

Evaluation of satisfaction with nursing care in the Children's Surgery Department

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Original article

Abstract

Aim: The aim of the study is to assess the satisfaction of parents with nursing care at a pediatric surgery department.

Material and method: The research was conducted among parents / caregivers of children discharged from the ward in the period from February to April 2019. The study involved 50 respondents. The test method was a diagnostic poll method in the form of a questionnaire. The research tool was a questionnaire of own authorship.

Results: Factors determining satisfaction with child care on a surgical ward are: the age of the child, the mode of the child's admission to the ward, accessibility, and the nurse's support. Thirty-one parents were in favour of the multi-purpose nature of nursing care on the ward. The others felt that nursing care was task-oriented. Parents of the youngest children (mean age 4.9 years) expected the nurse to be kind or professional (mean age 5.5 years). Parents of early childhood children (mean age 7.2 years) were more likely to expect understanding, and parents of the oldest children (mean age 9.0 years) expected communicativeness. It was shown that throughout the entire period of hospitalization, caregivers of children under 3 years of age (n = 13; 100.0%) or aged 3-6 years (n = 15; 78.9%) stayed with their children more often. There was a correlation between the mode of admission and the emotions that parents felt during the admission of their child to hospital, as shown in Tab. 5. The level of significance ($p < 0.001$) in the hypothesis tested, was lower than the typical level of significance of 0.05. In the case of emergency admission (n = 13; 54%) and planned admission for surgery (n = 17; 74%), emotions related to helplessness and anxiety predominated.

Conclusion: Parents rated the quality of nursing care on the ward well. Parents' expectations of the nurse are not dependent on the age of the child. The mode of admission of the child to the ward did not affect the expectations towards the nurse. The age of the child affected the time the caregiver stayed with the child on the ward. The mode of admission of the child affected the emotional state of the parents of the caregivers.

Keywords

- child
- parent
- nurse
- pediatric surgery
- satisfaction

Contribution

- A – the preparation of the research project
- B – the assembly of data for the research undertaken
- C – the conducting of statistical analysis
- D – interpretation of results
- E – manuscript preparation
- F – literature review
- G – revising the manuscript

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Article info

Article history

- Received: 2020-04-15
- Accepted: 2021-09-20
- Published: 2021-09-23

Publisher

University of Applied Sciences in Tarnow
ul. Mickiewicza 8, 33-100 Tarnow, Poland

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Conflict of interest

None declared.

Financing

This research did not receive any grants from public, commercial or non-profit organizations.

Ethical approval

Bioethics Committee at the Andrzej Frycz Modrzewski Krakow University No. KBKA/15/O/2019.

Introduction

A nurse working with the child and its parents should be able to assess the relationship between caregivers and the young patient and determine the type of attitude that the parents represent [1,2,3]. Depending on the phase of child's development, different needs and different reactions to the treatment process are observed.

To ensure proper adaptation to hospital conditions, the nurse should prevent isolation and depressive reactions in the child. The proper posture prevents iatrogenic reactions and facilitates the treatment process [4]. The mood of a young patient during hospitalization depends on many factors, for example psychosocial relations with the personnel. The child senses whether he or she is sympathetic, whether the staff understands his or her problems and needs, shows patience and communicates properly.

A child who is well prepared for the operation and understands the need for sleep, knows the course of the operation, can handle it better and recover faster, and will cooperate with the staff. On the other hand, children who are not mentally prepared and undergoing emergency surgery have more complications and require more frequent administration of analgesics [1,5,6,7]. Particular attention should be paid to children who are taken in the emergency mode because they feel that something unusual will happen, feel threatened and experience strong anxiety in an emergency situation. It is important to provide these children with kindness and support even for a short period of time prior to surgery.

The care and supervision after the surgery and diagnostic procedure is connected with thorough observation of the child by the medical personnel. By controlling the basic vital parameters, the condition of dressings, wound drainage and participation in pain treatment, the presence of a mother who, with the nurse's consent and under her supervision, performs care activities with the child minimizing the stress in the child is also indicated [5]. The most negative feelings include postoperative pain. The aim of its alleviation is to create the best possible conditions in the treatment process, which translates into prevention of early and late postoperative complications. The planned care includes activities aimed at preventing the occurrence of severe pain and complications associated with it.

Modern standards and modern requirements present the necessity of the child's stay in hospital with the possibility to provide him/her with parental care. The task of a nurse is to inform the parent how important it is to be present with the child, who expects support

and closeness. It makes it easier for a small patient to endure pain, suffering and anxiety less intense.

The essence of nursing in the children's surgery department is not only to help the little patient, but also to help his parents to restore and strengthen the child's health. The condition for providing proper care is the accurate and correct identification of the needs of the child and its parents and identification of deficits in self-care or care [2].

The most important indicator of satisfaction with nursing care is the patient's satisfaction with the overall care in the hospital, which is the goal of nursing activities. The quality of care received, felt and perceived by the patient is a response to the overall care approach of the provider in a given health care institution and one of the criteria for the development of nursing [8,9].

The patient has the right to expect and demand a high level of care, co-determination of the treatment and care process. The patient/guardian is considered to be satisfied when the care received is in line with his or her expectations, i.e. he or she has received what he or she expected. However, if the patient receives less than he or she expected, then consequently he or she will be dissatisfied with the care. The importance of increasing the satisfaction of the patient's family or caregiver depends on the fact that the satisfied recipient will react differently than dissatisfied [10].

The aim of the study is to assess the satisfaction of parents with nursing care at a pediatric surgery department.

Material and methods

The research was carried out by means of a diagnostic survey using a proprietary survey technique.

Fifty correctly completed questionnaires were subjected to statistical analysis. None of the parents / carers refused to complete the survey. The statistical analysis used numerical, percentage and graph calculations as well as calculations of p and χ^2 . The level of statistical significance was assumed to be $p = 0.05$.

The study was conducted after obtaining the consent of the Bioethics Committee at the Andrzej Frycz Modrzewski Krakow University No. KBKA/15/O/2019. The consent of the head of the ward was also obtained to conduct the study among parents/guardians of children discharged home. They completed the survey after signing an informed consent to participate in the study.

The survey was conducted in the period from February to April 2019. The selection of the research group was purposeful and assumed that the respondents were caregivers of patients in the Department of Pediatric

Surgery in the Stefan Żeromski Specialist Hospital in Cracow. The minimum size of the research sample was set at the level of 50 people, so that the results of the research can be considered representative.

The test method was a diagnostic poll method in the form of a questionnaire. The research tool was a questionnaire of own authorship. The survey questionnaire consisted of 31 questions, most of which were closed single-choice questions. The questionnaire also included one open question concerning the age of the child and a semi-open question giving the respondents an opportunity to specify their answers. In order to organise the questions, a funnel strategy was used, which consists in arranging the questions in such a way that each successive question is linked to the questions preceding it. Following this strategy, questions concerning the admission of the child to hospital were placed at the beginning of the questionnaire, whereas questions concerning the medical assessment during hospitalization and discharge of the patient from the ward were placed at the end.

Results

In the study to assess the satisfaction of nursing care in the paediatric surgery ward, 50 people took part, as shown in Fig. 1. The vast majority of respondents were women (72%), while the most numerous age group were women between 31 and 40 years of age ($n = 18$; 46.9%). In the research sample the women under 20 years of age were a minority ($n = 3$; 8.3%).

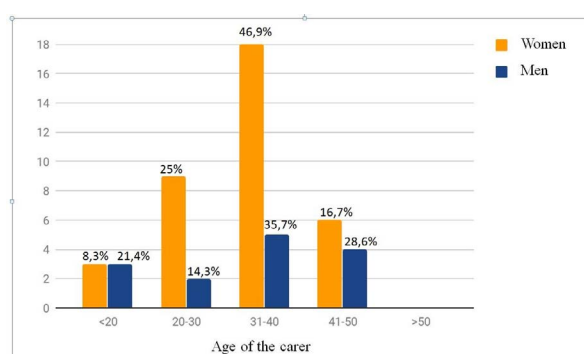


Figure 1. Number of parents / guardians surveyed by gender and age

The analysis of the conducted research shows that medical staff informed parents about the Charter of the Rights of the Child in most cases (66%). Unfortunately, a large group of respondents, as much as 30%, did not have the opportunity to read the document containing

the rights of small patients (Fig. 2). There is a possibility that it was a negligence on the part of the staff to submit the documentation of rescue operations over time. The questionnaire sheet lacked a question whether the medical personnel respected the rights of patients and whether the respondents know their rights and the child being hospitalized.

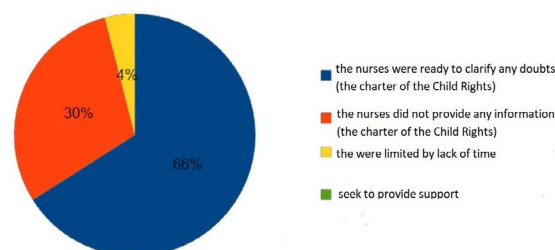


Figure 2. Nurse's assistance with the admission of a child to the ward

When a child was admitted to the ward, most often the parents/guardians were accompanied by emotions related to helplessness and anxiety ($n = 32$; 64%), as shown in Fig. 3. The number of people who indicated other answers was similar. Feelings of guilt and anxiety were indicated by 7 people ($n = 7$; 14%), despair and horror were indicated by 6 respondents ($n = 6$; 12%), while the remaining group 5 people ($n = 5$; 10%) was not accompanied by any special emotions.

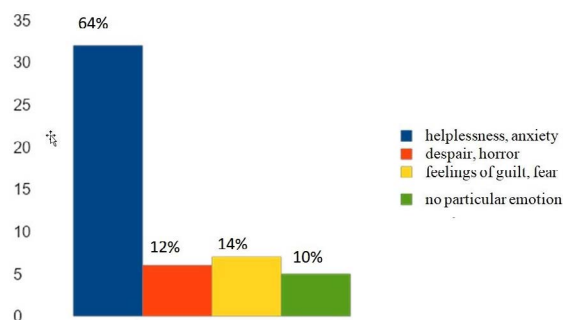


Figure 3. Emotions accompanying the admission of a child to hospital

Own research did not show a statistically significant ($p = 0.221$) relationship between the age of the child and the parents' expectations towards the nurse, which is presented in Tab. 1. Slight differences suggested that the parents of the youngest children (mean age 4.9 years) expected the nurse to be friendly or (mean age 5.5 years) professional. Parents of early-school

children (mean age 7.2 years) expected more forbearance and parents of the oldest children (mean age 9.0 years) expected communicativeness.

It was not found that the mode of admission to the ward significantly influenced the expectations of the child/guardians towards the nurse ($p = 0,859$), as shown in Tab. 2. Slight differences suggested that people admitted to the adoption for testing expected professionalism more often ($n = 2$; 66.7%), while those admitted to the planned reception for surgery expected more kindness ($n = 10$; 43.5%). Those who were accepted in an emergency procedure expected kindness ($n = 9$; 37.5%).

It was shown that throughout the whole period of hospitalization the caretakers of children under 3 years of age ($n = 13$; 100.0%) or 3-6 years of age ($n = 15$; 78.9%) were more likely to stay with their children, as shown in Tab. 3. Caretakers of older children spent relatively less time in hospital with their child. The differences slightly exceeded the statistical significance threshold ($p = 0.0642$).

Guardians of the youngest children (mean age 4.8 years) stayed with them throughout the whole time of hospitalization. Guardians of early-school children (mean age 7.3 years) stayed with them until bedtime. Guardians of older children stayed with them for up to 8 hours (mean age 10.0 years) or less than 4 hours (mean age 12.0 years). The differences between the average age of children and the time of their caregivers'

stay with them during hospitalization were statistically significant ($p = 0.011$).

There was no correlation between the gender of the caregiver and the time spent with the child on the ward, as shown in Tab. 4. Both women ($n = 25$; 77.78%) and men ($n = 8$; 57.14%) most often decided to stay with the child on the ward during the whole period of his or her hospitalization. The least frequently given answer ($n = 1$; 2%) "less than 4 hours a day" of all possible was also indicated by both genders.

The relationship between the mode of admission and the emotions felt by parents during the admission of their child to hospital was shown in Tab. 5. The significance level ($p = 0.0097808$) in the hypothesis studied was lower than the typical significance level of 0.05. The emotions associated with helplessness and anxiety dominated when admitting a child in the emergency mode ($n = 13$; 54%) and when planning the procedure ($n = 17$; 74%). The lack of emotions was indicated only by the caregivers whose child had already been admitted to the ward before.

No correlation was found between the age of the child and the possibility of parental participation in its care, which is presented in Tab. 6. Parents in most cases had the possibility of active participation in the care of the child, nurses with children over 6 years of age most often instructed the guardians how to care for the child ($n = 10$; 67%).

Table 1. Child's / guardian's expectation towards the nurse and the child's age

		Age of the child				
		< 3 yr.	3-6 yr.	7-12 yr.	13-17 yr.	
Child's / guardian's expectations from the nurse	messenger	N	0	2	1	1
		%	0.0%	10.5%	6.7%	33.3%
	professional	N	4	7	4	1
		%	30.8%	36.8%	26.7%	33.3%
	forgiving	N	1	6	2	1
		%	7.7%	31.6%	13.3%	33.3%
	kindly	N	8	4	8	0
		%	61.5%	21.1%	53.3%	0.0%
	Overall	N	13	19	15	3
		%	100.0%	100.0%	100.0%	100.0%
	<i>p</i>		$\chi^2 = 11.85$ $p = 0.2219$			

Table 1. Child's / guardian's expectation from the nurse and the mode of admission to the ward

		The mode of admission of a child to the ward				Overall	
			adoption for testing	planned reception for surgery	emergency reception		
Child's / guardian's expectations from the nurse	messenger	N	0	2	2	4	
		%	0.0%	8.7%	8.3%	8.0%	
	professional	N	2	7	7	16	
		%	66.7%	30.4%	29.2%	32.0%	
	forgiving	N	0	4	6	10	
		%	0.0%	17.4%	25.0%	20.0%	
	kindly	N	1	10	9	20	
		%	33.3%	43.5%	37.5%	40.0%	
	Overall	N	3	23	24	50	
		%	100.0%	100.0%	100.0%	100.0%	
	<i>p</i>			$\chi^2 = 2.58$	$p = 0.8594$		

Table 3. The duration of stay with the child in the ward and the age of the child

		Age of the child				Overall	
		< 3 yr.	3-6 yr.	7-12 yr.	13-17 yr.		
Your time spent with your child in the ward	up to 8 hours	N	0	1	4	1	6
		%	0.0%	5.3%	26.7%	33.3%	12.0%
	to the child's sleep	N	0	3	4	0	7
		%	0.0%	15.8%	26.7%	0.0%	14.0%
	less than 4 hours a day	N	0	0	1	0	1
		%	0.0%	0.0%	6.7%	0.0%	2.0%
	throughout the entire period of hospitalization	N	13	15	6	2	36
		%	100.0%	78.9%	40.0%	66.7%	72.0%
	Overall	N	13	19	15	3	50
		%	100.0%	100.0%	100.0%	100.0%	100.0%
	<i>p</i>			$\chi^2 = 16.13$	$p = 0.0642$		

Table 4. The duration of the stay with the child in the ward, and the sex of the carer

		Sex of the carer			
		Woman	Man	Overall	
Your time spent with your child in the ward	up to 8 hours	N	3	3	6
		%	8.3%	21.4%	12.0%
	to the child's sleep	N	4	3	7
		%	11.1%	21.4%	14.0%
	less than 4 hours a day	N	1	0	1
		%	2.8%	0.0%	2.0%
	throughout the entire period of hospitalization	N	28	8	36
		%	77.8%	57.2%	72.0%
	Overall	N	36	14	50
		%	100.0%	100.0%	100.0%
	<i>p</i>		$\chi^2 = 3.192$ <i>p</i> = 0.36295928		

Table 5. Emotions on the admission of the child, and the way it was done

		Admission procedure			Overall	
		emergency	planned for treatment	acceptance for testing		
Emotions when accepting a child	helplessness, anxiety	N	13	17	2	32
		%	54.2%	74.0%	66.7%	64.0%
	feelings of guilt, fear	N	7	0	0	7
		%	29.2%	0.0%	0.0%	14.0%
	despair, horror	N	4	1	1	6
		%	16,6%	4.3%	33.3%	12.0%
	none	N	0	5	0	5
		%	0.0%	21.7%	0.0%	10.0%
	Overall	N	24	23	3	50
		%	100.0%	100.0%	100.0%	100.0%
	<i>p</i>		$\chi^2 = 16.868$ <i>p</i> = 0.0097808			

Table 6. Participation and age of the child

		Age of the child					
		< 3 yr.	3-6 yr.	7-12 yr.	13-17 yr.	Overall	
Participation in the child's care activities, e.g. after surgery	yes, the nurses taught how to care for the child after surgery	N	5	9	10	2	26
		%	38.5%	47.4%	66.7%	66.7%	52.0%
	the nurses encouraged by themselves to cooperate in care activities	N	3	5	2	0	10
		%	23.1%	26.3%	13.3%	0.0%	20.0%
	unlikely	N	1	2	3	1	7
		%	7.7%	10.5%	20.0%	33.3%	14.0%
	we were afraid to participate in childcare	N	1	1	0	0	2
		%	7.7%	5.3%	0.0%	0.0%	4.0%
	no response	N	3	2	0	0	5
		%	23.0%	10.5%	0.0%	0.0%	10.0%
	Overall	N	13	19	15	3	50
		%	100.0%	100.0%	100.0%	100.0%	100.0%
	<i>p</i>		$\chi^2 = 9.642$ <i>p</i> = 0.64733519				

Discussion

Working in the treatment ward with a sick child requires a great deal of commitment and knowledge of the nurse's developmental needs and respect for her rights. The child, as a patient, is very demanding and needs love that gives a sense of security and communication skills.

The research was to answer the question: What is the parents' satisfaction with the nursing care in the Children's Surgery Department? We know that for many years it has been a child's right to have a guardian present during hospitalization, and therefore parents are co-responsible for their child's care. By participating in the process of nursing, parents cooperate with the nurse learning to take care of their child after the procedure. They are sometimes confused and the additional stress and anxiety about the child makes them unable to take care of it and cooperate with the staff [5,11,12,13]. Their expectations about the care of their child increase. The possibility of being around the clock with the child is an opportunity to assess the quality of care provided for the child and its caregiver [14].

The analysis of own research shows that parents more often stay with younger children in hospital.

Attention is drawn by 100% presence of a guardian with a child under 3 years of age, at preschool age 78.9%. With age, parents/guardians limit the time of staying with their child. The differences slightly exceeded the statistical significance threshold ($p = 0.064$). The mean age of a child and the time of staying with a guardian during hospitalization was statistically significant ($p = 0.011$). Such a result may be caused not by the unwillingness of the child's caregivers to devote more time to their children, but by the children's approach to becoming independent. As the adolescent matures, each teenager wants to be more independent and it is embarrassing for him to have a parent at his side throughout the whole hospitalization period.

The study also examined how children were admitted to the ward. According to the results of the analysis, in the period covered by the study, children were most often hospitalized in the emergency mode (48%), the planned admissions to the procedure constituted 46%. Children were the least frequently admitted to the ward for diagnostic tests (6%). Similar results were obtained by Kazimierczak et al. [1], while in the study by Waksmańska et al. [12], 8% were cases of emergency admissions, the rest were planned admissions.

Węgrzynowska [12] and Białek [15] describe that hospitalization of a child is a stressful experience for both the child and its parent. In an emergency situation, when a child is hospitalised, a parent/guardian is operated on and the child does not have time to prepare mentally for hospitalisation.

The results of the research concerning emotions accompanying parents/guardians when admitting a child to the ward indicated helplessness and anxiety in 32 respondents, 7 respondents indicated guilt and anxiety, 6 parents / guardians at the time of admission were in despair and horror. It seems to be connected with sudden hospitalization of the child and surgery or with some kind of trauma, where the parent feels guilty that he or she was not safe and is in despair about the consequences of the surgery. Among the respondents, only 5 people confessed that they were not accompanied by any emotions during the admission of their child to the ward. It may be related to good psychological preparation for hospitalization and familiarization with the way of treatment and perioperative care or with the next stay in a given ward. A parent knows both the staff of the ward, the rules that apply and, above all, the reactions of their child to hospitalizations and medical procedures.

The Gietka and Szewczyk [11] studies showed similar results as the most common feelings accompanying the disease and hospitalization of a child are: anxiety, sadness (74.6%), helplessness (62%), guilt (27.1%). In her research Waksmańska [15] states that 98.8% of the respondents met with kindness from the staff, 97.6% believed that the information about the child was exhaustive. Jakubiak et al. [4] in the review of the literature presents that the child and its caregiver expects from the nurse not only manual skills, but also kindness, understanding and support in difficult situations.

The review of the literature of Grochowska et al. [3], Smoleń and Czyszkiewicz [15] pays attention to the ability to establish communication. Our own research proves that 4 respondents expect communication skills from a nurse. Stefaniak et al. [16] presents parents' expectations towards the nurse: 90% of the respondents count on providing all information concerning the treatment and activities undertaken by the nurse with their child. Communication skills are important for 56% of respondents. According to Leszczyńska [17], the most important for parents during hospitalization were: the possibility of staying with the child in hospital, respect for his or her dignity and the nurse's help and support. Waksmańska [12] presents the following expectations of parents: kindness (80.3%), patience (70.8%) and courtesy (69.5%).

The study quoted by Kazimierzczak et al. [1] presents the results of Gawlik et al. [18], which indicated that

parents expect from the medical team mainly: competence, kindness and communicativeness.

It was examined whether the expectations for nursing care depend on the age of the child. The study did not show a statistically significant ($p = 0.221$) relationship between the child's age and parents' expectations of nursing care.

In our study, it was not found that the mode of admission to the ward significantly influenced the expectations of the child/guardians towards the nurse. The study conducted by Smoleń [18] using a standardized questionnaire by Latour et al. similarly did not show statistically significant relationships ($p > 0.05$). The study shows that parents assessed the cooperation with the nurse and her attitude towards the child very well (54%), well (32%) (see Fig. 4). The medical personnel in contact with the child were kind, understanding and polite. Similar results are presented by Smoleń [14], Wasmańska [12], according to their research the vast majority of caregivers were satisfied with the cooperation with the nurse.

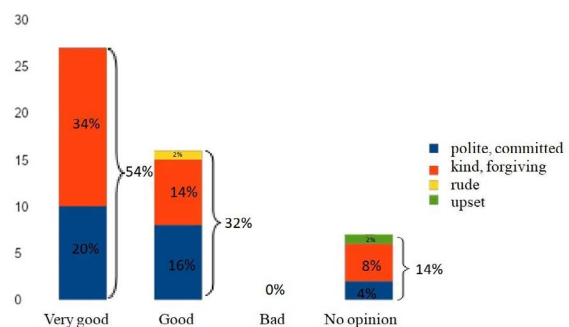


Figure 4. Evaluation of cooperation with nurse and her attitude towards the child after surgery

From the analysis of the results of their own research, it can be concluded that the parents evaluated the satisfaction with the care in the ward well. However, one cannot ignore the fact that a small group, 8%, paid attention to multi-stage care activities with the child, which aroused anxiety and adversely affected the treatment process. The results obtained and the analysis of literature are an important source of information, which will contribute to the improvement of the quality of care and to the introduction of changes in its management.

Conclusions

1. Parents have a good opinion of the quality of nursing care in the pediatric surgery department.

2. Parents' expectations towards the nurse do not depend on the age of the child.
3. The mode of admission of a child to the ward did not affect the expectations towards the nurse.
4. The age of a child had an impact on the duration of the carer's stay with the child on the ward.
5. The mode of admission had an impact on the emotional state of the guardian parents.

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