

Ικανοποίηση από την υγειονομική περίθαλψη στην παιδιατρική κλινική γενικού νοσοκομείου Αττικής-Ελλάδα

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DOI: 10.5281/zenodo.4062370

ΠΕΡΙΛΗΨΗ

Εισαγωγή: Κατά τις τελευταίες δεκαετίες, το ενδιαφέρον των επαγγελματιών υγείας στρέφεται ολοένα και περισσότερο στην ικανοποίηση των ασθενών από την παρεχόμενη φροντίδας υγείας.

Σκοπός: Ο σκοπός είναι να εκτιμηθεί η ικανοποίηση των γονέων με τις υπηρεσίες / συνθήκες των παιδιών που νοσηλεύονται σε ένα Γενικό Νοσοκομείο που παρέχει υπηρεσίες υγείας στο νομό Αττικής.

Μέθοδος-Δείγμα: Το δείγμα αποτελείται από 100 συνοδούς παιδιών που νοσηλεύτηκαν κατά την περίοδο Ιούνιος-Νοέμβριος 2017. Ακολουθήθηκε δειγματοληψία χωρίς πιθανότητα. Για τις ανάγκες της μελέτης χρησιμοποιήθηκε ερωτηματολόγιο με ερωτήσεις κλειστού τύπου. Για τη στατιστική ανάλυση των αποτελεσμάτων χρησιμοποιήθηκε το στατιστικό πακέτο SPSS 20.0.

Αποτελέσματα: Το μέσο ποσοστό αξιολόγησης του νοσοκομείου ήταν 8,02. Όσον αφορά στις ιατρικές υπηρεσίες (ευγένεια, προσεκτική ακρόαση, εξήγηση και ενημέρωση), οι γονείς εξέφρασαν ένα αρκετά υψηλό επίπεδο ικανοποίησης, κατά μέσο όρο 83,7%. Η μέση βαθμολογία του ιατρικού προσωπικού ήταν 3,27 (τυπική απόκλιση 0,54, διάμεσος 3,5, ελάχιστη 1,75 και μέγιστη 3,75) και η μέση βαθμολογία του νοσηλευτικού προσωπικού ήταν 3,13 (τυπική απόκλιση 0,84, διάμεσος 3, ελάχιστη 1 και μέγιστη 4). Οι συνοδοί που βίωσαν μεγάλους χρόνους αναμονής στα επείγοντα μέχρι την εξέταση, βαθμολόγησαν με χαμηλότερη βαθμολογία το νοσηλευτικό προσωπικό ($p = 0,037$) και το νοσοκομείο στο σύνολό του ($p = 0,002$). Άλλες παράμετροι που αναλύθηκαν περιελάμβαναν ταχύτητα έκδοσης εισιτηρίων, καθαριότητα δωματίου, χρόνο αναμονής για ιατρικές εξετάσεις στα επείγοντα, απομόνωση του παιδιού κατά τη διάρκεια της ιατρικής εξέτασης, ώστε να μην το βλέπουν ή το ακούν άτομα που δεν πρέπει, ευγένεια διοικητικού προσωπικού με ικανοποίηση 68%, 91%, 59%, 75%, 62% αντίστοιχα.

Συμπεράσματα: Η έρευνα απεφάνθη ότι η ικανοποίηση των υπηρεσιών νοσοκομειακής περίθαλψης ήταν ικανοποιητική, ωστόσο απαιτείται βελτίωση. Τα αποτελέσματα κατέδειξαν αδυναμίες στη μακρά αναμονή στο τμήμα των επειγόντων περιστατικών των παιδιατρικών σθενών.

ΛέξειςΚλειδιά: Παιδιατρικοί ασθενείς, νοσοκομειακές υπηρεσίες, νοσοκομειακές συνθήκες, ικανοποίηση, ποιότητα.

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Satisfaction from health care during hospitalization in the pediatric clinic of a general hospital in Attica Greece

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DOI: 10.5281/zenodo.4062370

ABSTRACT

Introduction: Over the last few decades, the interest of healthcare professionals is increasingly centered on patient satisfaction with the healthcare provided.

Aim: The aim is to assess the parents'/guardians' satisfaction with the services/conditions of the children who have been hospitalized in a General Hospital providing health services in the prefecture of Attica.

Method-Sample: The sample consists of 100 parents/guardians of children hospitalized during the period June-November 2017. Sampling was performed randomly. For the needs of the study, a questionnaire with closed type questions was used. The statistical package SPSS 20.0 was used for the statistical analysis of the data.

Results: The average rate of hospital evaluation was 8.02. As far as the medical services were concerned (being shown kindness, being listened to carefully, being explained to and being kept informed), the parents expressed a fairly high level of satisfaction, an average of 83.7%. The mean medical staff rating score was 3.27 (standard deviation 0.54, median 3.5, minimum 1.75 and maximum 3.75) and the mean nursing staff rating score was 3.13 (standard deviation 0.84, median 3, minimum 1 and maximum 4). The parents/guardians who experienced long waiting times in the emergency department before the child was examined, rated the nursing staff with a lower score ($p = 0.037$) and rated the hospital as a whole with a lower score ($p = 0.002$). Other analyzed parameters included speed of admission, examination room cleanliness, waiting time for emergency medical examination, child's isolation during the medical examination so he/she could not be seen or heard by people, who should not have been able to do so, kindness shown by the administrative staff, with satisfaction results of 68%, 91%, 59%, 75%, 62% respectively.

Conclusions: This research has shown that, overall, satisfaction with the hospital services being provided was satisfactory, however, improvement is needed. The results showed weaknesses in the long waiting time for the medical examination in the pediatric emergency department.

Keywords: Pediatric patients, hospitalized children, hospital services, hospital conditions, satisfaction, quality.

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INTRODUCTION

Patient satisfaction is a reliable predictor for assessing health programs and healthcare conditions. The assessment of patient satisfaction is one of the most important factors that certify the quality of health services provided.¹ According to Fong et al.,² and Morrison et al.,³ for pediatric populations, parental perceptions of the children's health care are usually assessed. Although equal health care must be given to all citizens in order to ensure equality, it is important to understand that each population may have different types of satisfaction from the healthcare provided. In this way,

additional assurance can be given in appropriate standards of care in order to reduce discontent in these patient groups. Patients evaluate the care provided based on the courtesy, abilities and interest of the staff.⁴ However, pediatric patients differ significantly from adults because they have different stages of development and react differently to the disease. The illness and the admission of the child to the hospital exposes the family to anxiety and distress. Health professionals need to approach parents with sensitivity and to inform them about the care of their children.⁵ The evaluation of the quality of the health services of the hospitalized children stems from the

appraisal of the parents. Studies have shown that assessment of the staff in the pediatric department is directly related to parental assessments.⁶ Quality of communication is another important aspect of patient care and has been shown to improve patient satisfaction in health care.⁷ Communication is an important element in medical practice. Good communication can relieve parental anxiety and can respond adequately to the expectations of parental satisfaction.⁸

AIM

The present study attempts to record and evaluate the satisfaction of the parents/guardians (since it is not possible to capture the views of minors), on the quality of services provided by the pediatric clinic of Attica General Hospital to their hospitalized children.

MATERIAL AND METHOD

Design of study

This is a contemporary study that investigated the satisfaction of parents/guardians using a structured questionnaire.

Sample-Method of sampling

The sample of the study consisted of 100 first and second degree relatives with the children who were treated in the pediatric department of the General Hospital of Attica during the period June - November 2017, in a pediatric

clinic. Sampling was performed randomly. The parents/guardians were approached to collect data, after which the object of the investigation was explained to them. The contact was made in the morning and in the afternoon, so that the sample was as representative as possible.

Questionnaire

To collect the data, part of a weighted questionnaire was used which had been used in a corresponding survey in the Prefecture of Larissa, while additional questions were added that investigated the satisfaction of parents during hospitalization. A pilot survey was conducted on 15 parents/guardians, who were asked for their opinion on the clarity of the questions. The answers of the respondents to the pilot research were not used in the main research that followed.

The first page of the questionnaire clarifies the purpose of the research, as well as the correct way to complete it.

The completion time of the questionnaire is 20 minutes.

Ethical issues

The research protocol of the study was approved by the Scientific Council of the hospital, by the Director of the Pediatric Clinic and by the Director of the Nursing Service. The questionnaire stated that the participation of the parents/guardians in the investigation with the completion of the questionnaire also constituted their practical

consent. Those accompanying pediatric patients were also informed of the anonymity of the study.

Limitations of the study

Restrictions on research include the impossibility of generalizing findings in the general population as the sample collected was confined to only one hospital but the research was also restricted because of the short research period.

STATISTICAL ANALYSIS

Categorical variables are presented as absolute (n) and relative (%) frequencies, while quantitative variables are presented as mean (standard deviation) or median (interquartile range). The normality assumption was evaluated using the Kolmogorov-Smirnov criterion ($p > 0.05$ for all variables), histograms and normal probability plots. Bivariate analyses were conducted and included student's t-test and analysis of variance to investigate group differences within continuous variables. Correlation between continuous variables was assessed with Pearson's correlation coefficient, while Spearman's correlation coefficient was used to investigate the relationship between a continuous and a categorical variable. Also, multivariate linear regressions were performed; the results of the linear regressions are presented by using the coefficients' beta, the 95% CIs and the

corresponding p-values. A two-sided p-value of 0.05 was considered statistically significant. The Statistical Package for Social Sciences (IBM SPSS) program, version 20.0, was used for statistical analysis.

RESULTS

Demographics and hospitalization characteristics

The study population consisted of 100 parents or relatives of 100 hospitalized children at the Pediatric Clinic of a Public General Hospital in Greece. Table 1 presents the demographic characteristics of the parents or relatives of the children and of the hospitalized children, as well as the hospitalization characteristics.

More than 1 out of 5 of the participants in this study (21%) were the child's father, and 63% were the child's mother, while the remaining 16% were another of the child's relatives. The mean age of all study participants was 39 years (SD=13.5), 81% were Greeks, and 33% were high school graduates, 23% were secondary school graduates, 18% were university graduates, 11% had a MSc/PhD, 11% were primary school graduates and the remaining 4% had not finished primary school.

Fifty-six percent of the hospitalized children were boys and the median age of all children was 6 years. Fifty-six percent of the hospitalized children had been hospitalized

before, while 65% had been admitted to the clinic when the hospital was on call.

Evaluation of the Emergency Department and of the administrative services

Table 2 presents parents' and relatives' responses regarding their evaluation of the Emergency Department and of the administrative services.

Almost 3 out of 5 of the study participants reported that the waiting time for their child's medical examination was long, 91.9% reported that the waiting room in the emergency room was clean and 75% reported their child had been adequately isolated during the medical examination so they could not be seen or heard people who should not be allowed to do so.

Quality of nursing and medical care during the child's admission to the hospital

Table 3 presents parents' and relatives' responses regarding their evaluation of the Quality of nursing and medical care during the child's admission to the hospital.

Concerning the care provided by the nurses during the child's stay at the pediatric clinic:

- 76% of the study participants stated that during their hospital stay, nurses never delayed in responding to their calls/requests,
- 90% reported that during their hospital stay, nurses were usually/always willing to discuss their anxieties and fears about their child's health,

- 88% reported that during their hospital stay, nurses usually/always treated them with kindness,
- 88% reported that during their hospital stay, nurses usually/always explained things to them, and
- 92.9% reported that during their hospital stay, nurses were usually/always patient with their child.

The mean nursing staff rating score was 3.13 (SD=0.84, median=3, minimum value=1, maximum value=4).

Concerning the care provided by the doctors during the child's stay in the pediatric clinic:

- 79% of the study participants reported that their doctors were polite to them during their hospital stay,
- 93% reported that during their hospital stay, their doctors usually/always listened to them carefully,
- 91% reported that during their hospital stay, their doctors usually/always explained things to them,
- 79.8% reported that during their hospital stay, their doctors usually/always visited them in the ward so as to inform them about their child's health, and
- 97% stated that they were informed about interventions and treatment procedures.

The mean medical staff rating score was 3.27 (SD=0.54, median=3.5, minimum value=1.75, maximum value=3.75).

Overall satisfaction with medical and nursing staff and overall hospital rating score

Table 4 presents parents' and relatives' responses regarding their overall satisfaction with the medical and nursing staff and their overall hospital rating score.

More than 4 out of 5 of the study participants (83.7%) stated that they had a good/very good opinion of the medical experience and competence, 98% stated that they got immediate help and care, during the hospital stay, for pain or fever, 75.8% stated that the nursing staffing of the clinic was not sufficient and on the other hand 69.4% stated that the medical staffing of the clinic was sufficient. Finally, the overwhelming majority of the study participants (98%) stated that upon leaving the clinic they were given written instructions for their child's aftercare.

The mean overall hospital rating score was 8.02 (SD=1.28, median=8, minimum value=0, maximum value=10).

Correlations

Table 5 presents the bivariate analyses between the demographics and hospitalization characteristics and the medical staff rating score, the nursing staff rating score and the overall hospital rating score.

Following the bivariate analyses, multivariate linear regressions were applied; its results are presented in Table 6.

According to the results of the multivariate linear regressions:

- Parents/guardians of children with long waiting times for emergency medical examination had a lower nursing staff rating score than patients/guardians of children who did not have to wait long for emergency medical examination ($p = 0.037$).
- Patients/guardians of children with long waiting time for emergency medical examinations had a lower overall hospital rating score than patients/guardians of children who did not have to wait long for emergency medical examination ($p = 0.002$).

DISCUSSION

The findings of the study showed satisfaction with the services provided by the General Hospital.

According to the study, parents/guardians showed a high level of satisfaction, similar to that of Papagianopoulos et al¹⁰, which evaluated the satisfaction of parents in a pediatric hospital in Attica where medical services were rated on average 3.6, while nursing services were rated 3.4. Matziou et al¹¹, who found 93.9% of parents felt that their child's care at the hospital was from

good enough to excellent, came to the same conclusion. In contrast a survey by Moutzoglou et al¹² who analyzed satisfaction at the Panagiotis and Aglaia Kiriakou Pediatric Hospital in Athens, found only 45% of parents were satisfied with pediatric care (an average of 45 on a scale of 100) and more precisely, a very low percentage (14/100) were satisfied with information on hospital procedures, a low percentage were satisfied with the external factors (42/100) and a rather higher percentage were satisfied (61/100) with the nursing care (interest, organization, staff competency).

The parents/guardians, in the survey under discussion, expressed a high level of satisfaction with the medical services, and in particular with courtesy (78%), information (97%), attention (75%) and ability (82%), Similar results emerged from the survey by Ygge and Arnetz¹³ at the Stockholm Pediatric Hospital, with 86% being satisfied with medical care and 88% with the hospital's overall assessment.

A high percentage (98%) said that they received immediate pain relief in the short term, as opposed to the study by Mantziou et al¹¹ where only 42.72% of patients were satisfied with the pain treatment, (40.29%) were somewhat satisfied and (13.59%) were little or not satisfied.

Satisfaction rates for patience (81%), kindness (76%) and abilities (76%) of Nursing staff towards parents/guardians and children were very high. Williams¹⁴, conducted a survey in the United Kingdom at Coventry and Warwickshire (UHCW), which showed 96% and 98% satisfaction rates for nurses' "kindness" and "respect" and (89%) for the "moral support" they provided.

A high percentage of parents/guardians (59%) were satisfied with their communication with Nurses stating that the nurses were always willing to discuss their concerns and fears with them, as opposed to the study by Mantzios et al.,¹¹ conducted in one pediatric hospital and one general hospital (which also has a pediatric department) which showed that parents were less pleased with the level of personal contact with health professionals or the level of personal contact of nursing staff with their child. Specifically, about half of the parents/guardians (52.42%) were not happy with their personal contact with the Nursing staff and 43.7% were not happy with their personal contact with doctors.

High (68%) satisfaction rates were good / very good for general impressions, which is in line with the study of Papagianopoulos et al¹⁰, with (49%) parents/guardians expressing absolute satisfaction with the speed of the admission procedures.

The rates for room cleanliness were very satisfactory (91%), which contradicts the study of Papagianopoulos et al.,¹⁰ which was conducted in a pediatric hospital in Attica, where the parents/guardians rated the hospital infrastructure on average 2.4 and in particular, the majority of parents/guardians (35,2%) stated that the hospital facilities/buildings were unsuitable and requiring renovation and raised this as an important factor in terms of hygiene, while 10.5% of the parents/guardians wanted the separation of sanitary facilities for the patients from those of the parents/guardians and 9.8% wanted improved hospital cleanliness. Also, in the study of Kalogeropoulou,¹⁵ which was conducted in six general public hospitals in Attica, 84.1% of patients reported poor room cleanliness.

Of the 59% of parents/guardians who stated that the waiting time in the pediatric emergency department was high, it was obvious that their satisfaction was low and often unclear and these facts influenced their thinking about the decision-making process for developing or critical illnesses, which is in line with a study by Green et al.¹⁶ conducted at the Wilmington Emergency Pediatric Hospital in Delaware USA and also, with the study by Solheim and Garratt¹⁷ in 20 pediatric hospitals in Norway, where the mean rating of satisfaction of pediatric patients with long waiting times was 2.57 (a standard deviation

of 1.14 on a scale of 1 to 5 Likert type, with "no satisfaction" to "very satisfied" answers). However, shortcomings were encountered with regard to long waiting periods for medical examinations in the emergency department; therefore, studies should be undertaken to effectively deal with long waiting times in order to improve the quality of service and healthcare.¹⁸

Conclusion

Focusing on healthcare can be the key factor for patient satisfaction. The lack of a patient-centered care system can lead to an inadequate understanding by families of the relevant diagnoses and treatment, morbidity, mortality, and thereby lead to dissatisfaction with the care provided.¹⁹ In order to provide adequate health care and to meet the standards demanded by pediatric patients and their parents/guardians, a number of limiting factors need to be removed, such as high patient volumes, delayed medical examinations and poor communication with parents/guardians all of which may affect care standards and lead to low patient satisfaction.²⁰

Consequently, management and staff initiatives should focus on improving patient satisfaction. Also, in a pediatric environment, clear explanations to parents and guardians have proven to be particularly important in improving the quality of nursing care.²¹ Satisfaction studies should aim to benefit

children as well as adults. The most satisfied parents/guardians can have a positive effect on their children as patients. This may prove to be a useful element for further research as well as for evaluating the impact of specific interventions designed to evaluate parent satisfaction.²²

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ANNEX

Table 1.Demographics and hospitalization characteristics.

Characteristic	N (%)
Parents or relatives of the hospitalized children	
Respondent	
Father	21 (21,0)
Mother	63 (63.0)
Otherrelative	16 (16.0)
Age^a	39.0 (13.5)
Nationality	
Greek	81 (81.0)
Other	19 (19.0)
Educationallevel	
Did not finish primary school	4 (4.0)
Primaryschool	11 (11.0)
Secondaryschool	23 (23.0)
Highschool	33 (33.0)
University	18 (18.0)
MSc/PhD	11 (11.0)
Hospitalizedchildren	
Gender	
Boy	56 (56.0)
Girl	44 (44.0)
Age^b	6.0 (8.0)
Hospitalizationcharacteristics	
Previoushospitalizationinhospital	
No	56 (56.0)
Yes	44 (44.0)
Admission when the hospital was on call	
No	35 (35.0)
Yes	65 (65.0)

Values are expressed as n (%) unless otherwise stated.

a Mean value (standard deviation)

b Median (interquartile range).

Table 2. Parents' and relatives' responses regarding their evaluation of the Emergency Department and of the administrative services.

Characteristic	N (%)
Was the waiting time for your child's emergency medical exam long?	
No	41 (41.0)
Yes	59 (59.0)
Was the emergency room clean?	
No	8 (8.1)
Yes	91 (91.9)
Was your child properly isolated during the medical examination so he/she would not be seen or heard by people who should not?	
No	25 (25.0)
Yes	75 (75.0)
What was your impression by the administrative staff (service, kindness)	
Verybad	5 (5.1)
Bad	2 (2.0)
Neithergoodnorbad	30 (30.3)
Good	30 (30.3)
Verygood	32 (32.3)
What was your impression by the speed with which the administrative staff handled the admission procedures (waiting time for a ticket)?	
Verybad	6 (6.0)
Bad	4 (4.0)
Neithergoodnorbad	22 (22.0)
Good	48 (48.0)
Verygood	20 (20.0)

Values are expressed as n (%).

Table 3. Parents' and relatives' responses regarding their evaluation of the Quality of nursing and medical care during the child's admission to the hospital.

Characteristic	N (%)
<i>Quality of nursing care</i>	
During your stay in the hospital, were the nurses late in responding to your calls/requests?	
Never	76 (76.0)
Sometimes	18 (18.0)
Usually	6 (6.0)
During your stay in the hospital, were the nurses willing to discuss your anxieties and fears regarding your child's health?	
Never	1 (1.0)
Sometimes	9 (9.0)
Usually	31 (31.0)
Always	59 (59.0)
During your hospital stay, how often did nurses treat you with kindness?	
Never	1 (1.0)
Sometimes	11 (11.0)
Usually	12 (12.0)
Always	76 (76.0)
During your hospital stay, how often did the nurses explain things to you?	
Never	2 (2.0)
Sometimes	10 (10.0)
Usually	35 (35.0)
Always	53 (53.0)
Were the nurses patient with your child while you were in the hospital?	
Never	1 (1.0)
Sometimes	6 (6.1)
Usually	11 (11.1)

Always	81 (81.8)
Evaluation of the care your child received from the nursing staff	
Excellent	40 (40.0)
Verygood	36 (36.0)
Good	21 (21.0)
Moderate	3 (3.0)
Quality of medical care	
During your hospital stay, how often did the doctors treat you with kindness?	
Never	5 (5.0)
Sometimes	16 (16.0)
Usually	78 (78.0)
Always	1 (1.0)
During your hospital stay, how often did your doctors listen to you carefully?	
Sometimes	7 (7.0)
Usually	18 (18.0)
Always	75 (75.0)
During your hospital stay,how often did the doctors explain things to you?	
Never	1 (1.0)
Sometimes	8 (8.0)
Usually	28 (28.0)
Always	63 (63.0)
During your hospital stay, did your doctors often visit the ward to inform you about your child's health?	
Never	4 (4.0)
Sometimes	16 (16.2)
Usually	41 (41.4)
Always	38 (38.4)
Do you feel that you were sufficiently informed about the	

interventions and treatment procedures?	
No	3 (3.0)
Yes	96 (97.0)

Values are expressed as n (%).

Table 4. Parents' and relatives' responses regarding their overall satisfaction with the medical and nursing staff and their overall hospital rating score.

Characteristic	N (%)
What do you think of the medical experience and competence?	
Verybad	3 (3.1)
Bad	1 (1.0)
Neithergoodnorbad	12 (12.2)
Good	33 (33.7)
Verygood	49 (50.0)
During your hospital stay did you receive immediate help and care for any pain or fever?	
No	2 (2.0)
Yes	97 (98.0)
Do you think that the nursing staffing of the clinic was:	
Notsufficient	75 (75.8)
Sufficient	24 (24.2)
Do you think that the medical staffing of the clinic was:	
Notsufficient	30 (30.6)
Sufficient	68 (69.4)
When you left the clinic were you given written instructions for your child's aftercare?	
No	2 (2.0)
Yes	98 (98.0)

Values are expressed as n (%).

Table 5. Bivariate analyses between the demographics and hospitalization characteristics and the medical staff rating score, the nursing staff rating score and the overall hospital rating score

Characteristic	Mean medical staff rating score(SD)	P-value	Mean nursing staff rating score (SD)	P-value	Mean overall hospital rating score(SD)	P-value
Age of parent or relative	0.160 ^α	0.112^a	0.153 ^α	0.129^a	0.010 ^α	0.919 ^a
Nationality of parent or relative		0.805 ^b		0.366 ^b		0.113^b
Greek	3.3 (0.6)		3.1 (0.9)		7.9 (1.4)	
Other	3.3 (0.5)		3.3 (0.7)		8.3 (0.8)	
Educational level of parent or relative		0.426 ^c		0.173^c		0.109^c
Did not finish primary school	3.1 (0.9)		2.5 (1.0)		7.8 (1.0)	
Primaryschool	3.5 (0.3)		3.6 (0.5)		8.6 (0.7)	
Secondaryschool	3.4 (0.5)		3.2 (0.9)		8.5 (1.1)	
Highschool	3.1 (0.7)		3.1 (0.9)		7.8 (1.7)	
University	3.3 (0.5)		2.9 (0.8)		7.7 (0.9)	
MSc/PhD	3.3 (0.5)		3.2 (0.8)		7.6 (1.0)	
Gender		0.566 ^b		0.762 ^b		0.986 ^b
Boy	3.2 (0.5)		3.1 (0.9)		8.0 (1.1)	
Girl	3.3 (0.6)		3.2 (0.8)		8.0 (1.5)	
Age	0.214 ^δ	0.032^d	0.161 ^δ	0.109^d	-0.004 ^δ	0.968 ^d
Previous hospitalization in hospital		0.810 ^b		0.395 ^b		0.772 ^b
No	3.3 (0.5)		3.2 (0.7)		8.1 (1.0)	
Yes	3.3 (0.6)		3.0 (1.0)		8.0 (1.5)	
Admission to the clinic when the hospital was on call?		0.908 ^b		0.405 ^b		0.026^b
No	3.3 (0.5)		3.2 (0.9)		8.4 (1.0)	
Yes	3.3 (0.6)		3.1 (0.8)		7.8 (1.4)	
Was the waiting time for your		0.063^b		0.039^b		0.004^b

child's emergency medical exam long?						
No	3.4 (0.5)		3.3 (0.9)		8.4 (1.1)	
Yes	3.2 (0.6)		3.0 (0.8)		7.7 (1.3)	

Values are expressed as mean (standard deviation) unless otherwise stated.

- a Pearson's correlation coefficient.
- b Student's t-test.
- c Analysis of variance.
- d Spearman's correlation coefficient.

Table 6. Multivariate linear regression (dependent variables: medical staff rating score, nursing staff rating score and overall hospital rating score).

	Coefficients' beta	95% CIs	P-value
<i>Dependent variable: nursing staff rating score</i>			
Long waiting time for emergency medical examination	-0.358	-0.695 έως -0.022	0.037
<i>Dependent variable: overall hospital rating score</i>			
Long waiting time for emergency medical examination	-0.814	-1.323 έως -0.305	0.002