

Parental Satisfaction and Associated Factors of Care Quality in Pediatric Services of the Analamanga University Hospital Centers

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Abstract

Madagascar has 43% of its population under 15 years old, 80% of whom are under 5 years old, and child mortality rates remain high according to the survey demographic in 2021. Access to quality care services remains a major challenge in Madagascar. The objective of this study was to evaluate parents' satisfaction with the quality of care provided to their children in the pediatric departments of the four University Hospital Centers (CHU) of Analamanga. A descriptive cross-sectional approach was used to collect data from the 313 parents of these CHU. Parents reported an overall satisfaction rate of 62.6% regarding the quality of care. Satisfaction was low with respect to: parental involvement (41.2%), the cleanliness of toilets and showers (55.3%), the variety of meals in the cafeteria (9.3%), the discharge procedure (57.8%), and information about monitoring (54%). The main quality of care factors associated with parental satisfaction ($p < 0.001$) was: the therapeutic outcomes, the cleanliness of toilets and showers, the discharge procedure, and the information on medications for discharge and follow-up. To improve parental satisfaction, the elements of quality of care associated with parental satisfaction should be improved at all levels of the health system.

Keywords

Parental Satisfaction, Factors, Quality of Care, Pediatric of CHU Analamanga

1. Introduction

Globally, the quality of care is a major concern for care centers [1]. Treatment

outcome and quality of health care are influenced by parental satisfaction [2]. In developed countries in the United States, a patient satisfaction study (2025) of 3275 hospitals revealed a satisfaction moderately high regarding the overall hospital experience of 88.18% [3]. In France, the user satisfaction score for all topics combined, which can be considered an acceptable score was 72.7% in 2016 [4]. In Africa, studies on the evaluation of patient satisfaction are less numerous. In West Africa, they are even rarer [5]. Even though, in 1996, during the 45th session of the World Health Organization (WHO) Regional Committee for Africa in Libreville, the committee highlighted the need to evaluate and promote the quality of care and services in all African countries [6]. Madagascar has 43% of young population under 15 years old, 80% of whom are under 5 years old and child mortality rates remain high according to the survey demographic in 2021 [7]. Access to quality care services quality remains a major challenge in Madagascar [8]. However, a satisfaction study was carried out in the University Hospital of Antananarivo (2020) and showed a rate of patient satisfaction generally low at 35.2% [9]. It seems to us necessary to carry out this study with the accompanying parents of hospitalized children in the pediatric departments of the Analamanga University Hospital Centers (CHU) to answer the following questions: to what level are parents satisfied with the quality of care in the pediatrics services of the CHU of Analamanga? And, what are the elements of the quality of care associated with parental satisfaction? The study hypotheses are: i) the level of satisfaction influencing the parental satisfaction of the pediatric services of the CHU of Analamanga is high; ii) parental satisfaction is associated with various quality elements. The overall objective of our study is to evaluate the parental satisfaction with the quality of care provided to their children in the pediatric services of the CHU of Analamanga. The specific objectives are: to determine the level of satisfaction influencing parental satisfaction, and to identify the elements of the quality of care associated with this satisfaction.

2. Methodology

2.1. Study Sites

This is a study in the pediatric services of the four University Hospitals of Analamanga: University Health Center Mother-Child Tsaralalana (CHU-MET); University Health Center Mother-Child Ambohimandra (CHU-MEA); University Health Center Joseph Raseta Befelatanana (CHU-JRB); University Health Center Anosiala Ambohidratrimo (CHU-AA). These are national reference centers that serve all sick children from all regions of Madagascar.

2.2. Type of Study and Period Studied

This is a descriptive cross-sectional study in the pediatric services of the CHU of Analamanga with a single passage that took place from December 2023 to the month of February 2024.

2.3. Sampling and Sample Size

This is a simple random sampling of accompanying parents from the pediatric services of the four CHU of Analamanga. We used the COCHRAN formula: $n \geq z^2 p (1 - p) / m^2$ to calculate the sample size. The parameters used are: i) n : sample size; ii) z : confidence level according to the standard normal law, for a confidence level of 95%, $z = 1.96$; iii) p : proportion of satisfaction deemed acceptable in France = 72.7% [4]; iv) m : margin of error tolerated to within 5% of the error. So, equation (1) is $n \geq (1.96 * 1.96) * 0.727 * (1 - 0.727) / (0.05 * 0.05)$; and we have as a result $n \geq 305$. For the recruitment of these samples, we will take proportionally by CHU, taking as a reference the average number of children admitted monthly during the year 2022. Of the 153 children admitted to the CHU-MEA, at least 60 parents will be recruited from the sample. For the CHU-JRB, at least 104 parents out of the 264 children admitted will be recruited. For the CHU-MET, at least 114 parents out of the 288 children admitted will be recruited. For the CHU-AA, at least 27 parents out of the 68 children admitted will be recruited.

2.4. Data Collection and Analysis Method

- Data collection

- Questionnaire development and testing

The actual data collection is based on the SAPHORA-MCO model from 2009, with 36 questions. It includes 46 items and allows calculating 3 scores: the quality of care, comfort and discharge organization. It was adapted to our context in the pediatric service and translated into the official Malagasy version. Before the survey period, we tested the questionnaire with 10 people in the gastroenterology service of CHU-JRB. After the test, some improvements were made to the questionnaire to ensure that the questionnaire covered all areas of satisfaction and the respondents clearly understood the questions and answered easily. In the end, we adopted the questionnaire which is composed of sixty (60) questions organized in two sections, including eleven (11) on the sociodemographic characteristics of the parents and on the identity of the child and forty-nine (49) concerning the quality of care.

- Studied variables

The dependent variable reflects the overall satisfaction of the parents of the children hospitalized.

The independent variables consist of sociodemographic variables of parents and their children (age, gender, marital statute, level of education, origins), and variables of the five dimensions of the quality of care are: attitude of HP of the hospital towards parents and their children, information data to parents, parental involvement regarding the care of their child, Competence of doctors, assistance by paramedics, evolution of care, availability of medications and examinations paraclinics in hospital grounds, user privacy room condition, room atmosphere of hospitalization, condition of toilets and showers, garden condition, hospitality, identification of health workers, reception at the administrative service, service

cost, waiting time, grievance and organization of discharge.

- Data analysis

The collected data were entered and analyzed with the software Statistical Package for the Social Sciences (SPSS) version 26.0. Univariate analyses were performed for all variables to measure the level of satisfaction. Multivariate analyses were performed with significance tests to see the associated factors between: (i) the dependent variable concerning satisfaction overall of parents and (ii) the independent variables which constitute the profile sociodemographic and quality of care. Also, for the comparison of several observed proportions, we used Pearson's Chi-square test with the p-value corresponding. Thus, statistical significance was set at p less than or equal to 0.05.

2.5. Ethical Aspects

After a request to the Ethics Committee for Biomedical Research in Madagascar (CERBM), we received the following response: "this work does not fall within the attributions of the CERBM". Therefore, we continue the study by taking into account the information note and informed consent.

- Information note

Before the survey, the parents have been informed of the following elements: the objectives of the study, the conditions of participation and the benefits. For those who have deceased children, a condolence presentation was made before the survey. Participation in this study was voluntary.

- Informed Consent

Verbal consent was obtained before starting to fill out the survey forms. The information was given in the participant's language or in a language understood by them, in a standardized and adapted manner after a reliability test. The confidentiality of the answers will be guaranteed by the investigator during the surveys that will take place without the presence of third parties if possible.

3. Results and Discussion

3.1. Sociodemographic Data of Parents and Their Children

In total, 313 parents of children hospitalized in the pediatric departments of the CHU of Analamanga were recruited during the study period. According to **Figure 1**, the parents are distributed in the 4 pediatric departments of the 4 CHU of Analamanga as follows: 28 were surveyed at the CHU-AA, 104 at the CHU-JRB, 62 at the CHU-MEA and 119 were included in this study at the CHU-JRB. The number of these parents is proportional to the calculation of sampling in our methodology.

The distribution of participants' sociodemographic variables and characteristics of parents and their children (gender, marital status, age group and level of education, origin) and the association of these variables with the overall satisfaction of parents are explored in **Table 1**. As like a study conducted by Nguyen A.T.B. *et al.* in Vietnam (2020) which showed that most of the participants were

women (61.2%) and married (98.5%). Parents aged 26 to 35 years constituted 60% of the respondents. More than half of the parents (52.1%) had a secondary or lower level of education [10].

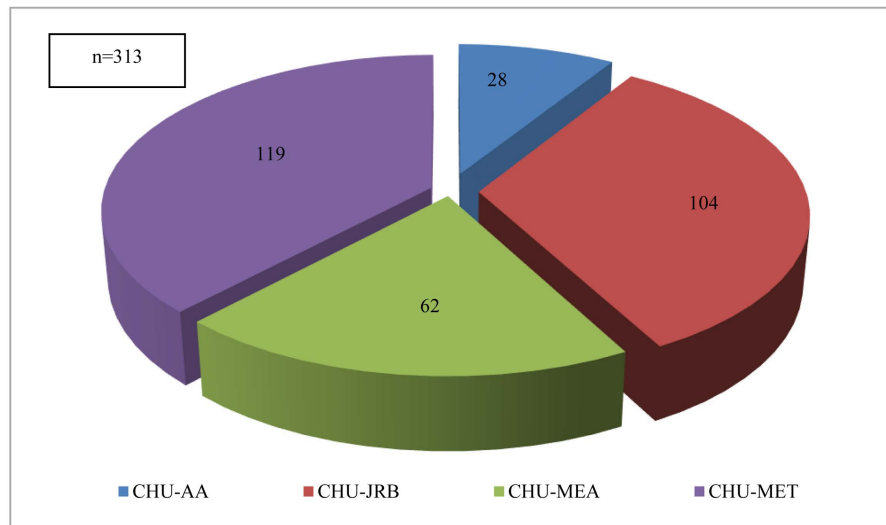


Figure 1. Distribution of parents in the pediatric departments of the four CHU.

Table 1. Distribution of parents according to their sociodemographic characteristics and overall parental satisfaction.

Sociodemographic variables		Total		Overall parental satisfaction				p-value
				No		Yes		
		n	%	n	%	n	%	
Parents' gender	Masculine	29	9.3	12	10.3	17	8.7	0.640
	Feminine	284	90.7	105	89.7	179	91.3	
Situation parents' marital	Married	269	85.9	103	88	166	84.7	0.411
	Single	44	14.1	14	12	30	15.3	
Parents' level of education	Uneducated	24	7.7	6	5.1	18	9.2	0.167
	Primary	81	25.9	33	28.2	48	24.5	
	Secondary	170	54.3	59	50.4	111	56.6	
	University	38	12.1	19	16.2	19	9.7	
Parent's age range (years)	<18	20	6.4	3	2.6	17	8.7	0.006
	[18 - 24]	92	29.4	43	36.8	49	25	
	[25 - 34]	129	41.2	53	44.4	76	38.8	
	≥35	72	23.0	18	16.2	54	27.6	
Origin of children	Rural	147	47	58	49.6	89	45.4	0.475
	Urban	166	53	107	50.4	59	54.6	
Total		313	100	117	37.4	196	62.6	

3.1.1. Parents' Gender

Our result showed that mothers (90.7%) accompanying their children are more numerous than fathers (9.3%) whose sex ratio was 1/9 in favor of the female gender. This situation could be explained by the fact that generally in Africa, women consume more health care compared to men [11]. A study carried out by Bugajewski A. S. in Nancy (2023) corroborates our result whose accompanying children were represented by the mother in 82.1% of the cases and the father in 14.4% of the cases [12].

3.1.2. Parents' Marital Status

Among the parents surveyed, most of them (85.9%) were married regardless of their marital status. Because we have to take into account any form of existing marriage such as, civil marriage and common-law marriage according to local culture [13]. A satisfaction survey similar to our study was carried out by Faye A. *et al.* in Senegal (2017) whose marital status of the parents surveyed is married at 70.8% [14].

3.1.3. Parents' Age Group

Compared to the parents' age, the majority of age group of parents is between 25-34 years (41.2%). We found that the average age of parents is 28 years. This could be related to the Malagasy population which is predominantly young and the age group between 20 to 34 years represented 24% of the population in 2024 [15]. Similar to our study, the study conducted by Diakite K. *et al.* in Mali (2024) found a relatively young population in the characteristics of the parents interviewed. The 25-year-old age group was represented in over 45% [16].

3.1.4. Parents' Level of Education

Regarding the level of education, 54% of the parents have completed their last secondary school. These figures vary from one region of Madagascar to another and could be explained by several factors, especially poverty [17]. Similar to our study, a study in the Democratic Republic of Congo, conducted by Katsiatsia J.K. *et al.* (2024) showed concerning the level of education of their recruits. In the distribution of the people interviewed in their study, 51% had reached the secondary level [18].

3.1.5. Origins of Hospitalized Children

Regarding the origin of hospitalized children, generally, patients from urban areas formed the majority of cases in 53%. This could be explained by the inequality in access to health services between rural and urban areas, where people living in rural areas rural are mostly encounter difficulties in accessing care [19]. Contrary to our study, a satisfaction study carried out by Kabach Y. in Morocco in 2021, raised that according to the origin, the majority of patients at the hospital live in an urban environment (77%) [20].

3.1.6. Association of Parents' Sociodemographic Variables and Overall Satisfaction Parental

Concerning the association of variables, **Table 2** shows that the age was the sig-

nificant factor among sociodemographic variables (p-value = 0.006). This result is consistent with those of a satisfaction study conducted by Kadidiatou R.K. *et al.* in Côte d'Ivoire (2022). The age of the patients interviewed has a significant relationship with satisfaction, of which patients aged 58 and over are 3.80 times more likely to be satisfied and those aged 47 to 58 are 2.47 times more likely to be satisfied [21].

3.2. Overall Satisfaction Level of Parents with Pediatrics Services

The overall satisfaction of the 313 parents is determined by the rating they gave to the pediatric service upon discharge. According to **Figure 2**, 196 parents are generally satisfied with the care received during their child's hospitalization in the pediatric. The proportion of overall parental satisfaction regarding pediatric services in the four CHU of Analamanga was 62.6%.

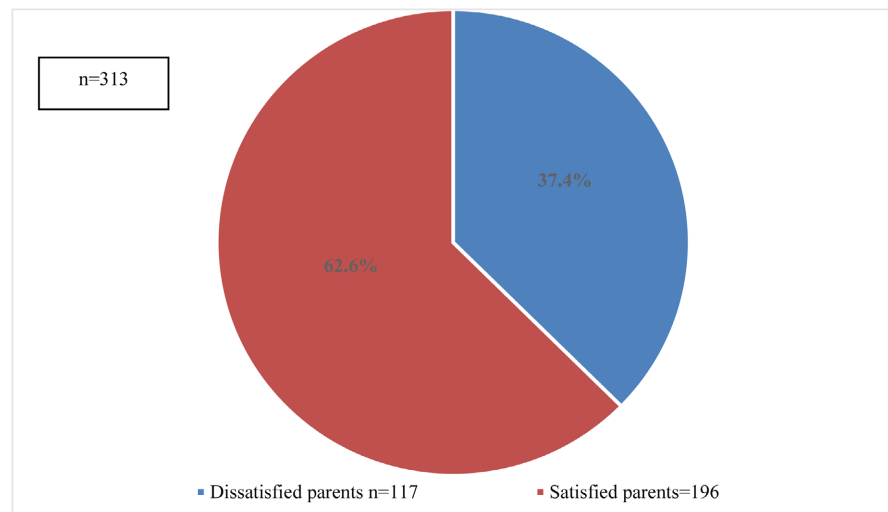


Figure 2. Distribution of parents according to their overall satisfaction.

Similarly to our study, study in Africa corroborates our study. A satisfaction assessment study of parents conducted by Amor A.B. *et al.* (2016) in Tunisia which showed that 63% of the parents interviewed were generally satisfied [22]. In addition, satisfaction result in France is higher than our study result has detected an overall satisfaction higher than our result. A study in France carried out by Reboul Q.A. *et al.* (2018) found that 89.2% of the patients were very satisfied [23].

The increase in these satisfaction rates in the pediatric departments in the 4 CHU of Analamanga will be ensured by improving the variables having links with this satisfaction, which we will develop below.

3.3. Elements of the Quality of Care Associated with Parental Satisfaction

3.3.1. Relationship of Health Personnel with Parents and Their Children

- Attitude of health personal towards users

Regarding the attitude of health personal (HP) towards users, according to **Table 2**, the vast majority of parents (80.5%) are satisfied with the behavior with kindness and politeness on the part of the HP in the pediatric services of the 4 CHU of Analamanga. There is a significant relationship between the attitude with kindness and politeness of the HP and the global satisfaction of parents with $p = 0.009$ ($p < 0.05$). This could be confirmed by the study in Mali conducted by Dembélé S.B. *et al.* (2024) which has showed that a polite and friendly character of the agent is one of the main elements associated with good patient satisfaction ($p < 0.001$) [24].

Our results are also consistent with study in Tunisia by Chihaoui M. *et al.* (2022) found that patients at the hospital were very satisfied with the attitude of the reception staff (74%) and the attitude of the doctors (96%) [25]. Also, a study carried out by Chuy K.D. *et al.* (2024) in the Democratic Republic of the Congo showed that a correct and polite attitude of staff towards users (78%) [26].

Furthermore, study carried out by Ikechukwu E.O. *et al.* (2018) is high compared to our study result. The study carried out in Nigeria showed that 90% of patients found the doctors courteous and professional [27].

In order to improve the satisfaction of parent users in the pediatric departments of the Analamanga University Hospital in relation to this positive attitude with politeness and kindness of health workers towards users, health workers should respect the patient charter hospitalized. It stipulates in section 2, article 6 that care providers must be courteous to users and their companions [28].

- Involvement of parents

According to **Table 2**, there is a low satisfaction of parents regarding their involvement in decisions concerning the paraclinical examinations of their hospitalized children because only 41.2% of parents are involved. This parental involvement has a significant relationship with the satisfaction of parents with $p = 0.041$ ($p < 0.05$).

Similarly, a study corroborates our study. It is a study conducted by Kibret T. and Radie Y.T. (2019) in Ethiopia. They found that 40.5% of parents were satisfied with the dimension of participation and involvement in their child's care even if the active parental participation in clinical decision-making and their feedback is important for improving the quality of care [29].

To improve parental satisfaction with their involvement in pediatrics at CHU of Analamanga, training on communication and family-centered care for health personnel remains important, and encouragement and support for parents who are partners are essential throughout their stay in pediatric [30].

3.3.2. Technical Aspect of Health Personnel

- Pain management

In the pediatric departments of the 4 CHU of Analamanga, 80.6% of parents are satisfied with the pain management of their child during hospitalization. The fact of being satisfied with the pain management of their child is significantly associated with overall parental satisfaction with $p = 0.014$ ($p < 0.05$) (**Table 2**).

In the pediatric departments of the 4 CHU of Analamanga, 80.6% of parents are satisfied with the management of their child's pain during hospitalization. There is a significant relationship between pain management and other discomforts and satisfaction overall of parents with $p = 0.014$ ($p < 0.05$). This could be explained by the existence of recommendations issued by various learned societies in Madagascar regarding pain management, given the pain management for children is a universally recognized standard of care by everyone [31].

Similar to our study, the study conducted by Bordet F. *et al.* (2014) in France found that 85% of parents showed satisfaction with the management of pain [32].

However, a study carried out by Adongo D.W. *et al.* (2023) in Ghana is higher than our result. The result revealed that 96% of respondents were satisfied with their pain management. In addition, satisfaction median regarding pain treatment was high in patients knowing analgesics ($p = 0.043$) [33]. Because our case is inferior compared to other countries, it is recommended that doctors and nurses use simple methods of pain relief, as well as basic medicines [34].

- Hospital recommendation to friends or families by parents

According to **Table 2**, 91.1% of parents want to recommend pediatric services from the 4 CHU of Analamanga to their friends or families. The more the level of parents' satisfaction is high, the more they recommend the four CHU of Analamanga to friends or their families, and vice versa. There is a highly significant difference between the recommendation and the satisfaction of parents with $p = 0.000$ ($p < 0.001$).

This could be explained by the fact that clients most often linked their intention to recommend the hospital to the improvement of their health [35]. Even if the objective of medical care is not only to improve the patient's health, but also to meet their expectations and ensure their satisfaction, according to Donabedian (1988) [36].

Finally, to maintain this better rate of recommendation of pediatric services in the 4 CHU of Analamanga, the improvement of their health will be essential.

Similar study carried out by author Mukerenge N.F., Kafene P. and Nakakuwa N.F. (2025) in Namibia found that among the 98% patients satisfied with the services, 94% of them were more likely to recommend the establishment to others [37].

- Therapeutic outcomes of hospitalized children

In the pediatric services of the four University Hospitals of Analamanga, according to **Table 2**, the cure rate of hospitalized children is higher at 75.1% compared to left against medical advice (3.8%), and the death rate is 8.6%. And, the level of parental satisfaction is related to the outcome's therapeutics of hospitalized children. More children are cured, the level of satisfaction of their parents is high and vice versa. This difference is highly significant with $p = 0.000$ ($p < 0.001$). This could be explained by the fact that the treatment outcome reflects the quality of care diagnostic and therapeutic management, which requires the deployment of many efforts in several areas [38].

Similar study conducted by Kêdoté N.M. *et al.* in Benin (2018) found that the cure rate was 75.6% with an abandonment rate of 14.3%, which is higher than that observed globally in all developing countries (11%) [39].

In contrast, study conducted in Mali had observed low results than our result. Diall H. *et al.* (2019) showed that the abandonment rate at treatment recorded was 18.53% and the death rate was 23.55%. There was a statistically significant association between those treated successfully and the father's profession ($p = 0.028$). The association between death and complications was statistically significant ($p = 0.001$). There was a statistically significant association between treatment abandonment and financial problems ($p = 0.005$) [40]. However, study with superiorly positive result compared to ours was carried out by Dicko A.M. (2023) in Mali. They showed, following an evaluation of the quality of care charge of children hospitalized in the pediatric department of the reference health center of San, that the majority of children were treated successfully, *i.e.* 92.85% and 1.4% were evacuated [41].

To improve our outcome, especially the cure rate in pediatrics services in Analamanga, we suggest an improvement in frontline care that should reduce the severity of the condition in these children. This requires targeted health education for at-risk parents regarding nutrition, diarrhea, and identification of general danger signs and pneumonia [42].

3.3.3. Comfort in the Hospital

Comfort in the hospital was constituted by the cleanliness of the toilet and shower and the variety of meals at the cafeteria.

- Cleanliness of the toilet and shower

In **Table 2**, only 55.3% of parents with hospitalized children were satisfied with the cleanliness of toilets and showers in the pediatric departments of 4 university hospitals in Analamanga. Given that the value of $p = 0.000$ ($p < 0.001$), there is a very strong association significant association between the cleanliness of toilets and showers with parental satisfaction. Hence, the less the toilets and showers are cleaned, the parents' satisfaction is low and vice versa. This satisfaction could be explained by the fact that user dissatisfaction with hospitals is generally of a logistical nature, such as the cleanliness of toilets [43].

Similarly in India, satisfaction rate according to a study conducted by Mishra P.H. and Gupta S. (2012) joined our study. They found that toilet cleanliness satisfies almost half of the respondents (49%) [44].

However, a study conducted by Ntibenda R.M. (2012) in Congo observed higher than ours. User satisfaction was significantly related to infrastructure and latrines; of which 67.2% of users surveyed considered the toilets to be clean. User satisfaction is significantly related to latrines ($p = 0.000 < 0.05$) [45].

In order to improve the hygiene of toilets and showers so that users will be satisfied in the hospitals of Analamanga, it is necessary that the toilets are cleaned 7 days a week and 24 hours a day [46].

- Variety of meals at the cafeteria

Among the 20.4% of parents of hospitalized children who consumed meals at the cafeteria of the 4 CHU: only 9.3% are satisfied with the variety of meals at the cafeteria. There is a significant relationship between overall satisfaction and the variety of meals at the cafeteria with $p = 0.044$ ($p < 0.05$) (**Table 2**). This is explained by the neglect of investments in the catering of certain health structures, especially public ones (non-competitive situation), which do not make this criterion of variety of meals a priority [47].

There is a significant relationship between overall satisfaction and the variety of meals at the cafeteria with $p = 0.044$ ($p < 0.05$). A study conducted by Mourajid Y. and Hilali A. (2023) in Morocco found that satisfaction with meals is low in both services, but even weak in the surgery department (42%). This indicates that patients express dissatisfaction with the quality or variety of meals offered to them during their hospital stay. The correlation analysis between the dimensions revealed that all dimensions of satisfaction including room and meals were positively and significantly correlated with each other, with a significance level of $p = 0.000$ ($p < 0.05$) [48].

However, our result is lower than the one conducted in France by the High Authority for Health (2023). The surveys reported that 74.7% of patients rated the variety of dishes as “average” and “good” and the quality of the meals is judged “bad to average” by only 1/3 of patients [49].

To increase meal satisfaction in terms of variety in the 4 CHU of Analamanga, the notion of comfort (meal quality) must be taken into account in the hospital establishment projects [50].

3.3.4. Hospital Administration

Regarding hospital administration, three elements of the quality of care are associated with overall parental satisfaction. These are waiting time, information on complaint management and discharge organization: administrative and informational. We will discuss them successively below.

- Waiting time

Regarding waiting time, during our study, we determined that a short waiting time was “less than or equal to 15 minutes,” of which 80.8% of parents were satisfied with the short waiting time. There is a significant relationship between waiting time and overall parental satisfaction with $p = 0.008$ ($p < 0.05$) (**Table 2**).

Similarly to our study result, satisfaction study in the United States showed that waiting time is a source of dissatisfaction. Anderson R.T. *et al.* (2007) found that waiting times longer were associated with lower patient satisfaction ($p < 0.05$) [51].

To perpetuate this waiting time in the pediatric services of Analamanga, it is necessary to take into account the number of doctors because the insufficient number of doctors could explain an increase in this waiting time up to 1 hour 30 minutes like that of the study in Tunisia (2011) [52].

- Awareness of using the complaints box

In the pediatrics services of the 4 CHU of Analamanga, regarding the awareness of parents by the HP to use the hospitals' complaints box, according to **Table 2**, only 11.5% of parents are satisfied with this awareness. There is a significant relationship between information on complaint management and overall satisfaction with $p = 0.044$ ($p < 0.05$).

To our knowledge, we have not been able to find a similar published result regarding awareness of the use of complaint boxes. Even though the text on patient rights is little known by the hospital environment and by health professionals, it is even more widely ignored by patients. However, the complaint as an operator of justice only has concrete possibilities to deploy if rights are the subject of information and communication (both in the hospital and outside) [53].

Contrary to our study, a study by Li G., Chen Y. and Lou X. (2024) in China showed that complaints regarding the service ($p = 0.017$) and the administrative office ($p = 0.021$) were significantly correlated with satisfaction [54].

In order to increase this low rate of parents aware of the use of complaints boxes in the pediatric services of the 4 CHU of Analamanga, we will proceed as in Holland. They adopt a code of conduct to which the organizations adhered professional, hospitals and health insurance provide a series of guidelines that promote learning based on complaints and information on procedures for complaints to users [55]. Also, it is suggested to implement an information system on complaint management and quality improvement at the CHU. This system allows us to constitute a ministerial database of Ministry of Public Health (MSANP) Malagasy relating to the processing of complaints [56].

- Satisfaction and discharge organization

- Discharge procedures and user satisfaction

Table 2 illustrates the organization of the discharge of cured children. In the 4 pediatric services of the 4 CHU of Analamanga, 75.1% were cured children. Regarding these parents completing the administrative discharge procedures; only 57.8% of them believe that the administrative discharge procedures are satisfactory. In view of the Chi-square statistical test, the observed probability is $0.000 < 0.05$. Reason why we deduce the existence of a very significant association between the satisfaction of parents at the CHU of Analamanga, and their assessment of the administrative discharge procedures. Less the level of satisfactory in administrative discharge procedures is low, more the parents are not satisfied and vice versa.

Similarly, the study carried out by Amazian K. *et al.* (2013) in Morocco corroborates our study. It showed that a large proportion of patients (60.0%) reported not being satisfied with the organization of their discharge and that no prior information on their discharge conditions (time, formalities, etc.) was provided to them [57]. In contrast, the study conducted by Meda Z.C. *et al.* (2019) in Burkina Faso found a lower result than our study. The average score "organization of discharge" was 27.3 (26.9 - 27.8) with a satisfaction percentage of

40.4% [58]. However, the study conducted by Ajavon D.R.D. *et al.* (2021) in Togo is very high compared to our study. Of which, the organization of discharge from the hospital was satisfactory according to 94% (n = 282) of hospitalized patients [59].

- Satisfaction and information on discharge medications

Regarding information on discharge about medications at home; among the 75.1% of parents with cured children, 58.8% of them were satisfied with the information received regarding discharge medications. Our study showed that there is a relationship between these information on discharge medications and overall parental satisfaction, this difference is highly significant because $p = 0.000$ ($p < 0.001$). More parents judge the information on discharge medications clear, the parental satisfaction is high and vice versa.

In accordance with our study, a study carried out by Topacoglu H. *et al.* (2004) in Turkey showed that patients were asked to evaluate specific aspects of their satisfaction (good and excellent) on a 5-point Likert scale. Satisfaction with the doctor's discharge instructions proved to have a significant impact on the satisfaction ($p < 0.001$). Satisfaction with the doctor's level of experience was the most important factor affecting overall satisfaction [60].

Nevertheless, a study superior to ours was carried out by Amana E. *et al.* (2025) in Togo, which found that for hospital discharge procedures, patients were satisfied with the information given on the discharge prescription in 71.4% of cases [61].

- Satisfaction and information about the follow-up

Compared to information on discharge regarding hospital follow-up; only 54% of parents of children are satisfied with this information. There is a relationship between the information on follow-up at discharge and overall parental satisfaction, this difference is very significant because $p = 0.000$ ($p < 0.001$). The less parents received information on follow-up at clear discharge, the less satisfied the parents are and vice versa.

However, a study conducted by Doumbia A. M. (2021) in Mali found that there was no statistically significant correlation between information and user satisfaction with $p\text{-value} = 0.866$ [62].

However, a satisfactory study carried out by Ngo Dingom M.A. *et al.* (2024) in Cameroon found result less than ours. Regarding the organization at the hospital discharge, 26.6% of hospitalized patients were not satisfied with the procedure leading to the issuance of a medical prescription and obtaining the follow-up appointment upon their discharge [63].

To mitigate dissatisfaction with follow-up after discharge from Analamanga hospitals, the hospital practitioners should ensure that patients receive the necessary information as well as the prescriptions inherent in the prevention of recurrence before the discharge of patients. This act should be included in the service management protocols and should serve as a criterion for good quality of care [64].

Table 2. Distribution of parents according to the elements of the quality of care in pediatric services of the four CHU of Analamanga.

		Total		Overall parents' satisfaction				p-value
				NO		YES		
		n	%	n	%	n	%	
Attitude of HP towards users	Yes	252	80.5	83	70.9	169	86.2	0.009
	Sometimes	49	15.7	28	23.9	21	10.7	
	No	3	1.0	5	4.3	4	2	
	Other	9	2.9	1	0.9	2	1	
Parental involvement in paraclinical examinations	Often	129	41.2	41	35	88	44.9	0.041
	Sometimes	34	10.9	20	17.1	14	7.1	
	Never	90	28.8	30	25.6	60	30.6	
	Other	2	0.6	1	0.9	1	0.5	
	Having not carried out the paraclinical examinations	58	18.5	25	21.4	33	16.8	
Pain management	Satisfactory	238	76	80	68.4	158	80.6	0.014
	Acceptable	35	11.2	13	11.1	22	11.2	
	Unsatisfactory	20	6.4	11	9.4	9	4.6	
	Other	20	6.4	13	11.1	7	3.6	
Hospital recommendation	Yes	285	91.1	62	53	185	94.4	0.000
	Uncertain	14	4.5	10	8.5	4	2	
	No	51	16.3	44	37.6	7	36	
	Others	1	0.3	1	0.9	0	0	
Outcomes therapeutics	Cure	235	75.1	72	61.5	163	83.2	0.000
	Transfer	39	12.5	13	11.1	26	13.3	
	Escape	12	3.8	10	8.5	2	1	
	Death	27	8.6	22	18.8	5	2.6	
Cleanliness of the toilets and shower	Satisfactory	173	55.3	49	41.9	124	63.3	0.000
	Acceptable	95	30.4	38	32.5	57	29.1	
	Not satisfactory	38	12.1	28	23.9	10	5.1	
	Other	7	2.2	2	1.7	5	2.6	
Variety of meals at of cafeteria	Satisfactory	29	9.3	5	4.3	24	12.2	0.044
	Acceptable	6	1.9	4	3.4	2	1	
	Not satisfactory	27	8.6	13	11.1	14	7.1	

Continued

	Other	2	0.6	0	0	2	1	
	Does not buy at the cafeteria	249	79.6	95	81.2	154	78.6	
Waiting time	Short	253	80.8	89	76.1	164	83.7	
	Long	24	7.7	16	13.7	8	4.1	0.008
	Other	36	11.5	12	10.3	24	12.2	
Raising awareness about the use of the complaints box	YES	36	11.5	7	6	29	14.8	
	NO	276	88.2	110	94	166	84.7	0.044
	Other	1	0.3	0	0	1	0.5	
Administrative exit procedure	Acceptable	181	57.8	42	35.9	139	70.9	
	No	14	4.5	4	3.4	10	5.1	
	satisfactory	38	12.1	24	20.5	14	7.1	0.000
	Other	2	0.6	2	1.7	0	0	
	Cases of transfer, death, and absconded	78	24.9	45	38.5	33	16.8	
Discharge medication information	Clear	184	58.8	52	44.4	132	67.3	
	Acceptable	21	6.7	11	9.4	10	5.1	
	Not clear	29	9.3	8	6.8	21	10.7	0.000
	Other	1	0.3	1	0.9	0	0	
	Cases of transfer, death, and absconded	78	24.9	45	38.5	33	16.8	
Information about controls	Clear	169	54	45	38.5	124	63.3	
	Acceptable	16	5.1	6	5.1	10	5.1	
	Not clear	48	15.3	19	16.2	29	14.8	0.000
	Other	2	0.6	2	1.7	0	0	
	Cases of transfer, death, and absconded	78	24.9	45	38.5	33	16.8	
TOTAL		313	100	117	37.3	196	62.6	

4. Conclusions

In the pediatric departments of the 4 CHU of Analamanga, our study answered the research objective, and two hypotheses were submitted for verification. The first research hypothesis which states that the level of satisfaction influencing parental satisfaction is estimated to be high compared to the quality of care of the pediatric department, is rejected because half of the variables influencing parents' satisfaction are low.

The second research hypothesis was verified using the correlation test of Chi-square by associating the variables and it was retained. Our study revealed that parental satisfaction in the pediatric departments of the 4 CHU of Analamanga is associated with twelve elements of the quality of care with p-values.

Our study also found that the overall satisfaction of parents (62.6%) is relatively comparable to those observed in African countries like Tunisia, where 63% of parents are globally satisfied. However, it remains lower than the satisfaction rates in developed countries such as France with a satisfaction rate of 89.2%. Also, the overall satisfaction of parents is correlated with the age of the parents [25 - 34 years] with $p = 0.006$.

Improvements at all levels of the health system concerning the areas of relationship of health personnel with parents and their children, the technical quality of health personnel, hospital comfort, and administration at the hospital could increase parental satisfaction in pediatric services in Madagascar.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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