


RESEARCH ARTICLE (ORIGINAL) 8

Validation of the Citizen Satisfaction with Nursing Care Scale for parents of hospitalized children

Validação da Escala de Satisfação do Cidadão com Cuidados de Enfermagem para pais de crianças hospitalizadas

Validación de la Escala de Satisfacción Ciudadana con los Cuidados de Enfermería para padres de niños hospitalizados

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Abstract

Background: The level of satisfaction of parents of hospitalized with nursing care has been used to measure nursing care quality.

Objective: To adapt and validate the Citizen Satisfaction with Nursing Care Scale (CSNCS) for parents of hospitalized children.

Methodology: Methodological study using a nonprobability sample of 251 parents of hospitalized children aged 7 to 11 years. The psychometric properties of reliability and validity were examined. Reliability was assessed by calculating Cronbach's alpha coefficient. Construct validity was assessed through an exploratory factor analysis with principal components and orthogonal Varimax rotation.

Results: The CSNCS has adequate psychometric characteristics for the Portuguese population of parents of hospitalized children (Cronbach's alpha of 0.92), ensuring its reliability and validity for measuring satisfaction with nursing care.

Conclusion: The CSNCS is a reliable and useful tool to assess the level of satisfaction of parents of hospitalized children.

Keywords: nursing; parents; hospitalization; patient satisfaction; surveys and questionnaires

Resumo

Enquadramento: A satisfação dos pais de crianças hospitalizadas tem sido utilizada para medir a qualidade dos cuidados de enfermagem.

Objetivo: Adaptar e validar a Escala de Satisfação do Cidadão com Cuidados de Enfermagem (ESCCE) para pais de crianças hospitalizadas.

Metodologia: Estudo metodológico realizado com recurso a uma amostra não probabilística de 251 pais de crianças entre os 7 e 11 anos hospitalizadas. Determinou-se a confiabilidade e a validade dos resultados, para aferir as propriedades psicométricas do instrumento. Na análise das propriedades psicométricas do instrumento determinou-se a confiabilidade através do cálculo do coeficiente alfa de Cronbach; e a validade de constructo, através de análise fatorial exploratória de componentes principais, com rotação ortogonal Varimax dos itens da escala.

Resultados: A ESCCE apresenta características psicométricas adequadas para a população portuguesa de pais de crianças hospitalizadas (valor alfa de Cronbach de 0,92), garantindo-lhe a confiabilidade e validade para medir a satisfação com os cuidados de enfermagem.

Conclusão: A ESCCE é um instrumento fiável e útil para avaliar a satisfação dos pais das crianças hospitalizadas.

Palavras-chave: enfermagem; pais; hospitalização; satisfação do paciente; inquéritos e questionários

Resumen

Marco contextual: La satisfacción de los padres de los niños hospitalizados se ha utilizado para medir la calidad de los cuidados de enfermería.

Objetivo: Adaptar y validar la Escala de Satisfacción Ciudadana con los Cuidados de Enfermería (ESCCE) para los padres de niños hospitalizados.

Metodología: Estudio metodológico realizado con una muestra no probabilística de 251 padres de niños de 7 a 11 años hospitalizados. Se determinó la fiabilidad y la validez de los resultados, para evaluar las propiedades psicométricas del instrumento. En el análisis de las propiedades psicométricas del instrumento, la fiabilidad se determinó mediante el cálculo del coeficiente alfa de Cronbach, y la validez del constructo se determinó mediante el análisis factorial exploratorio de los componentes principales, con rotación ortogonal Varimax de los elementos de la escala.

Resultados: La ESCCE presenta características psicométricas adecuadas para la población portuguesa de padres de niños hospitalizados (valor del alfa de Cronbach de 0,92), lo que asegura la fiabilidad y la validez para medir la satisfacción con los cuidados de enfermería.

Conclusión: La ESCCE es un instrumento fiable y útil para evaluar la satisfacción de los padres de los niños hospitalizados.

Palabras clave: enfermería; padres; hospitalización; satisfacción del paciente; encuestas y cuestionarios

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Introduction

Patient satisfaction is a key topic in health care assessment and has received special attention over the past decade. It is considered a care outcome and an important indicator of the quality of care.

In pediatric hospitalization, which is a difficult event that disturbs the family and causes anguish, satisfaction is usually measured with the help of the parents as representatives of the child's interests (Loureiro et al., 2019). Moreover, in this context, parents see themselves as recipients of nursing care, so the dominant care philosophy, which is widely accepted as the best practice in pediatrics, is the philosophy of family-centered care (Shevell et al., 2019). It is based on the cooperative relationship between nurses and parents to ensure that high-quality care can be provided to children and young people. It recognizes the family's crucial role in the child's life and the mutual benefits in the parents/children-nurses partnership, promoting the satisfaction of both the family and the nursing team (Smith, 2018). Also, the satisfaction of parents of hospitalized children has been used to measure the quality of care because it is linked to the adequacy of children's treatment and staff performance in pediatric care (Tsironi & Koulierakis, 2019). Thus, this study aimed to adapt and validate a satisfaction with nursing care scale for parents of hospitalized school-age children.

Background

Explanatory models of patient with health care services derive from marketing and focus on the relationship between expectations and received care. In nursing care, its definition is not consensual, and it is a difficult concept to operationalize. It can be defined as the degree of consistency between expectations and the actual received care (Folami, 2019). It should also be noted that satisfaction is a personal experience and that received care is assessed based on personal, professional, and environmental domains (Loureiro & Charepe, 2018).

The link between care quality and satisfaction has already been documented (Folami, 2019). Satisfaction increases as a result of a greater service quality, meaning that it is an important health care quality indicator (Tsironi & Koulierakis, 2019). Among the healthcare professionals in direct contact with the patients in their hospital experience, nurses are who most influence overall satisfaction (Batbaatar et al., 2017).

Questionnaires are a common tool for assessing client satisfaction (Grove & Gray, 2019). Satisfaction is an abstract concept that is not directly observable, so scales allow exploring the concept. It is particularly useful to use existing instruments while applying the appropriate methodological process to ensure that the instrument maintains its validity and reliability after adaptation (Echevarría-Guanilo et al., 2018). The adaptation process must ensure cultural, idiomatic, linguistic, and contextual equivalence to the original instrument (Grove & Gray, 2019). In Portugal, the literature review identified the Citizen

Satisfaction with Nursing Care Scale (CSNCS; *Escala de Satisfação dos Cidadãos face aos Cuidados de Enfermagem*; Rodrigues & Dias, 2003). This scale assesses citizens' satisfaction with nursing care experiences, facilitating the identification of areas to be improved, aspects to be modified, and aspects of care with which people are most satisfied. The scale was built based on two existing instruments: the Newcastle Satisfaction with Nursing Scale (Thomas et al., 1996) and La Monica - Oberst Patient Satisfaction Scale (Monica et al., 1986). The CSNCS was applied to users of primary and hospital care services and consists of sociodemographic data; the Nursing Care Experiences scale, with 28 items; and the Opinions on Nursing Care scale, with 19 items. The Nursing Care Experiences scale uses a seven-item Likert scale (*very strongly disagree, strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, strongly agree, and very strongly agree*). The Opinions on Nursing Care scale uses a five-item Likert scale (*dissatisfied, somewhat dissatisfied, somewhat satisfied, mostly satisfied, and completely satisfied*). Finally, sociodemographic data are collected: the hospital where the patient is, gender, age, education level, occupation, specific nurse responsible for child care (*yes/no/don't know*); and two open questions: "What aspects of nursing care could be improved?" and "Do you have any other comments?"

The authors of the scale assessed its psychometric properties through internal consistency (Cronbach's alpha coefficients of 0.96 for the total scale, 0.92 for the Nursing Care Experiences scale, and 0.97 for the Opinions on Nursing Care scale), concurrent validity, and factor structure. They concluded that the measurement instrument has good psychometric properties and is specific enough to identify areas that require intervention (Rodrigues & Dias, 2003). The instrument has already been used in several research studies in Portugal (Coelho, 2013; Dinis, 2013; Lopes, 2013; Ribeiro, 2013; Rodrigues, 2010; Soeiro, 2015). Given the relevance and topicality of the subject matter, it is important to adapt the instrument to the population of parents of hospitalized children for its use in pediatric hospitalization.

Research Question

Is the CSNCS a valid and reliable tool for assessing satisfaction in parents of hospitalized children?

Methodology

This article reports the methodological study that included the adaptation to the population of parents of hospitalized children and the analysis of the psychometric properties of an instrument for assessing satisfaction with nursing care. It is an integral part of an ongoing doctoral thesis in nursing.

After formal authorization from the original authors of the CSNCS, the instrument was first adapted to the parents' population. This process resulted in the pre-test version,

which was later applied to a sample of 30 parents. In the second phase, the scale was applied to a sample of 251 parents of hospitalized children in nine pediatric wards of six Portuguese hospitals, followed by the assessment of its psychometric properties.

The first phase aimed to ensure its conceptual equivalence. The original scale was intended for users who were direct targets of nursing care. In this study, it was applied to parents of hospitalized children, so semantic changes were required to adapt the language to the specific context of pediatric hospitalization. Eleven items were changed: seven on the experiences scale and four on the opinions scale. For example, the statement “nurses favored some patients over others” in the original instrument was changed to “nurses favored some children over others” in the adapted version. The adapted instrument was sent to the authors of the original scale for analysis. Subsequently, a Portuguese language teacher assessed the linguistic issues, and a pre-test version was obtained. The CSNCS was applied to a nonprobability accidental sample consisting of 30 parents of children hospitalized in a hospital pediatric ward, as recommended by Grove and Gray (2019). The inclusion criteria were similar to those of the original version: accepting to participate in the study; parents who had stayed with the child in the hospital for at least 24 hours; and having completed 4th grade. As in the original version, exclusion criteria were refusal to participate in the study and not having completed the 4th grade.

In the second phase, the development of methodological instrument validation procedures requires that sample size be pre-established, preferably with two to 20 valid answers per variable (Anthoine et al., 2014). Thus, for 47-item CSNCS, five answers per variable were established, thus aiming for a sample of more than 235 participants. The population consisted of parents of school-age children, and a sample of 251 parents of hospitalized children was selected in nine pediatric wards of six hospitals while keeping the predefined inclusion and exclusion criteria. At this stage, data were collected between January 2015 and December 2016, during an average period of 3 months in each hospital. Data were treated using IBM SPSS Statistics software for Windows, version 24.0. The construct validity of CSNCS was measured through an exploratory factor analysis with principal components and Varimax rotation. To ensure the adequacy of the model to the correlation matrix for factor analysis (calculation of the degree of homogeneity or similarity of the items or questions in the instrument), the Kaiser method, the

Kaiser-Meyer-Olkin ($KMO \geq 0.6$) test, and Bartlett's test of sphericity ($BTS < 0.05$) were used to assess if the sample was suitable for factor analysis. Reliability was assessed through internal consistency by calculating Cronbach's alpha coefficient.

From an ethical perspective, this study obtained a favorable opinion from the National Data Protection Commission (Opinion No. 1644/2015), as well as the authorization of the Boards of Directors of the six hospitals where the study took place, after favorable opinion from their Ethics Committees. Before applying the CSNCS, the parents received information about the study objectives, asked to give their verbal and written consent (model recommended by the Portuguese Directorate-General for Health), and ensured anonymity and confidentiality of their answers.

Results

In the first phase of this process, the original author of the study reviewed the adapted instrument and agreed with all the changes and adaptations. This step aimed to ensure the same properties as the original instrument, so that it could be similarly applied. In the application phase, the pre-test version was administered to 30 parents who reported having understood the CSNCS items, and the final version of the instrument was maintained. In the second phase of CSNCS application, 251 duly completed questionnaires were obtained. The sample consisted of parents, mostly women (82.9%), aged 18 to 62 years, with a mean age of 37.97 years (standard deviation = 6.35 years). Concerning education level, 30.3% of parents had completed secondary education, followed by primary education (25.9%) and university (25.5%).

Regarding the presence/absence of a nurse responsible for care, 10 parents did not answer this question, and the majority of those who answered reported the absence of a nurse responsible for care (44.4%). Concerning their occupation, the Portuguese classification of occupations was used as a reference, and several professions were reported. It should be noted that 27.7% of parents were unemployed. Among the parents who were employed, their professions included all the areas provided for in the classification, namely intellectual and scientific professions (22.3%), non-skilled workers (16.7%), and service and market sales workers (10.4%). Table 1 shows the socio-demographic characterization of the sample.

Table 1*Sociodemographic characteristics of the sample (n = 251)*

Variables	n	%
<i>Gender</i>		
Female	208	82.9
Male	37	14.7
N/A	6	2.4
<i>Education level</i>		
Primary education	38	82.9
Basic education	65	14.7
Secondary education	76	2.4
University education	64	82.9
N/A	8	14.7
<i>Occupation</i>		
Senior managers	1	0.4
Experts in intellectual and scientific professions	56	22.3
Intermediate level technicians and professionals	16	6.4
Administrative staff and similar	12	4.8
Service workers and shop and market sales workers	26	10.4
Skilled agricultural workers and fishery workers	2	0.8
Factory workers, crafters and similar workers	14	5.6
Plant and machinery operators and assemblers	5	2
Unskilled workers	42	16.7
Unemployed	67	26.7
N/A	10	4

Note. N/A = no answer.

As mentioned above, the CSNCS consists of two scales: Nursing care experiences (which integrates both positive and negative experiences) and Opinions on Nursing Care.

Regarding the Nursing Care Experiences scale, a principal components analysis with Varimax orthogonal rotation was performed without preestablishing the number of factors. The solution found revealed two dimensions (factors) with eigenvalues > 1 that explained 47.75% of total

variance. The KMO measure was 0.850 and the Bartlett's test of sphericity was $X^2 = 3789$; $p < 0.001$, revealing that the sample is suitable for factor analysis. Table 2 shows the loading matrix of the items in the principal components analysis with Varimax orthogonal rotation, the eigenvalues, the percentage of variance explained by each factor, the commonalities (h^2), the total variance explained, the Kaiser-Meyer-Olkin test for sampling adequacy, and the Bartlett's test of sphericity.

Table 2*Loading matrix of the items in the principal components analysis with Varimax orthogonal rotation (two-factor solution)*

Item	PE	NE	h ²
Nurses explained things in a way that I understood.	0.80		0.80
There was a happy atmosphere in the ward, thanks to nurses.	0.79		0.75
Nurses knew what to do for the best of the child.	0.78		0.69
If I had the same or another problem that required nursing care, I would gladly return to this ward.	0.76		0.69
I felt safe when the nurses were caring for me.	0.75		0.67
Nurses understood me when I shared my problems with them.	0.75		0.74
Nurses helped to put my relatives' and friends' minds at rest.	0.73		0.74
Doctors and nurses worked well together as a team.	0.72		0.59
Nurses seemed to know what they were talking about.	0.71		0.62
Nurses explained what they were going to do to me before they did it.	0.71		0.70
Nurses did things that made me feel more comfortable.	0.70		0.66
I saw nurses as friends.	0.69		0.51
Nurses checked regularly to make sure I was okay.	0.68		0.52
Nurses made sure that children had privacy when they needed it.	0.55		0.49
I felt at ease with the nurses.	0.51		0.71
Nurses explained what was wrong with the child.	0.47		0.80
No matter how busy nurses were, they made time for me.	0.46		0.51
Nurses informed the other colleagues about the care situation.	0.44		0.76
Nurses did not seem to know what I was going through.		0.81	0.75
Nurses took a long time to come when I called them.		0.80	0.78
Nurses made me do things before I was ready.		0.72	0.60
Nurses did not tell me enough about my treatment.		0.70	0.68
Nurses favored some children over others.		0.60	0.66
Nurses did not seem to know what each other was doing.		0.58	0.79
Nurses told me different things from the doctor.		0.56	0.77
Nurses used to go away and forget what I asked for.		0.52	0.70
Nurses did not seem to be willing to help me when I needed.		0.49	0.57
Nurses spoke down to me.		0.36	0.64
Total explained variance – 47.75%	31.11%	16.64%	
Eigenvalue	10.20	3.17	
Kaiser-Meyer-Olkin Measure of Sampling Adequacy – 0.850			

Note. PE = Positive experience; NE = Negative experience. Bartlett's test of sphericity = 3789. $p < 0.001$.

The analysis of Table 2 confirms the two-dimension structure, which explained 47.75% of total variance. In turn, item loading on the first factor (positive experience) ranged from a maximum of 0.80 in item “Nurses explained things in a way that I understood” to a minimum of 0.44 in item “Nurses informed the other colleagues about the care situation”. In the second factor, item loading ranged from a maximum of 0.81 in item “Nurses did not seem to know what I was going through” to a minimum of 0.36 in item “Nurses talked down to me”. The values of the communalities are higher than 50%, except for item “Nurses made sure that children had privacy when they needed it” (49%), not justifying the elimination of this empirical indicator (weighting

factor of 0.55).

Internal consistency was determined by calculating Cronbach's alpha coefficient. The results indicate that the total score for the Nursing care experiences scale was 0.76 and each of the two domains found in factor analysis had a good internal consistency, with Cronbach's alpha coefficients of 0.93 and 0.85 (Positive experiences and Negative experiences, respectively).

Then, the exploratory factor analysis of the Opinions on Nursing Care scale was performed and the KMO test was applied, obtaining a value of 0.96 with adequate BTS ($df = 171$; $\chi^2 = 4789$; $p < 0.001$) and adequate variance interval (Grove & Gray, 2019). Table 3 shows the results of the exploratory factor analysis.

Table 3

Loading matrix of the items in the exploratory factor analysis with principal components with Varimax orthogonal rotation (one-factor solution)

Items	Item loading on the factor	h ²
How willing nurses were to respond to your requests.	0.891	0.79
Nurses' awareness of your needs.	0.879	0.77
Nurses' treatment of you as an individual.	0.869	0.76
Nurses' helpfulness.	0.865	0.75
The amount of privacy nurses gave you.	0.864	0.75
The type of information nurses gave to you about the child's condition and treatment.	0.861	0.74
How nurses listened to your concerns.	0.856	0.73
How often nurses checked to see if the child was okay.	0.855	0.73
The way nurses explained things to you.	0.835	0.70
The amount the nurses knew about the care to be provided.	0.833	0.70
Nurses' manner in going about their work.	0.823	0.68
The way the nurses made you feel at home.	0.816	0.67
The amount of freedom you were given on the ward.	0.815	0.67
The amount of information nurses gave to you about your child's condition and treatment.	0.808	0.65
How capable nurses were at their job.	0.804	0.65
How quickly nurses came when you called for them.	0.798	0.64
There was always a nurse around if you needed one.	0.787	0.62
How nurses helped to put your relatives' or friends' minds at rest.	0.771	0.59
The amount of time nurses spent with you.	0.699	0.49
Total explained variance	68.73%	
Eigenvalue	13.06	

The analysis of Table 3 confirmed the unidimensional structure, which explained 68.73% of total variance. In turn, item loading on the factor ranged from a maximum of 0.89 in item "How willing nurses were to respond to your requests" to a minimum of 0.70 in item "The amount of time nurses spent with you". The values of the commonalities were higher than 50%, except for item "The amount of time nurses spent with you" (49%), not justifying the elimination of this empirical indicator (weighting factor of 0.70). The Opinions on Nursing Care scale had a Cronbach's alpha coefficient of 0.97, revealing a very good internal consistency.

In addition, the analysis of the internal consistency for the total CSNCS revealed a Cronbach's alpha coefficient of 0.92. After measuring the psychometric properties, the CSNCS kept the same number of items as the original scale.

Discussion

Adapting research instruments is particularly useful because it implies less time and costs than designing new instruments. It also allows comparing results between different populations, which translates into scientific advancement, a decisive aspect for knowledge development (Grove & Gray, 2019).

The CSNCS adaptation process was carried out in a sample of 251 parents of hospitalized school-age children. At a national level, the studies that used this instrument varied significantly in terms of sample characteristics and the context where it was applied. It was used in primary care (Lopes, 2013; Rodrigues & Dias, 2003; Soeiro, 2015) and hospital settings (Coelho, 2013; Dinis, 2013; Ribeiro, 2013; Rodrigues, 2010), and one of the studies applied the instrument in both contexts simultaneously (Rodrigues & Dias, 2003). Regarding sample size, it varied between 568 (Rodrigues & Dias, 2003) and 70 participants (Dinis, 2013). It should be noted that one of the consulted studies applied the instrument to parents of children hospitalized in a neonatology ward (Rodrigues, 2010). Thus, the CSNCS has been widely used in both primary and hospital care settings in multiple health circumstances, demonstrating its scope.

To test construct validity, Ribeiro (2013) performed a factor analysis on the total scale and identified three factors with an explained variance of 51.15% (Factor I: 39.61%; Factor II: 6.55%; Factor III: 4.99%). Factor I includes the 19 items of the Opinions on Nursing Care scale; Factor II includes 18 items of the Nursing Care Experiences scale with positive formulation; and Factor III includes the remaining 10 items of this scale with negative formulation. In this study, a factor analysis was

also performed to test construct validity and, although it was done separately for each scale and not for the total scale, a correspondence was found between the number of items identified.

In the studies, internal consistency was measured using Cronbach's alpha coefficient. The value for the total scale was measured in only one of the studies (Ribeiro, 2013), which found a value of 0.95. This value is similar to that obtained by the authors of the original scale (0.96) and that obtained in this study (0.92).

Regarding the Nursing Care Experiences scale, the following values were obtained: 0.87 (Ribeiro, 2013), 0.89 (Soeiro, 2015), and 0.88 (Rodrigues, 2010). The value obtained in this study was 0.76, which, despite being a lower value than that found in the literature, falls within the threshold and is considered reasonable (Pestana & Gageiro, 2014).

Regarding the Opinions on Nursing Care scale, similar results were found: 0.96 (Ribeiro, 2013), 0.99 (Soeiro, 2015), and 0.94 (Rodrigues, 2010). Regarding the original scale, the value obtained was similar (0.97), as in this study (0.96).

In this methodological study of adaptation of the instrument for parents of hospitalized children, the 47 items of the original scale were maintained, as in the studies in which this scale was used (Ribeiro, 2013; Rodrigues, 2010; Soeiro, 2015). The results show that the analysis of the psychometric properties is similar to that performed in other studies, which demonstrates its adequacy for different contexts.

One of the limitations was sample size because a larger sample would have positively contributed to assessing the instrument's properties. On the other hand, the assessment of its psychometric properties did not follow the same process, which makes it difficult to compare results. In this study, the same designations of the original scale were kept during the adaptation process and, in general, internal consistency increased. Based on the results, the CSNCS can measure the quality of nursing care in the population of parents of hospitalized children. These statistical tests confirm that it is a valid and reliable tool for use in parents of hospitalized school-age children.

Conclusion

The CSNCS was used in parents of hospitalized school-age children, providing new knowledge because it allows comparing the results across different populations. Either through compliance with international guidelines or analysis of the psychometric properties (construct validity and internal consistency), it can be concluded that the CSNCS is a reliable and valid tool for assessing with nursing care in this specific context. Nurses can use this adapted version of the CSNCS to assess the level of parental satisfaction with the quality of nursing care. The results will make an important contribution towards improving care quality. Further research should apply the instrument to a larger sample and include adolescents.

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