

A Study to Assess the Healthcare Satisfaction among Caretakers of Newborn Admitted In NICU and Postnatal Wards OF JMMC &RI, THRISSUR

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ABSTRACT

Introduction

The caretakers of neonates admitted in NICU will experience high level of distress and anxiety. The improvement in the environment and the care provided in the NICU can help them become emotionally stable and make them relaxed. Optimal physical, psychological, social and ethical NICU environment is crucial for the best neonatal outcome

Objective

The objective of this study is to assess the health care satisfaction among the caretakers of newborn admitted in NICU & postnatal wards of JMMC&RI and to find out the association of healthcare satisfaction of caretakers of newborn with selected sociodemographic and clinical data variables.

Method

A descriptive design was used and 40 samples were selected by purposive sampling technique. The data was collected using modified EMPATHIC N satisfaction scale.

Result

In the study majority of the samples 36 (90%) were highly satisfied and 4 (10%) were satisfied and no samples were found to be moderately satisfied or unsatisfied. 29 (72.5%) are unemployed, 7 (17.5%) are private employees and 4 (10%) are self employees. The highest level of satisfaction was observed in the domain of professional attitude 37(92.5%). There is significant association ($P < 0.05$) between Socio demographic variable occupation ($\chi^2 = 5.030$, $P < 0.02$) with level of satisfaction among caretakers of newborn admitted in NICU and postnatal wards.

Keywords

Assess, health care satisfaction, caretakers, newborn, NICU

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I. INTRODUCTION

The caretakers of neonates admitted in NICU will experience high level of distress and anxiety. The improvement in the environment and the care provided in the NICU can help them become emotionally stable and make them relaxed. Optimal physical, psychological, social and ethical NICU environment is crucial for the best neonatal outcome.¹ Assessment of the satisfaction levels of the caretakers in NICU will help the health care workers to improve the quality of care provided. The appropriate timely interventions can help the caretakers to

feel more supported, confident and develop a feeling of hope. In this study we assess the health care satisfaction among the care takers of newborn.

Statement of the problem

A study to assess the health care satisfaction among caretakers of new born admitted in NICU and postnatal wards of JMMC &RI

OBJECTIVES

1. Assess the health care satisfaction among the care takers of new born admitted in NICU and postnatal wards of JMMC &RI, Thrissur.

2. To find out the association of health care satisfaction of caretakers of newborn with selected socio demographic and clinical data variables.

II. MATERIALS AND METHODS

Research approach: In this study the research approach is quantitative research approach.

Research design : A descriptive design is used to achieve the objectives of this study.

Settings: The study was conducted in level 1 NICU and St. Joseph and St. George ward of JMMC&RI.

Population: The population of this study were the caretakers of newborn admitted in NICU and postnatal wards of JMMC & RI, Thrissur.

Sample size: In this study, samples selected were 40 caretakers of newborn in NICU. Sampling technique: The sampling technique used for this study is purposive sampling

Criteria for sample collection

Inclusion criteria Caretakers who are willing to give information. Caretakers of newborns who are admitted for at least 3 days in NICU. Exclusion criteria

Caretakers who are not able to read and write Malayalam

Description of the tool

The tool in the present study consist of two parts. PART 1 : Socio demographic data questionnaire of parents and newborns. It consist of 14 items including:

. Sociodemographic variables of caretaker such as sex, religion, occupation, education, number of children and relation with newborn.. Sociodemographic and clinical data variables of neonate such as age in days, sex, gestational age, birth weight, birth order, mode of delivery and days of hospitalization. PART II : Modified Empathic N satisfaction scale to assess the the level of satisfaction amongvcaretakers of new born admitted in NICU and postnatal wards. And this Empathic N satisfaction scale include 30 items under 6 domains with 4 point scale.

Data collection process

Prior to the main study pilot study was conducted to assess the effectiveness of study by conducting it in a small population. The study was done to assess the feasibility for conducting the study. The pilot study was conducted on 22/8/22. 4 samples were selected. The study was found to be feasible and practical after the pilot study. The investigators then proceeded for the main study.

The researcher obtained a written consent from the concerned authority of the institution prior to the data collection. The data collection period was from 22/8/22 to 3/9/22. Researcher selected the samples using the purposive sampling method. 40 samples were selected from the NICU and postnatal wards of JMMC & RI, Thrissur. The maximum number of samples collected each day were 8 . The investigators were available in the ward from 7:30 am to 12:30 pm. The researcher met the participants and then explained them about the purpose of the study. They were assured that all the data would be kept confidential and would only be used for this study purpose. Informed consent were obtained from each participants. The samples were thanked for the cooperation after data collection.

III. RESULT

Table 1 :Frequency and percentage distribution of caretaker based on gender, religion, occupation, education, number of children and relation of caretaker with child.

Socio demographic variable	Frequency	Percentage
Religion		
Hindu	15	37.5%
Christian	16	40%
Muslim	9	22.5%
Others	0	0
Occupation		
Self employee	4	10%
Government employee	0	0
Unemployed	29	72.5%
Private employee	7	17.5%
Education		
Primary	4	10%
Secondary	12	30%
Graduate	20	50%
Post graduate	4	10%
Number of children		
One	15	37.5%
Two	22	55%
Three	3	7.5%
Four or more	0	0
Relation of caretaker with child		
Mother	23	57.5%
Father	3	7.5%
Grandmother	10	25%
Others	4	10%

From the data majority of caretakers 35 (87.5%) female and 5 (12.5%) male (see Fig 1).

Table 1 shows 16 (40%) belongs to Christian community, 15 (37.5%) belongs to Hindu community and 9 (22.5%) belongs to Muslim community. 29 (72.5%) are unemployed, 7 (17.5%) are private employees and 4 (10%) are self employees. 20 (50%) are graduate, 12 (30%) have secondary education, 4 (10%) are post graduate and 4 (10%) have primary education. 22 (55%) of the samples have two children, 15 (37.5%) have one children and 3 (7.5%) have three children. 23 (57.5%) of the caretakers are mother, 10 (25%) are grandmothers, 4 (10%) are others and 3 (7.5%) are fathers.

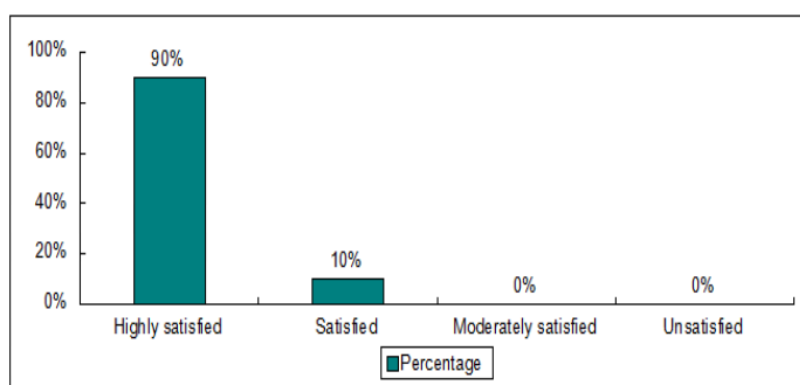


Figure 3: Percentage distribution of samples according to level of satisfaction.

Figure 3 shows that majority of the caretakers 90% have high satisfaction and 10% have satisfaction for the healthcare rendered in the level 1 NICU and post natal wards of Jubilee Mission Medical college and Research Institute.

Table 2:
Chi-square, degree of freedom (df) and p-value of association of socio demographic and clinical data variable occupation.

Socio-demographic variables	Highly satisfied		Satisfied		Moderatelysatisfied		Unsatisfied		Chi Square χ^2	df	P value
	F	%	F	%	F	%	F	%			
Occupation									5.03	1	0.02
Self employed	1	25%	3	75%	-	-	-	-			
Unemployed	28	96.5%	1	3.5%	-	-	-	-			
Private employee	7	100%	-	-	-	-	-	-			

Significant ($P < 0.05$).

Table 2 shows that there is significant association ($P < 0.05$) between Socio demographic variable, occupation ($\chi^2 = 5.030$, $P < 0.02$) with level of satisfaction among caretakers of newborn.

IV. DISCUSSION

The present study was conducted to assess the health care satisfaction among caretakers of newborn admitted in NICU and postnatal wards of Jubilee Mission Medical College and Research Institute, Thrissur.

The study showed that :

In the study 36 (90%) of samples have high satisfaction, 4(10%) have satisfaction, 0% have moderate satisfaction and unsatisfaction.

The highest level of satisfaction was observed in the domain of professional attitude.

There is significant association between socio demographic variable occupation with level of satisfaction.

Recommendation

The study can be replicated on a large sample for better generalization.

The study can be replicated in 3 levels of NICU for improving the quality of care.

The study can be replicated in other areas of pediatric department like PICU to improve the standard of care.

V. CONCLUSION

The findings of present study showed that the satisfaction level among the unemployed caretakers (96.5%) are high compared to the employed caretakers(25%) and there is significant association ($p < 0.05$) between socio demographic variable occupations with level of satisfaction.

REFERENCES

- [1]. Nair MN, Gupta G, Jatana SK. NICU environment: Can we be ignorant?. Medical Journal, Armed Forces India. 2003 Apr;59(2):93.
- [2]. Mishra J, Singh A. Child Health: National Asset of Future Generation. Adhyayan 30Dec.202[31Dec.2022];11(02):31-4. <https://smsjournals.com/index.php/Adhyayan/article/view/2466>
- [3]. Preetu Nair. Over 50% preterm babies need neonatal ICU admission: Study,2022 January 6, https://m.timesofindia.com/city/kochi/over-50-preterm-babies-need-neonatal-icu-admission-study/amp_articleshow/88719763.cms
- [4]. A Durairaj, Litch James and Robb-McCord Judith. Family participation in the care of the inpatient newborn in Australia. 2018
- [5]. Lee LA, Carter M, Stevenson SB, Harrison HA. Improving family-centered care practices in the NICU. Neonatal Network. 2014 Jan 1;33(3):125-32.
- [6]. Grunberg VA, Vranceanu AM, Lerou PH. Caring for our caretakers: building resiliency in NICU parents and staff. European Journal of Pediatrics. 2022 Sep;181(9):3545-8.
- [7]. Hagen IH, Iversen VC, Nettet E, Orner R, Svindseth MF. Parental satisfaction with neonatal intensive care units: a quantitative cross-sectional study. BMC health services research. 2019 Dec;19(1):1-2.
- [8]. Adal Z, Atomsa G, Tulu G. Parental Satisfaction with Neonatal Intensive Care Unit Services and Associated Factors in Jimma University Medical Center, Ethiopia. Research and Reports in Neonatology. 2022 Apr 27;12:1-0.

- [9]. Polit D , Beck C , Hungler B . Essential of nursing research. Sixth edition. Philadelphia: Lippincott ; 2011
- [10]. Burns N , Grove SK. Understanding Nursing Research: buliding an evidence based practice, fourth edition. New Delhi, Reed Elsevier; 2007.
- [11]. Dall'Oglio I, Fiori M, Tiozzo E, Mascolo R, Portanova A, Gawronski O, Ragni A, Amadio P, Cocchieri A, Fida R, Alvaro R. Neonatal intensive care parent satisfaction: a multicenter study translating and validating the Italian EMPATHIC-N questionnaire. *Italian journal of pediatrics*. 2018 Dec;44(1):1-8.
- [12]. Nguyen AT, Nguyen NT, Phan PH, van Eeuwijk P, Fink G. Parental satisfaction with quality of neonatal care in different level hospitals: evidence from Vietnam. *BMC health services research*. 2020 Dec;20(1):1-9.
- [13]. Apedani DB, Koduah A, Druye AA, Ebu NI. Experiences of mothers with preterm babies on support services in Neonatal Intensive Care Unit of a mission hospital in Ghana. *International Journal of Africa Nursing Sciences*. 2021 Jan 1;15:100366.
- [14]. J Mariahelen. Mother satisfaction on neonatal care in NICU in Nellore. 2022
- [15]. Galanis P, Bilali A, Poulidou K, Matziou V. Factors associated with parents' satisfaction with care provided in a neonatal intensive care unit in Greece. *Journal of Neonatal Nursing*. 2016;4(22):177-84.
- [16]. Gulo B, Miglierina L, Tognon F, Panunzi S, Tsegaye A, Asnake T, Manenti F, Dall'Oglio I. Parents' Experience and Satisfaction in Neonatal Intensive Care Units in Ethiopia: A Multicenter Cross-Sectional Study Using an Adapted Version of EMPATHIC-N. *Frontiers in pediatrics*. 2021;9.
- [17]. Joseph AM. A correlative study to assess the perceived needs and satisfaction of care among mothers of neonates admitted in NICU in a selected hospital at Mangalore. *International Journal of Nursing Education and Research*. 2015;3(4):382-92.
- [18]. Alle YF, Akenaw B, Seid S, Bayable SD. Parental satisfaction and its associated factors towards neonatal intensive care unit service: a cross-sectional study. *BMC Health Services Research*. 2022 Dec;22(1):1-8.
- [19]. Sankar V, Batra P, Saroha M, Sadiza J. Parental satisfaction in the traditional system of neonatal intensive care unit services in a public sector hospital in North India. *South African journal of child health*. 2017 Apr 6;11(1):54-7.
- [20]. Fikadu Lamesa, Adamu K and Haile Yosef. Evaluation of quality of neonatal intensive care unit service in primary hospitals of Jimma Zone, Southwest Ethiopia. 2022.
- [21]. Lake ET, Smith JG, Staiger DO, Schoenauer KM, Rogowski JA. Measuring parent satisfaction with care in neonatal intensive care units: the EMPATHIC-NICU-USA questionnaire. *Frontiers in pediatrics*. 2020 Oct 6;8:541573.
- [22]. Aichew Alemu and Aseefa Desalew. Parental satisfaction and its associated factors among parents with neonates admitted in NICUs of public referral hospitals in Bahir Dar, Ethiopia, 2021 (Doctoral dissertation).
- [23]. Mekonen G E, Ali M S and Workneh B S. Parental satisfaction and associated factors in NICU services in University of Gondar Comprehensive Specialized Hospital in Northwest Ethiopia. December 2021.
- [24]. Salehi Z, Nouri J M, Khademolhosein M and Crit A E. Parent satisfaction of neonates admitted in the NICU in Tehran. 2015.
- [25]. Cintra CD, Garcia PC, Brandi S, Crestani F, Lessa AR, Cunha ML. Parents' satisfaction with care in pediatric intensive care units. *Revista Gaúcha de Enfermagem*. 2022 May 23;43.
- [26]. Hummel K, Presson AP, Millar MM, Larsen G, Kadish H, Olson LM. An assessment of clinical and system drivers of family satisfaction in the pediatric intensive care unit. *Pediatric critical care medicine: a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies*. 2020 Oct;21(10):e888.
- [27]. Mol C, Argent AC, Morrow BM. Parental satisfaction with the quality of care in a South African paediatric intensive care unit. *Southern African Journal of Critical Care*. 2018;34(2):50-6.
- [28]. Baral A, Saha T. LEVEL OF SATISFACTION OF PARENTS REGARDING NURSING CARE PROVIDED BY HEALTH CARE PROVIDERS DURING HOSPITALIZATION OF CHILDREN IN PAEDIATRIC INTENSIVE CARE UNIT (PICU) OF PUBLIC AND PRIVATE TERTIARY CARE HOSPITAL OF KOLKATA, WB. *European Journal of Molecular & Clinical Medicine*. 2021 Jan 27;7(11):4842-50.
- [29]. Elbilgahy A A, Hashem S F and Alemam D S. Mothers satisfaction with care provided for their children in PICU in Mansoura University Children's Hospital affiliated to Mansoura University (MUCH), Egypt.
- [30]. Abuquamar, Arabiat D H and Holmes S. Parents perceived satisfaction of care, communication and environment of the PICU in Amman. 2013.
- [31]. Sharma KS. Nursing research and statistics. 3rd edition. Elsevier publication; 2014