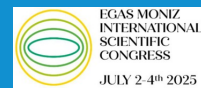


Parental satisfaction in short-stay pediatric emergency unit: a cross-sectional, descriptive and observational study

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PRESENTED AT:



Background: Evaluating parental satisfaction with nursing care in pediatric emergency departments (PED) is essential for improving service quality and enhancing patient and family care. During short-term hospitalizations, the quality of nursing care is often a determining factor in parental satisfaction, especially in high-stress environments such as the PED.

Objective: This study aimed to assess parental satisfaction with nursing care during short-term pediatric hospitalization in the emergency department and to identify potential areas for improvement in nursing practice.

Methods: A descriptive, cross-sectional study was conducted in the short-stay unit of a PED. Data were collected using the validated instrument *Citizen Satisfaction with Nursing Care Scale (CSNCS)*, which measures satisfaction across various dimensions of nursing care. A total of 205 parents of hospitalized children participated in the study. Sociodemographic data of the parents and clinical data of the children were also collected to explore possible associations with satisfaction levels.

Results and discussion:

High levels of parental satisfaction with nursing care in the short-stay unit of the PED were consistently observed.

Most parents were female, aged 30 years or older, and employed.

The majority of hospitalized children were male, younger in age, including newborns, and were admitted under urgent circumstances.

No meaningful associations were observed between satisfaction scores and parental sociodemographic characteristics, suggesting that satisfaction may be more strongly influenced by the quality and nature of the nursing care itself than by background variables.



While parents of newborns reported the highest satisfaction scores, the differences across child age groups were not statistically significant.



Employed parents demonstrated slightly higher satisfaction levels compared to their unemployed counterparts, though this difference also lacked statistical significance.

Despite this, the observed trends—particularly the higher satisfaction among parents of newborns and those who are employed—may reflect unique expectations, emotional needs, or experiences within these subgroups. These findings point to potential areas for deeper investigation, particularly through qualitative approaches that can capture the nuances of parental satisfaction in the emergency context. The overall high satisfaction scores indicate that nursing care is being delivered effectively within this PED setting. However, to ensure sustained quality and responsiveness, ongoing evaluation that includes both subjective measures (such as satisfaction) and objective clinical outcomes is essential. Integrating structured feedback mechanisms into routine care processes may further enhance the ability of nursing teams to meet the specific needs of parents.

Conclusion: Parental satisfaction with nursing care in the short-stay pediatric emergency setting was generally high, independent of sociodemographic differences. While no statistically significant associations were observed, the trends identified suggest that future research—particularly using qualitative methods—may help uncover deeper insights into parental perceptions and improve pediatric nursing care delivery. Fostering a culture of continuous quality assessment and parent engagement is vital for sustaining excellence in emergency pediatric services.

Keywords: patient satisfaction; hospitals, pediatric; nursing care; child, hospitalized; parent

References

