

# ANALYSIS OF PARENTS' SATISFACTION WITH CARING FOR CHILDREN HOSPITALIZED IN A PEDIATRIC WARD – PART 1

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**A** – study design, **B** – data collection, **C** – statistical analysis, **D** – interpretation of data, **E** – manuscript preparation, **F** – literature review, **G** – sourcing of funding

## ABSTRACT

**Background:** The quality of medical services offered is a factor that strongly determines patient satisfaction.

**Aim of the study:** The aim of the study was to evaluate parent's satisfaction with the care and conditions experienced during their child's stay in a Pediatric Ward.

**Material and methods:** The study involved 293 parents from two pediatric wards of the Clinical Provincial Hospital No. 2 in Rzeszow. The PASAT PEDIATRIA package was used as a research tool.

**Results:** The functioning of the admission room was good. Parents of children on the Pediatric Ward ranked medical and nursing friendliness the highest (mean = 4.34 and 4.37, respectively), followed by the availability of doctors (mean = 3.97) and the amount of time they devoted to the patient's family (mean = 3.97). Respondents assessed the ward best in terms of the cleanliness of the room (mean = 4.12) and the possibility of spending free time in an interesting way (mean = 4.07).

**Conclusions:** Parents of children hospitalized in the Pediatric Ward were slightly more satisfied with nursing than medical care. Doctors should make every effort to improve the availability and amount of time devoted to the child's family. The overall assessment of the conditions in the ward was "fairly good", indicating the need for monitoring and improvement.

**KEYWORDS:** personal satisfaction, parents, delivery of health care, patient care management

## BACKGROUND

Satisfaction (Latin *saris*) is a word meaning enough, that is, as much as is needed to fully satisfy the needs, expectations, and aspirations, so that there is no room for complaint [1]. On the other hand, the PWN dictionary of the Polish language defines satisfaction as the pleasure felt when a person achieves something they care about or as compensation for offending someone or causing harm [2]. Definitions of the term "satisfaction with care" significantly differ in terms of the level of generality and content, ranging from the feeling of

neglect and deficiencies in the scope of provided care to general satisfaction with life. The vast majority of authors agree that patient satisfaction is a multidimensional phenomenon, but there is no consensus as to the type and number of these dimensions [3].

Hospitalization is a difficult experience for a child, requiring them to adapt to their new environment. The continuous examinations and procedures that a child undergoes may be very stressful and traumatic for the child, despite the proper approach of medical personnel. Therefore the functioning of

a modern pediatric hospital requires a comprehensive approach to the child's health problems, developmental problems, and family situation [3, 4]. The priority has been to provide medical services at the highest possible level, because the quality of medical services offered is a factor that strongly determines patient satisfaction [5]. Parents' sense of satisfaction with the care provided for their child is determined by their individual needs, experiences from previous hospitalizations, and changing external factors, including systemic factors [6, 7]. Such external factors include, but are not limited to, the child's health and its impact on the functioning of the family, the emotional state of the child, the clinical state of the disease, and the maintenance of continuity of care from admission to hospital to discharge, including the preparation of parents for further nursing care under domestic conditions [8]. Parents' satisfaction is an important part of a pediatric patient's overall medical care as it is a strong indicator of parents' attitudes to the services provided to them. This is important because it can be assumed that a satisfied patient is more likely to follow medical and nursing recommendations. Moreover, high patient satisfaction with nursing care may determine the course of the disease [9].

In Poland, the assessment of parental / guardian satisfaction with pediatric care is a relatively new area of research; at the same time, it is one of the priority recommendations for healthcare professionals. Therefore, there is a need for research utilizing standardized tools for assessing parental satisfaction with medical care in pediatric departments, in order to improve conditions and optimize activities focused on the needs of the child and their family.

## AIM OF THE STUDY

The aim of the study was to evaluate parents' satisfaction with the care and conditions experienced by the family during their child's hospitalization on a Pediatric Ward.

## MATERIALS AND METHODS

### Location and duration

The study was conducted at the Provincial Clinical Hospital No. St. Jadwiga Królowej in Rzeszow from March 2014 to June 2014.

### Study population

A group of 293 parents of treated children was included in the survey in the Provincial Clinical Hospital No. 2 im. St. Jadwiga Królowej in Rzeszow from the following pediatric departments: 1) Orthopedics and Traumatology of the Children's Motor System, 2) Pediatrics with the Children's Neurology Sub-Department.

The study involved parents of hospitalized children who met the following inclusion criteria: signing an informed consent form, the child's stay in the hospital lasted for 3 days, and completing the questionnaire completely. The exclusion criteria included: no consent to participate in the study, the child's stay in hospital was shorter or longer than 3 days, and partial completion of the questionnaire.

## Ethical considerations

The study design was submitted to the Bioethics Committee of the University of Rzeszow. It was accepted without reservations and consent was obtained (no. 4/01/2014, dated January 15, 2014). All parents were informed about the subject of the research, the purpose, and their right to withdraw from the research; they were also assured of complete anonymity.

## Data sources/measurement

This study used the PASAT PEDIATRIA package, a research tool developed by the Center for Quality Monitoring in Healthcare. The package was purchased from funds received as part of a competition for young scientists at the Medical Faculty of the University of Rzeszow. The questionnaire consisted of the following sections: admission to hospital, emergency room, hospitalization, medical care, nursing care, other aspects of hospital stay. Respondents rated multiple aspects within each section on a scale from 1 to 5 (1 = very bad, 2 = bad, 3 = fairly good, 4 = good, and 5 = very good), on the basis of which a general assessment for each section was made. When asked about the information they received during their stay in hospital, the respondents answered: yes, rather yes, no, or I didn't need it.

## Statistical analysis

The statistical analysis of the collected material was performed in the Statistica 10.0 package by StatSoft. The basic statistical description of the analyzed material included: standard deviation, median values, minimum and maximum values, and mean values.

## RESULTS

### Characteristics of the study group

The mean age of children hospitalized in the hospital was 8.68 years (SD = 4.08, range = 1–18 years). Half of the children were under 9 years of age, and 75.0% of them were under the age of 12. The mean age of the surveyed parents was 35.22 years (SD = 5.62) and ranged from 23 to 55 years. Half of the parents were no more than 35 years old, and 25.0% of them were under 30. The majority of the children were hospitalized in the department of Orthopedics and Traumatology of the Children's Movement System (n = 202, 68.7%), with only 92 (31.3%) in the Pediatrics with the Pediatric Neurology Division.

## Analysis of parents' satisfaction with their child's care

Tab. 1 displays the descriptive statistics for every feature rated within each section. The general assessment of the functioning of the Admission Room received an average rating of 4.18 (SD = 0.67). Within this section staff kindness was rated the highest (mean = 4.27, SD = 0.74) and the organization of ward admission

was the lowest (mean = 4.05, SD = 0.86). Most of the respondents declared that in the Admission Room they had obtained sufficient or rather sufficient information about the rules of staying on the ward (n = 155, 52.7% and n = 98, 33.3%, respectively).

The respondents assessed the functioning of the Pediatric Ward similarly. The general assessment of nursing care in the pediatric ward was received a mean rating of 4.25 points (SD = 0.72). The friendliness

Table 1. Analysis of parents' satisfaction with care and the conditions in the ward during children's hospitalization.

	Descriptive statistics				
	$\bar{x}$	Me	Min	Max	SD
<b>Assessment of the admission room operation</b>					
Organization of admission to the ward	4.05	4.00	1.00	5.00	0.86
The kindness of the staff	4.27	4.00	1.00	5.00	0.74
Care and concern for the child	4.19	4.00	1.00	5.00	0.75
Conditions in the admission room (cleanliness, sitting, hangers)	4.20	4.00	1.00	5.00	0.77
Overall	4.18	4.00	1.00	5.00	0.67
<b>Assessment of nursing care</b>					
The kindness of the nurses	4.37	5.00	1.00	5.00	0.85
The amount of time a child devotes to caring for	4.17	4.00	1.00	5.00	0.81
Delicate when caring for a child	4.25	4.00	1.00	5.00	0.92
Availability of nurses when needed	4.23	4.00	1.00	5.00	0.86
The speed of response to the requests of the child's parents	4.20	4.00	1.00	5.00	0.87
Evaluation of courtesy of attendants	4.31	4.00	1.00	5.00	0.75
Overall	4.25	4.33	1.00	5.00	0.72
<b>Assessment of medical care</b>					
The amount of time devoted to the child	4.13	4.00	2.00	5.00	0.84
Medical kindness	4.34	5.00	2.00	5.00	0.77
Availability of a doctor if needed	3.97	4.00	1.00	5.00	0.90
The amount of time devoted to the family	3.97	4.00	2.00	5.00	0.88
Express yourself in an understandable way	4.12	4.00	1.00	5.00	0.81
Overall	4.11	4.00	2.00	5.00	0.75
<b>Assessment of conditions in the department</b>					
Cleanliness of the room	4.12	4.00	1.00	5.00	0.77
Room equipment	3.78	4.00	1.00	5.00	0.86
The aesthetics of the room make the stay in the hospital more pleasant for the child	3.95	4.00	1.00	5.00	0.83
The cleanliness of the toilets	3.78	4.00	1.00	5.00	0.93
Adaptation of toilets to the needs of children	3.55	4.00	1.00	5.00	1.06
Conditions for sleep and rest	3.81	4.00	1.00	5.00	0.85
Access to the telephone	4.03	4.00	1.00	5.00	0.86
Possibility of spending free time in an interesting way	4.07	4.00	1.00	5.00	0.87
Overall	3.89	4.00	1.00	5.00	0.72
<b>Assessment of other aspects of hospital stay</b>					
Variety of meals	3.59	4.00	1.00	5.00	1.04
The amount of food	3.74	4.00	1.00	5.00	0.98
Meal temperature	3.85	4.00	1.00	5.00	0.98
Overall	3.73	4.00	1.00	5.00	0.91

$\bar{x}$  – arithmetic mean; Median; Min – minimum; Max – maximum; SD – standard deviation.

of nurses and the courtesy of attendants were both rated highly (mean = 4.37, SD = 0.85 and mean = 4.31, SD = 0.75, respectively). The lowest scores were for the amount of time a nurse devotes to the care of a child (mean = 4.17, SD = 0.81) and the speed of nurses' responses to requests from the child's parents (mean = 4.2, SD = 0.87).

The general assessment of the medical care showed an average level of 4.11 points (SD = 0.75). Respondents rated medical friendliness the highest (mean = 4.34, SD = 0.77), while the lowest rating was for the doctors' availability when needed (mean = 3.97, SD = 0.90) and the amount of time they spend with the patient's family (mean = 3.97, SD = 0.88).

The conditions prevailing in the department were rated at an average level of 3.89 points (SD = 0.72). The respondents rated the ward the best in terms of room cleanliness (mean = 4.12, SD = 0.77), opportunities for interesting leisure time activities (mean = 4.07, SD = 0.87), and access to a telephone (mean = 4.03, SD = 0.86). On the other hand, the worst rated features were the adjustment of toilets to the needs of children (mean = 3.55, SD = 1.06), room equipment (mean = 3.78, SD = 0.86), and toilet cleanliness (mean = 3.78, SD = 0.93).

Other aspects of the child's stay in the hospital were also assessed, with an average rating of 3.73 points (SD = 0.91). These aspects were related to the quality of the meals the child received. In this part of the survey, the highest rating was the temperature of the meals served (mean = 3.85, SD = 0.98), then the amount of food (mean = 3.74, SD = 0.98), and finally their variety (mean = 3.59, SD = 1.04).

The study also looked at information parents received while in hospital (Tab. 2).

## DISCUSSION

### Key results

The present research shows that parents of hospitalized children were slightly more satisfied with nursing than medical care. Parental satisfaction with the care their child received may depend on various factors. The problems with the availability and amount of time devoted to the child's family contributed to the lower assessment of doctors. The overall assessment of the conditions in the ward was "fairly good".

### Interpretation

In specialist pediatric care, the opinions and satisfaction ratings of patients and their parents (or legal guardians) are important. They make it possible to see the most 'neglected' areas in care, creating an opportunity for change [10]. Moreover, thanks to the constant monitoring of service users' opinions, the quality of healthcare services can be improved. The present study showed that highest staff friendliness ratings were measured for staff in the Admission Room; the

Table 2. Assessment of informing parents by medical staff during children's hospitalization.

	n	%
<b>Receiving information about the rules of staying in the department</b>		
Yes	155	52.7%
Probably yes	98	33.3%
No	22	7.5%
He did not need	19	6.5%
Together	294	100.0%
<b>Receiving information about the dates of planned treatments / tests</b>		
Yes	169	57.5%
Probably yes	97	33.0%
No	13	4.4%
He did not need	15	5.1%
Together	294	100.0%
<b>Receiving information on how to prepare the child for the procedure / tests</b>		
Yes	169	57.5%
Probably yes	78	26.5%
No	19	6.5%
He did not need	28	9.5%
Together	294	100.0%
<b>Receiving information about the child's health</b>		
Yes	172	58.5%
Probably yes	116	39.5%
No	4	1.4%
He did not need	2	0.7%
Together	294	100.0%
<b>Help in reducing pain and stress in a child during diagnosis</b>		
Yes	186	63.3%
Probably yes	96	32.7%
No	3	1.0%
Hard to say	9	3.1%
Together	294	100.0%

n – number of observations; % – percent.

worst assessment concerned the manner of admission onto the ward. Conversely, Kazimierczak et al. reported 86.0% of parents described admitting a child to the ward as smooth and only taking 30 minutes [11]. Over half of respondents in the current declared that at the Admission Room they received sufficient information about the rules of staying on the ward. Similar results were obtained by Kochman et al., who found that 79.0% of a group of 100 parents were informed

about the topography and rules of the children's ward by nursing staff [12].

Nurses constitute a professional group without which the health care system is unable to function efficiently [13]. The present results show that in the children's ward the friendliness of nurses was rated the highest, while the lowest was the amount of time the nurse devoted to the care of the child and the speed of the nurses' response to the requests of the child's parents. Similar results were obtained by Kazimierczak et al., where 100.0% of respondents categorized the nurses as caring and kind during admission of the child to the ward. Nurses' professional approach during procedures was also been rated very highly. Furthermore caregivers expressed a very positive opinion on the tendency of nurses to solve problems; 60 respondents (95.0%) indicated that nurses proactively addressed children's problems [11]. Similar results were obtained by Bednarek et al. [14] and Kochman et al., who found that the majority of parents described the nurses' attitude as either friendly (52.0%) or very friendly (44.0%), whereas only 4.0% described their attitude as inert. The vast majority of parents (80.0%) stated that their child had a sense of intimacy, personal dignity, and security [12]. Bednarek et al., however, reported that among parents of hospitalized children, only 48.3% indicated that they were treated with respect by nurses [14]. The high quality assessment of nursing care is undoubtedly influenced by the availability of a nurse and the time devoted to them. Sochocka et al. reported more than half of the respondents (56.3%) assessed this availability positively. In the opinion of 41.7% of parents participating in the study, the availability of nurses was at an optimal level [15]. Similar results were obtained by Wańkiewicz et al., where the availability of nursing personnel during shifts was categorized as "very good" (59.4%) and "good" (40.6%). Patient care was rated "very good" (53.1%) and "good" (46.9%) by the respondents [16]. Also according to Smoleń et al., pediatric nurses spend too little time on patient care. This may be due to parents / guardians staying with children and therefore performing activities related to direct nursing. Nurses' work time is dominated by documenting activities related to direct nursing and preparation for direct nursing, as well as treatment and diagnosis [17].

More than half of the parents in the present research received sufficient information about the dates of the planned treatments and the method of preparing the child for surgery and tests. According to Kazimierczak, the quality of information caregivers obtained from the doctor was poor. Furthermore, nearly one third of the children stated that either no one talked to them or they did not understand anything from the conversations conducted with them [11, 18]. Qualitative research conducted by Konstantynowicz et al. from the Department of Paediatrics and Developmental Disorders within the Children's Hospital in Białystok shows that both parents and children expected clear informa-

tion about the disease and the treatment process from doctors, but did not always obtain it. Respondents suspected the doctors' use of medical jargon when talking to a patient may be purposeful, serving to avoid detailed explanations and discourage patients from asking further questions. It is worth noting, however, that participants described discussing a communication problem with the doctor, who tried to justify his behavior with a lack of time [10, 18]. According to Mazur et al., parents of hospitalized children usually received instrumental and evaluative support from nurses, and instrumental, evaluative, and informative support from doctors. Unfortunately, only occasionally did parents receive emotional support from doctors and nurses [19].

It is worth noting that most of the respondents declared that they received help from nurses in the form of reducing pain and stress experienced by their child during diagnostic activities. Zięba et al. also found that the majority of parents (91.0%) were "very satisfied" or "rather satisfied" with their children's pain therapy, although a large proportion of them experienced moderate or severe pain, and almost half of them had sleep problems [20]. Similar results were obtained in a survey conducted in Turkey, where 93.0% of the respondents categorized the level of pain therapy as satisfactory, despite the fact that most children experienced high intensity pain [21]. It is important that doctors and nurses use simple methods of pain relief as well as basic medications [22].

An important element of increasing the parents' / guardians' satisfaction with the care of their hospitalized child is the condition of the premises. In their own work, the parents rated the department best in terms of the cleanliness of the room, the possibility of spending free time in an interesting way, and access to the telephone. In turn, the respondents rated the worst assessments of the adaptation of the toilets to the needs of children, room equipment and cleanliness of the toilets. In turn, the respondents gave poor ratings to the adaptation of the toilets to the needs of children, room equipment, and cleanliness of the toilets. The obtained results are similar to findings by Smoleń et al., where ensuring cleanliness in the child's environment was rated highly [6]. The present results coincide with Kazimierczak et al.'s finding that parents positively assessed the pediatric ward, indicating that although the ward is old, it is clean and the children's rooms are cozy. The respondents also highly rated the conditions of the caregiver's stay in the ward together with the child. Among the respondents, 98.0% had the opportunity to use the break room and 90.0% were provided with suitable conditions to stay with the child overnight. As many as 98.0% indicated that parents have a bathroom and toilet provided. The ability to purchase meals was also highly rated [11].

The members of the therapeutic team, who influence both the child's and parents' sense of safety, are also doctors, especially in surgical wards. In the current

study, medical friendliness was rated highly but staff availability when needed and the amount of time spent with the patient's family were rated low. According to Sochocka et al., over half of the respondents (55.3%) assessed the quality of services provided by doctors as high, 38.3% of the respondents assessed it optimally, and 6.4% low. However 95.7% of the respondents the member of the therapeutic team who devoted the most time to their child was a nurse [15]. Similar results were obtained by Kazimierczak et al. at the Department of Pediatric Surgery of the Medical Center in Gliwice in 2015, which found that children highly rated the cordiality, sensitivity, and professionalism of the staff. However, half of them did not know the identity of their doctor [11]. Antoszevska reported that respondents trusted the doctors in charge and had a sense of being treated on an equal footing with other patients. In the treatment of cancer in pediatric patients, the trust that parents place in the doctor is very important. It is also important for parents to be able to observe the physician's involvement in establishing

and maintaining contact with the patient, as it promotes cooperation and increases satisfaction with the help obtained [18].

### Research limitations

This study was conducted on a small group of parents. A larger population would be ideal in future research. Another limitation of the study was the use of only one tool to measure patients' opinions.

### CONCLUSIONS

1. Parents of children hospitalized in the Pediatric Ward were slightly more satisfied with nursing than medical care.
2. Physicians should make every effort to improve the availability and amount of time devoted to the child's family.
3. The overall assessment of the conditions on the ward was 'fairly good', indicating the need for monitoring and improvement.

### REFERENCES

1. Maconko M, Kopański Z, Strychar J, Małek Ł. Satysfakcja pacjenta i metody jej pomiaru. [Patient satisfaction and the methods of its assessment]. *Journal of Clinical Healthcare* 2016; 3: 14–19. (In Polish).
2. Piotrowska M, Kopański Z, Wróblewska M, Błaszczak B. Quality of life of persons with periodontal diseases. *JPHNMR* 2015; 1: 45–50.
3. Shields L. What is "family-centered care"? *EJPC* 2015; 3: 139–144.
4. Arabiat D, Whitehead L, Foster M, et al. Parents' experiences of Family Centred Care practices. *J Pediatr Nurs* 2018; 42: 39–44.
5. Pypłacz P, Skóra D, Mikos M. Jakości usług medycznych a satysfakcja pacjenta. [The quality of medical services and the patient's satisfaction]. *Pol Prz Nauk Zdr* 2018; 2(55): 182–186. (In Polish).
6. Smoleń E, Ksykiewicz-Dorota A. Profesjonalizm pielęgniarzek jako element oceny satysfakcji rodziców/opiekunów dzieci z opieki pielęgniarskiej. [Nurses' professionalism as a component of evaluation of parents/caregivers satisfaction with nursing care]. *Med Pr* 2015; 66: 549–556. (In Polish).
7. Foster M, Whitehead L, Arabiat D, Frost L. Parents' and staterceptions of parental needs during a child's hospital admission: an Australian study. *J Pediatr Nurs* 2018; 43: e2–e9.
8. Abuqamar M, Arabiat D.H, Holmes S. Parents' perceived satisfaction of care, communication and environment of the pediatric intensive care units at a Tertiary Children's Hospital. *J Pediatr Nurs* 2016; 31: e177–e184.
9. Buchanan J, Dawkins P, Lindo JLM. Satisfaction with nursing care in the emergency department of an urban hospital in the developing world: a pilot study. *Int Emerg Nurs* 2015; 23: 218–224.
10. Konstanyowicz J, Marcinowicz L, Abramowicz P, Abramowicz M. What do children with chronic diseases and their parents think about pediatricians? A qualitative interview study. *Matern Child Health J* 2016; 20: 1745–1752.
11. Kazimierczak M, Grzymała-Turzańska B, Kobiółka A. Specyfika opieki nad nieletnim pacjentem w oddziale chirurgii dziecięcej. [The specifics of juvenile patients' care in the pediatric surgery ward]. *Pielęg Pol* 2016; 3(61): 403–414. (In Polish).
12. Kochman D, Rezmerska L, Nowak A. Wybrane problemy w procesie adaptacji dziecka w wieku 0–6 lat do pobytu w szpitalu. [Selected problems in the adaptation process of children aged 0–6 years for the stay in hospital]. *Innowacje w Pielęgniarstwie i Naukach o Zdrowiu* 2016; 2(1): 8–23. (In Polish).
13. Orłowska A, Łąguna M. Upodmiotowienie – analiza koncepcji i jej zastosowanie w praktyce pielęgniarskiej. *Pielęg Pol* 2018; 1(67): 106–112. (In Polish).
14. Bednarek A, Mianowana W, Jachorek M. Zakres funkcji profilaktycznej i promocji zdrowia w pracy pielęgniarki pediatrycznej a oczekiwania rodziców hospitalizowanych noworodków: część II. *Probl Pielęg* 2011; 19(3): 296–302. (In Polish).
15. Sochocka L, Wojtyłko A. Poczucie satysfakcji podopiecznych Oddziału Chirurgii Dziecięcej WCM w Opolu a model opieki funkcjonujący w Oddziale. *Piel Zdr Publ* 2011; 1(1): 19–25. (In Polish).
16. Wańkowicz A, Wańkowicz P, Golubka P, Golubka W, Dłuski D, Mierzyński R, et al. Examining the image of nursing among the children hospitalized in the oncology ward. *Pol J Public Health* 2015; 125(2): 90–93.
17. Smoleń E, Ksykiewicz-Dorota A. Struktura czasu pracy pielęgniarek pediatrycznych na oddziałach szpitalnych o różnym poziomie referencyjnym. *Med Pr* 2017; 68(1): 95–103. (In Polish).
18. Antoszevska B. Relacja lekarz – dziecko w ocenie rodziców dzieci leczonych na oddziałach onkohematologii dziecięcej. *Niepełnosprawność. Dyskursy Pedagogiki Specjalnej* 2019; 36: 204–217. (In Polish).
19. Mazur A, Aftyka A, Sipta A, Skrobowska E, Humeniuk E, et al. Wsparcie oczekiwane i otrzymywane od personelu medycznego w percepcji rodziców hospitalizowanych dzieci. *Psychoonkologia* 2016; 20(4): 183–190. (In Polish).

20. Zięba M, Baranowski A, Mierzewska-Schmidt M. Skuteczność leczenia bólu pooperacyjnego u dzieci w opinii rodziców – czy niedostateczna skuteczność analgezji może być niebezpieczna? *Ból* 2019; 20(1): 31–38. (In Polish).
21. Turaç A, Rumeli Atıcı Ş. Evaluation of the effectiveness of patient-controlled analgesia in children with sickle cell anemia from the perspective of healthcare professionals and parents. *Agri* 2016; 28: 150–154.
22. Vittinghoff M, Lönnqvist PA, Mossetti V, Heschl S, Simic D, Colovic V, et al. Postoperative pain management in children: guidance from pain committee of the European Society for Paediatric Anaesthesiology (ESPA Pain Management Ladder Initiative). *Paediatr Anaesth* 2018; 28: 493–506.

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