ARCHIVES OF HELLENIC MEDICINE: ISSN 11-05-3992

ORIGINAL PAPER
ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Parental satisfaction of children hospitalized in a pediatric clinic of a Greek region

OBJECTIVE **To investigate the level of satisfaction of parents/caregivers with the healthcare provided to their children, and the factors affecting their hospitalization.** METHOD **An observational cross-sectional study was carried out on 117 parents, escorts or caregivers of children hospitalized in the pediatric clinic of a Greek general hospital during the autumn of 2022. The Overall Satisfaction with Hospitalization Scale was used and linear regression analysis was implemented to identify relevant factors, such as the characteristics of the parents/caregivers or children.** RESULTS **A percentage of 72.6% of the parents were women with an average age of 37.4 years. Overall satisfaction with hospitalization ranged from moderate to high, with an average score between 3.86 and 4.29. Medical and nursing care received the highest mean satisfaction score compared to hospital environment (4.29 versus 3.86, p<0.001). Married/partnered parents reported significantly higher levels of satisfaction with medical and nursing care (unstandardized β=-0.370, p<0.05), hospital environment (β=-0.713, p<0.05), and overall satisfaction (β=-0.616, p<0.05). Children's better health status was associated with higher satisfaction with hospitalization organization and planning (β=-0.165, p<0.05) and overall satisfaction (β=-0.174, p<0.05).** CONCLUSIONS **The findings indicated a generally high level of satisfaction across all hospital areas, with particularly elevated satisfaction with medical and nursing care. Family status and children' health status emerged as robust determinants of satisfaction. Healthcare professionals could enhance satisfaction levels by expediting the admission process for children and ensuring their swift recovery.**

ARCHIVES OF HELLENIC MEDICINE 2026, 43(5):631–639
ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2026, 43(5):631–639

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Ικανοποίηση γονέων παιδιών που νοσηλεύονται σε παιδιατρική κλινική της ελληνικής περιφέρειας

Περίληψη στο τέλος του άρθρου

Key words

Family-centered care
Parental satisfaction
Pediatric healthcare
Quality of health services

Submitted 2.5.2025
Accepted 17.5.2025

Quality integrated health services focusing on people is a global strategy of the World Health Organization (WHO). This vision is described as follows: *"A future in which all people have access to health services that are provided in a way that responds to their personal preferences, are coordinated around their needs, and are safe, effective, timely, efficient, and of acceptable quality throughout their life course"*.[1] The service sector plays a primary role in various areas of life and economic development. Industries such as banking, tourism, telecommunications, and healthcare rely on the efficiency of service delivery. The effectiveness of service quality is determined by the level of satisfaction of the recipients (users) with the coverage of their needs. Quality can be characterized as the result of the satisfaction of an individual's expectations from a service. User satisfaction and loyalty are important concepts in the service sector.[2] The care of young patients in a pediatric clinic requires a specialized approach from the medical and nursing team, along with the involvement of the caregiver.[3] It is therefore important to focus on the satisfaction of patients,

caregivers, and providers when planning the provision of quality services.[4] Caregiver satisfaction is an important factor in evaluating healthcare quality.[5] It also influences patient compliance and clinical outcomes.[6] The support and satisfaction of caregivers are essential in pediatric inpatient care.[7]

Understanding and meeting caregivers' expectations involves assessing their satisfaction.[8] For this reason, a health unit, and more specifically a hospital, should assess the needs and expectations of patients in order to enhance their satisfaction through the health services provided. Previous studies noted that the biggest problem concerned the service provided to patients in hospitals, while another key issue was health workers' satisfaction in their work environment. The preservation of quality in the health sector is ensured through continuous training of the staff and the increase of the staff, health and other, resulting in their and the patients' satisfaction. The higher the level of service in a hospital, the higher the level of quality provided to patients and, by extension, their level of satisfaction.[9]

Satisfaction is a multifaceted concept and a crucial element in enhancing patient progress and trust.[10] It is influenced by a variety of factors including social norms, the healthcare context, the necessity and value of caregivers, and patients' and parents'/caregivers' personal experiences.[8,11,12] Expectations, education level, health, access to care, knowledge, and psychological factors all play significant roles.[13,14] To ensure patient-centered care and improve patient compliance, it is crucial to involve families or caregivers in decisions regarding children's care. The perception of parents or caregivers is the most significant factor influencing the use of services.[15] Patients tend to avoid using services if they are dissatisfied with certain aspects of them.[16] Understanding the needs of service users and assessing their satisfaction levels is essential to enhance the quality of services provided.[5]

Satisfaction with nursing care is widely recognized as a qualitative indicator based on personal assessments, beliefs, perceived needs, and expectations from care or the experience of receiving care in the professional, personal, and environmental space of the health sector.[17] However, in pediatric care, satisfaction is determined through the views of the parents or caregivers of the children, as it can impact their daily routine, quality of life, and obligations.[17] Hospitalized children have special needs, making them a particular focus of research. Besides immediate treatment and injury recovery, the main aim during their hospitalization is to prevent errors that could affect their future health and development. In this context, family-centered patient care has been developed.[18–20] The purpose of the present study was to investigate the satisfaction levels of parents and caregivers with the healthcare provided to their children, as well as the factors influencing the children's hospitalization.

MATERIAL AND METHOD

Study design, sample and participants

The present study was a cross-sectional study using a questionnaire. The chosen sampling method was purposive sampling. The final study sample consisted of 117 parents, who were caregivers of children hospitalized in the Pediatric Clinic of the General Hospital of Heraklion, Crete. Participants had to be adult parents, capable of filling in the questionnaires, i.e., reading and speaking Greek, whose child had been hospitalized for at least one day in the Clinic. Admission to the study occurred only once, regardless of multiple hospitalizations during the study period. Parents with children who had been hospitalized in a neonatal intensive care unit or a pediatric intensive care unit were excluded.

Research tool

A structured questionnaire utilizing a weighted rating scale was employed, and permission to use it was obtained from the copyright holder. This scale comprises 58 closed-ended Likert questions, using a five-point response scale (strongly agree=1, agree=2, neutral=3, disagree=4, strongly disagree=5). The questions cover various aspects including (a) patient admission process, (b) arrival at the hospital, (c) nursing staff, (d) medical staff, (e) other staff, (f) food, (g) internal environment, (h) procedures, (i) discharge process, and (j) overall satisfaction. The responses to the questions are either positive or negative. The questions with a positive conceptual approach are reversed by the creators of the scale when the score is estimated (specifically questions 14, 16, 18, 20, 22, 26, 28, 30, 51, 41, 43, 45, 47, 49, 32 and 58 of the entire questionnaire). Each statement is rated on a scale from strongly agree to strongly disagree. A five-point scale was chosen based on its suitability, as supported by international literature. It is also consistent and quick to complete, as it is easy to remember. Additionally, positively worded statements are interspersed with negatively worded ones to minimize the risk of positive bias. In total, four subscales or components are created from the response score of the Satisfaction Scale and a total as an average response score: (a) Medical and nursing care (consisting of 12 questions), (b) organization and planning of hospitalization (consisting of 6 questions), (c) hospital environment (consisting of 9 questions), (d) other quality factors (consisting of 4 questions) and (e) overall satisfaction, consisting of one question ("In general, you are very satisfied with your stay in the hospital"). A form was also incorporated regarding the demographic characteristics of the respondent and a brief medical history of the hospitalized child.[21]

Data collection

Data collection was carried out at the Pediatric Clinic of the "Venizelio-Pananeio" General Hospital of Heraklion, Crete over the course of three months, from September to December 2022. The questionnaires were completed by 121 parents, with four questionnaires being removed due to incomplete completion. The researcher met the participants inside the clinic. The purpose of the study was explained to each participant. After studying and stating that they understood the special form accompanying the questionnaires, participants gave signed consent to continue the process. Participants had the right to refuse to answer any question which might embarrass them or which they considered irrelevant to them. At no point was personal information, such as the patient's name, requested, while the answers were completely confidential and used only for the purposes of the study.

Ethical considerations

Regarding the ethics of this study, it was carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki). Ethical approval was obtained from the Research and Bioethics Committee (IRB; Hellenic Mediterranean University, Crete: 838/14.9.2022) and the "Venizelio-Pananeio" General Hospital of Heraklion, Crete: 123/23/26.10.2022). The participants in the study were informed about the study objectives, expected outcomes, and associated benefits and risks. Written consent was received from the participants before they answered the questionnaire. The authors also obtained permission to use the hospital facilities before data collection.

Statistical analysis

Data analysis was done using the Statistical Package for Social Sciences (SPSS) (IBM Corp. released 2019, IBM SPSS Statistics for Windows, Armonk, NY: IBM Corp.), version 25.0. Frequency distributions of parent/caregiver descriptive characteristics and their children's illness characteristics were first estimated. The consistency of responses of the subscales of the Overall Satisfaction with Hospitalization Scale was calculated using Cronbach's alpha. In addition, the forms of their distributions were checked (a) through the descriptive measures and dispersion and (b) by Blom's method (QQ plot), where they were found to be slightly asymmetrical. The four satisfaction subscales were compared using analysis of variance (one-way ANOVA), followed by a univariate correlation of the subscales with each other or with the characteristics of the parents/caregivers of the study and their children using the Pearson parametric method. Finally, multiple linear regression was applied to correlate and estimate the unstandardized regression β coefficients of the subscales of the Satisfaction with Hospitalization Scale in terms of the characteristics of the parents/caregivers of the study and their children. An acceptable level of significance was set at 0.05.

RESULTS

Characteristics of parents/caregivers

The study participants were 117 parents/caregivers of children who were hospitalized in the Pediatric Clinic of the "Venizelio-Pananeio" General Hospital of Heraklion, Crete during a period of about three months. The majority (72.6%) were female (tab. 1) and mean age was 37.4 years, ranging from 24 to 52 years. A percentage of 92.3% were of Greek origin, 91.5% were married or living with a partner and 95.7% reported having children. In terms of education, 57.3% were higher education graduates or postgraduates. Finally, 67.6% or two-thirds resided in an urban area. Only 17.0% reported an income of € 1,500+ per month, while 46.3% reported € <1,000.

Regarding the illness and hospitalization characteristics of the parents'/caregivers' children (tab. 2), 87.2% reported less than one year of hospitalization, with 5.1% reporting 1–2 years and 7.7% 3+ years. When asked, if there was a

Table 1. Distribution of descriptive characteristics of 117 parents/caregivers of children hospitalized in a pediatric clinic of the region who participated in the study.

		n	%
Gender	Males/females	32/85	27.4/72.6
Age (years)	Mean±SD (min, max)	37.4 (±6,3) [24.52]	
Nationality	Greek	108	92.3
Family status	Married, living with partner	107	91.5
	Unmarried, divorced, widowed	10	8.5
Children	Yes	112	95.7
Education	Primary	1	0.9
	Secondary	10	8.5
	Lyceum	39	33.3
	University	25	21.4
	PhD, MSc	42	35.9
Area of residence	Rural	35	32.4
	Urban	73	67.6
Monthly income (€)	<500	11	9.3
	500–999	43	36.8
	1,000–1,499	43	36.8
	1,500–1,999	15	12.8
	2,000+	5	4.3

SD: Standard deviation, PhD: Doctor of Philosophy, MSc: Master of Science

Table 2. Illness and hospitalization characteristics of the children of the 117 parents/caregivers who participated in the study.

		n	%
Years of illness	<1 year	102	87.2
	1–2 years	6	5.1
	3+	9	7.7
Helped by familiar person at hospital	Yes	26	22.2
	No	84	71.8
	Do not know, no answer	7	6.0
Had to pay for hospital services	Yes	–	
	No	112	95.7
	Do not know, no answer	5	4.3

person at the hospital who helped them, 22.2% answered in the affirmative, while when asked if they had to pay for hospital services, no one gave a positive response. From the distribution of the causes of hospitalization of the children, as reported by the 117 parents/caregivers (results not shown in table/figure), a very high percentage of 24.8% stated that the cause was unknown at the time of the survey or did not report it in the questionnaire, while 22.2% reported "respiratory tract infection". This was followed by "gastroenteritis" (10.3%), "Crohn's disease" (4.3%) and "otitis media" (3.4%) as the most common causes. Regarding the question on the child's current health status, 29.1% reported the child's health as *very good* and 39.3% as *good*. Similarly, no parent/caregiver reported it as *very poor*.

Children's hospitalization and parental satisfaction

The Overall Satisfaction with Hospitalization Scale has four subscales, together with the general question on overall satisfaction (tab. 3). They are scored from 1 to 5, with 5 indicating complete satisfaction. All were found to have moderate or high mean scores or moderate-to-high levels of satisfaction (from 3.86 to 4.29). Reliability was between 0.643 and 0.832, or questionable to excellent. However, it is noteworthy that medical and nursing care achieved the highest mean score for satisfaction regarding children's hospitalization, while hospital environment scored the lowest. (4.29 versus 3.86, p<0.001) (results not shown in table/figure).

Table 4 presents the correlation coefficients between the subscales of the Satisfaction with Hospitalization Scale. As expected, there is significant correlation between them at mostly moderate to high levels. Specifically, satisfaction with "medical and nursing care" is most highly correlated to "hospitalization organization and planning" (r=0.605, p<0.001) or to quality factors besides the organization or environment of the hospital (r=0.631, p<0.001). Similarly, satisfaction with "hospitalization organization and planning"

Table 4. Correlation of the subscales of the Overall Satisfaction with Hospitalization Scale as rated by the 117 parents/caregivers of hospitalized children in the study.

	1	2	3	4
	r-Pearson			
Medical and nursing care	–			
Hospitalization, organization and planning	0.605*			
Hospital environment	0.451*	0.548*		
Other quality factors	0.631*	0.615*	0.552*	
Overall satisfaction	0.499*	0.525*	0.490*	0.397*

Highest score of 5 in all scales indicates complete satisfaction

* p<0.001

Table 3. Scores of the subscales of the Overall Satisfaction with Hospitalization Scale as rated by the 117 parents/caregivers of hospitalized children in the study.

Subscales	Mean	SD	Median	Min	Max	Cronbach's α
Medical and nursing care*	4.29	0.57	4.33	1.50	5.00	0.832
Hospitalization, organization and planning**	3.92	0.57	3.83	2.50	5.00	0.643
Hospital environment***	3.86	0.58	3.89	2.00	5.00	0.774
Other quality factors†	4.14	0.57	4.00	2.50	5.00	0.649
Overall satisfaction‡	4.17	0.70	4.00	2.00	5.00	–

Highest score of 5 in all scales indicates complete satisfaction

* The subscale, consisting of 12 questions, is scored on a Likert scale of 1: completely agree to 5: completely disagree

** The subscale, consisting of 6 questions, is scored on a Likert scale of 1: completely agree to 5: completely disagree

*** The subscale, consisting of 9 questions, is scored on a Likert scale of 1: completely agree to 5: completely disagree

† The subscale, consisting of 4 questions, is scored on a Likert scale of 1: completely agree to 5: completely disagree

‡ Question 58 of the questionnaire *("In general, you are very satisfied with your stay in the hospital")* is scored on a scale of 1: completely agree to 5: completely disagree

was highly associated with "hospital environment" (r=0.548, p<0.001). Note, however, that "overall satisfaction" (a stand-alone question) is significantly related to the "satisfaction" expressed by all four subscales (p<0.001).

Table 5 presents the multiple linear regression of the subscales of the Satisfaction with Hospitalization Scale with regard to the characteristics of the study parents/caregivers and their children. It was observed, regardless of the univariate correlations, that parents who are married or have a partner were associated with significantly higher levels of satisfaction with "medical and nursing care" (b=-0,370, p<0.05), "hospital organization and planning" (β=-0.450, p<0.05), "hospital environment" (β=-0.713, p<0.05), "other quality factors" (β=-0.427, p<0.05) and "overall satisfaction" (β=-0.616, p<0.05). Similarly, better health status of children was significantly correlated with higher satisfaction with "hospital organization and planning" (β=-0.165, p<0.05) and "overall satisfaction" (β=-0.174, p<0.05).

DISCUSSION

The aim of the present study was to investigate the degree of satisfaction of parents/caregivers with the healthcare provided to their children and to evaluate the factors influencing the hospitalization of their children. In summary, the following were found: (a) Moderate to high levels of satisfaction in all areas of care or service in the hospital, with the highest satisfaction with children's hospitalization being found for "medical and nursing care" and the lowest for "hospital environment" (p<0.001); (b) satisfaction with "medical and nursing care" was found to be most highly associated with "hospitalization organization and planning" (p<0.001); (c) parents who were married or had a partner reported higher levels of satisfaction with "medical and nursing care", "hospitalization organization and planning", "hospital environment", "other quality factors" or "overall satisfaction" (p<0, 05); and (d) finally, better health status of the children seems to play an important role in satisfaction, being significantly correlated with higher satisfaction with "hospitalization organization and planning" and "overall satisfaction" (p<0.05).

In general, evaluating parents' views can contribute to the identification of keyways to improve the quality of care provided. Such efforts have been made since 1975, while appropriate assessment tools have been developed over the years, alongside healthcare and health facilities. In this effort, of course, factors that, according to the literature, may determine or be related to the hospitalization of children were evaluated. Most studies, like the present, have focused on clinics, where parents or relatives are obviously directly present. However, the most important factor is the domain of satisfaction identified as the most frequent: the

Table 5. Multiple linear regression of the subscales of the Satisfaction with Hospitalization Scale regarding the characteristics of the study parents/caregivers and their children.

	Satisfaction with Hospitalization Scale (higher score → greater satisfaction)				
	Medical and nursing care	**Hospitalization, organization and planning**	**Hospital environment**	**Other quality factors**	**Overall satisfaction with hospitalization**
	Non-standardized β-coefficients				
Gender (1: Male, 2: Female)	0.101	0.058	-0.047	0.116	-0.127
Age (years)	0.012	0.001	0.008	0.017*	0.013
Family status (1: Married or partnered, 2: Unmarried, divorced or widowed)	-0.370*	-0.450*	-0.713*	-0.427*	-0.616*
Education (1: Primary, 2: High school, 3: Lyceum, 4: University, 5: PhD, MSc)	-0.037	-0.050	-0.039	-0.036	-0.094
Area of residence (1: Rural, 2: Urban)	0.114	0.046	-0.007	0.041	0.099
Monthly income (€) (1: <500, 2: 500–1,000, 3: 1,000–1,500, 4: 1,500–2,000, 5: >2,000)	0.106	0.088	0.018	0.078	0.001
Years of child's illness (1: <1 year, 2: 1–2 years, 3: 3+ years)	0.083	0.126	-0.084	-0.071	0.034
Child's current health status (1: Very good, 2: Good, 3: Fair, 4: Poor, 5: Very poor)	-0.088	-0.165*	-0.073	-0.117	-0.174*
R^2 *adjusted*	0.064	0.089	0.056	0.048	0.061

PhD: Doctor of Philosophy, MSc: Master of Science

* p<0.05

nursing care provided to their children. Nevertheless, the difficulty in evaluating the studies, point out, lies both in the different tools used to assess parental satisfaction and in the lack of agreement on the ideal conditions for the use of tools and applications that would make the studies and their results comparable, both internationally and over time. In that case, of course, the difficulties would lie in the different health structures or even their systems.[17]

Thus, with all the limitations of this study, moderate-to-high levels of satisfaction with children's hospitalization in all areas of care and service in the hospital were found. Of all the subscales, "medical and nursing care" had the highest satisfaction rating, while the "hospital environment" had the lowest.

In Greece, both past and present studies have provided important and encouraging findings. A study conducted on 150 parents whose children were hospitalized at the University General Hospital of Patras yielded similar findings to the current study. Overall, a high level of parental satisfaction with the quality of pediatric care provided was observed, aligning with the results of the present study. Notably, the researcher's study encompassed *"every aspect of the hospital's operation, including the role and communication between parents and medical and nursing staff, as well as the rest of the hospital staff"*. Furthermore, the study revealed that mothers exhibited higher levels of satisfaction compared to fathers, middle-aged parents (between the ages of 31 and 44), and parents with lower educational attainment. It is also noteworthy that these characteristics were associated with the fear experienced during the COVID-19 pandemic and its stringent restrictive measures. This fear, in turn, affected the parents' satisfaction with the care provided to their children. Regrettably, the study did not assess mean values by subscale (across the four subscales) or overall, rendering direct comparison with the present study challenging. Nevertheless, the description of high satisfaction serves as a significant indicator of the prevailing situation.[22]

In another case, a cross-sectional study was conducted using the Swedish Pyramid Quality of Care Questionnaire – parents version, with 120 parents of children who had been hospitalized for more than three days in pathology and surgery clinics of the "Agia Sofia" and "Panagiotis and Aglaia Kyriakou" General Children's Hospitals of Athens. Despite the different evaluation tool used and other methodological differences, parental satisfaction was found to be high, with an overall index of 80.2%. Regarding the qualitative characteristics, it seems that the attitudes of the staff (93.1% satisfaction) and the care provided (92.3%) were the most positive aspects. Another factor of satisfaction was information about the child's illness/condition (84.8%), while accessibility to the appropriate services (66.2%) and working environment of the staff (68.1%) were rated lower. Dissatisfaction with waiting times for clinical and laboratory tests was also recorded, factors that the researchers reported may reduce satisfaction and the quality of services.[23]

Employing the Swedish Pyramid Quality of Care Questionnaire (parents version) as a standardized instrument, the study investigated the satisfaction levels of 352 parents and examined their correlation with their demographic characteristics. The research was conducted in the pediatric and surgical departments of two public pediatric hospitals in Attica. The study focused on eight domains of patient satisfaction: Information on illness, information on routines, accessibility, medical treatment, care, staff behavior, parental participation, and working environment.[24]

Parents were highly satisfied with the behaviour of health professionals and the care provided but were less satisfied with accessibility in the hospital. Marital status (married parents) and short length of stay of the child were associated with higher satisfaction.[24] In a study of 700 parents in a pediatric hospital in Attica in 2008, the overall evaluation of services found that accompanying parents were more satisfied than they expected.[25,26] More specifically, 45.0% of parents were very to completely satisfied with the information provided by the hospital, 54.0% were very to completely satisfied with the politeness of the staff, while medical services scored a mean of 3.6 in a range of 1 to 5 (5=completely satisfied) and nursing services scored 3.4.

In the international scientific environment and regardless of methodological differences (children, infants, private or public hospitals, health systems, clinics, etc.), similar or contradictory results have recently emerged; in general, most of the studies show a high level of satisfaction.[3,27–34]

A study conducted in Ethiopia in 2021 on 238 parents of children hospitalized and anesthetized revealed a high level of satisfaction with the care provided, with 78.0% of respondents expressing their contentment. Notably, non-anxious parents, male parents, working parents, urban residents, and those whose children had received sedative premedication exhibited a significantly higher rate of satisfaction compared to other demographic groups.[27] In the same region, a study of 400 young parents whose newborns were hospitalized in intensive care units showed that more than half were satisfied (55.0%), with older parents being the most satisfied; also, as in the previous study, higher satisfaction rates were found for male parents and lower length of stay, with lowest satisfaction rates for those whose children were readmitted.[28] In contrast, however, a study

found for hospitalized newborns, children, and adolescents aged 0–18 years that maternal parents were more satisfied with medical and nursing staff but had lower expectations with "caring about children's home routines".[35] A study of 84 parents of hospitalized children in a private hospital in Sao Paulo (Brazil) in 2019–2020, found only moderate satisfaction and no association of satisfaction with length of hospital stay and severity of illness or disease.[30] Furthermore, it was estimated that over 90.0% of respondents were satisfied with the nursing staff. The highest level of satisfaction was observed among parents of preschool children (strongest determinant of satisfaction) or early school-age children. Additionally, shorter length of stay (<7 days) was associated with higher levels of satisfaction.[3,14]

Of the potentially modifiable factors, therefore, it is possible to regulate at least the length of stay and hospitalization, as most studies suggest, while continuing and improving the care of newborns. In general, all staff, nurses and doctors should have open and effective communication with the child patients and their attendants in order to satisfy parents and improve the quality of care. In addition, staff should adjust their actions according to parents' wishes. The parents' education about treatment and care should take place during hospitalization, before the children are discharged, and additional measures must be implemented for children by welfare services.[27,36]

However, it is worth noting that they went a step further with their randomized study and analysis of a new type of satisfaction assessment model. In effect, what they did was to take into account ratings through two stages (two arms) of the care provided: both parents and their children (7–17 years). Initially, through a randomized, two-arm, unblinded study and a convenience sample of 672 families, they compared the reports of children and parents (arm 1) with those of parents only (arm 2), at admission and during hospitalization (around day 10). Both children and their parents were therefore willing to provide information on satisfaction with care before discharge from the hospital. The authors suggest that this measurement model could yield valid and reliable findings, representative of the hospitalized children themselves together with their parents and form the basis for a new and needed approach to measuring satisfaction with inpatient pediatric care.[37]

In a more general context and in terms of more political management, a change of strategy, with the implementation of the family-centred model in public pediatric care, can increase both the quality of that care and the effectiveness and efficiency of the National Health System in the field of pediatric health services.[20,23] In any case, the factor that proves to be decisive for satisfaction with hospitalization of children seems to be children's health status: the better it is (improvable or recoverable), the more parents tend to be satisfied overall.

One significant limitation of this research, similar to many studies evaluating satisfaction with nursing and medical care in hospitalized children, is the absence of direct input from the children themselves.[37] The focus is primarily on the views of parents or caregivers, while overlooking the perspectives of the patients themselves, particularly among school-aged children and adolescents who are capable of providing meaningful and valid feedback. Furthermore, the satisfaction or dissatisfaction expressed by parents or caregivers may be impacted by circumstances related to hospital stay. Factors such as the severity of the children's illness, recurrent admissions, the family's socioeconomic status, or the geographical location of their residence are also crucial considerations which were examined in this research. These are factors that healthcare professionals may already take into consideration, but the aim is to identify any elements that could potentially enhance health services without impeding nursing and medical care, and to foster collaboration with parents to aid in the recovery of their children's health.

In conclusion, the purpose of the present study was to investigate the degree of satisfaction of parents/caregivers with the healthcare provided to their children by the clinic where they were hospitalized and to evaluate factors that influence hospitalization and, by extension, satisfaction. A moderate to high degree of satisfaction was found in all areas of care or service in the hospital, with the highest satisfaction being with the hospitalization of children found for "medical and nursing care" and the lowest satisfaction with "hospital environment". Strong factors determining satisfaction seem to be the family situation of the parents/caregivers (their married/partnership status) and above all the better health status of their children. This last modifiable factor can be improved by the health professionals (medical and nursing staff) immediately by admitting the children to the hospital, always with a view to the speedy and immediate restoration of their health and their discharge from the hospital.

ACKNOWLEDGEMENTS

The authors would like to thank all the parents who participated in this study and truly appreciate their time and effort. The authors would also like to thank Dr Rosemary Tzanaki for her valuable assistance in editing the manuscript.

ΠΕΡΙΛΗΨΗ

Ικανοποίηση γονέων παιδιών που νοσηλεύονται σε παιδιατρική κλινική της ελληνικής περιφέρειας

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Αρχεία Ελληνικής Ιατρικής 2026, 43(5):631–639

ΣΚΟΠΟΣ Διερεύνηση του επιπέδου ικανοποίησης των γονέων/φροντιστών από την υγειονομική περίθαλψη που παρέχεται στα παιδιά τους και τους παράγοντες οι οποίοι επηρεάζουν τη νοσηλεία τους. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Διεξήχθη συγχρονική μελέτη παρατήρησης σε 117 γονείς, συνοδούς ή φροντιστές παιδιών που νοσηλεύτηκαν στην παιδιατρική κλινική ελληνικού γενικού νοσοκομείου το φθινόπωρο του 2022. Χρησιμοποιήθηκε η κλίμακα συνολικής ικανοποίησης με τη νοσηλεία και εφαρμόστηκε ανάλυση γραμμικής παλινδρόμησης για τον προσδιορισμό των σχετικών παραγόντων, όπως τα χαρακτηριστικά των παιδιών/φροντιστών και γονέων. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Το 72,6% των γονέων ήταν γυναίκες, με μέση ηλικία τα 37,4 έτη. Η συνολική ικανοποίηση από τη νοσηλεία κυμαινόταν από μέτρια έως υψηλή, με μέσο όρο βαθμολογίας 3,86–4,29. Η «ιατρική και νοσηλευτική φροντίδα» έλαβε την υψηλότερη μέση βαθμολογία ικανοποίησης σε σύγκριση με το «νοσοκομειακό περιβάλλον» (4,29 έναντι 3,86, p<0,001). Οι έγγαμοι/σύντροφοι γονείς ανέφεραν σημαντικά υψηλότερα επίπεδα ικανοποίησης από την «ιατρική και νοσηλευτική φροντίδα» (μη τυποποιημένη β=-0,370, p<0,05), το «νοσοκομειακό περιβάλλον» (β=-0,713, p<0,05) και τη «συνολική ικανοποίηση» (β=-0,616, p<0,05). Η καλύτερη κατάσταση υγείας των παιδιών συνδέθηκε με υψηλότερη ικανοποίηση από την «οργάνωση και προγραμματισμό νοσηλείας» (β=-0,165, p<0,05) και τη «συνολική ικανοποίηση» (β=-0,174, p<0,05). **ΣΥΜΠΕΡΑΣΜΑΤΑ** Τα ευρήματα έδειξαν ένα γενικά υψηλό επίπεδο ικανοποίησης σε όλους τους νοσοκομειακούς τομείς, με ιδιαίτερα αυξημένη ικανοποίηση από την «ιατρική και τη νοσηλευτική περίθαλψη». Η οικογενειακή κατάσταση και η κατάσταση υγείας των παιδιών εμφανίστηκαν ως ισχυροί καθοριστικοί παράγοντες ικανοποίησης. Οι επαγγελματίες υγείας θα μπορούσαν να βελτιώσουν τα επίπεδα ικανοποίησης, επιταχύνοντας τη διαδικασία εισαγωγής για τα παιδιά και διασφαλίζοντας την ταχεία ανάρρωσή τους.

Λέξεις ευρετηρίου: Γονική ικανοποίηση, Οικογενειακή φροντίδα, Παιδιατρική υγειονομική περίθαλψη, Ποιότητα υπηρεσιών υγείας

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