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Walden University

College of Health Sciences

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Veronica Laviece Givan

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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The Office of the Provost

Walden University
2019

Abstract

Parent/Patient Satisfaction and Physician/Nurse Interaction at a Children's Hospital

by

Veronica Laviece Givan

MSN, Walden University, 2013

Diploma in Nursing, Grady Memorial Hospital School of Nursing, 1981

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy in

Health Care Administration

Walden University

August 2019

Abstract

Parent/patient satisfaction surveys are important tools used to measure quality of health care provided by physicians, nurses, and hospitals. Research has been conducted on patient satisfaction in adult settings; however, a gap exists in the research about pediatric patient satisfaction in relationship to nurse interactions and interactions with physicians in various clinical settings. The purpose of this descriptive quantitative study was to determine whether a significant difference exists in overall parent/patient satisfaction scores and interaction of patients with nurses, and physicians, as well as interaction with anesthesiologists in terms of pain management in the pediatric surgical service in comparison to the medical inpatient unit and intensive care unit. Watson's caring science theory served as the framework for this study. Research questions evaluated parent/patient satisfaction scores and tested interactions between the parent/patient and the physicians, nurses, and anesthesiologists in a children's hospital. A total of 675 parent/patient satisfaction surveys from a children's hospital were analyzed using an independent samples *t* test, Levene's test, and regression analysis. The data analysis revealed a significant difference between overall parent/patient satisfaction scores (p = .021) in the pediatric surgical service as compared with the medical unit and for the parent/patient satisfaction survey responses (p = .004) for the interaction with nurses and physicians in the pediatric surgical service as compared with intensive care units. The potential social change that could result from this study is that health care organizations should record patient experiences to facilitate and improve the quality of care, interactions with physicians and nurses, and clinical outcomes

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Dedication

The Registered Nursing profession has been my journey for more than 38 years strong and I am truly grateful for the career path chosen to faithfully serve in most of my life. However, there is a passion for teaching which has brought me thus far on this journey as my desire to teach in the College of Health Sciences can be accomplished with the pursuit of this doctoral degree with gratitude where I would be honored to serve among the scholars of the world.

Acknowledgments

First and foremost, I want to give thanks to God who is the head of my life and all that I am for the blessing to reach this point and time spent in gaining the knowledge of education in the PhD. Health science program. To my mother, sister, two brothers, children, grandchildren, relatives and friends, thanks for all your support and patience. A special thanks to the Walden University establishment for the education path and to all the professors that have assisted me along the way. A special thanks to Dr Diana Naser for my recommitment to stay in the program when I was very close to dropping out from the PhD. In Health Care Administration program. I am blessed and encouraged as I look forward to the teaching years ahead the share the knowledge that I have for the future health care associates working in the field.

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Chapter 1: Introduction to the Study

Patient satisfaction surveys constitute a valuable source of information in patient-focused health care and can be an effective indicator of the quality of care provided by physicians, nurses, and hospitals. The patient's experience in health care organizations should be considered and incorporated in every stage of the health care surgical services process (Bitzer, 2012). The major concern for the pediatric population in terms of health care services is to receive the best treatment and care most suitable to their needs (Bitzer, 2012). Patient satisfaction surveys offer data that are vital for the hospital status and reputation in the community (Dolan, 2011). For pediatric patients, where many of the patients are 18 years of age or younger, the parents will complete the patient satisfaction survey and therefore the tool will be referred to as a parent/patient satisfaction survey. In Chapter 1, I discuss the problem statement, research questions, theoretical/conceptual framework, nature of the study, definition of terms, assumptions, limitations, and the significance of this research study.

Background

Parent/patient satisfaction is defined as how satisfied the parents are for the care that their child received in a pediatric setting (Web MD, 2017). Patient satisfaction survey tools are increasingly used by payers and hospitals to measure value in the U.S. health care system. Valuable information can be gained from patient satisfaction surveys and the patient experience remains as an outcome measure to encourage an increased focus on efforts associated with both satisfaction and worth from the health care

providers (Farley, 2014). The literature related to parent/patient satisfaction survey scores includes the importance of understanding the association between the patient experience and quality health outcomes. In addition, results of these surveys are playing an increasingly important role given that the patient experience is being used as a surrogate marker for quality and value of health care delivery (Farley, 2014).

Patient satisfaction surveys show an increase and acquired recognition gaining increased attention as meaningful and important foundations of information in identifying gaps, developing effective plans of action, and promoting quality improvement strategies for health care establishments (Al-Abri & Al-Balushi, 2014). However, few published studies report on improvements resulting from feedback information of patient satisfaction surveys, and in most cases, these studies are contradictory in their findings (Al-Abri & Al-Balushi, 2014). The importance of understanding the level of patient satisfaction in pediatric health care services fills the knowledge gap to improve service quality, delivery of care practices, and the understanding behind why health care is provided to the population in need.

According to Lacey (2007), patient satisfaction in pediatric settings and importance of nursing care in the quality agenda explores the existing gaps in this field of science. Key stakeholders and groups that advocate and focus on specific quality agendas within the field of pediatrics use a multidisciplinary model of delivery, where each discipline uses specific domains of knowledge and interventions evaluating patient outcomes. The *multidisciplinary care team* can be defined as a partnership among health care workers of different disciplines inside and outside the health sector and the

community with the goal of providing quality continuous, comprehensive, and efficient health services. This study was needed to validate the importance of patient satisfaction survey results for a children's hospital service to the community and provide a premise that health organizations' recording of actual patient experiences facilitates improvements of quality care (Kieft, 2014).

Problem Statement

Parent/patient satisfaction surveys are important tools and are commonly used as indicators for measuring quality of health care directly affecting clinical outcomes, patient retention, and medical malpractice claims (Wilson, 2016). These types of surveys are timely, efficient, and help define the patient-centered delivery of safe, quality health care practices (Wilson, 2016). The execution of parent/patient satisfaction surveys in pediatric operating room settings is complex for applied health care services. Satisfaction components of positive versus negative or the rivalry of approval or disapproval can directly affect the reputation of the health care establishment (Berkowitz, 2016). Past research on parent/patient satisfaction scores in pediatric settings focuses on positive work environments and the facilities achieving Magnet status (Renter & Allen, 2014). To meet the needs of the pediatric population, it is important to focus on patient satisfaction and the relationships with physicians and nurses taking into consideration safe, effective care, and effective collaboration of nurses and physicians (Renter & Allen, 2014). Research exists on patient satisfaction in adult settings; however, a gap in the research exists with regard to the significance of pediatric patient satisfaction scores in relationship to interactions with physicians and nurses in various clinical settings.

Purpose of Study

My purpose in this descriptive quantitative study was to determine whether a significant difference exists in overall parent/patient satisfaction scores and interaction of patients with nurses, and physicians, as well as interaction with anesthesiologists in terms of pain management in the pediatric surgical service in comparison with the medical inpatient unit and intensive care unit of a children's hospital. The patients served at the children's hospital, Hospital A, ranged in age from newborn up to 28 years. The descriptive variables for this study were patient age, gender, race, education level, and the relationship to the patient if the patient was not completing the survey. The dependent variable was the overall parent/patient satisfaction score. The independent variables were the interactions with physicians, nurses, and anesthesiologists.

Research Questions

The research questions that guided this study were as follows:

Research question 1

At a children's hospital, for the 2017–2018 calendar year, is there a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical unit?

$H_0 1$: At a children's hospital, for the 2017–2018 calendar year, there is no significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical inpatient unit.

$H_1$1: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical inpatient unit.

Research question 2

At a children's hospital, for the 2017–2018 calendar year, is there a significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units?

$H_0$2: At a children's hospital, for the 2017–2018, there is no significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units.

$H_1$2: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units.

Research **q**uestion 3

At a children's hospital, for the 2017–2018 calendar year, is there is a significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service?

$H_0$3: At a children's hospital, for the 2017–2018 calendar year, there is no significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service.

*H*1*3*: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service.

Theoretical and Conceptual Framework for the Study

I used Watson's caring science theory as a guide for the satisfaction outcomes of surveys distributed to the pediatric population in hospital settings. Watson's theory symbolizes the part of caring centered on morals, caring for others as family, personal awareness, and familiarity as the scope of practice (Lusk & Fater, 2013). The feedback elicited from hospital surveys in pediatric settings permits a solid, firm structure formation for health care providers' delivery of family centered and patient care (Lusk & Fater, 2013). Satisfaction questionnaires and patient satisfaction survey scoring results offer a grading system for the health care providers based on the needs of the parents' subjective experiences of their children following hospitalization. Watson's theory clarifies caring that involve values, ones' will, ones' commitment to care, personal knowledge, a sincere caring action, and values (Lusk & Fater, 2013). The use of feedback from patients and families provides a strong foundation of patient and family-centered care globally (Lusk & Fater, 2013). Patient satisfaction surveys or questionnaires ask parents/patients to give feedback on their subjective experiences of their child's hospitalization. The feedback collected from patient satisfaction surveys offer the concept of human caring science principles by developing trusting relationships, gradually establishing faith, partaking in open conversations on positive and negative feelings,

promoting creative problem solving between the health care providers and recipients, as well as creating an environment where healing and satisfaction are the experiences received (Watson, 2009).

Nature of Study

I conducted a descriptive quantitative research study using secondary data collected at a children's hospital, Hospital A, for the 2017–2018 calendar year. A quantitative design was chosen because quantitative research emphasizes objective measurements and the statistical, mathematical, or numerical analysis of data collected through surveys and/or by manipulating pre-existing statistical data using computational techniques (Rudestam & Newton, 2015). Quantitative research focuses on gathering numerical data and generalizing it across groups of people or to explain a specific phenomenon. The quantitative design was descriptive in nature. The data collected for this research came from the Hospital A's parent/patient satisfaction survey information database. The dependent variable was the overall parent/patient satisfaction score. The independent variables were the interactions with physicians, nurses, and anesthesiologists. An independent samples t test, Levene's test, and regression analysis were used to answer the research questions.

Definition of Terms

Parent/patient satisfaction: Is defined as to how satisfied or the reaction/response parents express, or share based on the care their child received in the health care pediatric setting (WebMD, 2017).

Patient satisfaction: Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider (WebMD Inc., 2017).

Satisfaction survey score: An important and commonly used indicator for measuring the quality in health care s it affects the timely, efficient, and *patient*-centered delivery of quality health care (WedMD Inc., 2017).

Assumptions

I used data from actual patient/parent survey scores collected in a children's hospital, Hospital A. Within this pediatric hospital, the specific settings identified include medical units, intensive care units, and the surgical services units. An assumption of the patient/parent satisfaction survey was that it was completed by the parent of the child or an age appropriate child. Hospital A does permit children 18 years or older to complete their own survey without a parent if the 18-year-old is competent or without disability. Another assumption was that the appropriate time was given to complete the patient satisfaction survey so that all the questions would be answered honestly and truthfully.

Scope and Delimitations

My decision to pursue this study in a pediatric setting as opposed to an adult setting was based on the lack of availability of previous research on pediatric patient satisfaction survey scores. A previous study on patient satisfactions surveys included pediatric as well as adult patients and disclosed hospital commitments to high-quality care and the implementation of collaborative evidenced-based clinical practice may provide better patient outcomes in relation to nurse staffing (Kane et al., 1997). I

analyzed parent/patient satisfaction scores from Hospital A, which may play a significant role for an organization that attracts a population seeking specialized care. Because this study was done in a pediatric hospital, the results may not be generalizable to the adult population.

The Watson caring theory was the choice of theoretical framework for this research as opposed to the Swanson caring theory because of the choice of care factors the theory represents. Watson's caring theory embraces 10 carative factors of practice: loving-kindness and equanimity with a conscious; be present, enabling, and sustaining deep beliefs/subjective life world; cultivate personal spiritual practice/transport self; develop a trusting relationship; support expression of positive/negative feelings; creativity of self; engage in teaching experiences; create healing environments; assist with basic needs; and, finally, to be open and attentive to the mysteries of self-life/death dimensions (Watson Caring Theory, 2010). The Swanson caring theory embraces only five components of caring: knowing, being with, doing for, enabling, and to maintain belief (Swanson, 2011) and, therefore, I did not use this theory for my research. Both theories characterized the standard of caring; however, the Swanson theory targets primarily the perinatal aspects of health care with emphasis placed on pregnancy situations and loss, whereas the Watson theory does not discriminate to any specific health care grouping but to all served.

Limitations

Hospital A’s patient satisfaction survey consists of a variety of questions and is delivered by every service offered from the organization. Different surveys are provided to the patient population depending on the services received such as inpatient/medical units, intensive care units, emergency department, radiology, diagnostic imaging, and laboratory and dietary services. The surgical services parent/patient survey questionnaire, used in this study, has 77 questions. A limitation of the study was that because Hospital A has a specialized culture of caring unlike traditional health care organizations (the child is the most important aspect receiving the type of care hoped for one’s own), the findings of this study may not be necessarily generalizable to other types of hospitals. The culture at Hospital A reaches a threshold with a caring emphasis for children from as young as 2 days old up to 28 years of age. Another limitation of this study was that the patient satisfaction survey is worded and geared more toward the benefits acknowledging choosing Hospital A, knowing that the parents of children could have chosen any facility of their choice for care of their child.

Significance

Past research on patient satisfaction scores in pediatric settings focused on nurse retention, positive work environments, and the facilities achieving magnet status (Renter & Allen, 2014). Job satisfaction among nurses can directly affect not only the quality of their functioning but also patient satisfaction and their interaction with physicians. The significance of my study could reveal that parent/patient satisfaction is based on direct

and indirect experiences of parent/patients with physicians and nurses. This study could contribute to the gap in knowledge by recognizing the importance of focusing on parent/patient satisfaction and the relationships between physicians and nurses.

Physicians and nurses can spend a significant amount of time with patients, which can significantly influence individual and family experiences. These interactions can improve patient experiences with evidence from patient satisfaction surveys of the quality of care as physicians and nurses support the factors aligning with mission and vision of the institution he/she represents with positive outcomes. The potential social change that could result from this study reflects the premise that health care organizations record patient experiences to facilitate and improve the quality of care (Kieft, 2014).

Summary

A descriptive quantitative study was conducted at a children's hospital, Hospital A, using secondary data from patient satisfaction surveys for the 2017–2018 calendar year to determine whether a significant difference exists in overall parent/patient satisfaction scores and interaction of patients with nurses, and physicians, as well as interaction with anesthesiologists in terms of pain management in the pediatric surgical service in comparison to the medical inpatient unit and intensive care unit. In Chapter 2, I discuss the theoretical framework that I used for this study, strategies that I used for searching the literature, and the review of literature relevant to my research topic.

Chapter 2: Review of Literature

Introduction

My purpose in this study was to determine whether a significant difference exists in parent/patient satisfaction scores and interaction of patients with nurses, and physicians, as well as interaction with anesthesiologists in terms of pain management in the pediatric surgical service in comparison to the medical inpatient unit and intensive care unit at a children's hospital, Hospital A. Patient satisfaction surveys completed by parents/patients provide feedback about the interaction parents/patients had with nurses and physicians. Patient input is a valuable source of information needed for a patient-oriented organization of health care, because the patients' major concern is to receive treatment and care that satisfies their needs (Bitzer, 2012). The dimensions of patient satisfaction have been described as an issue of shared decision making and an area of importance to the patient population (Bitzer, 2012). The results of this study may reveal that parent/patient satisfaction is based on the direct and indirect experiences of parent/patients in alignment with the mission, vision, and values supported by the organization. The potential social change that may result from this study supports the premise that health care organizations record patient experiences to facilitate and improve the quality of care. This chapter includes the literature search strategy used with an emphasis on studies previously conducted on parent/patient satisfaction survey trials, the theoretical framework that guided this study, and a review of the literature about patient satisfaction strategies, patient experiences and relationships, patient satisfaction questionnaires/survey studies, quality patient care aspects in pediatric settings, patient

satisfaction evaluation of care, patient satisfaction and role playing, positive patient experiences, and nurse retention association with patient satisfaction outcomes.

Literature Search Strategy

I conducted a systematic literature review of existing research about patient satisfaction scores. I also used a collection of current peer-review articles, journals, and previous research studies to support the data and analytic procedures. The databases that I used in this research study were accessed from the Walden University Library and included Medline with Full Text, CINAHL with Full Text. ProQuest Health & Medical Collection, PubMed, and Science Direct. A total of 275 articles were located for this study. I narrowed the content of the articles to align with the use of key words in the search engine to capture patient satisfaction. Keywords that I used in this research study were *patient satisfaction, patient satisfaction scores, patients, parents, children, pediatric population, nurses, physicians, anesthesiologists, pain management, acute care, medical unit, inpatient unit, emergency department,* and *intensive care unit*. The articles that I used in this research were from scholarly journals, scholarly books, and internet sources. Articles that were used for this literature review were peer reviewed and full text.

Theoretical Framework

Watson's caring theory served as the framework to guide this study. Watson's caring theory embraces 10 carative factors of practice: loving-kindness and equanimity with a conscious; be present and enabling, and sustaining deep beliefs/subjective life world; cultivate personal spiritual practice/transport self; develop a trusting relationship; support expression of positive/negative feelings; creativity of self; engage in teaching

experiences; create healing environments; assist with basic needs; and, finally, to be open and attentive to the mysteries of self-life/death dimensions (Watson Caring Theory, 2010). Watson's theory clarifies caring that involve values, ones' will, ones' commitment to care, personal knowledge, a sincere caring action, and values (Lusk & Fater, 2013).

The concepts executed by Watson's caring science theory reveal *nursing* as an academic discipline and a practice profession displaying the art and science of holistic health care guided by the values of human freedom, choice, and responsibility (Watson, 2009). The *human being* concept reflects on care values, admiration, encourage growth, provide understanding and giving respect as it is received while delivering care to others (Watson, 2009). Watson's theory also reflects on the *human being* concept as one of value to care for, treat with admiration, nurture, be understood and given the utmost respect regarding delivering help to others (Watson, 2009).

An example of how Watson's theory was applied in a health care setting is Bernick's (2004) article on caring for older adults. The caring for older people and listening attentively to what they say about themselves and their varied health situations, especially in relation to quality of life and peace of mind, body, and soul, are important matters to nurses (Bernick, 2004). Bernick (2004) referenced the assumptions and key concepts of Watson's framework described with examples that illustrate how a nursing framework has shaped advanced nursing practice (Bernick, 2004). Bernick discussed some of the key concepts of Watson's theory including intersubjectivity, transpersonal caring, spirituality, and caring moments. Watson's framework of caring-healing is shown

to inform practice, education, and research for the nursing professionals, which has similarity to patient satisfaction principles (Bernick, 2004).

Another example of Watson's theory in relation to patient satisfaction concepts is discussed in Hemsley's (2006) article on taking the eagle's view to investigate the extraordinary and transformative experiences of nurse healers (Hemsley, 2006). Watson's conceptual model of a caring-healing transpersonal understanding of nursing was used to underpin a hermeneutic phenomenological study of the extraordinary and transformational experiences of nurse healers (Hemsley, 2006). The five essential themes uncovered from the analysis of interviews with 11 nurse healers—Belonging & Connecting, Opening to Spirit, Summoning, Wounding & Healing Journey, and Living as a Healer—are set out, along with the overarching theme "Walking Two Worlds." Foundational understanding of Watson's model as it relates to the findings, and theoretical aspects, are discussed with their potential contributions of patient satisfaction; similarities to the ongoing evolution of Watson's conceptual model are articulated in this research study (Hemsley, 2006).

Watson's caring theory also aligns with Kelley's (2002) article on strategies for innovative energy based nursing practice on the Healing Touch program that discussed the benefits spinal cord nurses can experience by increasing their knowledge and awareness of how the use of energy therapy increases patient satisfaction and improves outcomes of patients with spinal cord injuries (Kelley, 2002). Energy-based nursing features the holistic, theory-based approach that places patient's perceived needs first, caring for the human body as well as the spirit (Kelley, 2002). Energy medicine is an

intricate part of the patients' expectation for health care and Watson's transpersonal-caring healing model was explored expanding on the view of the person to one that embodies energy comprised of spirit, universal mind and consciousness (Kelley, 2002).

The key variables guided by the research questions of this study are based on a conceptual framework represented by a model revealing nurse interactions with the patient/parent; physician interactions with patient/parent and anesthesiologists' interactions with the patient/parent. All the variables are interrelated and form a connection in the pediatric setting with emphasis placed on parent/patient satisfaction.

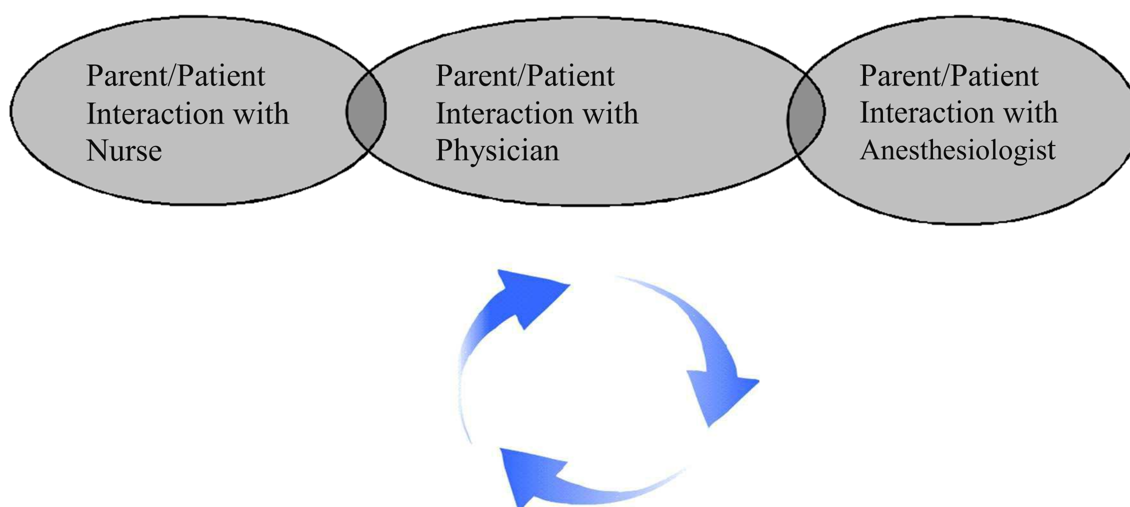

Figure 1. Parent/patient satisfaction.

Patient Satisfaction

The concept of patient satisfaction ratings are personal evaluations of health care services and providers (Mehta, 2015). Mehta (2015) implied that it is politically incorrect to decipher all information derived from patient surveys with patient satisfaction, based on the controversy from previous studies on the value of patient

satisfaction survey reporting significance (Mehta, 2015). Patient satisfaction ratings are distinct from the general reports recognized by providers and the delivery of care. Reports are intentionally more factual and objective; ratings are intentionally more subjective attempting to capture personal evaluations of care not to be confused with observing care directly (Mehta, 2015). Patients can be directed to report the length of time spent with health care providers, rating the actual time spent (Mehta, 2015).

Patient satisfaction ratings suffer from critique based on the lack of correspondence with an objective reality, rather than benefit from the uniqueness of the perceptions of providers or administrators of care (Mehta, 2015). Patient satisfaction principles provide new information to the satisfaction equation with the belief that differences in satisfaction mirror the realities of care to a substantial extent (Mehta, 2015). The differences in satisfaction also reflect personal preferences and expectations. The differences between patient and health care providers cannot come between patient quality and safety. It is important to know the difference in caring for others without becoming too attached, because pediatric nurses share a bond in taking care of children (Mehta, 2015).

The patient's experience with health care institutions should be considered and incorporated into every stage of the health care process (Bitzer, 2012). Only the patients and the parents of smaller children themselves can authentically report their perceptions of health care processes and outcomes (Bitzer, 2012). Several tools are suitable for the assessment of the patient's perspective (Bitzer, 2012). In quality management, positive results have been achieved using standardized written surveys describing and assessing

patient satisfaction and health care settings. Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction can lead to patient/customer loyalty, improved patient retention, increased morale with staff turnover reduction and reduced risk of malpractice claims (Prakash, 2010).

Al-Abri and Al-Belushi (2014) investigated several lessons that discussed the association of dependent and independent qualities toward general approval of quality improvement processes and their research included patient satisfaction surveys from outpatient departments and inpatient units in their approaches for evaluating both quantitative and qualitative design. Standardized questionnaires or self-reported/interview administered, or telephone tactics were used in the study from both previous researchers (Al-Abri & Al-Belushi, 2014). More than 650 patients younger than 50 years in 32 tertiary hospitals were included in the research study with statistically significant outcomes related to nurses' politeness, deference, and vigilantly paying attention. Easy access was a strong driver of overall patient satisfaction (Al-Abri & Al-Belushi, 2014).

Al-Abri and Al-Belushi's (2014) research, a review of articles, specified that determining satisfaction should integrate proportions of methodological, communal, societal, and honest characteristics of care. Their study revealed that patient satisfaction is clearly recognized as a significant value conclusion gage in measuring victory of the delivery service systems, as well as providing a comprehensive understanding of determinants and an improved consideration of patient opinions and insights.

Patient Experiences and Relationships

Kane et al. (1997) examined the relationships from patient satisfaction quality/hospital care/physician time specifics and how to determine the differences each position held. Kane et al. revealed that each outcome is directly related to satisfaction scales as the absolute versions in justifying the outcomes that the care patients receive directly reflect on present state of the care received in the hospital setting from the survey questionnaires data.

Marley et al. (2004) referred to the constant struggle managers face in allocating resources emphasizing the influence on process quality as opposed to clinical quality in health care settings. The results of the study revealed that the physician domain is a direct path to patient satisfaction survey results where current data does not reflect, but instead captures primarily the care received from the nursing and ancillary staff (Marley et al., 2004). A causal model was hypothesized, which evaluated structural equation which modeled a series of 202 employees in 202 hospitals located in the United States (Marley et al., 2004).

Aiken et al. (2012) provided observations from a large study of different countries indicating organizational behavior and the retention of a qualified and committed nurse workforce might be a promising area to improve hospital care safety and quality, both nationally and internationally. Improvement of the hospital work environment can be a relatively low-cost strategy on improved health care. A cross sectional survey of 11,318 patients and 33,659 nurses in 12 European countries were involved in the study (Aiken et al, 2012). The results revealed improvement of hospital work environment is a low-cost

strategy to improve safety, quality of care and patient satisfaction outcomes. Research in the United States showed that investments in a better quality of nurse staffing improved patient outcomes only if hospitals also had a positive work environment and an increase in the number of nurses (Aiken et al., 2012). Best practices such as Magnet recognition are associated with successful organizational transformations (Aiken et al., 2012).

Berkowitz (2016) provided numerous examples that revealed how parent/patient experiences align with nurse job satisfaction and retention in health care settings. The researchers discovered the measurement and understanding of the patient, caregiver, and family experience with health care provides the opportunity for reflection and improvement of nursing care and patient outcomes (Berkowitz, 2016). The concept of patient experience, however, is complex. Nurses, the primary caregivers in health promoting environments such as hospitals, clinics, and community settings, have responded in various ways to regulatory and clinical mandates (Berkowitz, 2016). Gaining knowledge of the dynamics supporting nurse expertise, physicians, anesthesiologists, and the entire health care team can contribute to patient satisfaction enhancements (Berkowitz, 2016).

Carr-Hill (2016) discussed how a variety of patient satisfaction tools are used in hospital settings and further discussed the importance of launching patient satisfaction surveys. The execution and the follow-up of patient satisfaction can be promising for future rankings of the organization (Carr-Hill, 2016). Carr-Hill’s (2016) study represents the way health care management systems support the effectiveness of using patient satisfaction surveys used as a nursing recruitment tool. Carr-Hill identified the difficulties

involved in executing patient satisfaction surveys which align with the revival of interest in “satisfaction” and disagreements over the meaningfulness of a unitary concept. The potential cost-effectiveness of qualitative techniques is discussed as the study concludes by examining the way health care management systems can more effectively realize the findings of patient satisfaction surveys (Carr-Hill, 2016).

The American Association of Colleagues of Nursing’s [AACN] (2015) research revealed faculty shortages around the world as the need for qualified nurses continues to grow, factoring in the significance of patient satisfaction scores and nurse retention strategies which requires federal funding to support the cause. The satisfaction survey outcomes reveal the importance of nurses’ dedication in retaining significant numbers based on the population of the health care served (AACN, 2015). The AACN data showed a national nurse vacancy rate of 6.98%, with an average of 89% of nurses preferring to further or advance their education by obtaining doctoral degrees and leaving their hospitals (AACN, 2015). The current trending of nurses leaving the hospital settings reveals that hospitals are relying significantly on patient satisfaction strategies to retain qualified nursing faculty (AACN, 2015).

Brunetto et al. (2013) identified factors that affect the turnover of nurses by generation. Research revealed that teamwork and well-being contribute to almost half of nurses’ commitment to the hospitals that use them and the nurse retention rate (Brunetto et al., 2013). Further, evidence suggested a generational effect in that Baby Boomer nurses perceived higher levels of well-being and commitment, and lower intention to leave. This concept suggests that nursing management must focus on improving the

quality of workplace relationship as a first step in retaining skilled nurses with performance indicators to ensure effective workplace values (Brunetto et al., 2013). The study used a cross-sectional design with 730 completed patient satisfaction surveys using a self-reporting strategy. Findings indicated nurse-relationships, teamwork and well-being supported the nurses' commitments to hospitals (Brunetto et al., 2013).

Gard-Berterman, Nelms, and Bork (2014) disclosed how nurse turnover costs up to 150% of employee replacement by conducting strategic exit interviews from the Cincinnati Children's Hospital Medical Center. A mixed methods interactive approach was conducted to formulate interview questions based on responses to previous questions researchers used during the same survey, to generate insights concerning the organization producing analytic data combined with financial metrics (Gard-Berterman et al., 2015). The results served as intelligence to drive meaningful, successful organizational strategies aimed toward patient satisfaction and nurse retention (Gard-Berterman et al., 2015). The results of this research study also revealed that health care organizations' goal is to provide exceptional care to the population with a focus on the importance of nursing roles (Gard-Berterman et al., 2015). Obtaining qualified nurses requires developing a comprehensive strategy within the hospital setting for successful outcomes of attracting and retaining staff with the desire to work in recruiting future nursing employees (Gard-Berterman et al., 2015).

Nurse Satisfaction/Job Satisfaction

Dempsey and Riley (2015) disclosed data sets from various phases of the way nurses who are satisfied caring for patients align with significant bonding of relationships

in health care. Dempsey and Riley (2015) further discussed how positive engagement correlates directly to and aligns with quality and safe care concerns. The researchers expand on how compassion and fatigue play critical roles in retaining nurses in favorable environments. Dempsey and Riley (2015) revealed an analysis of the Press Ganey's National Nurse Engagement Database which identified drivers of nurse engagement Some of the key drivers of nurse engagement were: organizational provisions of high-quality care and service; organizational respect policy; nurses' enjoyment of the work performed; a conducive environment for nurses' best work utilizing skill and knowledge sets (Dempsey & Riley, 2015). Dempsey and Riley (2015) stated these key drivers offer insight into the most critical factors that influence nurse engagement.

Kane, Shailiyan, Mueller, Duval, and Wilt (2007) conducted a systematic review and meta-analysis examining the association among registered nursing staffing with patient outcomes in acute care settings. A total of 28 studies reported odds ratios of patient outcomes in nurse-patient ratios using a standardized protocol. Studies with different designs showed associations between increased nurse staffing and decreased adverse patient events in surgery with causal pathways at the 94-95 percentiles (Kane et al., 2007). The study revealed an association between increased staffing quality and commitment to quality medical care contribution to the pathway of nurse retention (Kane et al., 2007). Other results revealed hospitals' commitments to quality medical care characteristics (Kane et al., 2007).

Lieber (2014) explored hospitals setting higher standards because of patient satisfaction scores and competing for patients with credibility and validity standard of

care practices at stake. A meta-analysis review of multiple controlled studies using individual experimental studies, quasi-experimental studies, and nonexperimental studies resulted in program evaluation, research utilization, and quality improvement projects (Lieber, 2014). The combined studies summarized thousands of participants' credibility of patient satisfaction surveys continuous efforts as to the importance of economics in hospital settings do exist (Lieber, 2014). Quality patient-centered care reveals the basic element of patient satisfaction leading to the formation of caring relationships. Hospital environments play a pivotal role making positive patient experiences more predictable by supporting studies that reinforce the value nurses bring to patient outcomes and satisfaction scores, thus adding impetus to the organization's reputation in the community (Lieber, 2014).

Renter and Allen (2014) completed evidenced-based research addressing the ways Magnet status can attract and retain nursing professionals with emphasis on satisfaction survey outcomes. Renter and Allen's (2014) assessment of the literature consisted of an examination of six articles with views on patient satisfaction relationships to quality outcomes, and service excellence in alignment with organizational goals (Renter & Allen, 2014). The critical analysis of the literature confirmed that Magnet designation correlates with positive work environments and nurse satisfaction, both of which may influence nurse retention. The analysis found that sufficient staffing correlates to direct quality, safe care with positive patient outcomes (Renter & Allen, 2014).

Ernst, Franco, Messmer, and Gonzalez (2004) identified an exploratory descriptive study of the nursing staff in a pediatric hospital in the Southeast which

detailed nursing satisfaction in the pediatric setting with predictions of job satisfaction. Data from two hundred and forty-nine out of 534 pediatric nurses was analyzed using a factor analysis and correlation (Ernst et al., 2004). The factors assessed in the survey were time to get nursing duties done, pay, nurses' confidence abilities and task requirements (Ernst et al., 2004). The outcome of this research study demonstrated the various predictors of what is important for nurses to succeed such as pay, adequate time to provide appropriate care to their patients, the ability to serve patients and the necessary tools to perform standard required tasks in alignment with the organizational structure (Ernst et al., 2004). Older nurses were also identified as the group most satisfied with recognition versus pay in this research study (Ernst et al., 2004).

Patient Satisfaction Questionnaires/Survey Studies

Junewicz and Youngner (2015) conducted a study which revealed that patient-satisfaction surveys can call attention to the importance of treating patients with dignity and respect, but positive ratings depend more on the ability to manipulate patient perceptions than on quality medical care. The results reveal that the pressure to obtain positive patient satisfaction ratings can lead to inferior medical care, any advice or treatment that has no value or exacerbates the problem (Junewicz & Youngner, 2015). Junewicz and Younger (2015) described the most troubling feature of the effects of the patient surveys as the influence the results have on the behavior of health care professionals. The pursuit of high patient satisfaction scores can lead to health care professionals providing substandard care by honoring patient requests rather than following standard practice (Junewicz & Younger, 2015). Patient satisfaction is very

important, however, when the results of the surveys are treated with dignity and respect-then only does the institution have a valuable tool to evaluate the quality of care, rather than a misrepresented concept (Junewicz & Youngner, 2015).

Beattie, Murphy, Atherton, and Lauder (2015) conducted research which involved a systematic review and utility critique of questionnaires which measured patient health care experience in the hospital setting. The researchers reviewed 1157 records and 26 papers using 11 international instruments (Beattie et al., 2015). The results indicated experiences of health quality that are intractable and create consistent challenges. This study authors analyzed the utility of the instrumentation available in hospitals to measure patient experiences with the Cosmin Checklist tool capturing recommendations determining policy and practice delivery by the health care organization (Beattie et al., 2015).

Prakash (2010) explains the importance of using patient satisfaction results as an indicator for the measurement of quality care affecting clinical outcomes, patient retention and hospital malpractice claims with timeliness, efficiency, and patient centered services. The study was conducted during a typical 3–4-day hospital stay with 50–60 employee interactions. Building and sustaining a service-oriented organizational culture is important for successful patient satisfaction outcomes and can be based upon telephone follow-up on the care received; environmental cleanliness; waiting time, nurse-patient relationships, and physician-patient interactions (Prakash, 2010). Ensuring patient satisfaction was the primary goal of Prakash's (2010) study and was based on the assessment of health care practices as safe, equitable, and evidence based. Prakash (2010)

concluded that patient satisfaction leads to patient loyalty, improved patient retention, improved staff morale and increased personal and professional gratification centering around service excellence.

Press-Ganey Associates, Inc. (2015) provided a variety of patient-nurse outcomes based on satisfaction scores and pay incentives in the hospital setting. Press-Ganey Associates, Inc. (2015) were the founders of the patient satisfaction movement in the 1980s and took taking advantage of an environment in health care where the administrative focus was on customer service. Press-Ganey Associates, Inc. (2015) designed a survey using focus groups, market research and opinion. They were also responsible for additional companies entering the patient satisfaction market. According to Press-Ganey Associates, Inc. (2015), patient satisfaction is important is because it is grounded with moral obligation such as the "Patch Adams" approach; the clinical implications of satisfaction and health outcomes and creates the power of reputation stimulating business with rewards of provider compensation (Press-Ganey Associates, Inc. (2015). The Patch Adams approach is defined based on the true story of the man by the same name who dared to practice true compassion in a personal way with everyone he crossed- including patients in the hospital where he worked (Hub Pages Inc., 2017).

Quality Patient Care Aspects in Pediatric Settings

The Agency of Health Care and Quality [AHCQ] (2016) reported that patient satisfaction scores indicate levels of the commitment aspects of safe, quality patient care practice in pediatric settings. Patient satisfaction is based on patient expectations and satisfaction associated with quality of care (AHCQ, 2016). Patient experiences in

pediatric settings rely on communication with health care professionals, access to care with appropriate customer support and coordination of care (AHCQ, 2016). Parents in pediatric settings are the voice of their child or children receiving care from trusted professionals, therefore, health care organizations must think about measuring patient satisfaction related to the experience and outcome, measurement of the components of care and care in reporting, rating, or ranking care (AHQC, 2016). A hospitalized child's composite measures of communication are with the parent, the child's nurse, and doctor. The health care providers' communication of accurate information regarding medications, care delivery, length of stay or discharge is critical for desirable outcomes (AHCQ, 2016).

Rickert (2014) provides data indicating patient satisfaction is at the core of patient centered medicine. Improved patient satisfaction leads to an enhanced patient experience—something every sick or injured patient deserves (Rickert, 2014). For nearly 20 years, patient satisfaction surveys have expanded increased care as expressive and crucial foundations of evidence to identify gaps and develop an operative achievement strategy for quality improvement in health care establishments (Rickert, 2014). Rickert (2014) stated health care professionals often do not know what the parent of the child or patient may be thinking unless they are asked. The quality of patient care is key and without patient satisfaction data, that quality cannot be adequately (Rickert, 2014).

Rickert (2014) further reported the health care industry has experienced recent progress toward continuous quality improvement by uniting patient awareness into superiority valuation. Therefore, health care leaders must unite the patient centered care

component as a major concern in the health care mission. Health care management focused on endeavors to take patient observations seriously when developing approaches for quality enhancements of patient care (Rickert, 2014). Recently, health care regulators shifted toward a market-driven approach of turning patient satisfaction surveys into a quality improvement tool to assess overall organizational performance (Rickert, 2014).

Kinder (2016) indicated patient satisfaction surveys are necessary in pediatric health care settings. The focus of patient satisfaction is centered around research utilizing the Fanta Satisfaction Survey questions listed below:

1. The knowledge and experience of your child's injuries.
2. The treatment and medical follow-up.
3. The attention to your child's physical problems.
4. The willingness to listen to all your concerns.
5. The interest they showed in your child personally.
6. The comfort and support they gave your child.
7. Their human qualities (politeness, respect, sensitivity, kindness, patience).
8. The information they gave you about your child's injuries.
9. The information they gave you about your child's medical tests.
10. The information they gave you about your child's treatment.
11. The frequency of the visit/consultation.
12. The time devoted to your child during visits/consultation.
13. The ease of obtaining a follow-up appointment.
14. The management of your child's pain.

Kinder (2016) stated the importance of the patient survey results indicate the clinical competence, caring behaviors, and decision control as the most important factors to the pediatric population served (Kinder, 2016).

Patient Satisfaction Evaluation of Care

Shirley, Josephson, and Sanders (2016) exposed the fundamentals of patient satisfaction measurement as an endpoint for the evaluation of care. The patient satisfaction measurement reflects the goal of understanding the patient perspectives from hospitals specific strengths or weaknesses, outlining improvements of the delivery of care practices (Shirley et al., 2016). Shirley et al. (2016) further reviewed quantitative methods used to acquire ongoing satisfaction data to accurately measure and compare patient experiences rely on paying close attention to patient satisfaction surveys and that most health care employees are responsible for the scores. Proper analysis and response to these scores requires understanding the principles of satisfaction measurement such as methods, psychometric properties, and theories of interpretation of patient satisfaction data-as they are as important as the data itself (Shirley et al., 2016). Employees must also be aware of measurement variations that may result in erroneous data interpretation. It is important for health care employees to understand the measurement techniques used to obtain patient satisfaction data as they are as important as the data itself (Shirley et al., 2016). Health care employees should also be aware of measurement variations that may result in erroneous data interpretation. Knowledge of these concepts can help identify health care staff strengths and weaknesses from the patient perspective and used to improve patient satisfaction experiences (Shirley et al., 2016).

Robeznieks (2012) found that increased patient engagement leads to lower resource use but greater patient satisfaction. The key is that surveys should direct patients to report on their experiences and not on general feelings (Robeznieks, 2012). In the progressively viable health care marketplace, health care leaders must focus on attaining high-scoring or first-rate patient satisfaction grades to expand the quality of service delivery (Robeznieks, 2012). Researchers located at Duke University and the University of North Carolina at Chapel Hill refer to health care service quality measures should include the assessment of the extent to which the patient services providers reach a common understanding of the patient's situation Robeznieks (2012). Therefore, health care managers must identify the features prompting patient satisfaction which are used to evaluate the quality of health care delivery (Robeznieks, 2012).

Robeznieks (2012) found that to fully comprehend numerous reasons impacting patient satisfaction, service quality as expressing the essential measures of patient perception of health care quality is quite significant. Enquiry of patient satisfaction in forward-thinking and developing countries have numerous mutual and some exclusive variables and traits that inspire inclusive patient satisfaction (Robeznieks, 2012).

Wilson, Yepuri, and Moses (2016) revealed the impact the surveys had on clinical practice guidelines pertaining to patient care and the significant changes made based on the satisfaction survey results. The concept of surveying patients on experiences of care in health care settings will be as helpful only as far as the act provided is solely improved upon based on a specific experience (Wilson et al., 2016, p. 16). Patient satisfaction survey scorecards permit parents/patients to engage, educate and empower themselves by

giving them quick access to the same evidence-based information and delivers care in an interactive and patient-friendly manner, turning the parents of the pediatric patients into active participants in their child's health care in hospital settings and at home where continuing care is expected to play out (Wilson et al., 2016).

Zahaj, Saliaj, Metani, Nika, and Alushi (2016) explored the effect the degree of job satisfaction has on the way nurses utilize their skill sets to align with patient satisfaction, ultimately reaching the measurements of the perceptions. Zahaj et al. (2016) conducted a cross-sectional patient satisfaction survey with varying levels of gratification and measured the perceptions nurses ranked as an intrinsic factor affecting the level of intensity of patient satisfaction and nurse retention escalation as motivation to work (Zahaj et al., 2016). The McCloskey Satisfaction Scale [MMSS] was adapted to evaluate the difference between nurse expectations and actual professional experiences (Zahaj et al, 2016). The results of the professional nursing experiences revealed that nurses' job value is a reflection on job satisfaction (Zahaj et al., 2016). The results of this study revealed that the level of professional satisfaction affects patient satisfaction scores and nurse motivation (Zahaj et al., 2016).

Uhl, Fisher, Docherty, and Brandon (2013) found that the patient and family voices must be heard in the health care setting which is particularly important in the pediatric setting where the parents provide the voice of the child. Gaining knowledge and insight from a parent of a pediatric patient enables hospital staff and administrators to understand the hospital experience from the patient and family member's perspective (Uhl et al., 2013). It is important to create an ongoing review retrieving feedback and

suggestions from families of pediatric patients to improve the care of future patients. This will improve patient satisfaction scores and improve the experience of pediatric patients (Uhl et al., 2013).

Patient Satisfaction Role Playing

An important factor influencing parent satisfaction is the common goal shared by nurses and patient's parents of returning sick children back to health (Meadows-Oliver & Jackson Allen, 2012). Therefore, implementing the knowledge of signs and symptoms of disease processes and the ability to quickly respond to the warning signs of impending illness are the means the pediatric nurse will utilize to achieve the goal of returning the child to wellness (Meadows-Oliver & Jackson Allen, 2012). The knowledge and abilities of the pediatric nurse is important to the parent of the ill child, however there are many other important elements of care delivery such as playing an active role in their child's care delivery process that bear weight on a parent's satisfaction survey scores (Meadows-Oliver & Jackson Allen, 2012).

The American Medical Association [AMA] (2012) patient satisfaction surveys already play significant roles in patient care across the country. Physicians can no longer decline to participate in patient satisfaction surveys; however, they can decide how best to engage in for the good of the patient (AMA, 2012). According to the AMA (2012, p.4), health care facilities, hospitals and clinics utilize patient satisfaction scores in justifying greater investments by improving patient experiences as a huge step for the industry is not widely identified for customer service. That overall trend will likely be benefit patients. While, improving patient experience an important outcome of patient

satisfaction scores, they should also be evaluated for other clinician incentives, whether productivity or quality metrics (AMA, 2012). Patient satisfaction surveys must ensure appropriate roles of care are the focus creating a firm, solid foundation (AMA, 2012).

According to Elsevier (2017), there has been no explicit definition of the concept of patient satisfaction in health care literature, nor has there been systematic consideration of its determinants and consequences. The definition of satisfaction proposed here is derived from Fishbein and Ajzen's attitude theory and from job satisfaction research (Elsevier, 2017). Among the various probable determinants of a patient's satisfaction with health care attitudes and perceptions prior to, during and after care delivery are relevant to social science theories on health care practices which build a solid foundation of patient satisfaction theory (Elsevier, 2017).

Papastavrou, Andreao, Tsangari, and Merkouris (2014) provided a plethora of studies examining the relationship between nurses' perceptions of their work environment and the quality of care patients receive, showing that improved work environments were associated with increased ratings of care quality and patient satisfaction. Some researchers have examined the specific contribution of nurses' work environments to patient satisfaction indicating that patients' reports of satisfaction are higher in hospital settings where nurses practice in high quality work environments (Papastavrou et al., 2014). The results support the relationships between organizational and environmental variables, care rationing and patient satisfaction. The identification of thresholds at which rationing starts to influence patient outcomes in a negative way may

allow nurse managers to introduce interventions to keep rationing at a level at which patient safety is not jeopardized (Papastavrou et al., 2014).

Guadagnino (2012) asked the question: “Should patient satisfaction factor prominently into health care pay-for-performance incentives?” (p. 10). Guadagnino (2012) revealed that it is difficult to determine whether paying attention to the patient experience is something we should not do and yet, many physicians and hospitals have not done a good job focusing on patient satisfaction. Patient satisfaction adheres to the importance of communication with patients is at the heart of the patient-provider interaction (Guadagnino, 2012). Acknowledgment of patient satisfaction is crucial, whereby patients are clearly informed what and how surgery, special procedures or hospital stays will work out. Poor communication can drive confusion, noncompliance, lead to possible complications and diminished satisfaction survey scores (Guadagnino, 2012)

Guadagnino (2012) further explained that making patients and family members feel as if they are the priority and not telling them that one is too busy is a good practice. However, by asking parents/patients how confident the health care team is in controlling and managing any health concerns, the response should be nothing less than very confident (Guadagnino, 2012). Specific questions centered on patient care with any other response must be explored with reasons and help them obtain the resources to become more confident (Guadagnino, 2012). The next generation patient satisfaction measurement tools will guide parent/patients and health care provider teams toward more satisfying dialogues with patients, beginning with best practices and quickly creating a

rapport, aligning perspectives, and demonstrating empathy by being receptive to the patient's emotions and conveying empathy verbally and nonverbally (Guadagnino, 2012).

Positive Patient Experiences

The Accreditation Association for Ambulatory Health Care Incorporated [AAAHI] (2015) reported that satisfied patients will share their positive experience with five other people in their community. There is evidence of a reciprocal relationship between patient satisfaction and continuity of care associated with improved patient outcomes (AAAHI, 2015). Accreditation, business improvement, and risk management are not the only reasons patient satisfaction is important. Surveying patient satisfaction can offer patients an opportunity to participate in their care by reporting their care experiences and building engagement (AAAHI, 2015). The value of patient reporting has traditionally been questioned because the level of patients' clinical knowledge as compared to that of providers is far less than expected based on knowledge and the level of understanding of health care logistics (AAAHI, 2015). Patient satisfaction surveys represent real-time feedback for providers and show opportunities to improve services and decrease risks (AAAHI, 2015). However, many organizations and providers do not know how to use the patient satisfaction information they receive. This may be due to the subjective nature of the patient satisfaction survey differs from the standard yes or no responses or Likert scale ratings providers are used to (AAAHI, 2015).

Cuomo (2015) explained that the goal of any patient satisfaction survey must be to assess the patient's perception of the practice and that the best method to gauge patients' opinions of their experiences is to ask them. The most cost-effective method of

achieving that assessment is utilizing a properly constructed and thoroughly analyzed the patient satisfaction survey (Cuomo, 2012). Cuomo (2012) further reported on the top three issues to concentrate on in health care settings are practices clarification of three general goals when interacting with patients (Cuomo, 2015). One of Cuomo's (2012) goals is to provide quality health care. The second goal is to make appropriate care accessible. The third and final goal is to treat patients with courtesy and respect (Cuomo, 2012). Therefore, survey questions must also align with quality issues, access issues, and interpersonal issues. The array of benefits gained from successful patient satisfaction surveys will only be realized if the entire health care staff is made aware of the results, and both strengths and weaknesses of the practice are recognized and acted upon. The knowledge of patients' opinions of their experience with health care practices is invaluable and, in many ways, equally important to the success of the organization. Another point to consider regarding patient satisfaction surveys when used properly will promote value to the general population and providers of health.

Berkowitz (2016) acknowledged measuring patient satisfaction is referred to as the future is now saying suggests that the satisfaction data as the new benchmark of success in health care environments. Patient satisfaction surveys do more than described the way patients feel about the quality of care received or the level of information retrieved from providers (Berkowitz, 2016). Patient satisfaction surveys provide the appropriate data to close the gap between what health care leaders believe is occurring in health care organizations and what the patient perceives and experiences (Berkowitz, 2016). Patient satisfaction surveys can also help to meet accreditation requirements which

most facilities rely on for adequate funding. Among health care consumers, patient satisfaction is best understood as a multi-attribute model with different aspects of care determining overall satisfaction (Berkowitz, 2016).

Nurse Retention and Patient Satisfaction

Organizations that can manage nursing turnover can accrue many benefits, for example, improved nurse retention may lead to consistent patient care and less disruption in service delivery (Aiken, Van den Heede et al., 2016). Laschinger, Zhu, and Read (2016) stated that the nursing work life model describes relationships between supportive nursing work environments and patient satisfaction outcomes. Health care professionals and providers exhibit forward-thinking in the workplace, initiating steps that harness the meaning patterns from patient satisfaction survey scores to provide an increased understanding of patients' needs (Aiken, 2016). The current research suggests that Magnet hospitals consistently demonstrate links between quality health care environments and superior nurse retention and patient outcomes (Aiken, 2016).

Knudson (2013) explained in detail how the results of hospital nurse staffing levels or nurse retention align with positive patient outcomes. Nurse retention implications to staffing levels alert hospital administrators to implement strategies to retain a nursing staff dedicated to serve, again ensuring high five signaling of a satisfied population served (Knudson, 2013). Kelly and Tazbir (2015) addressed that the needs and desires of the experienced nurse can increase nurse retention, reduce nurse turnover, and improve patient outcomes.

Hair, Salisbury, Johannsson, and Redfern-Vance (2014) revealed positive patient outcomes are not the only benefit of improved nurse staffing. Hair et al. noted that when nurses are exposed to inadequate staffing levels, they leave their positions and retaining as many nurses in their roles as possible makes fiscal sense for any organization. Aiken (2002) examined nurse satisfaction and retention issues. Costs to an organization to retrain a specialty nurse have been estimated to be as high as $80,000 (Burr, Stitcher, & Zeitler, 2011; Tellez, 2012). Not only will patient care and outcomes improve with additional nurses, but cost savings may also result.

Twibell (2012) revealed that nursing has a larger impact on patient satisfaction than any other single factor. Nursing leaders are realizing that the quality of outcomes related to nurse retention is based on the environment in which nurses practice (Twibell, 2012). Specifically, research results have suggested that healthy work environments in nursing are positively correlated to nurse retention and patient outcomes (Twibell, 2012).

The Institute of Medicine [IOM] (2016) reported statistics indicating the retention of a stable and adequate supply of nurses is an important hospital and national concern. Measuring the rate at which direct patient care is provided by registered nurses remains a top concern and priority of hospital administrators who aim to ensure their hospital is the most desirable and first choice by the population in need (IOM, 2016). The IOM 2016 Registered Nurse Retention and Turnover Rates Report for 2014–2015 was 11.7–13.5% in pediatric settings which is consistent with the overall hospital retention rate of nursing care. The IOM 2016 in its report, Keeping Patients Safe: Transforming the Work

Environment for Nurses emphasized the inseparable link between the skills and availability of nurses to the quality and safety of patient care (IOM, 2016).

Registered Nurses are the most highly trained professionals regularly at patients' bedsides and are essential in delivering and influencing the quality of patient care (IOM, 2016). The inability to retain qualified registered nurses can result in the loss of experienced, skilled, and knowledgeable staff, and decreased productivity during those transitions (IOM, 2016). Health care leaders in children's settings must stress the importance of how a low nurse turnover rate play in creating a health care environment of well-rounded nurses-qualified nurses that are dedicated, satisfied with their work and supports high quality patient care leading to greater patient satisfaction (IOM, 2016).

Johns Hopkins Medicine (2017) reported that patient care services shared governance is a hallmark of nursing excellence. Unlike a traditional or typical decision-making hierarchy, Johns Hopkins model shares responsibility and accountability across all levels of patient care services to provide equal power, authority, and decision-making (Johns Hopkins Medicine, 2017). The benefits of the shared governance model enhance quality of care, resulting in improved outcomes and increased patient and family satisfaction (Johns Hopkins Medicine, 2017).

Patient satisfaction and nurse retention combined create a powerful stand in the health care world (Wong et al., 2015). Fundamentally, patient satisfaction and nurse retention demand commitment, recognizing that quality patient care, nursing excellence and innovation are among the specific characteristics of a hospital's practice, and indicate the qualities of transformational leadership and structural or organizational empowerment

as best practice (Wong et al., 2015). The central point is to improve nurses' professional engagements, which satisfy and support hospitals to advance, grow, and develop into the population's choice in maintaining an excellence of care (Wong et al., 2015).

Kirkham (2017) described how quality work environments become places professionals enjoy going when they believe proper resources are present and that the support offered by their co-worker's organizational values are validated. Kirkham's (2017) study results provided insights into the quality of the work environment its relationship to nurse participants. The study involved four participants who were given journals to record their work experiences over a five-week period; the journals created way for the authors to examine the participants' experiences from a photographic view, also known as the photovoice (Kirkham, 2017). The data analysis categorized, coded, and examined key experiences of the participants (Kirkham, 2017). Current literature link concepts of quality work environments to nurse retention and were exhibited in the photovoice study (Kirkham, 2017). The photovoice study enabled nurse participants to record personal community concerns, promote critical dialogue on community issues and reach policy makers, thus concluding that creating momentum for change and championing efforts to create a quality work environment align with nurse retention and organizational commitments (Kirkham, 2017).

Wong et al. (2015) also revealed that proper, appropriate, and well-detailed patient surveys will align with retaining the nurses with the best fit for the population served in anticipation of the power of positive word of mouth reviews from the public. Healthier children and happier parents in pediatric settings deliver a powerful message to

health care organizations with provisions aimed toward the mission and vision set forth for the dedicated to serve (Wong et al., 2015). Pediatric nurses play valuable roles in moving hospitals forward in achieving status in the community and reaching out to the world (Wong et al., 2015). The demand for pediatric nursing and standards of care align with the rise of professional nurses in health care (The Joint Commission, 2017).

Tsai, Oray, and Jha (2015) indicated that among the U.S. hospitals that perform major surgeries, variation of the wide-ranging level of patient satisfaction was rather high. Hospitals with higher numbers for patient satisfaction rates provided more efficient care based on shorter lengths of stay for surgical patients and reported in having higher surgical process quality, lower surgical readmission rates, and fewer surgical mortalities (Tsai et al., 2015). The direct relationship among patient experience and surgical quality is best explained by patients' responses to lower complication rates that these facilities consume, even though most patients suffer no major complications at the lowest quality hospitals. Consequently, parent/patient's individual private involvements with opposing actions are not alone in explaining the findings of this research study (Tsai et al., 2015, p.10). Presumably, patients may be responding to other signals present in a high-quality hospital such as better nursing care which may result in quicker relief of pain signals which often correlate with better surgical outcomes (Tsai et al., 2015).

Tsai et al. (2015) further asserted that first-class organizations possess better clinical workflow and healthier public services tuned in to the importance of patient needs. The present health care regulators policy applications encourage hospitals to examine the association amongst patient satisfaction and quality for surgical patients

which is significant as surgical care differs from medical care (Tsai et al., 2015). Earlier lessons on medical conditions have surveyed the affiliation with patient understanding and submission of method events along with mortality rates of comparable verdicts. Other medical issues surveyed include repetitive outlines, training of providers, comparative effects of technical skills, and hospital resources on outcomes which all can fluctuate significantly when comparing care delivered from surgery versus care delivery on a medical unit (Tsai et al., 2015).

Nurse-Physician Relationships in Surgery

Difusco (2011) revealed facts on the link between patient satisfaction and process quality for surgical care is restricted. This study disclosed no connection amid observance to evidence-based surgical processes and patient experience, although the study was incomplete by an emphasis on a hand-picked assembly of hospitals and may have been insufficient in finding uncertain modifications (Difusco, 2011). Difusco's (2011) research foundation is supported on a national illustration of hospitals in the United States performing major surgeries for Medicare beneficiaries with statistical statue but more notably expands on former work by probing additional imperative dealings of surgical performance such as mortality, patients readmission, and the length of stay (Difusco, 2011). While policymakers inflate national policy enterprises on quality in the direction of surgical care, an important need for experimental numbers to guide both the employment of policy as well as origination of delivery by surgeons and hospital administrators is imperative. The answers interrelated to the Tsai et al. (2015) research

study further boost the supposition that there are vital hospital-level differences in quality likely affecting surgical care and patient experience details (Difusco, 2011).

Interactions with Anesthesiologists in Surgery and Pain Management

The American Pediatric Surgical Association [APSA] (2017) cited pediatrics as a specialty focused on the health and well-being of neonates, infants, children, and adolescents. The pediatric patient often requires surgery for congenital anomalies that are life threatening or impact the child's ability to function and, as incidences such as trauma also affects a child's health far more often than an adult's, injury is a common reason for surgical intervention in the pediatric population (APSA, 2017). Pediatric surgery is an area of practice unto its own because the pediatric patient is remarkably different from an adult patient, and the field is even further subdivided into all the surgical specialties (APSA, 2017). It is important to recognize that the difference between pediatric care and adult care is not just a size issue; from birth onward, the body and organs exist in a continuous state of development, and multiple physiologic changes occur with age (APSA, 2017). Major areas of distinction are the airway and pulmonary status, cardiovascular status, temperature regulation, metabolism, fluid management, and psychologic development (APSA, 2017). A thorough knowledge of these differences is integral to the provision of nursing care for the pediatric patient in the operating room (OR) (APSA, 2017).

Rangel (2017) indicated that advances in surgical interventions for children have been phenomenal for many reasons such as; the advancement of improved diagnostic and interventional technology, the development of new anesthetics and pharmacologic agents

for pain management, and the creation of even smaller and more delicate instrumentation which have revolutionized perioperative care of the pediatric population. Rangel (2017) expressed that the numerous pediatric surgeries once performed as open cavity procedures are now being done by endoscopic technology with minimally invasive techniques, resulting in quicker recovery from surgery and reduced hospital stays. Rangel (2017) reported that improvements in the transport of critically ill children and the intensive care management of neonatal and pediatric patients as well as the development of new surgical procedures are also saving more lives yet presenting medical professionals with a new and unique set of problems as complex; medically fragile children are now surviving into adulthood (Rangel, 2017, p.128).

Summary

The review of the literature provided insights about patient satisfaction and use of satisfaction surveys. The literature also reflects the significance of nurse retention and the role it plays in patient satisfaction as well as the interactions with physicians. The selection of articles chosen to represent previous research on patient satisfaction supports the importance of patient satisfaction surveys in pediatric health settings. What is known about parent/patient satisfaction surveys can help identify ways of improving health care quality and practices across the health care continuum. What is not known is if there is a significant difference in parent/patient satisfaction scores in relationship to interaction of patients with nurses and physicians. The research gathered from this study could supply the much-required research vignettes to help bridge the gaps among clinical research, academia, and clinical practice in pediatric settings to extend the knowledge of this

discipline. Chapter 3 provides information about the methods that were used to conduct this study.

Chapter 3: Research Method

Introduction

My purpose in this study was to determine whether a significant difference exists in overall parent/patient satisfaction scores and interaction of patients with nurses, and physicians, as well as interaction with anesthesiologists in terms of pain management in the pediatric surgical service in comparison to the medical inpatient unit and intensive care unit of a children's hospital. In this chapter, I describe the research design, population, sampling procedures, data collection methods, and data analysis.

Research Design and Rationale

The research design that I used for this study was a descriptive quantitative survey approach. The research falls into two areas of studies describing the events and lessons aimed at discovering inferences or causal relationships (Borg & Gall, 1989). In descriptive studies, observations and survey methods are frequently used to collect the descriptive data (Borg & Gall, 1989). A survey design provides a quantitative description of trends, attitudes, or opinions of a population covering the population and sample: instrumentation, variables, and the data analysis interpretation (Creswell, 2009). The justification for using a descriptive research design approach for this study was supported by the contributory factors derived from the patient satisfaction survey scoring aligning with value to the organization served. The secondary data that I used for this quantitative research was numerical and I analyzed satisfaction scores as well as data to support the research questions and hypotheses.

I examined the parent/patient satisfaction surveys associated with the care and outcomes delivered from a health care organization. The dependent variable in this study was the overall parent/patient satisfaction scores. The independent variables were the interactions with physicians, nurses, and anesthesiologists. There were no time or resource constraints associated with this descriptive research design.

Methodology

Population

Hospital A is a children's hospital in the Laurelhurst neighborhood of the northern district in the state of Washington. This study was conducted using secondary data from Hospital A. The target population for this research study were the pediatric patients serviced at Hospital A from the age of the newborn up to 28 years depending on the comorbidities of the child. The organization has a 316-bed facility with more than 15,000 patients seen in 2016. The hospital has a combined flow of services from surgical services, emergency department, medical units, intensive care units, radiology, laboratory, pharmacy, rehabilitation, physical therapy, occupational health, and a large pediatric research foundation.

Sampling and Sampling Procedures

This research study used nonprobability sampling by not selecting units from the population in a mathematically random way. Snowball sampling, commonly referred to a *network*, is a method for identifying and sampling the cases in a network beginning with cases from the original source of satisfaction surveys. The eligibility criteria were that study participants must have received care from the health care facility or must have been

a parent of someone who received care from the facility. The participant must have been a patient/parent of the pediatric population; children ages 19 years and younger, who were of sound, mind and body without mental deficiencies or competencies could complete the surveys by themselves without parental assistance. The sampling does not include active participants but rather secondary data from satisfaction survey scores of the patients serviced at Hospital A, for the 2017–2018 calendar year.

According to the Walden University Research and Quality section for quantitative research trials, a minimum population of at least 200 surveys is necessary to conduct an adequate review that is meaningful (Walden University, 2017). The definition of *meaningful* in research was reflected in the statistical significance as used in hypothesis testing, whereby the null hypothesis stated that there was no relationship between variables is tested (University of Hertfordshire, 2017). G* Power 3.1 was used to calculate the sample size using the following parameters: the effect size, statistical test, alpha level, and power level. G*Power analysis with Spearman's correlation is a nonparametric measure of rank correlation as statistical dependence between the ranking of two variables (G* Power 3.1, 2017). Spearman's correlation assesses how well the relationship between two variables can be described using a monotonic function and assesses monotonic relationships whether it is linear or not (G*Power 3.1, 2017). The calculated sample size required by G*Power test was 100. The data from 600 surveys provided on behalf of the health care organization was used for data analysis.

Procedures for Data Collection

The parent/patient satisfaction surveys at Hospital A are completed by all parents/patients served at Hospital A once they physically leave the hospital to allow for an opportunity to reflect on services received. The sample for this study focused on the parent/patient satisfaction survey scores for the 2017–2018 calendar year. Approximately 17,061 surveys were available from Hospital A Business Data Analyst, Patient and Family Experience/Quality Improvement Department, as well as Senior HRIS Business Systems Analyst/Human Resources. The data from Hospital A was provided in an Excel spreadsheet. The study included the use of administrative data and actual scorecard information elicited by Hospital A from the 2017–2018 calendar year.

The permission to conduct the parent/patient satisfaction survey from the 2017–2018 calendar year at Hospital A was granted first by the OR director. Permission was also granted from the data analyst, human resources senior specialist, and senior vice president of nursing. These series of email correspondence granting permission can be found in Appendix A. The email discussions (Appendix A), as well as verbal acknowledgements of my request to do a research trial at Hospital A, was given by the hospital a-chief nursing officer and chief operating officer.

Instrumentation

The Hospital A Board of Trustees were responsible for the development of appointing an outside contract source to design and build the parent/patient satisfaction survey scorecards. The National Research Corporation Survey Processing Center developed a customized survey requiring specific responses elicited per survey questions.

No reliability testing was available or documented for the parent/patient satisfaction survey. No articles were published relating the parent/patient satisfaction survey tool used at Hospital A. The variable scale score was calculated by dividing the answers to the 77 questions asked such as add Q1 -77 and divide by X with a range from the answers recorded 0-100 scale with a higher scoring represents a higher satisfaction score, whereas a lower score shows more dissatisfaction.

Operationalization of Constructs

Demographic information. Demographic information that was collected as part of this study included parent age, parent gender, child's race, and parent education level.

Parent/patient satisfaction score. Hospital A is a 250-bed facility located in the northern region in Washington that is considered as the main campus in relationship to the services provided in lieu of surgical services. Hospital A Outpatient Surgery Center is the outpatient sister facility where much of procedures such ear tubes, arthroscopy, dental, and primary care where the children are otherwise in healthy physical conditions. The surgeons work at both facilities and the two facilities are considered as one. The staff can work at either facility; both facilities share a common goal of serving the community of the population in need. When one facility is scored on patient satisfaction, the other facility is scored as well on patient satisfaction. Patients arrive in the operating room in a multitude of ways such as the medical unit, emergency department, or as an admission directly into the hospital. Regardless of how patients arrived in surgery, satisfaction survey scoring data is collected from each department the patient was seen in. An overall parent/patient satisfaction score was calculated from the responses of specific questions

on the Hospital A parent/patient satisfaction survey. Survey Questions 10 to 19 and 47 to54 were used to calculate the overall parent/patient satisfaction score. Responses to each of these questions were coded 1–4, with 1 being the lowest score and 4 being the highest score for each question. Therefore, the satisfaction score range was 18–72 with a higher score indicating a higher level of parent/patient satisfaction.

Interactions with physicians and nurses. The interactions that the patients and their families develop with their physicians and nurses follow a family-oriented focus where all the care is structured to resemble the treatment options the physician/nurse would prefer administered as if it were his/her own family. A foundation of trust sits at the baseline of caring.

Interaction with anesthesiologists. The interactions the patients and their families create with the anesthesiologists are a bond of trustworthiness to ensure that their loved one is given the appropriate treatment plan for their children administering safe practice and quality service. The consideration that is given to the child adds value to the service is delivered professionally.

Table 1 shows how the variables for this study were operationalized. The table identifies the study variable name, variable type, research tool used and associated questions, and how the variable information is recorded.

Table 1

Operationalization of Variables

Variable name	Variable type	Name of research tool and questions used to address variable	Type of response for questions used
Overall parent/patient satisfaction score	Dependent: Interval	Parent/Patient Satisfaction Survey Questions 10–19, 47–54	Calculated score based on question responses
Physician interaction	Independent: Ordinal	Parent/Patient Satisfaction Survey, Questions 15–19	Never, sometimes, usually, always
Nurse interaction	Independent: Ordinal	Parent/Patient Satisfaction Survey, Questions 10–14	Never, sometimes, usually, always
Interaction with anesthesiologist	Independent: Ordinal	Parent/Patient Satisfaction Survey, Questions 47–54	No, yes; somewhat, yes; mostly, yes, definitely
Pain management	Independent: Ordinal	Parent/Patient Satisfaction Survey, Questions 24-25, 63	Never, sometimes, usually, always
Parent age	Descriptive	Parent/Patient Satisfaction Survey Question 69	Age range groupings
Parent gender	Descriptive	Parent/Patient Satisfaction Survey Question 70	Male, Female
Patient Race	Descriptive	Parent/Patient Satisfaction Survey Question 68	White, Black or African American Asian, Native Hawaiian, or other Pacific Islander, American Indian or Alaskan Indian or Alaska Native, Other

Parent Educational Level	Descriptive	Parent/Patient Satisfaction Survey Question 71	8th grade or less, some high school but did not graduate, high school graduate or GED, some college or 2 yr. degree, 4 yr. college graduate, more than 4 yr. college graduate

Data Analysis Plan

The secondary data collected for this research study was derived from the parent/patient satisfaction surveys at Hospital A for the 2017–2018 calendar year. SPSS Version 25 was used for data analysis for this study. I adopted a data cleaning approach to detect and remove any errors and inconsistencies both in individual data sources and when integrating multiple sources. A Special 99 code was designated for incomplete data.

Descriptive statistics included information about age, race, gender, and education level of person completing the survey. The dependent variable was the overall patient satisfaction score. The demographic variables included the age of the patient, patient race, patient gender, education level and the relationship to the patient if not completing the survey. The independent variables were the interactions with physicians, nurses, and anesthesiologists, and pain management. No potential covariates apply to this study because the variables were independent of one another.

The research questions that guided this study were as follows:

Research Question 1

At a children's hospital, for the 2017–2018 calendar year, is there a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical unit?

$H_0 1$: At a children's hospital, for the 2017–2018 calendar year, there is no significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical inpatient unit.

$H_1 1$: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical inpatient unit.

Research Question 2

At a children's hospital, for the 2017–2018 calendar year, is there a significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units?

$H_0 2$: At a children's hospital, for the 2017–2018, there is no significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units.

$H_1 2$: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units.

Research Question 3

At a children's hospital, for the 2017–2018 calendar year, is there is a significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service?

$H_0 3$: At a children's hospital, for the 2017–2018 calendar year, there is no significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service.

$H_1 3$: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service.

An independent samples *t*-test, Levene's test, and regression analysis were used to answer the research questions. A significance level of .05 was used to determine whether the null hypothesis could be rejected.

Threats to Validity

One of the limitations of the study relates to the generalizability of the sample of surveys documented in the database from the Hospital A 2017–2018 database. From the main campus in the northern Washington area, to the Arctic Circle, Hospital A outreach program covers nearly a million square miles offering services at seven sites in Washington and Alaska (Hospital A, 2017). The sample derived from a large regional hospital servicing the Washington area expands to many parts of the west coast. Therefore, generalizing specifically the databases and secondary data is appropriate. In addition, the hospital is a not-for-profit organization, and this may influence the findings without any connections with other health care organizations.

Threats to internal validity are related to the data collection of the parent/patient survey scores and obtaining accurate results without outside influence. External validity refers to generalizability referencing research study importance due to the effort being made to be able to state that the conclusions made about the results of this study can be generalized by either larger populations, across populations, treatments or settings, contents or time (Laerd Dissertation, 2017). The generalizations made about this research is not applicable to other hospitals unless they appear in a pediatric setting.

In assessing statistical conclusion validity, a level of significance was selected (alpha = 0.05), which signifies the probability of incorrectly rejecting a true null hypothesis (Sullivan, 2012). The parameters calculated by the SPSS G*Power 3.1 were the effect size |p| = 0.50, *a* err prob 0.05 and Power (1-β) err prob 0.95. If there was a significant difference between two groups at alpha = 0.05, it meant that only a 5% probability exists of obtaining the observed results under the assumption that the difference was entirely due to chance (i.e., the null hypothesis was true); it gives no indication of the magnitude or clinical importance of the difference (Sullivan, 2012).

Ethical Procedures

I used secondary data from Hospital A and the health care organization granted permission to use the data was granted (Appendix A). The study did not involve any human subjects and data were anonymous. Before initiating this study, I received approval from the Walden University Institutional Review Board. The data will be saved and protected in a password protected computer and will be destroyed after 5 years.

Access to the research results will be provided to the Hospital A Board of Directors and Trustees of the organization.

Summary

I conducted a quantitative study using secondary data from Hospital A patient satisfaction surveys for the 2017–2018 calendar year and tested whether significant differences existed in overall parent/patient satisfaction scores and interaction of patients with nurses, and physicians, as well as interaction with anesthesiologists in terms of pain management in the pediatric surgical service in comparison with the medical inpatient unit and intensive care unit at Hospital A. The results of this study and data analysis are in Chapter 4.

Chapter 4: Quantitative Study

Introduction

My purpose in this descriptive quantitative study was to determine whether a significant difference exists in overall parent/patient satisfaction scores and interaction of patients with nurses and physicians, as well as interaction with anesthesiologists in terms of pain management in the pediatric surgical service in comparison with the medical inpatient unit and intensive care unit in a children's hospital. The research questions/hypotheses that guided this study were as follows:

Research Question 1

At a children's hospital, for the 2017–2018 calendar year, is there a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical unit?

$H_0 1$: At a children's hospital, for the 2017–2018 calendar year, there is no significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical inpatient unit.

$H_1 1$: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical inpatient unit.

Research Question 2

At a children's hospital, for the 2017–2018 calendar year, is there a significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units?

$H_0$2: At a children's hospital, for the 2017–2018, there is no significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units.

$H_1$2: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units.

Research Question 3

At a children's hospital, for the 2017–2018 calendar year, is there is a significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service?

$H_0$3: At a children's hospital, for the 2017–2018 calendar year, there is no significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service.

$H_1$3: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service.

In Chapter 4, I will provide information about data collection, statistical analysis, and results of the study.

Data Collection

The time frame for the secondary data was the 2017–2018 calendar year. The collection of the data was approved by the Senior Director of Surgical Services. Regarding any discrepancies, there were none reported with the information collected which was measured by the specific dates and time frame of the research. Six hundred satisfaction surveys were used for this research study.

The baseline descriptive and demographic characteristics of the sample population involved the parent/patient population rendering services from a children's hospital (Hospital A) location are included in Tables 2 through 8. Table 2

Child of Spanish, Hispanic or Latino Origin or Descent

	Frequency	Percentage	Valid percentage	Cumulative percentage
No, not Spanish/Hispanic/Latino	60	10.0	10.0	10.0
Yes, Puerto Rican	96	16.0	16.0	26.0
Yes, Mexican, Mexican American, Chicano	194	32.3	32.3	58.3
Yes, Cuban	173	28.8	28.8	87.2
Yes, other Spanish/Hispanic/Latino	77	12.8	12.8	100.0
Total	600	100.0	100.0	

Table 3

Child's Race

	Frequency	Percentage	Valid percentage	Cumulative percentage
White	67	11.2	11.2	11.2
Black or African-American	147	24.5	24.5	35.7
Asian	151	25.2	25.2	60.8
Native Hawaiian or other Pacific Islander	172	28.7	28.7	89.5
American Indian or Alaskan Indian or Alaskan Native	63	10.5	10.5	100.0
Total	600	100.0	100.0	

Table 4

Survey Participant Age

	Frequency	Percentage	Valid percentage	Cumulative percentage
Under 18	73	12.2	12.2	12.2
18 to 24	90	15.0	15.0	27.2
25 to 34	64	10.7	10.7	37.8
35 to 44	69	11.5	11.5	49.3
45 to 54	75	12.5	12.5	61.8
55 to 64	77	12.8	12.8	74.7
65 to 74	77	12.8	12.8	87.5
75 or older	75	12.5	12.5	100.0
Total	600	100.0	100.0	

Table 5

Survey Participant Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	220	36.7	36.7	36.7
Female	380	63.3	63.3	100.0
Total	600	100.0	100.0	

Table 6

Survey Participant's Highest Grade or Level of School Completed

	Frequency	Percent	Valid Percent	Cumulative Percent
8th grade or less	53	8.8	8.8	8.8
Some high school, but did not graduate	65	10.8	10.8	19.7
High school graduate or GED	146	24.3	24.3	44.0
Some college or 2-year degree	85	14.2	14.2	58.2
4-year college graduate	158	26.3	26.3	84.5
More than 4-year college graduate	93	15.5	15.5	100.0
Total	600	100.0	100.0	

Table 7

Main Language Spoken at Home

	Frequency	Percent	Valid percentage	Cumulative percentage
English	61	10.2	10.2	10.2
Spanish	135	22.5	22.5	32.7
Chinese	147	24.5	24.5	57.2
Russian	87	14.5	14.5	71.7
Vietnamese	107	17.8	17.8	89.5

Some other language	63	10.5	10.5	100.0
Total	600	100.0	100.0	

Results

Parent/patient satisfaction surveys at Hospital A for the 2017–2018 calendar year were analyzed using SPSS version 25. Descriptive statistics were conducted to provide information about participant responses to survey questions.

Nurse Interaction

Table 8 includes descriptive statistics (minimum, maximum, mean, and standard deviation) about survey questions 10-14 related to nurse interaction with patients. Table 8

Nurse Interaction

Question		N	Minimum	Maximum	Mean	Std. Deviation
10	How often did nurses treat you with courtesy and respect?	600	1	4	2.50	.962
11	How often did nurses listen carefully to you?	600	1	4	2.96	1.068
12	How often did nurses explain things in a way you could understand?	600	1	4	2.49	.921
13	How often were you able to discuss your worries or concerns with a nurse?	600	1	5	3.23	1.460
14	How often did you have confidence and trust in the nurses treating your child?	600	1	4	2.92	1.100

Physician Interaction

Table 9 includes descriptive statistics (minimum, maximum, mean, and standard deviation) about survey questions 15-19 related to nurse interaction with patients. Table 9

Physician Interaction

Question		N	Minimum	Maximum	Mean	Std. Deviation
15	How often did doctors treat you with courtesy and respect?	600	1	4	2.92	1.069
16	How often did doctors listen carefully to you?	600	1	4	3.03	1.092
17	How often did doctors explain things in a way you could understand?	600	1	4	2.94	1.055
18	How often were you able to discuss your worries or concerns with a doctor?	600	1	5	2.49	.955
19	How often did you have confidence and trust in the doctors treating your child?	600	1	4	2.63	.920

Anesthesiologists and Pain Management

Table 10 includes descriptive statistics (minimum, maximum, mean, and standard deviation) about survey questions 47-54 related to nurse the experience with the anesthesiologist while Table 11 includes information about pain management (survey questions 24, 25, and 63).

Table 10

Experience with Anesthesiologist

Question		N	Minimum	Maximum	Mean	Std. Deviation
47	Did the anesthesiologist listen carefully to you?	600	1	5	3.02	1.176
48	Did the anesthesiologist treat you with courtesy and respect?	600	1	4	3.03	1.006
49	Did the anesthesiologist explain things in a way you could understand?	600	1	4	2.68	.974
50	Did the anesthesiologist treat your child with kindness and compassion?	600	1	4	2.62	.958
51	Did the anesthesiologist take time to explain things to your child in a way that he/she could understand?	600	1	4	2.48	.915
52	Did you have confidence and trust in the anesthesiologist who treated your child?	600	1	5	3.51	1.140
53	Did you get all the information you wanted from the anesthesiologist about different options for managing your child's pain?	600	1	4	2.63	.917
54	Did the anesthesiologist effectively manage your child's pain during his/her procedure?	600	1	4	2.62	.920

Table 11

Pain Management

Question		N	Minimum	Maximum	Mean	Std. Deviation
24	How often was your child's pain well controlled?	600	1	4	2.47	.984
25	How often did the staff do everything they could to help your child/with his/her pain?	600	1	4	2.91	1.042
63	How often did we partner with you to prevent and treat your child's pain?	600	1	4	2.85	.987

Table 12 provides descriptive statistics about the overall patient satisfaction score. Survey questions 10-19 and 47-54 were used to calculate the overall parent/patient satisfaction score. Responses to each of these questions were coded 1-4, with 1 being the lowest score and 4 being the highest score for each question. Therefore, the satisfaction score range was 18-72 with a higher score indicating a higher level of parent/patient satisfaction.

Table 12

Overall Parent/Patient Satisfaction Score

	N	Minimum	Maximum	Mean	Std. Deviation
Overall parent/ patient satisfaction score	600	36.00	66.00	50.7133	5.9655
Valid N (listwise)	600				

From Table 12, the overall patient satisfaction score was 50.7133 with a standard deviation of 5.9655.

Research Question 1

At a children's hospital, for the 2017–2018 calendar year, is there a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical unit?

$H_0 1$: At a children's hospital, for the 2017–2018 calendar year, there is no significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical inpatient unit.

$H_1 1$: At a children's hospital, for the 2017–2018 calendar year, there is a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical inpatient unit.

To test research question number 1, an independent sample *t* test was applied by using SPSS. Independent sample *t* test is a quantitative test which tests the mean difference between the two independent samples. If the *p* value is less than 0.05, it can be concluded that the mean difference between the two independent samples is said to be occurred due to real one and if more than 0.05, it can be said to be due to chance. Table 13 shows the results of the independent samples *t* test.

Table 13

Independent Samples t-Test for Research Question One

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Overall parent/ patient satisfaction score	Equal variances assumed	.909	.341	2.320	398	.021	.26667	.11493	.04073	.49260
	Equal variances not assumed			2.320	396.742	.021	.26667	.11493	.04073	.49261

The *t* value corresponding to the mean difference in overall parent/patient satisfaction score between the pediatric surgical unit and medical unit was 2.32 and its corresponding *p* value was 0.021. Since the *p* value was less than 0.05, I concluded that there was a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared to the medical unit. Therefore, the null hypothesis was rejected.

Research Question 2

At a children's hospital, for the 2017–2018 calendar year, is there a significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units?

$H_0 2$ At a children's hospital, for the 2017–2018, there is no significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units.

$H_1 2$ At a children's hospital, for the 2017–2018 calendar year, there is a significant difference in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units.

In order to test the association between the overall parent/patient satisfaction score and interaction of physicians and nurses between the surgical unit and intensive care units, a regression analysis was applied by using SPSS. The results of the analysis are found in Table 14.

Table 14

Regression Analysis[a] for Research Question 2

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.574	.398		11.484	.000
	Physicians	-.144	.126	-.047	-1.149	.251
	Nurses	-.144	.082	-.071	-1.758	.079
	Unit	-.167	.058	-.117	-2.890	.004

Note. [a]Dependent variable: Overall parent/patient satisfaction score.

The beta coefficient corresponding to the association between the overall patient/parent satisfaction score is -0.167 and its corresponding *p* value is 0.004. Since the *p* value was less than 0.05, I concluded that there was a significant difference in overall

parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units. Therefore, the null hypothesis was rejected.

Research Question 3

At a children's hospital, for the 2017–2018 calendar year, is there is a significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service?

$H_0 3$ At a children's hospital, for the 2017–2018 calendar year, there is no significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service.

$H_1 3$ At a children's hospital, for the 2017–2018 calendar year, there is a significant difference in overall parent/patient satisfaction scores for the interaction with anesthesiologists and pain management for a child's pain in the pediatric service.

To test the association between the overall parent/patient satisfaction scores and interaction with anesthesiologist and pain management, a regression analysis was applied by using SPSS. The results of the analysis are found in Table 15.

Table 15

Regression Analysis[a] for Research Question 3

Model		Unstandardized Coefficients		Standardized Coefficients	*t*	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.834	.391		9.798	.000
	Anesthesiologists and pain management	-.130	.147	-.036	-.879	.380

Note. [a]Dependent variable: Overall parent/patient satisfaction score.

The beta coefficient corresponding to the association between the overall patient/parent satisfaction score is -0.130 and its corresponding *p* value is 0.38. Since the *p* value was more than 0.05, I concluded that there was no statistically significant association between the overall patient/parent satisfaction score, anesthesiologist, and pain management. Therefore, the null hypothesis was not rejected.

Summary

Data was analyzed using secondary data from Hospital A's patient satisfaction surveys for the 2017–2018 calendar year. The results indicated that there was a significant difference between overall parent/patient satisfaction scores (p =.021) in the pediatric surgical service as compared to the medical unit and for the overall parent/patient satisfaction scores (p =.004) for the interaction with nurses and physicians in the pediatric surgical service as compared to intensive care units. Chapter 5 will provide an interpretation of the study findings, a discussion of the study limitations and implications, as well as provide recommendations.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

My purpose in this descriptive quantitative study was to determine whether a significant difference exists in overall parent/patient satisfaction scores and interaction of patients with nurses, and physicians, as well as interaction with anesthesiologists in terms of pain management in the pediatric surgical service in comparison to the medical inpatient unit and intensive care unit at a children's hospital. The key findings of the study revealed a significant difference between overall parent/patient satisfaction scores in the pediatric surgical service as compared with the medical unit at a children's hospital. A significant difference also existed in overall parent/patient satisfaction scores for the interaction with nurses and physicians in the pediatric surgical service as compared to the intensive care unit as well as a statistically significant association between the overall patient/parent satisfaction scores compared with the pediatric surgical unit and intensive care unit. This chapter includes a discussion of major findings related to analysis of a pediatric hospital's patient/parent satisfaction surveys and whether the outcomes of each question category compares to not only the surgical unit but the medical and intensive care units collectively. This chapter concludes with a discussion of the limitations of the study, areas of future research recommendations and a summary.

Interpretation of Findings

The emphasis on the importance of the patient/parent satisfaction scoring experience is incorporated in every stage of the health care process, which is consistent with the literature regarding studies about this topic. Bitzer, Volkmer, Petrucci,

Weissenrieder, and Dierks (2012) outlined the importance of patient input as a respected foundation of information required for a patient-oriented organization of health care, realizing that the overarching patient/parent concerns center on receiving the appropriate treatment and care satisfying needs related to choosing from the best opportunities presented (Bitzer et al., 2012). In concluding this study, I have identified that patient satisfaction is imperative and a frequently used indicator for measuring the quality in health care delivery organizations.

Berkowitz (2016) discovered how significant the extent and consideration of the patient, caregiver, and family experience of health care provides the prospect for replication and enhancement of patient outcomes. Being mindful of treating patients in the way one would prefer care delivery as well is a step in the right direction in health care environments. The conclusion of this study unveiled a better understanding and acceptance of improved knowledge of the forces at work support from physicians, nursing facts, anesthesiologists, and the entire health care team contribution to patient satisfaction boosts (Berkowitz, 2016).

The study conducted by Junewicz and Youngner (2015) revealed that patient-satisfaction surveys could call attention to the importance of treating patients with dignity and respect. The behavior exhibited by some physicians, nurses, and anesthesiologist is a troubling reality of the truth resulting from the satisfaction survey outcomes. This study conclusion aligns with patient/parent satisfaction; however, when the scoring delivered from the survey responses are being treated with pride and respect, then and only then,

does the institution have value in providing care as opposed to a distorted impression (Junewicz & Youngner, 2015).

The research study conducted by Lieber (2014) explored hospital setting constructions of complex risks resulting from patient satisfaction score challenges for patients with reliability and strength of standard of care practices. A meta-analysis of multiple controlled studies used individual experimental studies; quasi-experimental studies; nonexperimental studies resulting with program evaluation, research use, quality improvement projects (Lieber, 2014). The combined studies summarized thousands of participants revealing the credibility of patient satisfaction surveys' continuous efforts as to the importance of economics in hospital settings do exist and conducted by (Lieber, 2014).

Prakash (2010) disclosed patient satisfaction indicators for the measurement of quality care affect clinical outcomes. The study demonstrated that sustaining a service-oriented organizational culture is important for successful patient outcomes; telephone follow-up on the care received; environment cleanliness; waiting time, nurse-patient relationships and physician-patient interactions (Prakash, 2010). Ensuring patient satisfaction was the primary goal of the study based on the assessment of health care practices as safe, equitable, and evidence based. Prakash (2010) concluded that positive patient satisfaction leads to patient loyalty, improved patient retention, increased staff morale, and increased personal as well as, professional gratification centering around service excellence.

The Agency of Healthcare Research and Quality (2016) research reported that patient satisfaction mirror levels of commitment aspects of care. Patient satisfaction is based upon patient expectations and the satisfaction associated with quality of care delivering the best care possible (AHRQ, 2016). The patient experiences performed in pediatric settings rely on firm communication with health care professionals, access to care with appropriate customer guidelines support, and coordination of care (AHRQ, 2016). The conclusion of this research study revealed that the parents in the pediatric settings represent the voice of the children being care for from trusted professionals. Therefore, health care organizations must measure patient satisfaction experiences outcomes and measure the components of reporting, rating and ranking care (AHRQ, 2016).

Rickert (2014) delivered information focused on patient satisfaction at the core of patient-centered medicine. Rickert's (2014) goal was to improve patient satisfaction which could lead to enhanced patient experiences which every sick or injured patient deserves. This research provided evidence over the past 20 years of patient satisfaction surveys gaining increasing attention as meaningful and essential sources of information for identifying gaps and developing an effective action plan for quality improvement in health care organizations (Rickert, 2014). Rickert (2014) concluded that health care professionals often do not know what the parent of the child or patient may be thinking unless asked. This is exposed in the patient/parent satisfaction surveys and how well the delivery of care is being administered is key. Kinder (2016) identified the significance of

the patient survey as this emphasizes the clinical competence, caring behaviors, and decision control which is important to the pediatric population served.

Shirley, Josephson, and Sanders (2016) depicted the fundamentals of patient satisfaction measurement as an endpoint for the evaluation of care. The care efforts reflect on the goal of understanding the patient perspectives from hospitals specific strengths or weaknesses and outline improvements in the delivery of care practices (Shirley et al., 2016). Shirley et al. discussed the importance of quantitative methods to acquire ongoing satisfaction data for accuracy in measuring and comparing patient experiences paying close attention to patient satisfaction surveys.

Robeznieka (2012) study found that increased patient engagement leads to lowering resource usage, but greater patient satisfaction. The key is that surveys should direct patients to report on their experiences and not on general feelings (Robeznieka, 2012). In the increasingly competitive market of health care industries, health care managers should focus on achieving high or excellent ratings of patient satisfaction to improve the quality of service delivery (Robeznieka, 2012). Robeznieka (2012) noted that health care service measures quality should include the assessment of the extent to which the patient services/providers reach a common understanding of the patient's situation. The conclusion of this research study revealed that health care managers need to characterize the factors influencing patient satisfaction which are used to assess the quality of health care delivery (Robeznieka, 2012).

Wilson, Yepuri, and Moses (2016) defined how the clinical practice guidelines about patient care significantly changed based on satisfaction surveys. Surveying patients

about their experience of care in health care practice would only be helpful in as far as it is acted upon to improve that experience (Wilson, Yepuri, & Moses, 2016). Patient satisfaction survey scorecards permit parents/patients to engage, educate and empower them by giving them quick access to the same evidence-based information entrusted and delivers care in interactive/patient-friendly manner, turning parents of the pediatric patients into active participants in their health care both in hospital settings as well as at home where continuing care is expected to play out (Wilson et al., 2016).

As the theoretical framework for this study, Watson's theory of caring focuses on the patient/parent mind, body, and spirit incorporating the promotion of professional excellence, fosters patient and team relationships and a coordination of care and favorable communication on the plan of care (Watson, 2008). Jean Watson's theory also reflects on a trusting, customer friendly environment and combining high quality of care where each patient is regarded as unique (Watson, 2008) and is known as the foundation for relationship-based care (RBC) (Alligood et al., 2010).

The findings of this research align with the importance of a pediatric hospital developing a positive relationship of longevity for the community served. The selection of this organization by patients and families is recognized by making the difference in health care delivery of services on an ongoing basis. The choice delivered to the community from such an organization can fulfil health care services for individuals and families. The findings of this research also confirm what the literature emphasizes about the importance of patient satisfaction scores and the impact they have on the reputation of health care organizations.

Limitations of the Study

The limitations of this study were related to a generalization and trustworthiness encompassing validity and reliability that patient satisfaction scoring plays a significant role in the health care setting. The validity and reliability of the research was verified by the data collection strategies and by the descriptive/inferential statistical determinations. The distribution and overarching survey calculations of 600 records did not limit the interpretation of the results as this facility services only pediatric population with a specialized culture of care structure. The limitation of acknowledging this facility as the preferred choice of care was done without prejudice. The care of the child is specific to the needs of the child where the parents play pivotal roles in making decisions for those who are unable to make medical care choices for themselves.

Recommendations

Recommendations for further research are appropriate in the pediatric setting in the health care arena as not many articles align specifically with children/pediatric hospitals. Many articles do reference the importance of patient satisfaction scores aligning with communities serviced by pediatric affiliates. The outcomes of the patient/parent satisfaction scores can promote improvements of pediatric patient outcomes, influence the choice when seeking health care, and lead to recommendation of the organization to others increasing the likelihood of rankings around the globe. Qualitative or mixed methods studies evaluating the importance of pediatric satisfaction scores, exploring the patient/parent experience in this pediatric setting, or describing the

most important factors of the pediatric hospital experience could be considered as options for future research studies.

Implications

Patient/parent satisfaction score outcomes in a pediatric setting constitute a valuable source of information in patient-focused health care. The decision to assess patient satisfaction survey outcomes in a pediatric setting as a component of health care process quality assessments represent recent developments in the health care arena and failing to assess the importance of this issue is recognized as a methodological deficiency (Bitzer et al., 2012). Future research on pediatric satisfaction surveys should include studies that examine the effects on the child as well as the parent/parents/family. This research study trial goal focus was on the general patient/parent experience.

The significance of this study could reveal the direct and indirect understandings produced from the relationships established between the patient/parent, physicians, and nurses. In the pediatric health care settings, physicians and nurses share quality/multiple hours with their patient/parent population having profound influences on both the individual, as well as the family settings. Positive interactions reported by health care .organizations markedly improve the overall expectations of the experiences' patient/parents hope to establish based on the outcomes of the satisfaction surveys. The goal is to improve all aspects of delivering the best possible care the health care facility can provide to their community (Kieft, 2014). The potential for social change for organizational and societal premises focus is to improve the patient/parent experience of care and the health of populations.

Recommendations for practice are based on the premise that organizations or health care facilities focus their commitments of patient relationships more in current practice, as opposed to probably expected future (Baker, McNulty, & VanderDrift, 2017). The assessment of patient satisfaction seems preferable if service improvement is to be translated into outcomes meaningful to patients, especially improving the quality of their lives. Patient satisfaction reflects on the extent of ones' experience compared with expectations and the relationship to the extent to which health care needs are being met. Assessing to what extent patients are satisfied with health services is clinically appropriate, as satisfied patients are more apt to comply with treatment plans and take active roles to care continuums using medical care services staying within specific health providers (Asadi-Lari, Tamburini, & Gray, 2004). Health care professionals could benefit from patient satisfaction surveys identifying likely areas for service improvements (Asadi-Lari et al., 2004).

Conclusion

Patient/parent satisfaction surveys elicited by pediatric hospitals reflect a variety of levels of medical care services. The components of the pediatric patient/parent satisfaction survey questions must focus on parent/patient experiences, accessibility to medical care services, team concept approaches to include physicians, nurses and anesthesiologist specific concerns. The patient/parent satisfaction association of comparisons to the surgical unit, medical unit, and intensive care unit align with strong relationships among physicians, nurses, and anesthesiologists. With satisfactory to positive results for validity and reliability testing, the outcome of the findings of this

study are applicable to pediatric settings that care for children despite the age groups and for the parents completing the surveys. Patient/parent satisfaction survey scoring outcomes in pediatric settings are important for the survival of health care facilities and to ensure delivery of the best possible quality of care.

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Appendix A: Permission Granted to Conduct Research Study Trial at SCH

December 27, 2016
Addressee: Walden University

Veronica Givan MSN RN PhD (c), Interim OR Manager has requested permission to conduct a research study trial at Hospital A on Parent/Patient Satisfaction Scores from the 2017–2018 calendar year.

Permission is granted to Veronica Givan RN and the best of luck to you with this study. Hospital A is honored that this organization is being recognized for its importance in the community served and chosen by Veronica Givan do conduct a research study trial.

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