaction scores and the selected factors were not found statistically significant at 0.05 level of significance.

Key words: paediatric oncology, parent's satisfactions, Dependency, Previous experience, Duration of illness

INTRODUCTION

Patient satisfaction has become an important indicator of quality care and financial successes of health care institution. In the paediatric setting nurses have the additional responsibility of establishing a relationship with the family. Children are special patients and require a unique delivery of care that includes treating the family as a whole. The family-centred care

philosophy can enhance patient and family satisfaction, build on their strengths, patient and family outcome, increase the nurse and healthcare staff's satisfaction, and decrease healthcare costs.

The increasing cost of the health services and the need for better use of available resources is a concern for healthcare providers. Consequently, it is

evident that there is a need to measure the efficiency of health care to determine if proper use of available resources is being made.

In India, the reported incidence of childhood cancer has increased over the last 25 years, but the increase is much larger in females (44-76% increase) than males (12-27% increase)

As per Executive Summary India Paediatric Oncology Initiative Meeting-Feb-2-2009 status of Paediatric Oncology cases as follows

Table I: Comparison of Paediatric Oncology Cases In India and U.S.A

SL NO	AREA	INDIA	U.S.A
1	New cases/year	40,000	12,400
2	Treatment, curative intent	<50%	100%
3	Overall cure rate	25%	70%
4	Treated on co-op groups	5%	98%

Objectives of the Study:

- To identify the level of satisfaction of parents with the nursing care, for children admitted in paediatric oncology ward in selected government hospitals.
- To seek association between parent's satisfactions with nursing care provided and selected factors like: Present age of the child, Sex of the child, Age of the parent, Sex of the parent, Educational status of parents, previous experience of hospitalization of the parents with any of their child, Dependency of the child, Duration of illness.

MATERIALS AND METHODS

This study was done at Kalawati Saran Childrens' hospital, Safdarjung hospital and L.N.J.P hospital, Delhi because the paediatric oncology nursing care has not been evaluated form the parent's point of view. The rational for selecting these hospitals are:-

Government hospitals are still the major caters of health care facilities to the public, The selected hospital had paediatric bed strength of more than 200, Familiarity with the setting, Availability of the subject, Feasibility in conducting the study, Easy access to subject, health team members,

Convenience for the researcher to travel and Administrative approval and cooperation for the study from various personnel.

The Research approach for the study is the Descriptive survey as the study is aimed to find out the level of parents satisfaction with paediatric oncology nursing care. Survey approach is valuable because it can put together a great deal of information about the individual's value and expectations. ⁽¹⁾ This approach involves events that have already taken place, concern conditions that are existing, opinions that are held and effects that are evident ⁽²⁾ and it is valuable in gathering information related to current condition.

The research design depicts the overall plan for organization of a scientific investigation. It helps the researcher in selection of subjects, manipulating the variable and deciding upon the type of statistical analysis to be used to interpret the data. ⁽³⁻⁵⁾

The aim of a descriptive co relational design is to describe the relationship among the variables than the cause and effect relationship. This survey research is useful for further research as it prepares the ground work. In order to achieve the objectives, a descriptive co relational design is chosen for this study. The attribute variables identified were Educational status of parents, Age of the child, Sex of the child, previous experience of hospitalization of the parents with any of their child, Dependency of the child and Duration of illness

The sample was drawn from the selected hospital. The convenient sampling technique was used for the study to select the hospital and purposive non probability sampling technique to select the sample. The sample population consisted of parents whose children were admitted in the paediatric oncology unit of the selected hospital in Delhi. A sample of 100 was taken for the study.

Criteria for the selection of sample were, Parents of hospitalized children in paediatric oncology ward who are willing to

participate, Parents of hospitalized children with hospital stay of 5 days or more during study period and Parents of partially dependent (category I) or fully dependent children (category II)

The interview technique was used for data collection, as it allowed for establishing rapport with the respondents. Another justification for selecting this technique was the literacy levels of the study subjects, many of whom were expected to be illiterates.

In order to collect the data for the study, Specific paediatric nursing areas were identified at the initial stage on the basis of

the literature on parents/parents' satisfaction with nursing care, discussion with nursing staff, peer group, consultation with experts and the researchers professional experience in the field of paediatric oncology.

A semi-structured tool was prepared by the investigator, which consisted of two parts. First part consists of 16 items for background information related to child and parent second part consists of satisfaction scale of parents of hospitalised children, which include the item regarding 16 nursing care areas with 57 items the identified oncology nursing areas included the following:-

SL NO	PAEDIATRIC ONCOLOGY NURSING CARE AREA	ITEMS
1	Admission to the oncology unit	4
2	Comfort measures for the child and parent	4
3	Support to maintain Personal hygiene	2
4	Environment conducive for rest and sleep	3
5	Nutrition –requirements and restrictions	7
6	Oncology treatment	4
7	Play and activity.	3
8	Support for elimination need	3
9	Safety and security to prevent injury and accidents in oncology unit	3
10	Investigation /procedure for assessment of cancer prognosis	3
11	Psychological support to alleviate the anxiety related to the diagnosis and treatment	5
12	Observation of vitals and side effect of cancer therapy	3
13	Participation/ family involvement in care giving and planning	2
14	Therapeutic communication based on oncology nursing care	3
15	Health teaching on home care and follow up	3
16	Overall opinion for utilisation of care	5
	TOTAL	57 ITEMS

To ascertain the level of parents' satisfaction with paediatric oncology nursing care areas, Likert type measurement scale was used. Each item was provided with four response categories. A scoring system was developed to score the response category as follows:- fully satisfied - 4, satisfied-3, partially satisfied-2, dissatisfied-1 as all the items were not applicable to all the sample.

Structured interview schedule was given to 11 experts in various fields to measure the content validity and necessary modifications were incorporated. The modified interview schedule was translated by language expert in to Hindi and back in to English there was 100% agreement on the items. Reliability was established by internal consistency using the formula. Cronbach's alpha and found to be 0.913.

The tool appeared to have sufficient reliability for the purpose of the study.

After obtaining formal administrative approval the structured interview schedule was administered to 10 parents in Kalawati Saran Childrens' Hospital and Safdarjung Hospital in New Delhi to check the items for their clarity, relevance and nature of responses from the parents. The instrument was found to be feasible and appropriate to the population under study.

The Pilot Study was conducted from 1st October-15th October 2012 at Safdarjung Hospital, and Kalawati Saran Hospital, New Delhi. The structured tool was administered to 20 parents whose children were admitted in paediatric oncology units with minimum 5 day of stay using purposive non probability sampling

technique. The purpose of the study was to find out the feasibility of conducting the study and to decide on the plan of statistical analyses.

Final Study was conducted from 17/12/2012- 8/1/2013 after formal administrative approval from the medical superintendent of Safdarjung Hospital, L.N.J.P. Hospital and approval from the department head of Kalawati Saran Hospital, New Delhi.

The purpose of the study was explained and the parents were assured about the confidentiality of their responses and consent was taken prior to the study and the parents were interviewed using structured interview schedule. The average time taken to administer the tool was 40-45 minutes.

STATISTICAL ANALYSIS & RESULTS

Computed frequency and percentage distribution to describe the sample characteristics.

Calculated mean, median, standard deviation and frequency to find out the level of satisfaction of parents with the nursing care, for children admitted in paediatric oncology ward.

Plotted frequency polygon, bar graph and pie graph to show parents level of satisfaction.

Computed area wise total scores and mean of satisfaction score and their rank order according to level of satisfaction.

Chi-square tested to seek the relationship between parents' satisfaction scores and the selected factors.

Analysis and interpretation of the data were done using both descriptive and inferential statistics based on objectives of the study. Statistical analysis was done using SPSS. The results were presented in tables and graphs.

The responses of 100 parents on 57 structured items in section –II were first tabulated in a master sheet. The data were analysed in terms of frequency, percentage, mean, median, S.D, and chi-square. The data was organized and presented in three sections.

SECTION I: DESCRIPTION OF SAMPLE CHARACTERISTICS.

This section deals with the characteristics of parents of hospitalized children by their age, sex, marital status, income, occupation and education, in frequency and percentage.

TABLE- II: BACKGROUND DATA OF THE CHILDREN OF THE SUBJECT IN TERMS OF AGE, SEX, TYPE OF CANCER, DURATION OF HOSPITALIZATION AND DURATION OF ILLNESS. N-100

S.NO	VARIABLE	FREQUENCY	PERCENTAGE
1	Age of the child		
	0-1 year	3	3.0%
	1-3 year	17	17.0%
	4-6 years	25	25.0%
	7-12 years	44	44.0%
	13-18 years	11	11.00%
2	Sex		
	Male	65	65%
	Female	35	35%
3	Type of cancer		
	Leukaemia	61	61%
	Lymphoma	12	12%
	Sarcoma	7	7%
	Others	20	20%
4	Duration of hospitalization		
	up to 5days	14	14%
	6-10 days	38	38%
	<10 days	48	48%
5	Duration of illness		
	up to 1 month	15	15%
	1-6 month	53	53%
	6month-1 year	25	25%
	<1year	7	7%

As regards to age group of the child the maximum (44%) of the children consisted of school going (7-12 yrs), 25% of the children were pre-school(4-6 yrs) age group, 17% of the children consisted of toddlers(1-3 yrs), 11% of the children were adolescents(13-18 yrs) and 3% of children consisted of infants.

Majority of the children (65%) admitted in paediatric oncology units were male and 35% of the children were females.

Sixty one per cent (61%) children were suffering from Leukaemia, 12% of the children were diagnosed with lymphoma, 7% of children were suffering from sarcomas and 20% were suffering from other type of tumours (Willms Tumor-8%, Neuroblastoma-4%, Retinoblastoma-3%, LungCancer-2%, ThyroidCancer-1%, Cancer Uterus1%, Adenocarcinoma-1%).

Maximum children (48%) had a hospital stay of more than 10 days, 38% of the children had a hospital stay of 6-10 days and 14% of the children had a hospital stay of up to 5 days.

Fifty three (53%) of the children had duration of illness of 1-6 month, 25% of the children had duration of illness of 6 month-1 year, 15% of the children had duration of illness of up to 1 month and 7% of the children had duration of illness more than 1 year.

Background data of the sample subjects (parents) were analysed in terms of frequency and percentage and are presented in Table II.

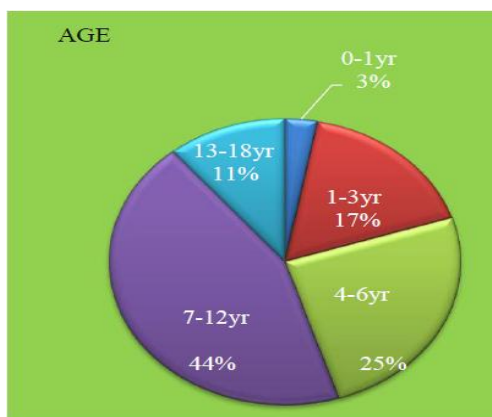


FIG-1 Pie Graph Showing Percentage of Children According To Age Group

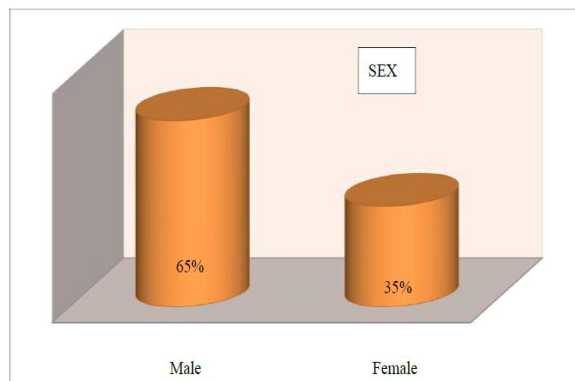


FIG-2 Cylindrical Graph Showing Percentages of Children of Subjects by Sex

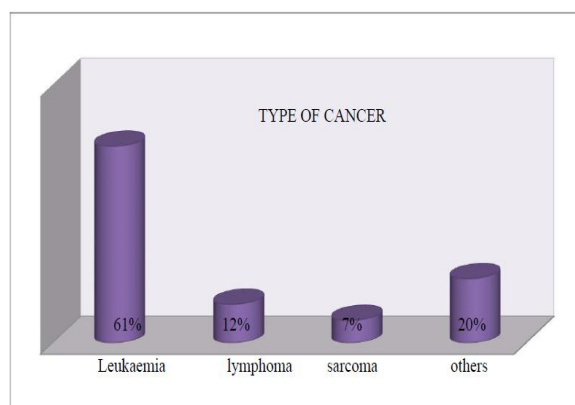


FIG-3 Cylindrical Graph Showing Percentage Distribution of Type of Cancer

DURATION OF HOSPITALISATION

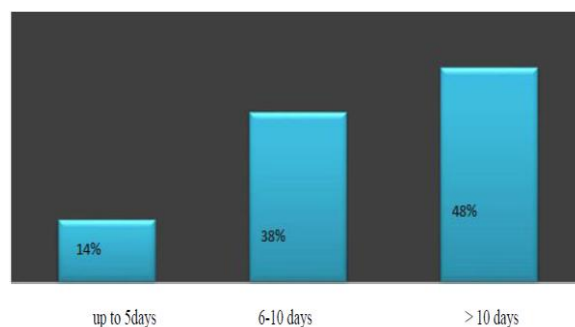


FIG-4 Bar Graph Showing Percentage of Children According to Duration of Hospitalization

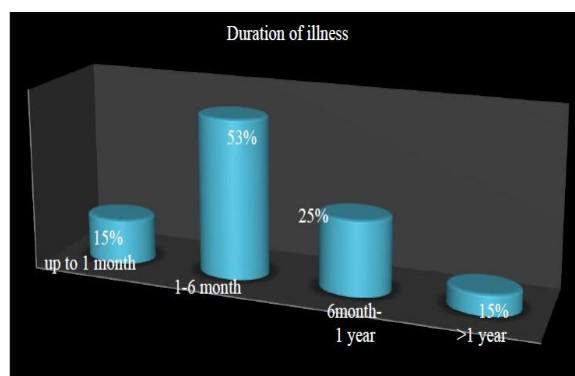


FIG-5 Cylindrical Graph Showing Percentage of Children According to Duration of Illness

TABLE III- Background Data Of The Parents In Terms Of Relationship With Child, Age, Marital Status, Residence, Total Family Income, Occupation, Educational Status, Previous Experience Of Hospitalization And Childs Category Based On Dependency N-100

Sl. No.	Variables	Frequency	Percentage
1	Relationship with child		
	Father	32	32%
	Mother	68	68%
2	Age		
	up to 20 years	1	1%
	21-30yrs	45	45%
	31-40yrs	48	48%
	<40yrs	6	6%
3	Marital status		
	Married	99	99%
	Widowed	1	1%
4	Residence		
	Urban	22	22%
	Rural	78	78%
5	Total family income		
	up to Rs 5000	43	43%
	5001-10000	49	49%
	<10000	8	8%
6	Occupation of mother		
	Govt service	1	1%
	Private	12	12%
	Business	12	12%
	Labourer	25	25%
	Home maker	50	50%
7	Occupation of father		
	Govt service	1	1%
	Private	17	17%
	Business	25	25%
	Farmer	3	3%
	Labourer	54	54%
8	Educational status		
	Illiterate	48	48%
	up to 5 th	13	13%
	6-10 th	27	27%
	12 th	5	5%
	Graduate	7	7%
9	Previous experience of hospitalization		
	Yes	91	91%
	No	9	9%
10	Category based on dependency of the Child		
	Category I (totally dependent)	52	52%
	Category II (partially dependent)	48	48%

Data revealed that majorities (68%) of interviewed subjects were mothers and 32% were fathers.

As regards to age a large number of parents 48% were between 31-40 years, 45% were between 21-30 years of age group, 6% were more than 40 years of age group and 1% of parents were up to 20 years of age group. Majority of subjects 99% were married and 1% was widowed.

As regards to residence majority of subjects 78% belonged to the rural setup.

As regards to total monthly family income of subjects 49% were in income group of Rs 5001-10000, 43% were in income group up to Rs 5000 and 8% were in income group of more than Rs 10000.

Regarding to the occupation of mothers fifty per cent (50%) of mothers were homemakers, 25% were labourers, 12% were doing private job and business each and only 1% was in government job.

As regards to occupation of fathers 54% were labourers, 25% were having own business, 17% in private service, 3% were farmers and 1% were in Government service.

As regards to education maximum number of subjects 48% were Illiterate, 27% had studied between 6-10th class, 13% were up to 5th class and 7% were graduates.

A significant number of subjects 91% had previous experience of hospitalization.

Large number of the parents (52%) belongs to category I and 48% belong to category II

SECTION –II: FINDING RELATED TO THE LEVEL OF SATISFACTION OF PARENTS WITH THE NURSING CARE

The responses of 100 subjects on 57 structured items from 16 identified areas of paediatric nursing care were tabulated in a master sheet. The data were analysed in terms of frequency, percentage, mean, median and S.D.

Each item of 16 identified areas of section II of the interview schedule was provided with four response categories. A scoring system was developed to score the response category as follows- fully satisfied – 4, satisfied-3 partially satisfied-2, dissatisfied-1. The score 57-99 were considered to be indicative of dissatisfaction, 100-142 indicative of partially satisfied, 143-185 indicative of satisfied and 186-228 as indicative of fully satisfied.

TABLE-IV: Frequency distribution of parent's level of satisfaction with paediatric oncology nursing care (Range of possible score 57-228) N - 100

Level of Satisfaction	Range of Satisfaction Scores	Frequency	Percentage
Fully Satisfied	186-228	0	0
Satisfied	143-185	17	17%
Partially Satisfied	100-142	83	83%
Dis Satisfied	57-99	0	0

Data presented in Table-IV shows the frequency and percentage level of parents satisfaction with paediatric oncology nursing care. It shows that 83% of the parents were Partially Satisfied and 17% were satisfied with paediatric oncology nursing care.

TABLE -V: MEAN, MEDIAN, AND S.D OF PARENTS SATISFACTION SCORES N-100

PARENTS SATISFACTION SCORES	MEAN	MEDIAN	S.D	Obtained score range	Range of Possible score.
	135.73	136	9.42	100-142	57-228

Data presented in Table V shows that mean score of subject satisfaction is 135.73 and median is 136. Mean and median are close to each other it indicates that the distribution of satisfaction score of the parents are normally distributed and S.D. is 9.42 which shows that majority of parents were Partially Satisfied

from 111-170. Maximum frequencies were within the range of 131-140. The median score was found to be 136 and mean was 135.73. So it can be said that majority of parents were Partially Satisfied.

TABLE- VI: FREQUENCY DISTRIBUTION OF PARENTS SATISFACTION SCORES WITH PAEDIATRIC ONCOLOGY NURSING CARE N-100

Satisfaction score	Frequency
>171	0
161-170	1
151-160	8
141-150	23
131-140	39
121-130	25
111-120	4
>110	0

FINDING RELATED TO AREA WISE SATISFACTION OF PARENTS WITH THE NURSING CARE.

In order to calculate the area wise mean score, area wise total scores are calculated and that value is divided with the number of items in that area as the number of items in different area is differ.eg: Admission area with 4 sub items –total score for this area was 1004 which is divided with 4 (ie number of items) so the mean for this was 251 and is ranked 4th in area wise satisfaction score.

Data present in table VI shows that the distribution of the satisfaction scores ranged

Table -VII AREA WISE MEAN SATISFACTION SCORE OF PARENTS WITH PAEDIATRIC NURSING CARE AREA N-100

SL NO	Paediatric oncology nursing care area	Number of items	Total score	Mean	Rank
1	Admission to the oncology unit	4	1004	251	4
2	Comfort measures for the child and parent	4	874	218.5	13
3	Support to maintain Personal hygiene	2	437	218.5	13
4	Environment conducive for rest and sleep	3	731	243.67	6
5	Nutrition –requirements and restrictions	7	1869	267	1
6	Oncology treatment	4	936	234	11
7	Play and activity.	3	585	195	14
8	Support for elimination need	3	580	193.33	15
9	Safety and security to prevent injury and accidents in oncology unit	3	717	239	8
10	Investigation /procedure for assessment of cancer prognosis	3	763	254.33	2
11	Psychological support to alleviate the anxiety related to the diagnosis and treatment	5	1187	237.4	10
12	Observation of vitals and side effect of cancer therapy	3	736	245.33	5
13	Participation/ family involvement in care giving and planning	2	481	240.5	7
14	Therapeutic communication based on oncology nursing care	3	698	232.67	12
15	Health teaching on home care and follow up	3	714	238	9
16	Overall opinion for utilisation of care	5	1261	252.2	3
	TOTAL	57 items			

The Table VII shows highly satisfied paediatric nursing care areas were Nutrition, Investigation /procedure, utilisation of care and Admission. The areas of least satisfied paediatric nursing care areas were Elimination, Play and activity, Personal hygiene, Comfort measures.

SECTION - III: finding related to relationship between parent's satisfaction with nursing care provided and selected factors like; educational status of parents, age of the child, sex of the child, type of cancer the child is suffering from. Previous experiences of hospitalization of the parents with any of their child, dependency of the child, duration of hospital stay of the parents

TABLE-VIII: CHI - SQUARE VALUE SHOWING THE ASSOCIATION BETWEEN PARENT'S SATISFACTIONS WITH ONCOLOGY NURSING CARE PROVIDED AND SELECTED FACTORS N=100

Variables	Frequency	df	Calculated Chi square value	Table Chi square value	Significant level
Present age of child					
0-1 year	3				
1-3 years	17				
4-6 years	25	4	.827	11.070	Not significant
7-12 years	44				
13-18 years	11				
Sex of child					
Male	65				Not significant
Female	35	1	.001	3.84	
Age of parents					
upto 20 years	1				
21-30yrs	45	3	1.557	7.815	Not significant
31-40yrs	48				
<40yrs	6				
Sex of the parent					
Father	32				
Mother	68	1	.675	3.84	Not significant
Educational status of parents					
illiterate	48				
upto 5th	13				
6-10 th	27	4	4.700	11.070	Not significant
12 th	5				
Graduate	7				
Previous experience of hospitalization					
Yes	91	1	.243	3.84	Not significant
No	9				
Dependency of the Child					
fully depended	52				
partially depended	48	1	.382	3.84	Not significant
Duration of illness					
up to 1 month	15				
1-6 month	53	3	1.541	7.815	Not significant
6month-1 year	25				
< 1year	7				

There is no significant association between the selected factors of the child and satisfaction scores as shown by the obtained chi square values which is lower than the table chi square value

DISCUSSIONS

In this study, major findings of the present study have been discussed with reference to the results obtained by other

investigators in paediatrics oncologic and general setup.

Unlike the results of other studies; parents' satisfaction in the present survey did not reveal good result. It was observed that 83% of the parents were Partially Satisfied and 17% were satisfied with paediatric oncology nursing care. ^(6,7)

The reasons for lesser satisfaction of the parents with the paediatric oncology nursing care, could be various non-nursing

related factors like the administration of the hospital, hospital policies, availability of nursing aids, civic amenities like safe drinking water, cleanliness of the hospital, environmental sanitation and increased nurse patient ratio etc.

Findings of the present study were partly supported with other studies ;were the areas of high satisfaction were comfort, environment, rest and sleep, psychological support, admission and diet and least satisfaction area were elimination, play and activity, participation, observation and personal hygiene ^(8,9) and 74% of mother were partially satisfied with the post natal care received, only 10% were satisfied with the care and 16% were dissatisfied with the care received, ⁽¹⁰⁾ this findings were partially supported by the present study findings of 83% of the parents were Partially Satisfied and 17% were satisfied with paediatric oncology nursing care.

The present study also revealed that parents were not satisfied with the therapeutic communication, medication, Psychological support and health teaching while they were in the hospital.

In the later part of the study, the researcher tried to seek relationship between parent's satisfactions with oncology nursing care provided and selected factors like; Present Age of the child, Sex of the child, Age of the parents Sex of the parents, Educational status of parents, Previous experience of hospitalization of the parents with any of their child, Dependency of the child on parents and Duration of illness. No significant relationship could be established between parent's satisfaction with oncology nursing care provided and selected factors. ⁽¹¹⁾

During the study period it was observed by the researcher that there was shortage of available resources like supplies, equipment, drugs and also nursing personnel. It was also observed that nurse to child ratio in oncology unit was not as per the recommendations of INC norms.

All these factors might have contributed to the low level of parent's satisfaction.

CONCLUSIONS

Based on the findings of the study, the following conclusions were drawn.

- Highest per cent (68%) of subjects were mothers.
- A large number of parents (48%) were between the age group of 31-40 years.
- Majority of subjects (99%) were married.
- Eighty three per cent (83%) of the parents were Partially Satisfied and 17% were satisfied with paediatric oncology nursing care
- Highly satisfied paediatric nursing care areas were Nutrition (mean267), Investigation / procedure (mean254.33), utilisation of care and Admission (mean252.2). The areas of least satisfied paediatric nursing care areas were Elimination (mean193.33), Play and activity (mean195), Personal hygiene, Comfort measures (218.5).
- No significant association could be established between parent's satisfaction with nursing care provided and selected factors like; Present age of the child, Sex of the child, Age of the parent Sex of the parents, Educational status of parents, Previous experience of hospitalization of the parents with any of their child, Dependency of the child and Duration of illness.

This study has certain implications in different field of nursing (nursing practice, nursing education and nursing research). They are:

1) NURSING PRACTICE

- Make individual nursing care plan and use nursing process in providing nursing care to the child.
- Incorporate play activities into the daily life of every hospitalized child for over all development.

- Nurses need to spend more time with the parents for providing information about the disease, effects of chemotherapy, clearing their queries and to provide emotional support.
- Encourage the parent's participation in planning and providing care to their child.
- Nurses should utilize the findings of the parent's satisfaction survey to improve the paediatric oncology nursing care.
- The nurse administrator must ensure that the nurses work in the environment supportive of the set standards of practice to enhance quality nursing care and improve patient/ parents satisfaction.
- Short term in-service education may be conducted with the major emphasis on paediatric nursing care topics.
- The nurse administrators along with hospital administrators should work towards improving the civic amenities in the hospital such as safe drinking water, hospital cleanliness and sanitation etc.
- Periodic meetings and conferences of the hospital and nursing administration with paediatric nursing department personnel and parents should be organized to discuss child care problems and propose ways to meet the problems and challenges.
- Immediate attention should be given in the least satisfaction areas of the parents to analyse the problem for finding the solutions to improve consumer satisfaction.
- Nurse administrators should maintain a feedback form for consumers at discharge to assess their satisfaction and look into lacking areas to work towards improvement.

2) NURSING EDUCATION

- Nursing students must be oriented and supervised to maintain standards of nursing practice.
- Learning experience related to nursing care areas should be strengthened in

basic nursing curriculum to provide quality care.

- Regular in-service and continuing education on recent aspects of quality care need to be planned and implemented for nursing personnel to update their knowledge and skill.
- Nursing process approach must be practiced according to need of the patients for better care and satisfaction.
- It is necessary to examine the existing paediatric nursing education in the light of present needs of the country. New concepts like family centred care; a-traumatic nursing care, preventive care etc should be incorporated in the existing paediatric nursing education.

3) NURSING RESEARCH

- Quality nursing care is the need of today as consumers are taking participation in their care. So the nurse researcher can conduct research on different aspects of the quality of nursing care for consumer satisfaction.
- More researches should be done to identify parents satisfaction with the paediatric nursing care which will provide feedback to the nursing personnel in improving the quality of paediatric nursing care.

This study has certain limitations in generalizing the findings. They are:

- The samples of the parents were taken from the paediatric oncology wards from three government hospitals only. Therefore generalization of the findings is limited to the parents of the children who were admitted in the paediatric oncology ward.
- The study was limited to 16 identified paediatric nursing care areas investigated under the study.
- Purposive non probability sampling limits the findings for the paediatric population.
- The study was only limited to parents of category -I &II. Therefore

generalization is only limited to these two categories of parents.

The following recommendations are made on the basis of the study.

- A similar study may be conducted on a sample drawn from the other paediatric speciality units like neurology, cardio thoracic, haematology and orthopaedic etc.
- A comparative study between two or more different settings like Private-Government, Urban-Rural etc may be conducted for further exploration.
- A comparative study may be conducted on the satisfaction and opinion of the parents and the nursing personnel about the care provided to the child.
- A study may be conducted on a sample drawn from the parents of discharged children.
- A study can be conducted to evaluate quality of nursing care through analysis of written records maintained by nurses' inpatient treatment file or through direct observation.

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How to cite this article: Prasannan S, Thomas D. A study to determine the level of satisfaction of parents with the nursing care for children admitted in paediatric oncology ward and seek its association with selected factors in selected government hospitals of Delhi. *Int J Health Sci Res*. 2018; 8(10):150-160.
