



Parental Satisfaction with Nursing Care in Pediatric Wards: A Study from Mosul Hospitals

Waleed Khaled Shet ^{1*}, Luay A M Al-Waly ²

¹ University of Mosul, Mosul, Ninawa, Iraq., AL-Sadah, Telkaif, Ninawa, Iraq

² PhD, University of Mosul, Mosul, Ninawa, Iraq

* Corresponding Author: **Waleed Khaled Shet**

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Abstract

Background: Parental satisfaction is considered a key pointer of the pediatric care quality. The quality of services that provided by nurses is assessed through the level of satisfaction that reported by parents.

Methods: This cross-sectional study was conducted in Mosul City, Iraq. It measured how satisfied patients were with public hospital services and looked at related personal factors. The survey was carried out in 5 teaching hospitals between November 2025 and February 2026, using the EMPATHIC questionnaire with 460 parents of hospitalized children.

Results: The data showed that 57.4% of participants were women, and 29% were under 26. Nearly 45% had completed only primary education. The most utilized service was emergency care (62%), while 70% of parents were unemployed. Although overall satisfaction was moderate, satisfaction with care and treatment and nursing professionalism was high. Higher dissatisfaction was associated with advanced education, employment, male gender, and younger age.

Conclusion: Mosul province has moderate parental satisfaction with nursing services when compared to other countries in the area and globally. This suggests that certain service areas need to be improved and more extensive research is needed to comprehend the nature and reasons for contentment.

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Keywords: parental satisfaction, nursing care, pediatric wards, Mosul hospital

1. Introduction

Patient satisfaction is understood as the difference between expected and experienced service. Since it is a subjective response, it can be assessed by simply asking patients about their satisfaction or dissatisfaction (Oubaid *et al.*, 2025; Sa'adoon Msc *et al.*, 2008) ^[14, 19]. When a child is admitted to a pediatric hospital, the impact extends beyond the child to the parents and family (Cintra *et al.*, 2022) ^[6]. Effective pediatric care requires attention to both the child's specific needs and the engagement and comfort of parents or guardians. Parental satisfaction with pediatric healthcare services is essential, as it influences the overall care experience and facilitates high-quality service delivery (Rehman *et al.*, 2024) ^[18].

Hospitalization of a child constitutes a profoundly stressful circumstance and exerting adverse effects on both the patient and their family. The disruption of familiar routines could lead to family experience kind of bad emotions which including shame, powerlessness, anxiety, fear, and anger. Families with hospitalized children always faced significant stress and negative affective states such as anxiety and stress (Abd Elaziz *et al.*, 2024) ^[11].

Parental expectation of nursing care are influenced by developmental issues such as type of diagnosis, how the illness progresses, the child's health condition, the child's own perception, length of hospital stay, past experiences with hospitalization, and treatment outcomes (Abuqamar *et al.*, 2016; Franck *et al.*, 2017) ^[2, 7].

previous study also shows a relationship between nursing care quality or satisfaction and hospital system conditions, organization, Cultural, individual socio-demographic factors, and parents' emotional (Kruszecka-Krówka *et al.*, 2021) ^[11]. This study is important because it helps us understand what parents think which can show what nurses do well and where they need to improve in communication, care, organization, and involving families. The results can help nursing leaders increase care criteria and put family-centered programs into action. Also, measuring how satisfied parents are help improve quality and support nursing care that is based on evidence (Paul, 2025) ^[16].

Assessing the importance of satisfaction for both parents and their children is essential, Satisfied patient are more likely to follow their treatment plans, actively engaged in their care, utilize more medical services, opt for the same healthcare provider when faced with choices and maintain allegiance to specific health system while receiving care (Amin *et al.*, 2023) ^[4]. Measurement of patient satisfaction serves three vital roles firstly evaluates the quality of care, provides objective way to track change over time and activities done in other places improve services and pinpoints locations where providers fall short. (Oubaid *et al.*, 2025) ^[14].

1.1. Aim of the study

This study aims to assess the degree of satisfaction among parents with healthcare services offered by public hospitals in Mosul City. To examine the relationship between parental satisfaction and the demographic characteristics of both parents and their children.

2. Materials and Methods

2.1. Study design and setting:

The pediatric wards of five teaching hospitals in Mosul City, Iraq, were used to select study participants. This cross-sectional facility-based study was conducted between November 2025 and February 2026. These hospitals' pediatric wards are open around-the-clock and provide children with comprehensive medical care. They have facilities for routine pediatric treatment and patient monitoring, as well as a wide range of medical and nursing services for children admitted with different health issues.

2.2. Population

The study only included parents whose children were hospitalized for more than 24 hours and who stayed with their kid for not fewer than 12 hours. Parents had to give informed consent and be able to understand and respond to the questionnaire. Also, during data collection, the child had to be under nursing care and the parent had to be present in the hospital.

Exclusion criteria: Parents who decline to take part in the research, Kids who spent less than 24 hours in the hospital and Children with really serious or urgent medical issues that could make it impossible for their parents to take part in the research

2.3. Sampling size and procedure

The single population proportion equation was used to determine the required sample size. The study used a 95% confidence level with a corresponding 5% margin of error. A

50% proportion was used since there had been no prior studies in the area. The sample size was determined to be 384 by the calculation. The ultimate sample size was 460 participants, assuming a 20% non-response rate.

2.4. data collection method:

The EMPATHIC questionnaire was used in this study developed by Jos M. Latour and his colleagues, in 2009 (Latour *et al.*, 2009) ^[13]. This instrument measures how satisfied parents are with the medical and nursing care provided to their kids while they are hospitalized. The EMPATHIC questionnaire is well-established and widely used tool for assessing parental opinions and contentment with pediatric care. It includes a variety of topics such as information, care and treatment, organization, parental involvement, and the professional behavior of healthcare personnel.

The instrument evaluates number of aspects of nursing care for parents of hospitalized kids. These areas include assessment of information about the child's condition and deciding if it is clear and sufficient, parents' opinions on the quality and appropriateness of nursing care, the coordination and organization of health services, the level of family involvement in decision-making and the professional behavior of healthcare staff toward parents and children. The study applies a five Likert scale from 1 strongly disagree to 5 strongly agree for participant responses. Applied the Equal Interval Length method to sort satisfaction levels which calculated an interval of 1.33 by dividing the total scale range by the number of levels needed. According to this calculation we can consider that mean scores between 1.00 and 2.33 reflected low satisfaction, 2.34 to 3.67 moderate satisfaction, and 3.68 to 5.00 high satisfaction. This method is usually used in social science study to convert numerical means into meaningful descriptive levels.

2.5. Statistical Data Analysis

The Statistical Package for the Social Sciences (SPSS) version 26 and Microsoft Office Excel 2019 were used to analyze the collected study data on the Windows 10 platform. The Shapiro-Wilk test showed that parental satisfaction scores were not normally distributed ($p < 0.05$), which led to non-parametric statistical methods were employed, specifically the Kruskal-Wallis test and the Mann-Whitney U test, with the threshold for statistical significance established at $p < 0.05$. Also, the internal consistency of the measuring scales used to gauge parental satisfaction with care provided by nursing was evaluated using Cronbach's alpha.

3. Result

3.1. participants

Out of 460 participants, 57.4% were mothers and 42.6% fathers, 28.7% of the respondents were among age group under 25 years old, Parents with primary schooling formed 44.8% of the sample, compared to 70% who were unemployed. Among the children, 37% were aged under one year, and 62.6% were admitted via emergency services. 36% of all pediatric patients experienced their first hospitalization, with the majority staying between 1 and 3 days. All relevant result appears in Table 1.

Table 1: Demographic Characteristics of the Study Sample

Variable	Category	Frequency (n)	Percentage (%)
Parent's age	Less than 25 years	132	28.7
	25-34 years	100	21.7
	35-44 years	80	17.4
	45-55 years	114	24.8
	More than 55 years	34	7.4
Relationship to child	Father	196	42.6
	Mother	264	57.4
Educational level	Illiterate	50	10.9
	Primary school	206	44.8
	Secondary school	130	28.3
	Diploma	26	5.7
	Bachelor's degree	40	8.7
	Postgraduate studies	8	1.7
Occupation	Unemployed (housewife/student/no job)	326	70.9
	Government employee	71	14.8
	Self-employed	63	15.2
Child's age	Less than 1 year	170	37.0
	1-<3 years	130	28.3
	3-<6 years	42	9.1
	6-<12 years	60	13.0
	12 years and above	58	12.6
Type of admission	Emergency	288	62.6
	Planned	172	35.7
Number of hospital admissions	First admission	168	36.5
	Two admissions	80	17.4
	3-5 admissions	86	18.7
	More than 5 admissions	126	27.4
Length of hospital stay	1-3 days	216	43.9
	4-7 days	148	32.2
	More than 7 days	96	20.9
Hospital name	Ibn Sina Hospital	40	8.7
	Ibn Al-Atheer Hospital	154	33.5
	Al-Khansa Hospital	82	17.8
	Al-Salam Hospital	108	23.5
	Mosul General Hospital	76	16.5

The assessment of Parental satisfaction with nursing services

A moderate level of parental satisfaction was observed regarding nursing care, reflected by a mean of 3.57 (SD = 0.54). Exactly like, the subscales of Information, parent participation, and Organization also demonstrated moderate levels of satisfaction, with mean scores of (3.17), (3.25), and (3.50), and standard deviations of (0.96), (0.77), and (0.80), respectively. In contrast, (care and treatment and nursing professionalism) subscales showed higher levels of satisfaction, with mean scores of (3.99) and (3.94), respectively.

The highest mean score was observed for major criterion "care and treatment" (3.99 points), whereas the lowest mean scores were reported for major criteria "information" (3.17 points). around 55% of parents presented moderate level of general satisfaction with nursing services. the same results were found for the specific major criteria: Information, Parental Participation and organization.

About 87% of parents presented high satisfaction in specific major criteria "professional attitude", 70% of parent state high satisfaction in specific major criteria "care and treatment", 47% of parent state great satisfaction in specific major criteria "organization", 38.7% and 33.5% of parents reported strong satisfaction regarding the major criteria of

"information" and "parental participation" respectively, as presented in figure 1.

Based on the evaluation of parental satisfaction with nursing care across specific criteria, the highest mean score (4.60 points) was recorded for the specific criterion (The nurses administered medications with consistent precision and timing), under the major criterion "care and treatment" as presented in Table2.

The parents also gave high scores to the specific criteria during the assessment: " children got high-quality services from the registered nurses, regardless of their ethnic background, beliefs, gender, or color" (4.52 points), under the major criterion "professional attitude". " The nurses performed their duties smoothly and cooperated effectively with each another" (4.41 points) under the major criterion "organization". " The nurses intervened right away as soon as our child's status worsened " (4.37 points) under the major criterion "care and treatment", as presented in tables 2.

The specific criteria recorded the lowest mean scores compared to all other criteria:" The nurses frequently opened by presenting himself, mentioning both their name and their professional title. "(2.00 points) under the major criterion "professional attitude". " Parents stated that the nurse's informational handouts included comprehensive and clearly

explained information." (2.57 points) under the major criterion "information". "Prior to discharge, the nurses reviewed our child's care plan with us once more." (2.78 points) under the major criterion "parent participation". "The

nurses made sure to talk with us every day about our child's care and ongoing treatment" (2.83 points) under the major criterion "information"

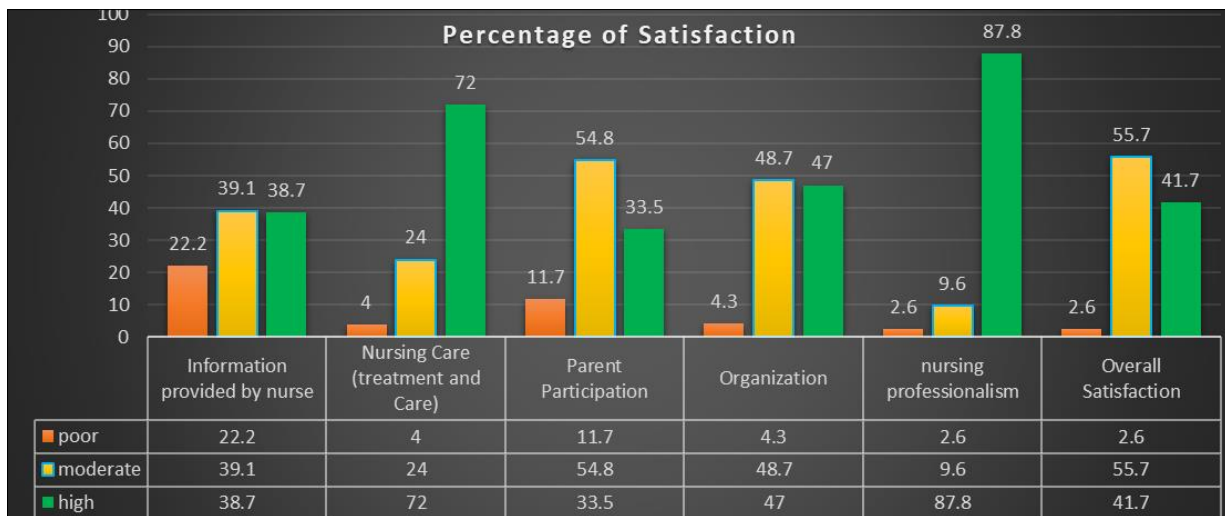


Fig 1: This figure illustrates the parental satisfaction across the five EMPATHIC domains

Table 2: parental satisfaction regarding nursing care and treatment

Question No.	Questionnaire Item	Mean	Standard Deviation	Rank
Q1	There was a high level of teamwork among the nurses.	4.41	0.89482	2
Q2	The nurses were diligent in stopping and relieving our child's pain.	4.17	0.77457	7
Q3	Possessing genuine professional qualities, the nurses performed their tasks with evident knowledge and skill.	4.16	0.79135	8
Q4	The nurses administered medications with consistent precision and timing.	4.60	0.70168	1
Q5	Upon admission, the nursing staff had full knowledge of our child's medical background.	3.08	1.30736	17
Q6	Close observation of our child's growth and development was consistently provided by the nurses.	3.47	1.24432	15
Q7	The nurses intervened right away as soon as our child's status worsened.	4.37	0.93839	3
Q8	Our child's needs were completely satisfied throughout the hospital stay.	3.93	1.04556	11
Q9	The nurses were aligned in their commitment to providing excellent care and treatment to our child and to us.	4.24	0.79452	5
Q10	Our child's comfort was carefully regarded by the nurses at all times.	4.33	0.89837	4
Q11	Each day, we were informed of which nurse was assigned to care for our child.	3.16	1.55795	16
Q12	The nursing staff supported us not only medically but also emotionally.	3.82	1.10267	12
Q13	The nurses reacted to our requests and concerns with great care and efficiency.	4.13	0.88941	9
Q14	Both our child and we were given attentive care by the nurses.	3.99	0.82442	10
Q15	During high-stress situations, there was never a time when a nurse was unavailable to help us.	3.81	0.93576	13
Q16	While our child stayed in bed, the nurses ensured that every aspect of care was handled excellently.	4.20	0.93211	6
Q17	Smooth handoffs and clear communication among nurses eliminated the need for us to repeatedly describe our child's medical condition.	3.76	1.11396	14

Correlation between Parents' Satisfaction and Nursing Service Dimensions

The results of Spearman's correlation indicated significant positive relationships between parental satisfaction and all dimensions of nursing services. The most robust correlations were found with parental participation (rho = 0.794, p=0.000), organization (rho= 0.725, p=0.000), Information

provided by nurses (rho=0.739, p=0.000) and Nursing care (rho = 0.600, p=0.000). Other dimensions showed moderately strong positive relationships Nursing professionalism (rho=0.564, p=0.000), As shown in able 3.

Table 3: Parents' satisfaction and nursing performance parameters correlation.

First Variable	Second Variable	Correlation (rho)	P-value	Interpretation
parents' satisfaction	Information	0.739	<0.05	Strong positive correlation
	Nursing care	0.600	<0.05	Moderate to strong positive correlation
	Parent Participation	0.794	<0.05	Strong positive correlation
	Organization	0.725	<0.05	Strong positive correlation
	Professional attitude	0.564	<0.05	Moderate to strong positive correlation

Note: P=p-value.

Parent satisfaction with nursing services vs. parent gender

There is significant difference in parental satisfaction levels based on parental gender ($p < 0.05$). mothers had significantly higher levels of satisfaction with nursing care than fathers,

especially in the domains of Information, Parental Participation and organization in addition to overall satisfaction with care. (figure 2)

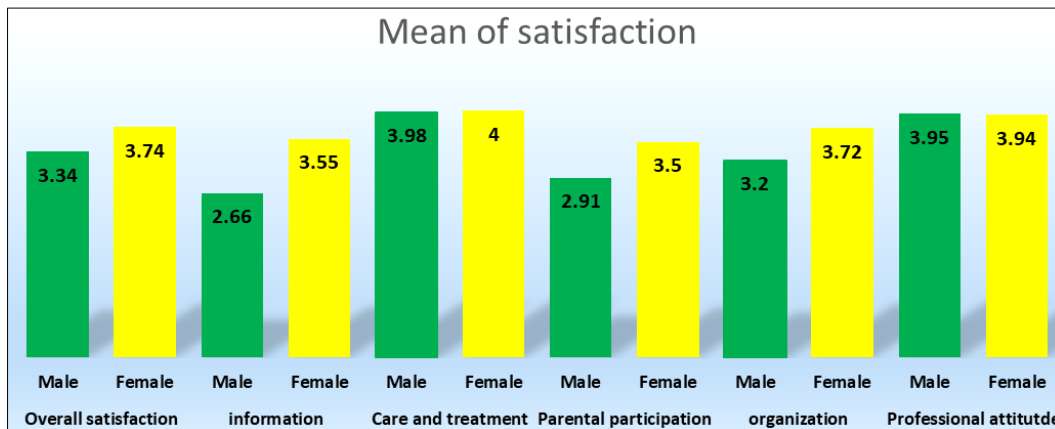


Fig 2: Distribution of Parental Satisfaction by Gender parental satisfaction with nursing services vs. parental age, occupation, level of education.

There was a significant difference in satisfaction (overall and in each criterion) between all considered demographic. Higher levels of satisfaction were reported by parents aged between 45 and 55 years, were illiterate, unemployed, whose

kids were over 12 years, planned admission, were hospitalized 1-3 day and This is the first time their child has ever been hospitalized. (Table 4)

Table 4: parental satisfaction and demographic variables.

Variables	sample	category	frequency	Mean (PS)	STD.	Kruskal-Wallis H	df	p-value	RII	Rank
Parental satisfaction	Parent's age	Less than 25 years	132	3.5644	0.611	15.724	4	0.003	0.712	3
		25-34 years	100	3.6477	0.44				0.729	2
		35-44 years	80	3.4525	0.556				0.69	4
		45-55 years	114	3.6541	0.497				0.73	1
		More than 55 years	34	3.4273	0.562				0.685	5
Parental satisfaction	Educational level	Illiterate	50	3.69	0.34	56.29	5	0	0.73	1
		Primary school	206	3.58	0.61				0.71	4
		Secondary school	130	3.65	0.46				0.73	2
		Diploma	26	3.6	0.48				0.74	3
		Bachelor's degree	40	3.16	0.28				0.63	5
Postgraduate studies	8	2.9	0.16	0.58	6					
Parental satisfaction	Parental Occupation	Unemployed (housewife/student/no job)	328	3.61	0.524	9.27	2	0.01	0.72	1
		Government employee	68	3.45	0.561				0.69	3
		Self-employed	64	3.52	0.587				0.7	2
Parental satisfaction	Child's Age	Less than 1 year	170	3.3945	0.611	55.1	4	0	0.67	5
		1-less than3 years	130	3.74	0.44				0.74	2
		3- less than 6 years	42	3.3949	0.556				0.68	4
		6- less than 12 years	60	3.66	0.497				0.73	3
		12 years and above	58	3.75	0.562				0.75	1
Parental satisfaction	Number of hospital admissions	First admission	168	3.8584	0.44653	95.71	3	0	0.77	1
		Two admissions	80	3.5625	0.59042				0.71	2
		3-5 admissions	86	3.4646	0.46806				0.69	3
		More than 5 admissions	126	3.2809	0.48521				0.65	4
Parental satisfaction	length of stay	1-3 day	216	3.76	0.3	72.8	2	0	0.75	1
		4-7 day	148	3.52	0.44				0.7	2
		more than 7	96	3.26	0.56				0.65	3

parental satisfaction with nursing service vs. Mosul hospitals.

There was a significant difference in satisfaction (overall and in each criterion) between all Mosul hospital which included in the study, parents whose children were hospitalized in Ibn-Al-Atheer Hospital reported higher scores across all main

criteria and general satisfaction regarding nursing care, except when it came to the major criterion "care and treatment."(figure 3)

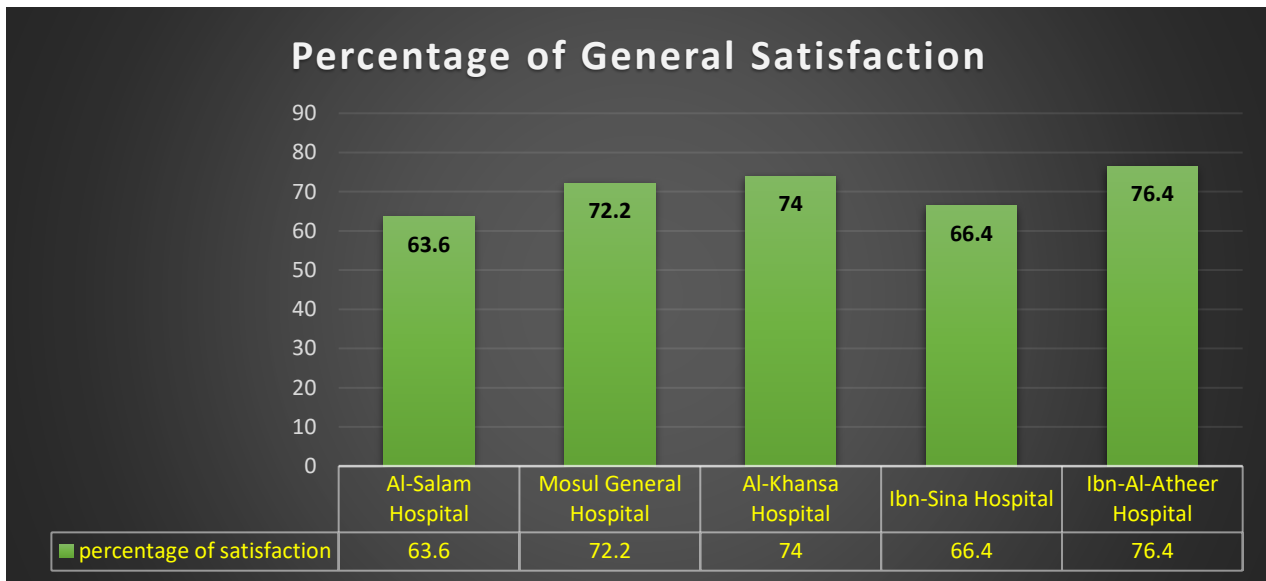


Fig 3: This figure shows the variation in parental satisfaction levels among different hospitals

4. Discussion

One of the biggest challenges facing today's healthcare systems is the pursuit of exceptional medical services which evidenced by patient and family satisfaction. Assessing patient satisfaction with medical and nursing care is acknowledged as a component of integrated quality management and influencing the course of change in contemporary healthcare facilities (Kruszecka *et al.*, 2019) [12].

Parental satisfaction in the current study stood at 71.4%, which mirrors findings from Germany (73%), Deber Brihan Ethiopia (77%), Turkey (65.6%), and Iran (63%). This result surpassed satisfaction rates in Greece (48.7%), London (56.0%) and a different Ethiopian study (41.8%), yet fell significantly short of the 94% satisfaction recorded in Sri Lanka. This disparity might result from socioeconomic and cultural diversity, as well as the methods used for assessment, may explain this difference (Alemu *et al.*, 2022) [3].

A score of 3.99 (80%) was recorded for the care and treatment domain, signifying relatively high parental satisfaction with nursing services. This finding corresponds closely with the Polish study by Kruszecka *et al.* (2019), which found an identical average satisfaction rating of 4.11 for nursing care and treatment. The agreement between the two studies reinforces the present research's evidence that parents hold favorable views of the nursing care their children receive (Kruszecka *et al.*, 2019) [12].

A majority of the parents in this study strongly agreed that a high level of teamwork among the nurses was evident. Sundal and Vatne (2020) corroborate this finding, showing that nurse-nurse collaboration and parent, improves the child's care journey, gives parents a sense of reassurance, facilitates more holistic care (Sundal & Vatne, 2020) [20].

A majority of parents strongly endorsed that medications were administered with consistent precision and timing by nurses. This matches the findings of Abd Elaziz *et al.* (2024), who confirmed that Satisfaction with the same statement was reported by 81% of the parents under study. Among the

parents included in the study, 61% expressed satisfaction with that nursing intervention was provided as soon as our child's status worsened. Supporting these findings, research from Egypt reported that 70% of parents were pleased with the swift intervention provided when their child's health worsened (Abd Elaziz *et al.*, 2024) [1]. Regarding whether the nursing staff was fully knowledgeable about their child's medical background, disagreement was noted among more than 26% of the studied parents. Confirming this trend, a study from Egypt revealed that Dissatisfaction with the nursing staff's familiarity of their child's medical history was reported by 29% of parents (Abd Elaziz *et al.*, 2024) [1].

With Spearman's correlation values falling between 0.56 and 0.79 ($p < 0.001$), the EMPATHIC instrument exhibited a robust internal validity. Numerous studies support these findings (Oztas & Akca, 2024; Pilar Orive *et al.*, 2018) [15, 17]. Lower satisfaction among fathers was evident in the areas of organization, information and parental involvement when compared to mothers. The current results corroborate study, which demonstrated that mothers stated satisfaction at four times the rate of fathers (Jamie, 2023) [8].

Compared to parents with primary education, those holding advanced degrees demonstrated lower satisfaction. The current results corroborate study, which demonstrated that Parents with greater educational backgrounds were more critical in their assessments of daycare facilities than parents with minimal education (Kelesidou *et al.*, 2017) [9].

First-time hospitalization parents expressed higher satisfaction than those with prior admission experience. In contrast to the present finding, the study showed that each successive visit to Ukrainian hospitals is associated with a notable decline in parental dissatisfaction regarding care quality (Vezhnovets & Yashchenko, 2023) [21].

A significant relationship was found between how long children stayed in the hospital and their parents' satisfaction with care ($p = 0.00$; $p < 0.05$). Parents whose children had briefer hospital admissions were more satisfied than those whose children had prolonged admissions. Supporting this

result, a study from Ethiopia, where shorter hospitalization duration was associated with higher parental satisfaction (Kibret & Radie, 2019) ^[10].

The study shows that Parents of children aged 12 and above achieved the greatest satisfaction ratings, while parents of children under one year old achieved the least satisfactory average ratings. This result is consistent with the study of Kruszecka *et al.* (2019), who identified lower parental satisfaction among those with children under six relative to parents of older children (Kruszecka *et al.*, 2019) ^[12]. The studies came to this findings, even if they came from diverse cultural backgrounds and used various research instruments, which supports the notion that a child's age is a common element in determining how satisfied they are with nursing care. The initial developmental phases, which have an expected effect on symptom traits, hospital tolerance, and reactions to family separation, can be applied to understand the results. (Bsiri-Moghaddam *et al.*, 2011) ^[5].

Current study confirms that parents of children admitted emergently give lower ratings for satisfaction with all dominas. Emergency admissions do not allow families to prepare themselves that result from sudden illness or health decline, thereby delaying adaptation and causing fear, which may influence satisfaction with nursing services. This result is consistent with the study conducted in Poland, which stated that Parents of children admitted via elective or scheduled admission show higher satisfaction than parents of children admitted through emergency channels (Kruszecka *et al.*, 2019) ^[12].

Parents whose children were readmitted reported lower satisfaction levels than those whose children were hospitalized for the first time. This may be attributed to parental exhaustion resulting from repeated hospitalization or to elevated expectations shaped by prior familiarity with nursing services. In contrast to the present result, Vezhnovets and Yashchenko (2023) found in Ukrainian hospitals that each additional hospital visit is associated with a notable reduction in parental dissatisfaction regarding the quality of medical care (Vezhnovets & Yashchenko, 2023) ^[21].

The results verified that parents who employees reported a lower satisfaction than who did not work and housewives. This could be explained by the reality that employees usually have more advanced degrees of education, are more familiar with institutions and their systems, and have experience evaluating the quality of services. As a result, their expectations will be elevated and they will be more rigorous when assessing nursing care services.

Compared to parents in other hospitals, those in Abn Al-Theer Hospital demonstrated higher satisfaction ratings. These results may be derived from the hospital's survival from previous conflicts without damage, its exclusivity as the only pediatric specialty hospital in Mosul.

5. Conclusion

The study's results lead to the conclusion that parental satisfaction with nursing care in the pediatric ward fell within the average range overall. Similarly, average satisfaction was reported for the information, organization, and parental participation domains, whereas care and treatment and nursing professionalism received high satisfaction ratings. Satisfaction with nursing care for hospitalized children was related to parental education, age and occupation. Likewise, the child's age, how long the child stayed in the hospital, the type of admission, and the specific hospital where admission

occurred all had a substantial effect.

Ethical Approval

The University of Mosul's Collegiate Committee for Medical Research Ethics lawfully granted ethical permission for this study (Code: CCMRE-nur-26-1). The Nineveh Health Directorate's Ethics Committee and the executive authorities of each cooperating hospital in Mosul City granted further institutional licenses.

Author Contributions

Waleed Khaled Shet- Led all aspects of the study including conceptualization, study design, methodology, data collection, data analysis, and manuscript writing.

Luay A.M. Al-Waly -Provided academic supervision, contributed to manuscript revision, and assisted in editing and refining the final version and as the corresponding author.

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Conflict of interest

None

Limitation

The distance and difficulty of traveling between hospitals, the descriptive nature of the study (which did not address the qualitative aspects), the medium sample size, and the limited time all restricted the ability to fully understand parental satisfaction.

References

1. Abd Elaziz AH, Ahmed Ayed MM, Syan SAE. Assessment of parents' satisfaction related to nursing care provided to their children. *Sohag J Nurs Sci.* 2024;3(5):56-64. doi:10.21608/sjns.2024.295379.1040.
2. Abuqamar M, Arabiat DH, Holmes S. Parents' perceived satisfaction of care, communication and environment of the pediatric intensive care units at a tertiary children's hospital. *J Pediatr Nurs.* 2016;31(3):e177-e184. doi:10.1016/j.pedn.2015.12.009.
3. Alemu A, Zeleke B, Girma Gessesse F, Meseret F, Wondimeneh F, Desalew A. Parental satisfaction and its associated factors with neonatal intensive care unit services at public hospitals in Bahir Dar, Northwest Ethiopia. *Int J Afr Nurs Sci.* 2022;17:100435. doi:10.1016/j.ijans.2022.100435.
4. Amin BA, Kamal NM, Ibrahim B, Rahim H, Mahmood A. Patients satisfaction with quality of care in public hospitals in Sulaimani City, Iraq: A hospital-based study. *Thi-Qar Med J.* 2023;26(2):294-312. doi:10.32792/TMJ.V26I2.434.
5. Bsiri-Moghaddam K, Basiri-Moghaddam M, Sadeghmoghaddam L, Ahmadi F. The concept of hospitalization of children from the viewpoint of parents and children. *Iran J Pediatr.* 2011;21(2):201-208.
6. Cintra CC, Garcia PCR, Brandi S, Crestani F, Lessa ARD, da Rocha Cunha ML. Parents' satisfaction with care in pediatric intensive care units. *Rev Gaucha*

- Enferm. 2022;43:e20210003. doi:10.1590/1983-1447.2022.20210003.en.
7. Franck LS, Ferguson D, Fryda S, Rubin N. The influence of family accommodation on pediatric hospital experience in Canada. *BMC Health Serv Res.* 2017;17(1):561. doi:10.1186/s12913-017-2529-0.
 8. Jamie AH. Factors that influence parental satisfaction with neonatal intensive care unit care services. *J Pediatr Adv Res.* 2023;1-11. doi:10.46889/jpar.2023.2202.
 9. Kelesidou S, Chatzikou M, Tsiamagka E, Koutra E, Abakoumkin G, Tseliou E. The role of parents' educational level and centre type in parent satisfaction with early childhood care centres: A study in Greece. *Eur Early Child Educ Res J.* 2017;25(5):768-783. doi:10.1080/1350293X.2016.1203570.
 10. Kibret GT, Radie YT. Parental satisfaction and involvement concerning care of their hospitalized child. *Glob Sci J.* 2019;7(3).
 11. Kruszecka-Krówka A, Cepuch G, Gniadek A, Smoleń E, Piskorz-Ogórek K, Micek A. Selected predictors of parental satisfaction with child nursing care in paediatric wards in Poland: Cross-sectional study. *PLoS One.* 2021;16(11):e0260504. doi:10.1371/journal.pone.0260504.
 12. Kruszecka A, Smoleń E, Cepuch G, Piskorz K, Perek M, Gniadek A. Determinants of parental satisfaction with nursing care in paediatric wards: A preliminary report. *Int J Environ Res Public Health.* 2019;16(10):1774. doi:10.3390/ijerph16101774.
 13. Latour JM, Van Goudoever JB, Duivenvoorden HJ, Van Dam NAM, Dullaart E, Albers MJJJ, *et al.* Perceptions of parents on satisfaction with care in the pediatric intensive care unit: The EMPATHIC study. *Intensive Care Med.* 2009;35(6):1082-1089. doi:10.1007/s00134-009-1491-7.
 14. Oubaid EN, Abdulameer NA, Watife AT, Alzubaidi FA, Abdul-Hussein HK, Al Jubouri FM, *et al.* Patient satisfaction in the public hospitals of Hillah (Iraq): A survey. *Pharmakeftiki.* 2025;37(2 Suppl):384-388. doi:10.60988/P.V37I2S.236.
 15. Oztas G, Akca SO. Levels of nursing support and satisfaction of parents with children having pediatric inpatient care. *J Pediatr Nurs.* 2024;77:e24-e30. doi:10.1016/j.pedn.2024.03.004.
 16. Paul J. Healthcare leadership: How do we maximize patient satisfaction and loyalty in healthcare facilities? *Med Res Arch.* 2025;13(1). doi:10.18103/mra.v13i1.6256.
 17. Pilar Orive FJ, Basabe Lozano J, López Zuñiga A, López Fernández YM, Escudero Argaluz J, Latour JM. Spanish translation and validation of the EMPATHIC-30 questionnaire to measure parental satisfaction in intensive care units. *An Pediatr (Engl Ed).* 2018;89(1):50-57. doi:10.1016/j.anpede.2017.08.006.
 18. Rehman FU, Yousufzai AUR, Bibi A, Herbert A, Jawed Y, Tehmeena, *et al.* Parental satisfaction with health care during child hospitalization at tertiary care hospital Karachi. *Pak J Health Sci.* 2024;5(2):45-49. doi:10.54393/pjhs.v5i02.1320.
 19. Sa'adoon AA, Hassan A, Razaq T. Patients' satisfaction for health care services at Thi-Qar Province, Iraq. *Thi-Qar Med J.* 2008;2(1):39-45. doi:10.32792/TMJ.V2I1.302.
 20. Sundal H, Vatne S. Parents' and nurses' ideal collaboration in treatment-centered and home-like care of hospitalized preschool children: A qualitative study. *BMC Nurs.* 2020;19(1):48. doi:10.1186/s12912-020-00445-7.
 21. Vezhnovets YI, Yashchenko YB. Study of the risk of parents' dissatisfaction with the quality of providing medical aid to children with respiratory diseases. *Klin Profil Med.* 2023;(7):74-80. doi:10.31612/2616-4868.7.2023.10.

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