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## Caregivers' perception of the quality of nursing care in child health care services of the University College Hospital, Nigeria

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### ABSTRACT

The health care system has increasingly emphasized consumers' satisfaction in developing models of health care quality. Among health professionals, nurses spend more time with patients, hence, the measure of consumers' perception of quality nursing care is crucial. Children are vulnerable and unable to effectively express their views; hence, their caregivers often serve as their decision makers. This study aimed to assess caregivers' perception of the quality of nursing care in child health care services.

A descriptive cross-sectional survey was conducted using a stratified sampling technique to recruit 308 caregivers attending Immunization and Child welfare clinics of University College Hospital, Nigeria. Participants were surveyed using an adapted version of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) which was analyzed using descriptive and inferential statistics at a 0.05 level of significance.

A large percentage of the caregivers were female (86.9%). "Concern and caring by the nurses", "recognition of carers' needs", "coordination of care" and "privacy" were perceived to be fair (50.2%, 54.9%, 56.3%, 57%) while "clarity about instructions given", "helpfulness", "skill and competence" were perceived to be good (61.7%, 56.3%, 63.8%). The age, occupation, and marital status of the caregivers had a significant association with their perception of nursing care ( $p < 0.05$ ). The attitudes of nurses regarding concern, caring and privacy were perceived to be fair as compared with the skill and competence of nurses which were perceived to be good.

Although caregivers had an overall average perception of quality of nursing care, more efforts should be geared towards improving on areas that were fair, like care and concern, courtesy, friendliness, and kindness, which are central to nursing as a caring profession.

Good interpersonal relationships and acknowledgment of caregivers as decision-makers in health care which were perceived to be inadequate in this study are key factors that drive a good perception of quality nursing care. Nurses must continue to provide inclusive quality care where caregivers are seen as significant contributors to health care.

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### Introduction

Globally, the largest under-5 mortality occurs in developing countries and is from preventable or treatable causes such as prematurity, low birth weight, pneumonia, diarrhea, malaria, measles, and malnutrition. (UNICEF, 2015). According to World Health Organization [WHO] (2018), one in 13 children before his or her fifth birthday in Sub-Saharan Africa, making it the region with the highest under-5 mortality

in the world. Reduction in mortality depends partly on the ability of each health care system to deliver quality care at the level of patient satisfaction (Rehan & Kanji, 2015).

Healthcare as an industry has changed and grown with quality care being recognized as a right rather than a privilege (Bauchner et al., 2021). Quality of care refers to the extent to which health care services are provided to individuals and patient populations in a bid to improve desired health outcomes which are achieved through a safe, effective, timely, efficient, equitable, and people-centered health care system (WHO, 2021). Nursing care is a key indicator of the quality of health care in an institution because nurses are the closest, and interact with

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patients more often than any other health care personnel in a hospital; therefore the quality of nursing care is a core concern for healthcare providers and consumers (Muraleeswaran & Thenuka, 2016). A patient's perception of quality nursing is the patient's view of the nursing care they received during hospitalization and is acknowledged as an indicator of the quality of nursing service of any health institution (Dikmen & Yilmaz, 2016). As nursing care is evaluated, opportunities for improvement in care can be identified, costs can be reduced, and the performance of health plans can be monitored (Al-Abri and Al-Balushi, 2014).

Children's perception of hospitalization is influenced by their type of illness, invasive treatments, medications, and length of hospitalization (Hockenberry & Wilson, 2011). Illness and hospitalization alter the independence, security, and self-control of children (Hockenberry & Wilson, 2011). Since children are not mature enough to fully express their views, their parents are their legal decision-makers, who are given the right to express the quality of care given to their children; thus, parents' satisfaction with the provided care counts as the children's satisfaction (Tsironi et al., 2012). According to Adereti et al. (2014), Nigeria has insufficient empirical data to understand the perception of children about nursing behaviors that depict quality professional care and this may have contributed to the high dependence on the information provided by their caregivers. Mostly, patients and caregivers describe quality nursing care in terms of interpersonal care, competency, comfort, and personalized information (Senarat & Gunawardena, 2011). However, in a study conducted in South-West Nigeria on pediatric patients and primary caregivers' perception of nurse-caring behaviour, the nurse-caring behavior ranked most important by the pediatric patients and primary caregivers are: "being cheerful and gentle with me", "treat me as individual", "be kind to me" "be considerate" (Adereti et al., 2014).

A previous study on patient's perception of nursing care indicated that the aspects of responsiveness, availability, and ward organization were satisfactory while dissatisfaction was recorded in communication and empathy (Samina et al., 2008). A study by Chukwudi and Campbell (2015) on caregivers' perception of the quality of child health care services in a general hospital in Lagos state revealed that the nurses' attitude in treating the client with dignity and respect was poor. Patients' perception of the services they receive is measured based on opinions or assessments of patients about services rendered to them and the service production process. This also varies according to patient's characteristics and their past experiences with health institutions. Hence, the degree of excellence observed by caregivers in nursing care delivery is vital in examining patient's perceptions of nursing care quality (Zhao & Akkadechanunt, 2011).

Getting closer to a caregiver and understanding their views on health care providers allows a nurse to understand their expectations of quality nursing care. Effective communication allows the nurse to understand the caregivers' perception and expectations of quality nursing. According to Agbele et al. (2018), several attempts have been made to measure patient satisfaction with nursing care. However, evidence on pediatric caregiver's perspectives about quality nursing care is lacking in Nigeria. Thus, the study was carried out to determine caregivers' perception of the quality of nursing care in child health care services of the University College Hospital, Nigeria.

## Method

### Study design and setting

This study was a descriptive cross-sectional survey. The research setting for this study was the Immunization clinic and Children Outpatient unit of the University College Hospital (UCH), Ibadan. The hospital is the first tertiary hospital in Nigeria. The immunization clinic is one of the most popular units of the hospital where about 300 infants and their caregivers are seen every month for routine immunizations, health education of mothers and caregivers, infant growth monitoring, and all forms of child welfare services. The Children outpatient clinic is the

unit of the hospital where Medical and Surgical pediatric cases are prevented, detected, and managed on an outpatient basis.

### Study population and participants

The target population was made up of children and their caregivers who attended the study setting. The population size was 900 attendees within one month of the data collection with a distribution of 222 in the immunization clinic and 678 at the children's outpatient clinic. The study made use of a stratified random sampling technique and the sample size was determined using Yamane's formula (Yamane, 1967). A sample size of 308 was obtained assuming a 5% level of error tolerance and an attrition rate of 10%. All consenting respondents were included in the study and non-consenting respondents were excluded (Table 1).

### Data collection and instrument

The caregivers' perception of quality nursing care in this study was measured with a modified standard structured questionnaire on Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) by Laschinger et al. (2005). The nursing activities covered in the scale include nurses' attention, kindness courtesy, skills, respect competence, and fulfillment of patient needs. Each item consists of a phrase designating its content and a descriptor which is a detailed question to the phrase (Karaca & Durna, 2019). A Likert scale in line with the objectives set for the study was used. The rating scales and scores are: Excellent – 5, Very good – 4, Good – 3, Fair – 2, and Poor – 1. Overall, the total score obtainable for caregivers' perception of quality of care was 95, while the least score obtainable was 19. An overall score above 70 was considered excellent, 60–69 was considered very good, 50–59 was considered good, 40–49 was considered fair, 39 and below was considered poor.

The questionnaire was modified into 29 questions which ascertained the demographic characteristics of the respondents, caregivers' perspective of quality nursing care, and overall perception of caregivers on the quality of nursing care in Child health care services of the research setting. The PSNCQQ has excellent psychometric properties with 0.97 Cronbach's alpha reliability and correlation items ranging from 0.61 to 0.89 (Laschinger et al., 2005).

### Method of data collection and analysis

The questionnaire was administered to the respondents using simple random sampling after satisfying the ethical requirement for data collection with consent taken from each respondent. From the 306 questionnaires distributed, 295 questionnaires were completed and returned which accounts for a 96.4% return rate. The data obtained were analyzed using the Statistical Package for Social Sciences version (SPSS 20.0) software. The numerical variables in the study were expressed as mean, standard deviation while categorical and nominal variables were expressed as frequencies and percentages. The Chi-square test was used to determine the relationship between the variables under investigation. The analysis of the results was based on a 95% confidence interval and a  $p < 0.05$  significance level.

### Ethical considerations

Ethical approval was obtained from the ethics committee of the UI-UCH Institutional Review Board. Permission was obtained from the Chairman, Medical Advisory Committee of U.C.H, and from the Head of Department of each clinic. An informed consent form was given to the participants providing information on the essence of the study and sought the respondent's consent to take part in the study.

**Table 1**  
Proportional allocation for collection of data.

S/N	NAME OF CLINIC	The average number of attendees per month	Proportional Allocation	Sample size
1.	Immunization clinic	222	$222 \times 308/900 = 75.9$	76
2.	Children out-patient (CHOP)	678	$678 \times 308/900 = 232.0$	232
	Total	900		308

## Results

### Socio-demographic characteristics of the caregivers

Table 2 shows the demographic characteristics of the respondents., 54.6% of the caregivers were above 30 years of age with a mean age of  $31.0 \pm 8.8$  years (min: 21; max: 41); 86.9% of the caregivers were females and 54.6% had a university education. Trading was the most common occupation of the caregivers accounting for 45.8%. The mean age of children who visited was  $4.4 \pm 4.3$  years. More than two-thirds (261; 88.5%) of the children were females and were at most 10 years of age.

### Analysis of the caregivers perspective of quality nursing care in child health service

Table 3 reveals the distribution of the caregivers according to their opinion of care in the categories of 'good perspective', 'fair perspective'

**Table 2**  
Socio-demographic characteristics of the respondents (N = 295).

Variables	Frequency	Percentage
Age-groups		
≤30 years	134	45.4
>30 years	161	54.6
Mean: $31.0 \pm 8.8$ years		
Gender		
Male	41	13.9
Female	254	86.9
Religion		
Christianity	197	66.8
Islam	98	33.2
Marital status		
Single	42	14.2
Married	242	82.7
Separated/divorced	5	1.7
Widowed	4	1.4
The highest educational level attained		
No formal education	1	0.3
Primary	10	3.4
Secondary	60	20.3
Not University	63	21.4
University	161	54.6
Occupation		
Housewife	17	5.8
Trading	131	45.8
Civil service	63	21.4
Student	38	12.9
Artisans	35	11.9
Unemployed	7	2.4
Age-group of child		
≤10 years	261	88.5
>10 years	34	11.5
Mean: $4.4 \pm 4.3$ years		
Gender of child		
Male	139	47.1
Female	148	52.9
Reason for the hospital visit		
Check up	52	19.6
Treatment of sickness	92	33.2
Test	2	0.7
Follow up	78	27.8
Immunization	44	14.9
Sickle Cell Patient	11	3.7

and a 'poor perspective'. More than two-thirds 211(71.5%) of the respondents perceived information received from nurses' explanations about tests, treatments, immunization, and what to expect as clear and complete. 140(47.4%) of the respondents had a fair perception of the involvement of family and friends in the care of the child. Half of the respondents, 148(50.2%), had a fair perception of the care and concern shown by nurses in areas such as courtesy, respect, friendliness, and kindness. More than half 162(54.9%) of the caregivers had a fair perception about the flexibility of nurses in meeting the child's needs. 63.8% of the caregivers had a good perception about the skills and competence of the nurses in procedures such as immunization, administration of medications, and health education. Half 148(50.2%) of the respondents agreed that nurses often checked on the child and how well they kept track of the last visit in the facility.

Overall, the perception of quality of nursing care was fair (Table 4).

### The impact of socio-demographic characteristics on perception of quality nursing care

The perception of the quality of nursing care varied significantly with the age and occupation of the caregivers ( $p < 0.05$ ). More than two-thirds of the respondents were married to about half of them perceiving the overall nursing care as good. There was therefore an association between the marital status of the respondents and their perception of quality nursing care. ( $p = 0.001$ ). The gender, religion, and level of education of respondents had no statistically significant association with their perception of quality nursing care (Table 5).

## Discussion of findings

In this study, the caregivers were predominantly females (84.2%) with a tertiary level of education (54.3%). This is similar to a study carried out at Nnewi, Nigeria where more than two-thirds of the caregivers were mothers of children (Campbell, 2007). This could be because children are more likely to be brought to the clinic by their mothers. The larger percentage of the respondents perceived the aspects of "concern and caring by nurses", "recognition of carers' opinions", "consideration of carers' need" which measures the display of respect, kindness, empathy, and acknowledgment of caregivers' opinions by nurses as being fair. This suggests that nurses do not show adequate qualities in areas of good interpersonal relationships and consideration of parents or caregivers as key decision-makers in children's health. This is in line with a previous study that showed that respect, communication using a warm tone, and consideration of individualized differences during nursing interventions have been neglected by nurses and received low positive responses by users of nursing care (Ella et al., 2016). Empathy and interpersonal relationship are key drivers of quality nursing care. It is therefore crucial for nurses, particularly those providing pediatric care to maintain an effective relationship with pediatric caregivers, who are mostly agitated and unsure of the prognosis of their wards.

Teamwork between nurses and other health care professionals, and the coordination of nursing care were also perceived inadequate; although a previous study stated otherwise (Riccio, 2000). The inadequate teamwork perceived by our respondents in this study might be due to the burnout and inadequate staffing experienced in the health care system which prevents effective coordination among health care professionals (Duarte et al., 2016).

**Table 3**  
Assessment of caregivers' perception of quality nursing care.

Assessment	Good	Fair	Poor(%)
	n(%)	n(%)	
INFORMATION GIVEN: How clear and complete the nurses' explanations were about tests, treatment, immunization, and what to expect	211(71.5)	84(28.5)	0 (0)
INSTRUCTION: How well nurses explained how to prepare for tests procedure, immunizing the child	182(61.7)	110(37.3)	3(1.0)
EASE OF GETTING INFORMATION: The willingness of nurses to answer your questions	147(49.8)	136(46.1)	12(4.1)
INFORMATION GIVEN BY NURSES: How well nurses communicated with children, families, and health professionals	156(52.9)	137(46.4)	2(0.7)
INFORMING FAMILY OR FRIENDS: How well the nurses kept you informed about your child's condition and needs	146(49.5)	142(48.1)	7(2.4)
INVOLVING FAMILY OR FRIENDS IN CARE: How much were you allowed to help in your child's care	139(47.1)	140(47.4)	16(5.4)
CONCERN AND CARING BY NURSES: Courtesy and respect you were given, friendliness and kindness	141(47.8)	148(50.2)	6(2.0)
ATTENTION OF NURSES TO CARERS' CONDITION: How often nurses checked on the child and how well they kept track of the last visit	143(48.5)	141(47.8)	11(3.7)
RECOGNITION OF CARERS' OPINIONS: How much nurses ask you what you think is important and give you choices	129(43.7)	146(49.5)	20(6.8)
CONSIDERATION OF CARERS' NEEDS: Willingness to the nurses to be flexible in meeting your child's needs	121(41)	162(54.9)	12(4.1)
THE DAILY ROUTINE OF THE NURSES: How well they adjusted their schedule to your child's needs	122(41.3)	166(56.2)	7(2.4)
HELPFULNESS: The ability of the nurses to make your child comfortable and reassured	166(56.3)	119(40.3)	10(3.4)
NURSING STAFF RESPONSE TO CARERS' CALLS: How quick they were to help	143(48.4)	142(48.1)	10(3.4)
SKILL AND COMPETENCE OF NURSES: How well things were done like giving immunization, medicine, injections, health education	188(63.8)	101(34.3)	6(2.0)
COORDINATION OF CARE: The teamwork between nurses and other hospital staff who took care of your child	130(44.1)	158(53.6)	7(2.4)
RESTFUL ATMOSPHERE PROVIDED BY NURSES: Amount of peace in the clinic	136(46.1)	146(49.4)	13(4.4)
PRIVACY: Provisions for your child's privacy by nurses	112(38)	168(57)	15(5.1)
HOME INSTRUCTIONS: How clearly and completely the nurses told you what to do and what to expect when you left the hospital	148(50.2)	140(47.5)	7(2.4)
COORDINATION OF CARE AFTER CLINIC VISIT: Nurses' effort to provide for your child's needs after you left the hospital	90(30.5)	166(56.2)	30(13.2)

The majority of the caregivers had a fair perception about how well nurses provide privacy while attending to children and believed that nurses could do more in respecting their children's right to privacy. These findings oppose those of Ella et al. (2016) which discovered that there was a high positive response about the provision of privacy by nurses. The privacy of children might be overlooked because they are little and less independent. However, it should be noted that children are humans who have an equal right to privacy as adults. Maintaining privacy gives patients a sense of safety, love, and honor. (Gurdoğan et al., 2015).

A good perception of quality nursing care was recorded among older caregivers. There was a statistically significant association between the age of caregivers, their marital status, and their overall perception of the quality of nursing care. This is similar to findings from previous studies where better reports about nursing care satisfaction were reported with increasing age (Babadagli et al., 2016; Kayrakçı & Ozsaker, 2014). This could be because elderly caregivers are more mature and maybe more tolerant towards inadequacies in care than younger participants. There was also a significant association between the patient's occupation, marital status, and their perception of quality nursing care. However, this finding is not consistent with previous studies where the perception of quality nursing care was not influenced by marital status and occupation. (Akin & Erdogan, 2007; Ozturk et al., 2020).

There was a good perception about how well nurses gave instruction. It was reported that nurses were willing to give clear and concise instruction and explanations about tests, treatment, and hospital routine. There was also a sufficiently positive response on the willingness of nurses to help when called upon to make their patients comfortable. This was similar to the findings from the patient's perception of nursing care at a large Teaching Hospital in India (Samina et al., 2008). Indicators of high-quality nursing care have been described as encompassing a nurse who 'teaches' about the illness and course of treatment and one whom the patient can 'call with questions' (Oermann, 1999). This reiterates the impact of information and communication in achieving

**Table 4**  
The overall score of caregivers' perception of quality of Nursing care.

The overall perception of quality nursing care	Frequency	Percentage
Poor (below mean)	134	45.4
Good (mean and above)	161	54.6
Minimum score = 19		
Maximum score = 95		
Mean ± SD = 46.4 ± 11.0		

quality care. Effective information and communication influences patient and caregivers' confidence and satisfaction and this is a pivotal factor that encourages pediatric caregivers to participate in the health care of their children. In addition, providing caregivers and their families with adequate information about their child's health helps to relieve the fear of the unknown. (Dzomeku et al., 2013; Koç et al., 2011; Milutinović et al., 2012).

### Implications for practice

The perception of quality nursing care in pediatrics is majorly determined by the satisfaction of caregivers. A good perception of

**Table 5**  
Association between caregivers' socio-demographic characteristics and the overall perception of the quality of nursing care.

Socio-demographic characteristics	Caregivers' Perspective of Quality of Nursing care		Chi-Square Statistic	p-value
	Poor	good		
Age-group				
≤30 years	79	55	13.806	0.001
>30 years	60	101		
Gender			1.541	0.215
Male	23	18		
Female	116	138		
Religion			0.204	0.652
Christianity	91	106		
Islam	48	50		
Marital status			61.746	0.001
Single	42	0		
Married	97	151		
Separated/Divorced	0	5		
Widowed	0	4		
Level of Education			6.286	0.279
No formal education	0	1		
Primary	5	5		
Secondary	28	32		
Other tertiary Institutions	26	41		
University	80	77		
Occupation			21.452	0.002
Housewife	7	10		
Trading	54	77		
Civil service	28	35		
Student	31	7		
Artisans	15	20		
Unemployed	4	7		

nursing care is pivotal to the improvement of the health-seeking behaviour of caregivers and guardians of children, especially in Sub-Saharan Africa, which has been known to record the highest under-5 mortality. Good interpersonal relationships and acknowledgment of caregivers as decision-makers in health care which were perceived to be inadequate in this study are key factors that drive a good perception of quality nursing care. It is therefore important that nurses continue to make conscious efforts to provide inclusive quality care.

## Limitations

The use of one standardized questionnaire in this study might not fully measure caregivers' individualized opinions about the quality of nursing care leading to a level of bias. Additionally, the sample of this study was restricted to caregivers of children attending the outpatient and immunization clinic. Therefore the findings of this study cannot be generalized to all pediatric caregivers especially those on prolonged hospital admission. These limitations should be taken into consideration when interpreting the findings.

## Conclusion

The perception of nursing care was average. Therefore, the caregivers' perception of quality nursing care is fair. This reiterates the need for nurses to develop themselves in all ramifications to ensure the delivery of quality nursing care to children and their caregivers. However, caregivers still had good perceptions concerning the skill and competence of the nurse in the areas of giving instruction, information, carrying out procedures, and health education. This study also revealed that there has been improvement in the nurse-patients routine communication and nursing quality care rendered in the facility over the years. This could be attributed to the acquisition of improvement in knowledge and communication skills by nurses over time.

## CRedit authorship contribution statement

**Lucia Y. Ojewale:** Conceptualization, Methodology, Writing – review & editing, Supervision. **Oluwatosin Akingbohunge:** Conceptualization, Methodology, Writing – review & editing. **Rafiat T. Akinokun:** Writing – original draft, Writing – review & editing. **Oluwadamilare Akingbade:** Validation, Visualization, Writing – original draft, Writing – review & editing.

## Declaration of Competing Interest

None.

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