http:// ijp.mums.ac.ir
Original Article (Pages: 5379-5389)

# Nursing Care Behaviors Perceived by Parents of Hospitalized Children: A Qualitative Study

*Naiire Salmani[1], Shirin Hasanvand[2], Imane Bagheri[3], Zahra Mandegari[3]

[1]Assistant Professor, Department of Meybod Nursing, Shahid Sadoughi University of Medical Sciences, Yazd, Iran. [2]Assistant Professor, Social Determinants of Health Research Center, School of Nursing and Midwifery, Lorestan Universityof Medical Sciences, Khorramabad, Iran. [3]MSc, Department of Meybod Nursing, Shahid Sadoughi University of Medical Sciences, Yazd, Iran.

***Abstract***

***Background***

The professional nurses' activities, behaviors, and manners are classified as nursing care behaviors. Nurses spend considerable amounts of time taking care of patients and their families; however, their opinions about their caring behaviors are different from the care receivers' views. Hence, this study aimed to elaborate the nursing care behaviors perceived by the parents of hospitalized children.

***Materials and Methods***

This qualitative study was a conventional content analysis. Eighteen parents of hospitalized children in Yazd hospitals (Governmental and Private) were selected on the basis of a purposive sampling method and interviewed using the semi-structured interview (with the questions such as : "Why was your child hospitalized in this ward?", "How was the nurses' behavior during the hospitalization regarding nursing care?"). The data were analyzed using the qualitative content analysis method.

***Results***

The data analysis resulted in the main theme of "fluctuation of trust in care", comprising the 8 subcategories of themes including "relieving/agitating presence", "attraction/rejection of parental participation", "respecting/ disrespecting" and "constructive/agitating communication".

***Conclusion***

The parents of hospitalized children are experiencing a variety of caring behaviors that might build or destroy their trust in nursing cares. Therefore, modification of caring behaviors can promote parents'-trust and their consequent satisfaction with the nursing cares.

***Key Words:*** Behavior, Nursing care, Parents, Perception, Trust.

*Please cite this article as: Salmani N, Hasanvand Sh, Bagheri I, Mandegari Z. Nursing Care Behaviors Perceived by Parents of Hospitalized Children: A Qualitative Study. Int J Pediatr 2017; 5(7): 5379-89. DOI: **10.22038/ijp.2017.23123.1940**

***Corresponding Author:***

Salmani Naiire, Faculty of Nursing and Midwifery, Shahid Sadoghi University of Medical Science, Yazd, Iran.

Email: n.salmani @ssu.ac.ir

Received date: Mar.17, 2017; Accepted date: Apr. 22, 2017

## 1- INTRODUCTION

Nursing care behaviors include the professional nurses' activities and manners in relation to patients; this can influence the patients' perception of these behaviors (1). Nurses constitute the largest group of health-care providers and play a significant role in achieving the health-care system's goals (2). Although the nurses spend considerable amounts of time dealing with the patients and their families, their understanding of nursing care behaviors seems to be different from the care receivers' views. This disagreement might lead to dissatisfaction with the nursing care, and subsequently, failure to fulfill the care receivers' needs (1).

Given that 45% of all non-emergency admissions and 44% of emergency ward admissions are devoted to the children and teenagers with their parents at their bedsides (2), investigating the perceptions and opinions of child care-givers (i.e., the parents) is of great importance (3). As a result, studying in this area can provide useful information with the aim to identify the personnel's performance quality and develop constructive managerial programs (2).Since children are not intellectually mature enough to be able to express their experiences (4), the parents are their legal decision makers, being liable to rightly evaluate the quality of care given to their children (5). In other words, The parents are considered as the supporters and surrogate decision makers of hospitalized children, and their opinions appear to reflect the child's views and attitudes (2).

Furthermore, considering the patient-oriented policy of the present health system, it is hoped that the health-care team is utilizing the holistic-care approach more widely in their daily work (6). On this basis, optimal care in the pediatric wards is thought to be dependent upon implementation of the holistic approach (7) Provision of family-centered care can therefore be an effective method to evaluate the health-care system so that identification of the experiences of hospitalized children's parents would be considered as a basis for assessing the quality of care, development of family-centered care, and an effective factor influencing the quality of care (8). In addition, the perceptions of health-care receivers play a great part in their assessment of the given care to their significant others, and as a result, affect their behavioral responses regarding the care providers. It is therefore necessary to determine and clarify the behaviors perceived by the care receivers as caring behaviors (9). Since the parents' perception of the provided care is not analogous to that of the members of the health-care team, care providers often either overestimate or underestimate the parents' satisfaction and needs. These biases appear to be a significant hindrance to providing optimal care (2).

In fact, meeting the needs of the pediatric patients and their parents might fail unless their perception of optimal care and care standards is assessed. Given this scenario, conducting further research to determine the parents' perception of caring behaviors seems to be worthy of consideration (10).
A review of the literature carried out so far indicated that the available studies have mainly focused on patients' perception of caring behaviors. As an example, Potter and Fogel in their study regarding the nurses' caring behaviors in various care settings found that all patients considered meeting human needs as one of the care behaviors (11).

In Iran, the study by Hajinezhad et al. investigated the nurses' and patients' views on nursing care behaviors, and found that there was a significant difference between the nurses' and patients' views and attitudes on caring behaviors. As to the patients' views regarding the nursing care behaviors in their study, the nurses' care behaviors

failed to meet the patients' expectations and needs. As a result, the subscale "assurance of human presence" received lower scores (12). With regards to the concept that caring behaviors can be influenced by the health-care system, organizational factors, health-care provision models, and cross-cultural differences related to the common values of the society, the studies that offer a better understanding of the care receivers' experiences in order to identify the nurses' caring behaviors seem to be necessary in different countries (1).

Since the application of the interview method in qualitative studies may provide us with in-depth information on various care behaviors (13); this study aimed to investigate the parents' perception of the nurses' care behaviors with a qualitative approach to discover the caring behaviors from the parents' perspectives and not from the biased viewpoint of the nurses. In this way, proper measures should be taken into account in order to improve the present situation and move towards higher levels of quality of care provision.

## 2- MATERIALS AND METHODS

### 2-1. Study design and population

The study was performed using the naturalistic method of qualitative content analysis. The participants were recruited among the parents of hospitalized children in Yazd hospitals (Governmental and Private) within a period of 6 months in 2014. Eighteen parents (14 mothers and 4 fathers) whose children were hospitalized in pediatric wards and were about to be discharged were selected on the basis of purposive sampling method. The parents had the ability to express their experiences and were capable of responding the interview questions accurately.

### 2-2. Measuring tools: validity and reliability

The data were collected using a semi-structured interview with open-ended questions. After attending the study hospitals and selecting the eligible participants, the researcher obtained the patients' verbal consent for participation; the participants were consulted about preferable time, place, and the interview procedure. Each interview was recorded, and a verbatim transcript of them was prepared consecutively to be analyzed by the authors.

The questions for starting the interviews were as follows: "Why was your child hospitalized in this ward?", "How was the nurses' behavior during the hospitalization regarding nursing care?", "How do you evaluate their behaviors?", and "What was the effect of these behaviors on you?".

To obtain more profound data, some exploratory questions were asked during the interview, including: "Can you give us an example?", "Can you explain more?", etc. The length of time for each interview varied from 40 to 90 minutes. If necessary, the interviews were replayed for participants; and 21 interviews were performed overall. All interviews were conducted in a quiet place, and the sampling procedure continued until the data saturation was achieved. In order to ensure the accuracy and reliability of the data, Linclon and Gouba's Evaluative criteria were applied (15).

After coding the data, the interview transcripts were given to the participants to ensure the accuracy of codes and interpretations. The researcher attempted to collect samples with the highest possible variety in terms of child's age, type of child's disease, duration of hospitalization, being native or non- native, and educational level. To ensure the steadiness of data analysis process, repeated revisions of codes were performed. To do so, the interview transcripts, codes, categories, and themes were given to two expert faculty members in qualitative research,

and their opinions on accuracy of data analysis and interpretations were taken into account.

### 2-3. Ethical considerations

This study has complied with the ethical considerations such as assuring the participants about anonymity and confidentiality of the information, and their right to withdraw from study anytime. After explaining the goals and study procedure, the informed written consent forms were given to the participants. The permission for recording the interviews was obtained from each participant.

### 2-4. Inclusion and exclusion criteria

The inclusion criteria for this study consisted of: (1) the parents of hospitalized children whose patients were about to be discharged, and (2) being willing to participate in the study and express one's experiences. The exclusion criterion was their unwillingness to continue the interview.

### 2-5. Data Analyses

Data analysis was performed simultaneously after conducting the interviews on the basis of the Graneheim and Lundma method (14). To do so, the interviews were carefully listened to and transcribed immediately after. In order to ensure accurate content, the interview transcripts were read several times and the primary semantic units and initial codes were identified. Through continual comparison of primary codes, the similar ones were classified. The sub-themes were integrated with one another to obtain comprehensive categories. Ultimately, the main theme hidden in the data emerged. The data were analyzed using the OneNote software.

## 3- RESULTS

The participants in this study were 14 mothers with a mean age of 5.76±30.07 years and 4 fathers with a mean age of 40.25±11.97 years. A total of 409 codes emerged after initial data analysis. The main theme resulting from the data analysis was "fluctuation of trust in care" consisting of the following subthemes: "relieving/agitating presence", "attraction/rejection of parental presence", "respecting/disrespecting", and "constructive/agitating presence".

### 3-1. Relieving/Agitating Presence

According to the parents' statements, the nurses' qualities such as responsibility, commitment, prioritization, punctuality, agility, and expertness may play a significant role in parent's perception of nursing care behaviors. In relation to the theme "punctuality and responsibility", the mother of a school-aged child diagnosed with Kawasaki disease said: "My child took ten glasses of a medicine. Some nurses, may God bless them with long lives, visited him on time, gave him the medicines, and controlled the medicines; the nurses were responsible" (P 3).

As regards to the nurses' commitment to their responsibilities, the father of a toddler whose child was suffering from leukemia expressed: "The nurse was so concerned with the patients' affairs that she called the doctors several times when they delayed visiting the patients" (P 1). Moreover, the mother of a toddler affected with esophageal varices described the nurse's expertise this way: "The nurse examined one of the child's arms first and then, well, the other, to choose the better one for inserting the needle; I mean, she did not puncture the vein unnecessarily or aimlessly and did not try over and over. This gave me the feeling that the nurse is reliable, and performs tasks skillfully" (P 8). The nurses' skills in gaining the Intravenous (IV) access, was the main concern of parents. The parents of children of any age and with any type of disorder, whether acute or chronic, expressed that

the nurses' successful attempts to gain the IV access was a sign of expertise that brought a great sense of relief in parents.
The mother of an infant with pneumonia explained: "They took the child's wrist not knowing where the veins were located. Well, they inserted the needle aimlessly and pulled it in and out over and over; though, there was another nurse who was expert and gained the vein access at the first attempt , may God bless her" (P 10).
The nurses' neglect in monitoring the child's health status, prioritizing the patients' demands and needs, and performing their responsibilities on time and with full concentration led to feelings of stress in the parents.

The father of a diabetic child stated in this regard: "Once my child's serum (IV) line was disconnected. My wife went and called the nurse to come and reconnect it. The nurse came after one hour, and in the meantime, we were worried that the air may enter (the child's blood stream)" (P 5). In addition, the mother of a child with fever explained: "The nurse did not come to control the situation. Whenever my kid was critically ill with a very hot forehead, I ran to the nurse to take a look at the child; the nurse kept telling me to go to his bedside and wait until she comes. I got nervous. The nurse is supposed to calm the parents, not make them nervous and worried" (P 2).

Regarding the nurses' careful consideration, the mother of the child hospitalized for pneumonia mentioned: "The child's diagnosis written on the chart was wrong. The nurse was careless about it. Well, I'm more nervous than others, because I'm a nurse myself, and realize these things" (P 14).

### 3-2. Attraction/Rejection of Parents' Participation

Based on the participants' statements, the nurses' behaviors in terms of providing parents with information about their child's disease, treatment process, required cares, parents' involvement in gaining IV access and drug administration could be indicative of the fact that the nurses acceptance or rejection of the parents' participation in taking care of their children. In this sense, the mother of a toddler hospitalized for esophageal varices said: "When I came, a nurse turned to me and asked: "Do you know what varices is?", and I replied: "No", and she explained: "It is like a balloon, and then she illustrated it by drawing some lines. When they illustrate it this way, we understand better" (P 8).

Some parents claimed that when they asked some questions about the child's disease or the treatment and care process, the nurses answered briefly and quickly. They avoided spending adequate time to give full answers. Instead, they were more concerned about their own affairs, and left the parents quickly. In this regard, the mother of the child with Kawasaki disease said: "I did not even dare to ask them any questions, and when I asked, they gave me a quick reply; they were even bothered with my questions, and thought that I was wasting their time" (P 3).

Due to the children's fear and consequent disobedience towards the nurses, the mothers were willing to be present at the child's bedside and assist the nurses during invasive procedures such as gaining the IV access and administrating the medications. The mother of a school-aged child stated: "I told them that I should be present there so that my kid would not disobey. They accepted, and I stood by the bed. They gained her IV access quickly while my kid was quiet, and I was calm after all" (P 9).

Nonetheless, some nurses disagreed with the mothers' presence at the child's bedside during gaining IV access or taking blood samples and separated the child from the parents during invasive procedures. This caused inconvenience for both the mother and the child, and resulted

in the feeling that parents had no role in taking care of their children. The mother of the child with pneumonia said in this respect: "My kid was in my arms; they took my kid, and closed the door. I wanted to lie him down on the bed because he was very nervous. I was very annoyed when I was at the door listening to his crying" (P 14).

### 3-3. Respecting/Disrespecting

Based on the participants' speech, the nurses' respectful manners (i.e., politeness, patience, and kindness) towards the parents and/or their children were perceived as a humane way of interacting with these care receivers. The mother of the infant with pneumonia stated: "One of the nurses was so respectful, and said that I could ask my questions; I asked all of the questions I had in mind, and she was so polite, and valued me so much" (P 10).

The father of the child with fever said: "The nurse was so polite that she was used to saying hi to me before I do; well, I mean she was so polite and respectful to the patient's relatives" (P 12). On the other hand, the parents met some nurses who were disrespectful and surly in their interactions with the parents and their children. This caused a feeling of tension and anxiety in the parents. The mother of the child with pneumonia mentioned: "The nurses told me that I seemed as if I got Alzheimer and could not understand at all. I was too annoyed that I did not ask her any questions from her later" (P10).

### 3-4. Constructive/Agitating Communication

The nurses' attempts to initiate a conversation with parents, to make them understand their statements, and to communicate with the children of any age in a way that they understand resulted in different advantages as follows: promotion of communication among parents and nurses, parents' inclination for favorable interaction with the nurse, and their acceptance of the care given by the nurse to the child. The mother of the child with esophageal varices stated: "Whenever she (the nurse) was walking in the corridor and I was there, she said hi and greeted me sooner, and I greeted her; then she stopped and had a small talk with me" (P 8). Regarding the nurses' attempts to convey their messages to the nonnative mother of the diabetic child, the mother said: "One of them (the nurses) noticed that I could not understand her accent, and asked me: "Can you understand my accent or else, I explain more? I said: I cannot understand you, and she explained over and over slowly" (P 4).

The nurses' communication skill with children was another important characteristic of the nurses to the parents. They believed that the nurses' ability to mimic the child's language and voice was an effective strategy to obtain the children's cooperation, and consequently, to promote the nurse-parent therapeutic relationships. The father of a child with fever and abdominal pain stated: "The nurse was gaining venous access from my kid and did not utter a single word, and was ordering, and kept asking the kid not to move her hand" (P 6).

In some cases, the nurses' behaviors indicated that they were hesitant to communicate with parents and their children. The mother of a child with lymphoma expressed her feelings in this way: "Some of the nurses do not want to talk. If you say something, they say no words. I do not know… sounds like they are not interested in talking at all".

A nonnative mother said: "I could not understand their accent well. I had to ask them to repeat what they said. They told me: It is none of our business. If you want to come here again, you have to learn our accent. They do not even bother to explain what we do not understand" (P 9).

Some parents stated that the nurses communicated with their children as they did with the adults. The mother of the child with pneumonia said in this respect: "They gave the medicines to my kid as if they gave it to an adult, not to a child. Neither baby talk, nor compassion or encouragement; they just pulled the child's hand to connect the serum line. They did not talk to the kid to calm him" (P 10).

## 4- DISCUSSION

The findings of this study demonstrated the perceptions of parents of hospitalized children with regards to the nurses' caring behaviors. According to the participants' statements, one of the crucially important behaviors was the perception of "relieving/agitating presence". In this regard, the vulnerability of children compared with adults and the children's inability to express their needs and problems would lead to the parents' sensitivity to the quality of given cares.

Consequently, parents attributed the nurses' optimal caring behaviors to their commitment, responsibility, and frequent monitoring of the children's health status. The nurses' attempts at meeting the needs of children as well as their commitment towards the patients' affairs can ensure the parents that their children received the best possible care. These findings were consistent with those from the study by Potter and Fogel that declared nursing cares such as monitoring the patient's health status and prioritizing their needs were among the pivotal caring behaviors (10). Schimdt also regarded the nurses' feeling of responsibility as one of the main components in their grounded theory study of the parents' perception of nursing cares (16). The participants further stated that the nurses' skills and abilities at gaining IV access and the number of their trials were considerably important to them. According to Lininger, gaining IV access is a difficult nursing task in the pediatric wards, and many hospitals employ the nurses who are highly skilled and experienced at this skill in their pediatric units (17), since each needle puncture causes a great deal of emotional stress and anxiety in both children and their parents (18). Given that the child's stress can equally affect their parents' stress, it appears necessary to support the parents by encouraging their active participation in caregiving and decision making by means of a family-centered care method; this can create the feeling of control over the situation among the parents as well (19) Additionally, valuing the parents' suggestions about the types of care given to their children appeared to be crucially important to the parents (20).

The nurses' punctuality during their caregiving was another concept highlighted by the parents. The mothers, in their statements, pointed to the nurses who were on time several times and called them committed nurses. Tzeng and Yin, in their study, emphasized the punctuality of nurses in the caregiving process, and added that meeting the needs of patients by the nurses should be on time (21), due to the fact that the nurse's delay in the delivery of care to the patients might lead to their dissatisfaction with nursing cares (22). Merkouris et al. have also emphasized the importance of nurses' skills and punctuality in their study (23).

Other behavioral characteristics perceived by the participants were the nurses' agility and careful actions. Granted that the parents consider themselves as the children's supporters, what matters to them the most is that the nurses should be highly careful during invasive procedures in particular, in order to provide safe cares, and as a result, to create the feeling of comfort in both the children and their parents. Risser developed a questionnaire to assess the parents' satisfaction with cares in which one question was assigned to the nurse's careful actions in caregiving

(24). The parents also drew special attention to the nurses' speed in caregiving, considering that delivering delayed cares to the children might result in irreversible negative consequences. Furthermore, the nurses' quick actions were important to the point that it was considered as an item of the patients' satisfaction questionnaire developed by Scardina (25).

Otani, in this regard, stated that the three main characteristics of the nurses which were listed by the participants were compassion, enthusiasm, and agility (26). Carson et al. emphasized the point that care providers should provide prompt cares to the care receivers (27). Overall, the parents evaluate the current caring context from their own perspectives. In other words, they will be satisfied with the care, if it is congruent with their expectations, and dissatisfied with the nursing care, if it is far from their expectations (28).

Another finding of the present study was "attraction/rejection of parents' participation". The participants believed that the nurses who provided them with information and asked for their assistance during the administration of medications or gaining IV access were more inclined to participate in nursing cares. In fact, It appears necessary for the nurses to provide the patients and their relatives with required information in order to help them in their supportive roles (25).

The parents of hospitalized children always require timely, accurate, and authentic information in all stages of the child's hospitalization (29). Optimal nurse-parent communication can enable the parents to acquire information about the child's plan of care (30) and thereby make them believe that they play a significant role in their child's recovery (31). Based on the participants' explanations, the mothers' involvement during drug administration or gaining IV access might relieve both the child and parent. In fact, the parents' participation in taking care of children can result in the feeling of being part of the caregiving (32), reduced stress and insecurity, and cooperation of parents with personnel. Furthermore, the parent's participation is beneficial for hospitalized child, leading to the feeling of security and comfort (30). One more finding of the present study was "respecting/ disrespecting".

The participants explained that the nurses' tolerance, courtesy, and compassion towards the children and their parents were perceived as a sign of respect to them as human beings. From the mothers' perspective, the nurses' respect towards the patients and parents can enhance their cooperation and collaboration with the health-care team (32). Nonetheless, Jennings et al. argued that immoral characteristics of the nurses such as discourtesy, arrogance, and intolerance might lead to the dissatisfaction of care receivers with delivered cares (33).

Our last finding was "constructive/agitating communication". The parents expected a type of communication in which the nurse was willing to communicate with the parent and their children, and to clarify the information so that they could easily understand. The nurses were also expected to hold an age-appropriate communication with the children in order to acquire their trust and cooperation.

In the study of Adereti et al., the children described the most important nursing care behaviors of the nurses in following statements: "being cheerful and gentle with them", "treating them as a human", and "being kind to them" (34). Conner and Nelson, in their study, stated that the parents required a straightforward relationship with the healthcare team (29). Effective comprehensible interaction can benefit the children and their parents with decreased levels of stress and anxiety (35).

The parents who fail to understand the explanations and information delivered by the nurses and physicians might criticize their art of speech as well. Overall, good communication is an essential step for providing support to parents with hospitalized children. The lack of suitable relationship between the nurse and the parent might result in the parents' increased stress and anxiety.

On the contrary, a therapeutic realm that encourages the parents' communication with healthcare team can improve their perspective and understanding of the nurses (30). Thompsom et al. suggested that an age-appropriate communication with the children as well as calling them by their names may facilitate the parents' trust in the nurses (36). Bricher, also stated that the nurses can promote the child's trust by means of an age-appropriate and plain communication. (37). However, some challenges still exist concerning the nurses' interaction with the children in their daily work that might be dependent upon several factors including the condition of hospitalization (38).

## 5- CONCLUSION

Overall, the findings of the present study demonstrated that "fluctuation of trust in care" was the main challenge of parents with hospitalized children due to witnessing a wide variety of caring behaviors during their presence in the pediatric units. These behaviors that included "relieving/agitating presence", "attraction/rejection of parental participation", "respecting/ disrespecting" and "constructive/agitating communication" led to a fluctuating trust level about nursing cares amongst the parents. In other words, their experiences shifted to either trust or mistrust, and thereby, influenced the nurse-parent relationship, the parents' acceptance of given cares, their cooperation with the nurses, and their satisfaction with the nursing cares. Therefore, it seems necessary to develop and implement effective measures that enhance the nursing behaviors. The findings of this study also suggest three main implications as follows:

First, these findings can be beneficial to the pediatric nurses to better implement the holistic family-centered care.

Second, the nurses' concentration on these themes can assist them to promote their practical competencies, caring behaviors, and communication skills in order to perform their responsibilities more successfully.

Third, the nursing managers might take into account these themes along with other criteria of the assessment of nursing care behaviors to evaluate their caring behaviors in pediatric units, and to design and implement educational programs and training courses for the novice pediatric nurses as in-service introductory courses.

## 6- CONFLICT OF INTEREST

The authors declare no conflict of interest in this study.

## 7- ACKNOWLEDGMENTS

The researchers give their special thanks to all the participants of this study for their honest and nice cooperation.

## 8- REFERENCES

1. Papastavrou E, Efstathiou G, Tsangari H, Suhonen R, Leino- Kilpi H, Patiraki E, et al. A cross cultural study of the concept of caring through behaviours: patients' and nurses' perspectives in six different EU countries. Journal of advanced nursing 2012;68(5):1026-37.

2. Bragadottir H, Reed D. Psychometric instrument evaluation: the pediatric family satisfaction questionnaire. Pediatric nursing 2002;28(5):475.

3. Ygge B-M, Arnetz JE. Quality of paediatric care: application and validation of

an instrument for measuring parent satisfaction with hospital care. International Journal for Quality in Health Care 2001;13(1):33-43.

4. Callery P, Luker K. The use of qualitative methods in the study of parents' experiences of care on a children's surgical ward. Journal of Advanced Nursing 1996;23(2):338-45.

5. Tsironi S, Bovaretos N, Tsoumakas K, Giannakopoulou M, Matziou V. Factors affecting parental satisfaction in the neonatal intensive care unit. Journal of Neonatal Nursing 2012;18(5):183-92.

6. Suhonen R, Papastavrou E, Efstathiou G, Tsangari H, Jarosova D, Leino- Kilpi H, et al. Patient satisfaction as an outcome of individualised nursing care. Scandinavian Journal of Caring Sciences 2012;26(2):372-80.

7. Lea A. Defining the roles of lay and nurse caring. Nursing standard 1994;9(5):32-5.

8. Latour JM, van Goudoever JB, Duivenvoorden HJ, van Dam NA, Dullaart E, Albers MJ, et al. Perceptions of parents on satisfaction with care in the pediatric intensive care unit: the EMPATHIC study. Intensive care medicine 2009;35(6):1082-29.

9. Jasmine T. Art, science, or both? Keeping the care in nursing. Nursing Clinics of North America 2009;44(4):415-21.

10- Keiza EM, Chege MN, Omuga BO. Assessment of Parents' Perception of Quality

of Pediatric Oncology Inpatient Care at Kenyatta National Hospital. Asia-Pacific Journal of Oncology Nursing 2017; 4(1):29-37.

11. Potter DR, Fogel J. Nurse caring: A review of the literature. International Journal of Advanced Nursing Studies 2013;2(1):40.

12. Hajinezhad ME, Azodi P, Rafii F, Ramezanian N, Tarighat M. Perspectives of patients and nurses on caring behaviors of nurses. Journal of hayat 2012;17(4):36-45.

13. Jonsdottir H. The importance of nurse caring behaviors as perceived by patients receiving care at an emergency department. Heart and Lung: The Journal of Acute and Critical Care 2002;31(1):67-75.

14. Graneheim UH, Lundman B.Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ Today. 2004 Feb;24(2):105-12.

15. Guba, E. G., & Lincoln, Y. S. (1989). Fourth generation evalua-tion. Newbury Park, CA: Sage.

16. Schmidt LA. Patients' perceptions of nursing care in the hospital setting. Journal of Advanced Nursing 2003;44(4):393-9.

17. Lininger RA. Pediatric peripheral IV insertion success rates. Pediatric nursing 2003;29(5):351.

18. Hess HA. A biomedical device to improve pediatric vascular access success. Pediatric nursing 2010;36(5):259.

19. Kuensting LL, DeBoer S, Holleran R, Shultz BL, Steinmann RA, Venella J. Difficult venous access in children: taking control. Journal of Emergency Nursing 2009;35(5):419-24.

20. Okunola I, Olaogun AA, Adereti SC, Bankole A, Oyibocha E, Ajao O, et al. Peadiatric Parents and Nurses Perception of Family – Centered Nursing Care in Southwest Nigeria. International Journal of Caring Sciences 2017.10(1):67-75.

21. Tzeng H-M, Yin C-Y. Are call light use and response time correlated with inpatient falls and inpatient dissatisfaction? Journal of nursing care quality 2009;24(3):232-42.

22. Tzeng H-M, Yin C-Y. Perspectives of recently discharged patients on hospital fall- prevention programs. Journal of nursing care quality 2009;24(1):42-9.

23. Merkouris A, Papathanassoglou ED, Lemonidou C. Evaluation of patient satisfaction with nursing care: quantitative or qualitative approach? International journal of nursing studies 2004;41(4):355-67.

24. Risser NL. Development of an instrument to measure patient satisfaction with nurses and nursing care in primary care settings. Nursing research 1975;24(1):45-51.

25. Scardina SA. SERVQUAL: a tool for evaluating patient satisfaction with nursing

care. Journal of Nursing Care Quality 1994;8(2):38-46.

26. Otani K, Kurz RS, Harris LE, Byrne FD. Managing primary care using patient satisfaction measures/practitioner application. Journal of Healthcare Management 2005;50(5):311.

27. Carson PP, Carson KD, Roe CW. Toward understanding the patient's perception of quality. The Health Care Manager 1998;16(3):36-42.

28. Salmani N, Abbaszadeh A, Rasouli M, Hasanvand Sh. The process of satisfaction with nursing care in parents of hospitalized children: A Grounded Theory Study. International Journal Pediatric 2015; 3(6-1):1021-32.

29. Conner JM, Nelson EC. Neonatal intensive care: satisfaction measured from a parent's perspective. Pediatrics 1999;103(Supplement E1):336-49.

30. Wigert H, Dellenmark MB, Bry K. Strengths and weaknesses of parent–staff communication in the NICU: a survey assessment. BMC pediatrics 2013;13(71):1-14.

31. Connell J, Bradley S. Visiting children in hospital: a vision from the past. Nursing Children and Young People 2000;12(3):32.

32. Schaffer P, Vaughn G, Kenner C, Donohue F, Longo A. Revision of a parent satisfaction survey based on the parent perspective. Journal of pediatric nursing 2000;15(6):373-7.

33. Jennings BM, Heiner SL, Loan LA, Hemman EA, Swanson KM. What really matters to healthcare consumers. Journal of Nursing Administration 2005;35(4):173-80.

34. Adereti AC, Olaogun AA, Olagunju EO, Afolabi KE. Paediatric Patients and Primary Care Givers' Perception of Nurse-Caring Behaviour in South Western Nigeria. International Journal of Caring Sciences 2014; 7 (2):610-20.

35. Latour JM, van Goudoever JB, Hazelzet JA. Parent satisfaction in the pediatric ICU. Pediatric Clinics of North America 2008;55(3):779-90.

36. Thompson VL, Hupcey JE, Clark MB. The development of trust in parents of hospitalized children. Journal for Specialists in Pediatric Nursing 2003;8(4):137-47.

37. Bricher G. Paediatric nurses, children and the development of trust. Journal of clinical nursing 1999;8(4):451-8.

38. Martinez EA, Tocantins FR, Souza SR. The specificities of communication in child nursing care. Rev Gaúcha Enferm 2013; 34(1):37-44.