

Parental Satisfaction With Nurses' Communication And Pain Management In a Pediatric Unit

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This article addresses the relationship between nurses' communication and pediatric parents' satisfaction. The study was conducted on a pediatric unit of a tertiary care teaching hospital. The design was pre-experimental, measuring satisfaction before and after two interventions, without a control group. One intervention was an informational handout about pain management provided to parents of each child at the time of admission; the other intervention was a staff inservice regarding communication with parents. Fifty parents/families of discharged patients were randomly chosen for a pre and post-telephone survey, routinely conducted each quarter. Parental responses on three items on the satisfaction survey were analyzed for significant changes. There were positive trends showing increased satisfaction ratings on all three items, but none of the increases was statistically significant per *t*-test ($p = 0.05$). The authors suggest that staff education and a parent informational handout might be useful interventions.

Communication with pediatric parents or families and pediatric pain management are challenging areas for pediatric health care providers (Marino & Marino, 2000; Studdert et al., 2003). This study, conducted in a general pediatric unit (including an acute, general pediatric ward and a level III pediatric ICU) of a tertiary level teaching hospital on the west coast of United States, explored the relationship between nurses' communication with parents and parental satisfaction with care. The unit had received lower than 50th percentile ranking consistently on the items of nurses' communication with patients/parents, nurses' instruction and explanation of treatments and tests, and pain management by hospital staff in the hospital's

quarterly patient satisfaction survey (Professional Research Consultants [PRC], 2005). The purpose of this study was to investigate whether an inservice designed to improve nurse-parent communication and a flier describing pediatric pain assessment and management would increase parent satisfaction.

Literature Review

Nurses' communication with parents in pediatric inpatient units is a key factor contributing to parents' perceptions of their child's care (Haines & Childs, 2005; Polkki, 2002; Studdert et al., 2003). In a survey of 3,299 families whose children were hospitalized in a tertiary pediatric teaching hospital, Marino and Marino (2000) reported that the most predictive indicators of overall satisfaction were questions about collaboration between nurses and parents. Satisfied parents reported care that was customized to their needs and preferences (Marino & Marino, 2000).

Poor communication (48%) was the most commonly cited source of conflict between care teams and families in a study of 110 patients receiving care in a tertiary care, university-affiliated pediatric intensive care unit (PICU) in Boston (Studdert et al., 2003). The researchers categorized conflicts by types and source, and identified poor communication as the most commonly cited source of conflict between the care team and the family/parents.

A qualitative study of pediatric parents' experiences of their child's care during hospitalization revealed that parents attempted to understand providers' assessments about their child and interventions. Parents needed language that they could understand – not medical terminology. Parents were also coping with uncertainty and seeking assurance from the caregivers (Stratton, 2004). In a Swedish study, parental security was derived from trusting professionals who knew how to care for their child, from having control over what was going on with their child to trusting themselves as those who knew their child best (Kristensson-Hallstrom, 1999). These three responses were almost equally distributed, suggesting that nurses should work on all three sources to help parents feel more secure during their child's hospitalization. These findings help clinicians understand parents' perspectives and be better able to communicate with parents.

A child's hospitalization, whether planned or unplanned, brings family stress, anxiety, uncertainty, and disruption of family and child routines. Family members have significant needs during this stressful time. Two experimental studies (Melnyk, 1994; Melnyk et al., 2004) introduced informational interventions to mothers in the form of audio tapes and printed information to reduce their anxiety level and promote the child's behavioral and mental development during

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Objectives and the
CNE posttest can be
found on pages 306-307.

and after hospitalization. Melnyk (1994) found equal benefits achieved by providing information by an audio-tape or a brochure. These findings inspired these researchers, suggesting that an intervention designed to promote better nurse-parent communication and foster parents' sense of control of their child's care could also be practical, time-saving, and economically feasible.

Nurses' communication with parents often relates to the issues of pain management and explanations about treatments and tests (Bastable & Rushforth, 2005; Mansson & Dykes, 2004). Simons' research (Simons, 2002; Simons, Frank, & Roberson, 2001; Simons & Roberson, 2002) explored the views of parents and nurses about adequate pain management and the involvement of parents in the management of their child's pain during the first 48 hours after surgery. The researchers interviewed 20 parents and 20 nurses who took care of the children of these parents. Surprisingly, the researchers discovered different feelings and opinions from parents and nurses about the care provided to the same children. For example, nurses and parents voiced contrasting perceptions of pain management. Parents conveyed a feeling of frustration, perceiving themselves in a passive role in their child's pain management, and most parents expressed dissatisfaction with their child's care. Conversely, nurses perceived adequate involvement of parents and adequate pain control for the children. The two emerging themes from the findings were nurses' poor communication with parents and nurses' knowledge deficits regarding pediatric pain management.

There is a lack of research directly linking nurses' communication with parents' satisfaction and parents' perception of their child's pain management to parents' satisfaction beyond Marino and Marino's survey in 2000. In addition, no previous intervention study directly linked nurses' communication and parental satisfaction. Parental satisfaction is an important outcome measure from a client perspective and is seen as an important measure for the quality of care provided. Parental satisfaction is a valued outcome measure for nurses as well.

Hypotheses

The researchers aimed to test the hypothesis that patient/parent satisfaction ratings would be significantly higher following:

- An inservice designed to improve

nurses' communication with parents.

- A handout providing information to parents regarding pain management on the unit.

The handout was specifically designed to address parental requests for more concrete, detailed information concerning pain management. The authors did not attempt to determine which of the two interventions was more effective, but rather, to determine whether two, mutually supportive interventions on this unit might lead to improved parent satisfaction with care.

Methods

Design. The researchers used a pre and post-design with no control group. Interventions were carried out on a combined unit with 30-bed pediatric and 6-bed pediatric intensive care units. The patient population typically included patients with medical diagnoses (such as respiratory syncytial virus [RSV], asthma, other respiratory distress, dehydration, and sepsis), and surgical patients (including children with appendectomy, other GI, orthopedic, trauma, and neurology surgeries). The average patient stay on this unit is 2 to 7 days, excluding rehabilitation services.

The study received prior approval by the institutional review boards (IRB) in a hospital and university with which the authors are affiliated. Interventions were instituted between two routine hospital parent satisfaction surveys measured before and after the interventions. PRC conducted the telephone survey with 50 randomly selected parents of discharged patients. The interventions were implemented during second quarter of 2006. The investigators compared parent satisfaction data gathered for the first and second quarters.

Interventions. The lead author developed an informational handout for parents about how nurses on both units provide pain management, including description of pain scales, pain medications, and non-pharmaceutical approaches in which parents could participate. The handout was designed to address parental questions and concerns expressed on these units and gathered from nursing staff and the nurse manager; parents desired more concrete information about care, such as pain medications and non-pharmaceutical approaches for pain management. To involve parents during the development of the handout, the lead author invited two parents of currently hospitalized

patients to read a draft and provide feedback, which was incorporated into the final version.

Staff nurses in both the pediatric ward (PEDI) and pediatric ICU (PICU) gave parents and families the handout at the time of admission with the regular admission information package. All parents, regardless of age, sex, and ethnicity, whose children were admitted during a three-month period to the PEDI and PICU, were offered the informational handout on pain management. The handout was available in English and Spanish to make it accessible to 94.6% of parents/family population. The pain rating scales in the handout were also posted in the patients' room. The handout also invited parents' input and participation in the care of their child and acknowledged them as knowing their child best. The pain rating assessment scales (0 to 10 numeric scale and the Wong-Baker Faces pain scale) were also posted in the patients' rooms.

An educational inservice on communication with parents/families was provided for staff nurses. The length of the inservice was brief, from 20 to 30 minutes in length, to allow staff nurses to attend during their on-duty time. The inservice content consisted of awareness of existing problems reflected in previous parent satisfaction surveys, parent-child communication skills and practices that had proven helpful with parents that were derived from a literature review, sharing among nurses of their personal experience communicating with parents, new information on pain management, and printed case scenarios based on real occurrences. These case studies were intended to be thought-provoking for the nurses.

All staff nurses in PEDI and PICU, regardless of age, sex, and ethnicity, were invited to attend the inservice when they were on-duty as staffing permitted. Staff nurses were not allowed to come to the inservice during their off-work time because of the nurses' union contract with the hospital administration. Participation was voluntary, and no personal data were gathered from nurses. The lead author/researcher held two sessions of inservice during each shift (day, evening, and night), for a total of six sessions. However, the actual attendance at inservice meetings was low due to the above time restrictions.

The researcher employed several alternative strategies to reach more staff nurses, including posting inservice content and case study material in PEDI and PICU nurse stations,

charting rooms, and staff lounges; placing a copy of the inservice handout and case study materials in every staff nurse's mail box/folder; and requesting their written response regarding whether or not they read the content. Written responses were dropped off in a letter-size envelop and were collected.

At the time of this study, there were 85 nurses in PEDI and PICU. Only 18 staff nurses (20%) and two managers attended the inservice. The lead researcher received written responses to the inservice handouts and case study materials from 22 nurses (25%). Overlap in these staff groups might exist because no identifiable information was collected from the written responses. Thus, the authors estimate that at best, 45% of staff nurses received this staff education intervention. All were on duty at some point during the data collection period. The staff education was completed during the first four weeks of the three-month study period.

Nurses showed their resonance, support, and enthusiasm for the educational inservice by their positive comments in the written responses. General comments were "good, very informative;" "keep up the good work;" and "very thought-provoking." Some nurses asked to discuss the cases as a group; however, no group discussions occurred. Some nurses provided written response to each of the nine scenarios even though it was not required.

Data collection. Hospital patient satisfaction data are routinely collected quarterly via telephone surveys by a professional research and statistical service company (PRC), which randomly selects 50 out of approximately 400 parents whose children were discharged in that quarter. The researchers themselves did not collect survey data but used the routinely gathered satisfaction data as pre and post-measurements (see Figures 1-3). The three items on the survey analyzed for this study were:

- How would you rate the nurses' communication with you/your family member? Would you say excellent, very good, good, fair, or poor?
- How would you rate the nurses' instructions or explanations of treatment/tests? Would you say excellent, very good, good, fair, or poor?
- Would you rate the management of your child's pain by the hospital staff as excellent, very good, good, fair, or poor?

Figure 1.
Question #1: How would you rate the nurses' communication with you/your family member? Would you say excellent, very good, good, fair, or poor?

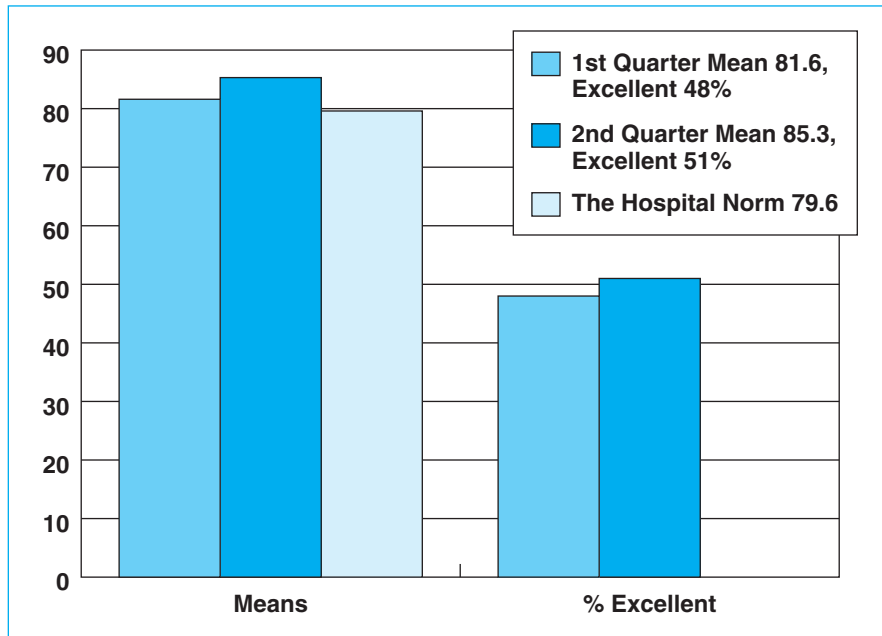
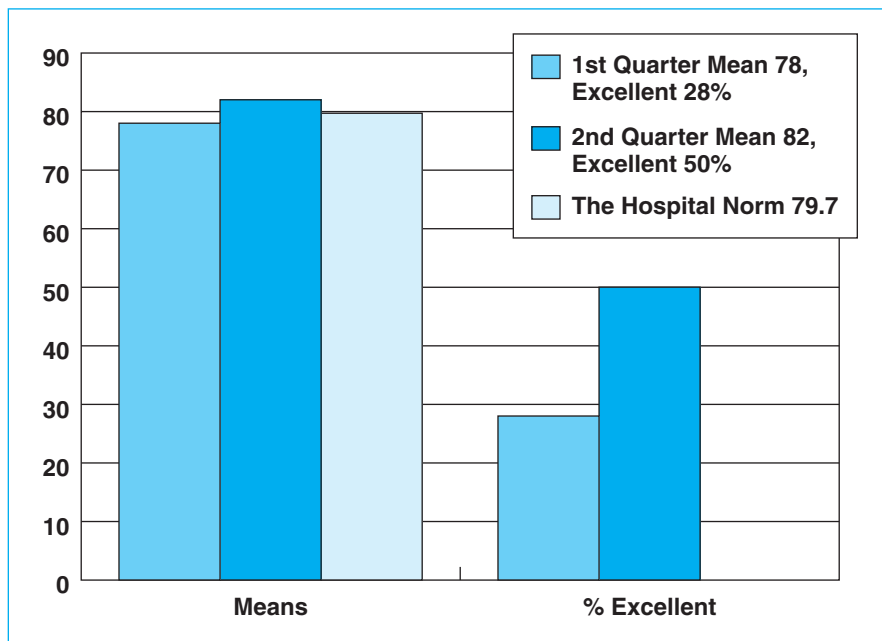


Figure 2.
Question #2: How would you rate the nurses' instructions or explanations of treatments/tests?

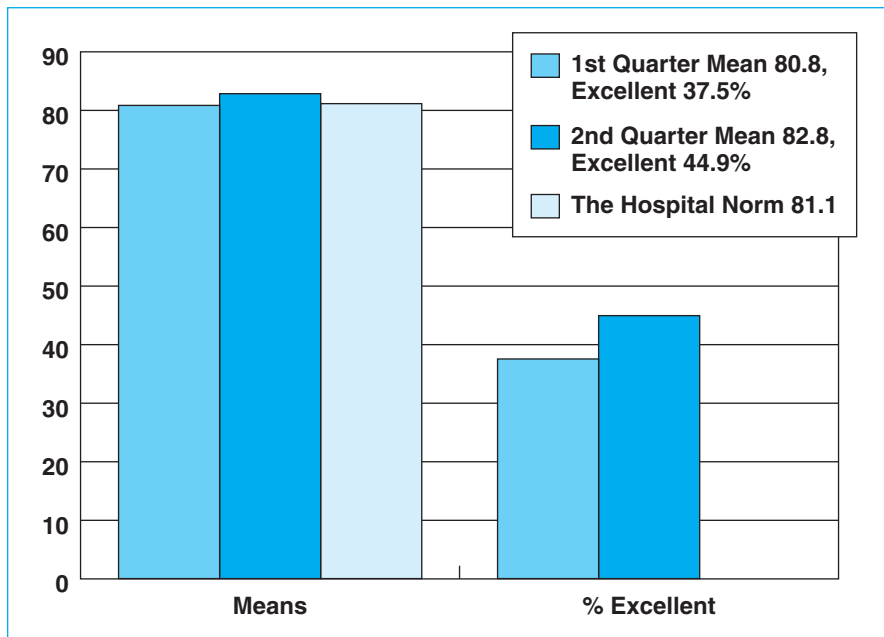


The regularly gathered parent satisfaction data were analyzed to discern whether there was a change in parent satisfaction after the interventions were implemented on the units. Permission to use the hospital data to evaluate the change was obtained prior to the study. The cost of interven-

tions was around \$500, which consisted primarily of printing cost, translation of the handout, and statistician's assistance. The researchers' time to prepare the handout, inservice content, and case studies, as well as providing the interventions, were not included in this figure.

Figure 3.

Question #3: Would you rate the management of your child's pain by the hospital staff as excellent, very good, good, fair, or poor?



Findings

There were positive trends showing increased satisfaction ratings on the three items in the study (see Table 1 and Figures 1-3). Compared to previous quarters, mean score of satisfaction with nurses' communication with parents/family increased from 81.6 to 85.3; satisfaction with nurses' instructions/explanations of treatments/tests increased from 78 to 82; satisfaction with pain management increased from 80.8 to 82.4. None of the increases was statistically significant per *t*-test conducted at the 95% confidence level.

Percentage of "excellent" ratings is the percentage of parents who rate staff performance related to the questions "excellent." As shown on three histograms and compared with previous quarters, percentage of excellent rating about nurses' communication with parents/family increased from 48% to 51%, nurses' instructions/

explanations of treatments/tests from 28% to 50%, pain management from 37% to 44.9%.

The researchers re-analyzed the satisfaction ratings by grouping responses; excellent, very good, and good were collapsed into one positive group, and fair and poor into a negative group. In pain management, 48 out of 49 (98%) of parents/families who were interviewed rated this item positively (excellent, very good, good). In nurses' communication with parents/family, there were combined 47 out of 49 parents/families rated positive (96%). In nurses' instructions/explanations of treatments/tests, 47 out of 50 parents/families rated this item positively (94%).

Therefore, post-intervention results were positive, indicating that parental satisfaction ratings were higher after the two interventions. However, none of the improvements achieved statistical significance; improvements were not large enough to prove statistically

that the positive changes were due to interventions.

Although parents' responses to the handout itself was not part of the survey or of the data collection planned, parents' general positive responses to staff providing the handout is worth mentioning. As stated previously, staff nurses distributed the handouts during the study period. Parents sometimes asked staff nurses questions about specific pain medications or a non-pharmaceutical approach listed on the handout to reduce pain.

Limitations

This study used hospital data that were routinely gathered each quarter to evaluate satisfaction with patient care. Using hospital data was cost-effective and time-saving for this study, but researchers lost the opportunity to collect responses from every parent of a discharged child who experienced the two interventions during their child's stay in the units. The authors believe that this might have provided valuable qualitative data for the study.

The researchers did not observe or measure staff behaviors to see if communication changes actually occurred. There may have been confounding factors contributing to the satisfaction ratings toward pain management. There were more surgical patients in the unit during the intervention quarter than during the previous quarter, and that may have affected ratings of parental satisfaction regarding pain management.

Conclusion and Recommendations

When a patient's characteristics are met with caring nurses' responses, patient outcomes (including both patient and family satisfaction with care) may be optimized (Curley, 1998). The trend from this study, although not statistically significant, suggests that staff inservice with written case studies and a parental informational handout combined might be useful interventions. The PEDI/PICU

Table 1. Comparisons: Pre and Post-Means, *the Hospital Norm, and Pre and Post-Percentage of Excellent

	First Quarter (Jan – Mar 2006)	Second Quarter (Apr – Jun 2006)	The Hospital Norm	First Quarter Excellent %	Second Quarter Excellent %
Communication	81.6	85.3	79.6	48.0%	51.0%
Explanations to tests/treatment	78.0	82.0	79.7	28.0%	50.0%
Pain management	80.8	82.4	82.4	37.5%	44.9%

Note: Mean scores on a 100-point scale

*The hospital norm is the mean of that particular hospital.

units have adopted the parent handout after the research period and provide it to parents of patients with pain issues. The authors realize that nurses' comments about inservice and case study material are not part of data collection by this study. However, supportive comments from staff nurses demonstrated a positive reception toward inservice and case scenarios.

An informational intervention for pediatric parents in the form of a printed flier was practical, time-saving, and economically feasible, and it might also be effective. Reaching every parent in a face-to-face meeting may not always be possible; however, the authors agree that nurse-parent communication is the sine-quo-non of good patient care.

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ASSIGNMENT

Hong, S., Murphy, S., & Connolly, P. (2008). Parental satisfaction with nurses' communication and pain management in a pediatric unit. *Pediatric Nursing, 34*(3), 289-293.

Griffin, R., Polit, D., & Byrne, M. (2008). Nurse characteristics and inferences about children's pain. *Pediatric Nursing, 34*(3), 297-305.

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OBJECTIVES

1. Discuss the importance of appropriate pain management for children.
2. List two interventions for increasing communication between nurses and parents regarding children's pain.
3. Describe the way in which emphasis on pain management may influence nurses' responses to perceptions of children's pain.
4. Identify opportunities for pediatric nurses to keep current on aspects of pain management.

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Statement of Disclosure

The authors reported no actual or potential conflict of interest in relation to this continuing nursing education series.

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QUESTIONS

1. In a study with PICU families, Studdard et al. found that _____ was the most commonly cited source of conflict between care teams and families.
 - a. Noise
 - b. Poor communication
 - c. Waiting times
 - d. None of the above
 - e. All of the above
2. Results from a study in Sweden suggest that parental security regarding management of their child's pain is derived from
 - a. trusting professionals who know how to take care of their child.
 - b. having control over what is going on with their child.
 - c. trusting themselves as the ones who knows the child best.
 - d. B and C.
 - e. All of the above.
3. Which of the following interventions were used in Hong's study?
 - a. An inservice designed to improve nurses' communication with parents.
 - b. An inservice designed to improve nurses ability to assess for pain.
 - c. A handout providing information to parents regarding pain management on the unit.
 - d. A and B.
 - e. A and C.
4. In Hong et al.'s study, which percentage of nurses received the staff education intervention on communicating with parents/families?
 - a. About 25%
 - b. About 35%
 - c. About 45%
 - d. About 55%
 - e. About 65%
5. The trend from Hong's study, although not statistically significant, suggests that staff inservice with written case studies and a parental informational handout combined might be useful interventions.
 - a. True
 - b. False
6. According to earlier studies, which of the following factors have been suggested as influencing nurses' skill at managing children's pain?
 - a. Nurses with more clinical experience.
 - b. Nurses who are better educated.
 - c. Nurses who have had personal experience with pain.
 - d. A and B.
 - e. A, B, and C.
7. According to Griffin et al.'s study, nurses' prior experience of pain, recent pain training, and years of clinical experience were not significantly related to any of the pain outcome measures.
 - a. True
 - b. False
8. Griffin et al. reported which of the following findings regarding nurse practitioners?
 - a. Nurse practitioners and non-NPs had nearly identical ratings of the children's pain.
 - b. Nurse practitioners rated children's pain higher than non-NPs.
 - c. Nurse practitioners rated children's pain lower than non-NPs.
 - d. Nurse practitioners said they would give significantly lower doses of pain medication than non-NPs.
9. Which of the following findings achieved statistically significance regarding current nursing status?
 - a. Currently employed nurses gave higher average pain ratings than those not currently in nursing.
 - b. Currently employed nurses had somewhat higher dosage scores
 - c. Currently employed nurses had a somewhat higher number of nonpharmacologic methods.
 - d. A and B.
 - e. B and C.
10. According to Griffin et al., the most important finding from their survey of nurses in pediatric care is the dominance of responses that reflect awareness of appropriate treatment decisions related to children's pain, regardless of nurses' characteristics.
 - a. True
 - b. False

Answer Form: Pain Management and the Pediatric Nurse

***PED J805**

Check the box next to the correct answer.

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|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
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Evaluation	Strongly disagree	1	2	3	4	5	Strongly agree
1. The objectives relate to the overall purpose/goals of the education activity.		1	2	3	4	5	
2. The activity met the stated objectives.							
a. Discuss the importance of appropriate pain management for children.		1	2	3	4	5	
b. List two interventions for increasing communication between nurses and parents regarding children's pain.		1	2	3	4	5	
c. Identify opportunities for pediatric nurses to keep current on aspects of pain management.		1	2	3	4	5	
d. Describe the way in which emphasis on pain management may influence nurses' responses to perceptions of children's pain.		1	2	3	4	5	
3. Home study format was appropriate.		1	2	3	4	5	
4. The content was relevant to my practice.		1	2	3	4	5	
5. The content met my needs.		1	2	3	4	5	
6. How much time was used to complete reading assignment and posttest:							
a. Less than 1 hour _____							
b. 1-2 hours _____							
c. 2-3 hours _____							
d. 3 hours or more _____							
Comments _____							
Signature _____							

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