Journal of Pioneering Medical Sciences
Received: April 18, 2026 | Accepted: July 19, 2026 | Published: September 05, 2026
Volume 15, Issue 08, Pages 121-127
DOI https://doi.org/10.47310/jpms2026150817

Parental Satisfaction with Sustained Nursing Services in Pediatric Wards at Mosul Hospitals

Waleed Khaled Shet AL-Harby[1] and Luay A.M. Al-Waly[2*]
[1,2]College of Nursing, University of Mosul, Iraq

*Corresponding author: Luay A.M. Al-Waly (e-mail: loay.amjed@uomosul.edu.iq).

Abstract **Background:** Parental satisfaction is a primary goal of healthcare systems; it is a key criterion for achieving high-quality nursing services, expressing how well nursing care meets parental expectations. The aim of this study is for assessing parental satisfaction and how it differs according to demographic characteristics. **Methods:** A cross-sectional, non-experimental quantitative was conducted on 460 parents of children hospitalized in 5 teaching hospitals in Mosul city. We used Empowerment of parents in the Intensive Care "EMPHATIC" questionnaire to conduct in-person interviews in order to gather data. **Results:** There are 460 participants in the study. Over half of them for both sex (male = 196, female = 264) were between the ages of 18 and 35 and 45% have obtained a primary school certificate. The average score for overall parental satisfaction was moderate, in the amount of 3.57 points. Findings revealed that 72, 24 and 4% parents were highly satisfied, moderate satisfied and low satisfied respectively in the criterion of "care and treatment". Regarding "information" provided by nurse 39.1, 38.7 and 22.2% of parents expressed moderate, high and low levels of satisfaction, respectively.in regard to "parental participation" 54.8, 33.5 and 11.7% of parents expressed moderate, high and low levels of satisfaction, respectively. 48.7, 47 and 4.3% of parents reported average, high and low satisfaction with "organization," respectively and for "Professional Attitude" of the nurses 87.8, 9.6 and 2.6% of parents expressed high, moderate and low levels of satisfaction, respectively. **Conclusion:** overall parent satisfaction with the nursing care given to the child admitted to the pediatric ward was moderate. Parental age, education level and occupation significantly influence parental satisfaction; similarly, the child's age, duration of stay, types of admission and the hospital also significantly influence satisfaction.

Key Words Parental Satisfaction, Sustained Nursing Services, Child

INTRODUCTION

Hospitalization is a very sensitive and stressful period for children. The presence of parents close to them is essential and give them a sense of security and reassurance [1]. It was observed that parents require professional conduct from nurses, give them opportunity to participate in their children's care and be informed about everything related to their children [2]. According to United Nations Convention on the Rights of the Child, Guardians are entitled to take part in and have an impact on their children's care [3].

Currently, parental satisfaction is a cornerstone of assessing the quality of nursing care. Over the past two decades, parental satisfaction researches were a main source of information for identifying defect and developing inclusive care plans (4). The quality of healthcare has become a global focus that work for increasing attention directed to in which way parents perceive care from their perspective. Parental satisfaction is an important predictor of the quality of nursing services and most important for healthcare organizations and hospital administrators [5]. Healthcare organizations and hospital administrators prioritize parental satisfaction as it is a significant predictor of the quality of nursing services.

It is a subjective feeling of parental satisfaction with care and multi-faceted concept that based on the alignment with expectation of parents and their perception of the care provided [6].

Parental satisfaction is a crucial component in the evaluation of childcare which reducing child morbidity and mortality, improving parental comprehension of childhood illnesses and increasing treatment plan adherence [7]. In the context of healthcare quality assurance, the assessment of patient satisfaction with nursing care function as a fundamental monitoring role, protecting both patients and their families from potential adverse outcomes associated with care delivery [6]. Patient satisfaction may be impacted

by factors such as arrival procedures, wait times, timing of admission, staff productivity, service quality, food standards, interior design and clinical procedures [8].

Nurses play a significant role in shaping patient satisfaction. Studies reported that 44.3% of critical care nurses' working hours throughout the day were spent in or close to a patient's room. This is more than twice as much time as doctors (14.7%) and other vital personnel, such as physical and respiratory therapists (20.5%). In 86.1% of cases, a nurse provided direct patient care [9].

Currently, Family Centered Care (FCC) is the principle used for children who receive care. It recognizes that families are the children's primary caretakers and that it is their duty and responsibility to assist in identifying and satisfying their medical needs [4]. The four core values of FCC are dignity, sharing of information, involvement and collaboration-allowing healthcare teams to fulfill the medical, academic and emotional demands of kids and their parents [10]. Aslan and Esmaeili reported that the family participation in the therapeutic process improves clinical results, decreases the number of deaths, improved levels of satisfaction, enhanced compliance to treatment plans and fewer children being readmitted to hospital [11].

The importance of parental satisfaction is clearly evident through using the results of patient experience evaluations conducted by healthcare companies to support internal quality improvement efforts. Healthcare professionals rely on their patients' experiences and preferences to enhance their practices and demonstrate how they impact patient outcomes [12].

The study aims to assess parental satisfaction with sustained nursing services in pediatric wards at Mosul hospitals and identify sociodemographic factors that affect parental satisfaction.

METHODS

Study Design and Setting

The study participants were selected from the pediatric wards of five teaching hospitals in Mosul city, Iraq. This facility-based cross-sectional study was conducted from November 2025 to February 2026. These hospitals serve an estimated population of more than four million people in the surrounding areas. Two of these facilities are dedicated pediatric hospitals. The other three, however, each have pediatric departments that offer care to children admitted to the hospital. These hospitals also function as major referral centers for numerous primary healthcare centers and hospitals in the region.

The pediatric wards in these hospitals provide comprehensive healthcare services for children and operate 24 hours a day. They provide various medical and nursing services for children admitted with different medical conditions and include facilities equipped to deliver routine pediatric care and monitoring for hospitalized patients.

Population

Inclusion Criteria: Parents of children in pediatric wards must meet specific criteria for participation in the study: The child's hospital stay should exceed 24 hours and the parent must be present with the child for at least 12 hours. Obtaining informed consent is essential and parents must be able to understand and respond to the questions in the questionnaire. Also, the child must be under nursing care during the data collection period, with the parent present in the hospital at that time.

Exclusion Criteria

Parents who refuse to participate in the study. Parents who cannot understand or answer the questionnaire questions. Children whose hospital stay was less than 24 hours. Parents who were not present with the child during the hospital stay. Parents who have communication difficulties due to a severe illness or mental health disorder. Children with very critical or emergency conditions that may prevent parents from participating in the study.

Sampling Size and Sampling Procedure

The sample size was calculated using the single population proportion formula with a 95% confidence level and a 5% margin of error. As there was no previous local study, a proportion of 50% was used. The calculated sample size was 384 and after adding a 20% non- response rate, the final sample size became 460 participants.

Data Collection Method

Data were collected using the EMPATHIC questionnaire (Empowerment of Parents in The Intensive Care) developed by Jos M. Latour and colleagues to measure parental satisfaction with nursing care and healthcare services provided to hospitalized children [13].

The EMPATHIC questionnaire is a validated and widely used instrument designed to assess parents' perceptions and satisfaction with healthcare services in pediatric settings. The questionnaire consists of several items covering different domains related to nursing care, including information, care and treatment, organization, parental participation and professional attitude of healthcare staff.

This tool evaluates several aspects of nursing services for parents of hospitalized children, including: The clarity and adequacy of information provided about the child's condition, perceptions of the quality and appropriateness of nursing care; coordination and organization of healthcare services; the level of parental involvement in decision-making; and the professional attitudes of healthcare providers towards both parents and children. Participants were asked to rate each item using a five- point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

To classify satisfaction levels on the five-point Likert scale, the "Equal Interval Length" method was applied through Interval Length = (Upper limit of the scale-Lower limit of the scale)/Number of required levels, resulting in an interval of 1.33. Accordingly, mean scores from 1.00-2.33 indicate Low Satisfaction, 2.34-3.67 indicate Moderate Satisfaction and 3.68-5.00 indicate High Satisfaction. This approach is widely accepted in social sciences for converting arithmetic means into descriptive levels to facilitate interpretation.

Statistical Data Analysis

The obtained study data were analyzed using Windows 10 platform: Microsoft Office Excel 2019, the Statistical

Package for the Social Sciences (SPSS) version 26, The Shapiro-Wilk test revealed that parental satisfaction scores were not normally distributed ($p<0.05$), prompting the use of non-parametric tests. The Mann-Whitney U test and the Kruskal-Wallis test. A significance level of $p<0.05$ was established also, Cronbach's alpha was calculated to assess the internal consistency of the measurement scales used to evaluate parental satisfaction with nursing care.

RESULTS AND DISCUSSION

The study included 460 parents, 57.4% of whom were female (264) and 42.6% male (196). The most common age group was under 25 years old (28.7%, 132), while those with primary education constituted 44.8% (206) and the unemployed (including housewife/student/no job) made up 70% (326).

Regarding the characteristics of the children, 37% (170) were under one years old and 62.6% (288) had emergency hospital admissions most of the children (36%, 172) had been hospitalized for the first time and the most common length of stay was 1-3 days (43.9%, 216). The details are presented in Table 1-6.

One of the foremost challenges facing modern healthcare systems is the delivery of outstanding medical services, evidenced by the satisfaction expressed by patients and their families [14]. Evaluating satisfaction with medical and nursing care helps establish the direction for improvement within contemporary healthcare institutions, as part of integrated quality management [6].

The study demonstrated that parental satisfaction with nursing services was moderate, with a mean score 3.57 (71%) with a standard deviation (0.57). This result is consistent with the study [15], which found that 71.8% of the parents under investigation had a neutral satisfaction rating. This outcome is consistent with study [4], which found that 72% of parents expressed moderate satisfaction. Consistent with study [16], which found that moderate satisfaction was expressed by parents.

The finding assessment revealed a moderate score for the major criterion "information.", with a mean score of 3.17 (63.4%). These results align with those of study [17], which found that moderate satisfaction was expressed by parents regarding the information domains.

In the "information" domain, about 49% of parents reported being satisfied with the statement (in the event of a child's condition deteriorating, we are always alerted immediately). These results correspond with study [15], which found that more than half of the studied parents expressed satisfaction with it.

Table 1: Distribution of Study Participants according to Parents' Sociodemographic Characteristics and Children's Demographic and Hospitalization-Related Characteristics

Variable	Category	Frequency	Percentage
Parent's age	Less than 25 years	132	28.7
	25-34 years	100	21.7
	35-44 years	80	17.4
	45-55 years	114	24.8
	More than 55 years	34	7.4
Relationship to child	Father	196	42.6
	Mother	264	57.4
Educational level	Illiterate	50	10.9
	Primary school	206	44.8
	Secondary school	130	28.3
	Diploma	26	5.7
	Bachelor's degree	40	8.7
	Postgraduate studies	8	1.7
Occupation	Unemployed (housewife/student/no job)	326	70.9
	Government employee	71	14.8
	Self-employed	63	15.2
Child's age	Less than 1 year	170	37.0
	1-<3 years	130	28.3
	3-<6 years	42	9.1
	6-<12 years	60	13.0
	12 years and above	58	12.6
Type of admission	Emergency	288	62.6
	Planned	172	35.7
Number of hospital admissions	First admission	168	36.5
	Two admissions	80	17.4
	3-5 admissions	86	18.7
	More than 5 admissions	126	27.4
Length of hospital stay	1-3 days	216	43.9
	4-7 days	148	32.2
	More than 7 days	96	20.9
Hospital name	Ibn Sina Hospital	40	8.7
	Ibn Al-Atheer Hospital	154	33.5
	Al-Khansa Hospital	82	17.8
	Al-Salam Hospital	108	23.5
	Mosul General Hospital	76	16.5

Table 2: Distribution of Parents' Satisfaction with Nursing Services

Satisfaction Dimensions	Poor (No.)	%	Moderate (No.)	%	High (No.)	%	Mean	SD	Assessment
Information provided by nurse	102	22.2	180	39.1	178	38.7	3.17	0.96	Moderate
Nursing Care (treatment and Care)	18	4	109	24	332	72	3.99	0.70	High
Parent participation	54	11.7	252	54.8	154	33.5	3.25	0.77	Moderate
Organization	20	4.3	224	48.7	216	47	3.50	0.80	Moderate
Nursing professionalism	12	2.6	44	9.6	404	87.8	3.94	0.66	High
Overall satisfaction	12	2.6	256	55.7	192	41.7	3.57	0.54	Moderate

Table 3: Correlation between Parents' Satisfaction and Nursing Service Dimensions

First Variable	Direction relationship	Second Variable	Correlation (rho)	p-value	95% confidence interval		N	Interpretation
					Lower	Upper		
Parents satisfaction	<-->	Information provided by nurses	0.739	<0.05	0.682	0.786	460	Strong positive correlation
parents' satisfaction	<-->	Nursing care	0.600	<0.05	0.514	0.674	460	Moderate to strong positive correlation
Parents' satisfaction	<-->	Parent Participation	0.794	<0.05	0.740	0.842	460	Strong positive correlation
Parents' satisfaction	<-->	Organization	0.725	<0.05	0.677	0.765	460	Strong positive correlation
Parents' satisfaction	<-->	Nursing professionalism	0.564	<0.05	0.486	0.638	460	Moderate to strong positive correlation

P = p-value, the symbol <-> a two-way correlation (without cause and effect)

Tables 4: Differences in Parental Satisfaction according to Parents' Gender

Variables	Samples	Categorize	Mean	STD.	p-U Mann-Whitney	Mean rank	Rank
Overall Parental satisfaction	Sex	Male	3.34	0.44	0.00	165.31	2
		Female	3.74	0.53		278.90	1
Information provided by nurse		Male	2.66	0.84	0.00	155.58	2
		Female	3.55	0.87		286.12	1
Nursing Care (treatment and Care)		Male	3.98	0.63	0.133		
		Female	4.00	0.76			
Parent in Participation care		Male	2.91	0.76	0.000	169.35	2
		Female	3.50	0.69		275.90	1
Organization and coordination		Male	3.20	0.69	0.00	172.49	2
		Female	3.72	0.81		273.57	1
Nursing professionalism		Male	3.95	0.40	0.061		
		Female	3.94	0.80			

Note: p-U Mann-Whitney (p-value from Mann-Whitney U test)

Table 5: Differences in Parental Satisfaction according to Demographic Variables

Variables	Sample	Categorize	Frequency	Mean (PS)	STD.	Kruskal-Wallis H	df	p-value	RII	Rank
Parental satisfaction	Parent's age	Less than 25 years	132	3.5644	0.611	15.724	4	0.003	0.712	3
		25-34 years	100	3.6477	0.44				0.729	2
		35-44 years	80	3.4525	0.556				0.69	4
		45-55 years	114	3.6541	0.497				0.73	1
		More than 55 years	34	3.4273	0.562				0.685	5
Parental satisfaction	Educational level	Illiterate	50	3.69	0.34	56.29	5	0	0.73	1
		Primary school	206	3.58	0.61				0.71	4
		Secondary school	130	3.65	0.46				0.73	2
		Diploma	26	3.6	0.48				0.74	3
		Bachelor's degree	40	3.16	0.28				0.63	5
		Postgraduate studies	8	2.9	0.16				0.58	6
Parental satisfaction	Parental Occupation	Unemployed (housewife/student/no job)	328	3.61	0.524	9.27	2	0.01	0.72	1
		Government employee	68	3.45	0.561				0.69	3
		Self-employed	64	3.52	0.587				0.7	2
Parental satisfaction	Child's Age	Less than 1 year	170	3.3945	0.611	55.1	4	0	0.67	5
		1-less than3 years	130	3.74	0.44				0.74	2
		3-less than 6 years	42	3.3949	0.556				0.68	4
		6-less than 12 years	60	3.66	0.497				0.73	3
		12 years and above	58	3.75	0.562				0.75	1
Parental satisfaction	Number of hospital admissions	First admission	168	3.8584	0.44653	95.71	3	0	0.77	1
		Two admissions	80	3.5625	0.59042				0.71	2
		3-5 admissions	86	3.4646	0.46806				0.69	3
		More than 5 admissions	126	3.2809	0.48521				0.65	4
Parental satisfaction	Length of stay	1-3 day	216	3.76	0.3	72.8	2	0	0.75	1
		4-7 day	148	3.52	0.44				0.7	2
		I more than 7	96	13.26	0.56				0.65	3

Table 6: Differences in Parental Satisfaction according to Hospitals

Hospital name	No.	General mean	Mean of information	Mean of care and treatment	Mean of parental participation	Mean of organization	Mean of professionalism
Ibn-Sina Hospital	40	3.32	2.66	4.29	2.66	3.03	3.98
Ibn-Al-Atheer Hospital	154	3.82	3.65	3.97	3.51	3.93	4.05
Al-Khansa Hospital	82	3.70	3.60	4.01	3.46	3.46	3.96
Al-Salam Hospital	108	3.18	2.21	3.93	2.64	3.30	3.82
Mosul General Hospital	76	3.61	3.37	3.94	3.68	3.21	3.87
Kruskal-wallis H		135.05	186.372	22.011	156.753	86.050	39.449
p-value		0.00	0.00	0.00	0.00	0.00	0.00

In the “care and treatment” domains, parents expressed the highest level of satisfaction, with a mean score of 3.99 (80%) and a standard deviation of (0.70). As previously reported by [6], the mean satisfaction score for “care and treatment” was 4.11, which is consistent with the current findings.

In the domain of "care and treatment," roughly 80% of the parents studied were in strong agreement that nurses consistently administered accurate medications promptly. Consistent with study [15], which found that (81%) of parent were Expressed satisfaction with nurses providing correct drugs promptly.

In the “parental participation” domains, parents reported a moderate level of satisfaction, with a mean score of 3.25 (65%) and a standard deviation of (0.77). Consistent with study [4], which found that 75% of parents expressed moderate satisfaction across “parental participation” domains. The statement (Our child's care was reviewed with us by the nurse once again before we left the ward) got a lower score among the participation domain, which was 2.78 and a standard deviation of 1.27. This is inconsistent with study [13], which found the score for the same item was 9.06 from 10 and a standard deviation of 1.25. This may be attributed to its reliance on strict protocols before patient discharge and its family-centered care model.

In the “organization” domains, parents expressed a moderate level of satisfaction, with a mean score of 3.5 (70%) and a standard deviation of 0.80.These results contrast with study in Spain [18] and study in the United States [19]. This may be attributed to the widespread harm that the recent conflict caused to Mosul's medical facilities. Three of the hospitals under study were totally destroyed and children are now receiving care at alternative facilities. Regarding the statement (Maximum efforts were made to reduce noise) 20% of the parents in the study were in strong agreement, with a mean score of 3.76 (75%). This is in agreement with the study conducted by (13), who found that the mean score for the same item was 7.30 out of 10 (73%).

In the “professional attitude” domains, parents expressed a high level of satisfaction, with a mean score of 3.94 (79%) with a standard deviation of 0.66. Similarly, like study [19]. Regarding the statement (The nurses always began by introducing themselves, including both their name and designation) 49% of the parents in the study were in strong disagreement, with a mean score of 2.00 (40%). Regarding the statement (All child received high-quality care from the nurses, irrespective of their race, religion, gender, or level of education) 71% of the parents in the study were in strong disagreement, with a mean score of 4.52 (90%). Similarly, in line with [6].

The tool (EMPATHIC) had strong internal validity, Spearman's score correlations ranging from 0.56 to 0.79, $p<0.001$. Several studies support this finding [16,18,19].

The finding prove that mother had higher satisfaction than father in the following domains: information, parental participation and organization. In agreement with study [20], which stated that mothers did report four times as much satisfaction as fathers.

It was proved that older parents had higher satisfaction with nursing services. Consistently with study [16]. Which stated that older parents had a better opinion of the aid provided by nurses.

It was proved that Parents with higher levels of education reported lower satisfaction compared to those with less education. Similarity, like study [21], which stated that Parents who had attained higher education levels gave lower ratings to daycare facilities than their less-educated counterparts.

It was proved that parents who had children admitted for the first time did report higher satisfaction as much as other parents. This finding does not align with study [22], which found that parental dissatisfaction with the quality of medical care significantly decreases with each subsequent visit to Ukrainian hospitals. This may be attributed to that in the first admission parents did not have past experiences to compare, any service received will be assessed optimistically and parents did not have any expectation regarding the service provided.

The findings proved that parents who did not work and housewives reported a higher satisfaction than employees. This may be attributed that employees have a high level of education and skill in evaluating the quality of services. This makes them evaluate more critically.

The current study proved that parents of children were 12 years old and older reported high satisfaction compared to the parent of children under 12 years old. Consistently with study [6], which stated that parents of children over 6 years old had higher satisfaction than parent of children under 6 years old.

The study proved that parents of child were hospitalized (1-3) day had higher satisfaction than those who hospitalized for longer time. This finds support in studies conducted in Poland and Ethiopia [6,17]. One could assume that a newborn's outcome is correlated with how long they stay. The longest hospitalized children are those who are really ill or preterm and their parents will undergo a great deal of mental anguish, this makes them more negative in their evaluation of services [17].

The results proved that parents whose children were planned hospital admission reported a higher score of satisfaction than those who emergency admitted their children.

This finds support in studies conducted in Poland [23], which state that parents of children admitted to the hospital electively scored higher on satisfaction with care.

The results showed that parents of children admitted to Ibn-Al-Atheer Hospital demonstrated a higher score of satisfaction in all domains of nursing services. This may be attributed to hospital not being damaged during previous conflicts, as it is the only specialized pediatric' hospital in Mosul and the hospital was completely rehabilitated by the UNDP organization.

CONCLUSION

These findings conclusively show how crucial parent satisfaction is to elevating the standard of nurse care in pediatric wards. The general quality of healthcare services and the importance of services that satisfy the requirements and expectations of families are both positively impacted when parents express satisfaction with the care provided by nurses. One important pointer of nursing effectiveness, roles and the efficiency of hospital departments in providing care is parental satisfaction.

The study showed moderate parental satisfaction with nursing care in Mosul teaching hospitals. (Care and treatment) and (nursing professionalism) were the main domains with the highest average scores, whereas (information) and (parental participation) had the lowest mean scores. Nursing care must be optimized, particularly in the domains of parental participation and information.

Parental satisfaction with nursing services was profoundly affected by age, occupation, educational attainment and parental gender. In the same direction, the child's age, length of hospital stay, types of admission and hospital of admission all had an important impact.

Limitations

This study was descriptive and is unable to be used to make broad judgments about parental satisfaction with nursing, causal relationship correlations cannot be established. Parental satisfaction in a private hospital was not included in the study, which was exclusively conducted in a government hospital.

Acknowledgement

For both the Iraq's University of Mosul's College of Nursing and general pediatric units in Mosul Hospitals. We sincerely thank all of the participants in this study as well as our experienced colleagues for their assistance.

Ethical Statement

Ethical approval for this study was legally obtained by the Collegiate Committee for Medical Research Ethics at the University of Mosul (Code: CCMRE-nur-26-1). Additional institutional permissions were secured from the Ethics Committee of the Nineveh Health Directorate and from the administrative authorities of all participating hospitals across Mosul City.

REFERENCES

[1] Terp, K. *et al.* "Evaluation of satisfaction with care in paediatric intensive care units: Swedish parents' perspective." *Nursing in Critical Care*, vol. 30, no. 4, 2025, article e70086. https://pmc.ncbi.nlm.nih.gov/articles/PMC12171661/

[2] Cintra, C.D.C. *et al.* "Parents' satisfaction with care in pediatric intensive care units." *Revista Gaúcha de Enfermagem*, vol. 43, 2022, article e20210003. https://www.scielo.br/j/rgenf/a/KPw97rJLcmWB58m896W9tDv/?lang=en

[3] UNICEF. *Convention on the Rights of the Child*. 1989. https://ecommons.cornell.edu/bitstream/1813/98856/1/crc.pdf

[4] Das, D. *et al.* "A study to assess the parent satisfaction level as an outcome of nursing care behavior for children admitted in pediatric ward in a selected hospital of Kolkata, West Bengal." *International Journal of Nursing and Health Research*, vol. 4, no. 2, 2022, pp. 10-17.

[5] Dehghani, A. "Development and validation of the companion's satisfaction questionnaire of patients hospitalized in intensive care units." *Investigación y Educación en Enfermería*, vol. 42, 2024.

[6] Kruszecka, A. *et al.* "Determinants of parental satisfaction with nursing care in paediatric wards: A preliminary report." *International Journal of Environmental Research and Public Health*, vol. 16, no. 10, 2019, article 1774. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6572998/pdf/ijerph-16-01774.pdf

[7] Alemu, A. *et al.* "Parental satisfaction and its associated factors with neonatal intensive care unit services at public hospitals in Bahir Dar, Northwest Ethiopia." *International Journal of Africa Nursing Sciences*, vol. 17, no. 1, 2022, article 100435.

[8] Paul, J. "Healthcare leadership: How do we maximize patient satisfaction and loyalty in healthcare facilities?" *Medical Research Archives*, vol. 13, no. 1, 2025. https://esmed.org/MRA/mra/article/view/6256

[9] Goodrich, G.W. *et al.* "Elements of patient satisfaction: An integrative review." *Nursing Open*, vol. 10, no. 3, 2022, article 1258. https://pmc.ncbi.nlm.nih.gov/articles/PMC9912404/

[10] Mahmoudzadeh, M. *et al.* "Association between family importance in nursing care and parental satisfaction: A cross-sectional study." *Journal of Nursing and Midwifery Sciences*, vol. 13, no. 1, 2026, article e165273.

[11] Aslan, A. *et al.* "The role of patient and family-centered care in coronary artery bypass graft surgery." 2018, vol. 7, article 68.

[12] Kieft, R.A. *et al.* "How nurses and their work environment affect patient experiences of the quality of care: A qualitative study." *BMC Health Services Research*, vol. 14, 2014, article 249.

[13] Latour, J.M. *et al.* "Perceptions of parents on satisfaction with care in the pediatric intensive care unit: The EMPATHIC study." *Intensive Care Medicine*, vol. 35, no. 6, 2009, pp. 1082-1089. https://link.springer.com/article/10.1007/s00134-009-1491-7

[14] Al-Abri, R. *et al.* "Patient satisfaction survey as a tool towards quality improvement." *Oman Medical Journal*, vol. 29, 2014, pp. 3-7.

[15] Abd Elaziz, A.H. *et al.* "Assessment of parents' satisfaction related to nursing care provided to their children." *Sohag Journal of Nursing Science*, vol. 3, no. 5, 2024, pp. 56-64. https://sjns.journals.ekb.eg/article_365603.html

[16] Oztas, G. *et al.* "Levels of nursing support and satisfaction of parents with children having pediatric inpatient care." *Journal of Pediatric Nursing*, vol. 77, 2024, pp. e24-e30. https://pubmed.ncbi.nlm.nih.gov/38461118/

[17] Alle, Y.F. *et al.* "Parental satisfaction and its associated factors towards neonatal intensive care unit service: A cross-sectional study." *BMC Health Services Research*, vol. 22, no. 1, 2022.

[18] Pilar Orive, F.J. *et al.* "Spanish translation and validation of the EMPATHIC-30 questionnaire to measure parental satisfaction in intensive care units." *Anales de Pediatría (English Edition)*, vol. 89, no. 1, 2018, pp. 50-57.

[19] Lake, E.T. *et al.* "Parent satisfaction with care and treatment relates to missed nursing care in neonatal intensive care units." *Frontiers in Pediatrics*, vol. 8, 2020, article 521795. www.frontiersin.org

[20] Jamie, A.H. "Factor that influences parental satisfaction with neonatal intensive care unit care services." *Journal of Pediatric Advances and Research*, 2023, pp. 1-11.

[21] Kelesidou, S. *et al.* "The role of parents' educational level and centre type in parent satisfaction with early childhood care centres: A study in Greece." *European Early Childhood Education Research Journal*, vol. 25, no. 5, 2017, pp. 768-783.

[22] Vezhnovets, Y.I. *et al.* "Study of the risk of parents' dissatisfaction with the quality of providing medical aid to children with respiratory diseases." *Клінічна та профілактична медицина*, vol. 2023, no. 7, 2023, pp. 74-80. https://doaj.org/article/9e46319d7f474ab2a334a 859ec0acd80

[23] Kruszecka-Krówka, A. *et al.* "Selected predictors of parental satisfaction with child nursing care in paediatric wards in Poland-Cross-sectional study." *PLoS ONE*, vol. 16, 2021, article e0260504. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8604320/pdf/pone.0260504.pdf