A Study to Evaluate "Respectful Adolescent Care" in Terms of Adolescents' Satisfaction with Nursing Services

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Abstract

Background- In India, adolescents contribute to the majority portion of population. It is a healthy phase of life, but there are many problems which adolescents face and these issues require medical attention for example infectious diseases, nutritional deficiency diseases and mental health problems. Adolescents are not expressive and due to lack of knowledge, nurses are not able to provide care as per their individual needs. Therefore, adolescents find it difficult to contact health care providers when they are in need of care. Lack of respectful care is one of the major reasons why adolescents opt to consult their friends and search on media instead of approaching nurses and doctors. As nurses are the ones who are with the patients twenty-four hours, therefore, nurses should be able to provide care which is satisfactory to the adolescents. Adolescents' satisfaction level is of utmost importance because if this group of the population is satisfied then, they will turn to healthcare facilities to seek help and guidance which is the need of the hour. Therefore, investigator felt a dire need to conduct this study where satisfaction level of adolescents is assessed after training of nurses on Respectful Adolescent Care.

Objectives- To assess the satisfaction level of Adolescents with the nursing services in the control group and to assess the satisfaction level of adolescents in the experimental group after training of nurses on Respectful Adolescent care.

Methodology- Quantitative quasi experimental research approach with Pre-test and Post-test design was used. Registered Nurses working in selected health care settings were selected for training. 30 nurses, 30 adolescents were selected in experimental group and control group from two different hospitals. Tools used for data collection was- Structured Opinionnaire to assess the satisfaction of adolescents in terms of care given by nurses working in selected health care settings.

Result- There is a statistically significant difference between the post-test satisfaction scores of adolescents in the experimental and control group. It means that after training of nurses on

Respectful Adolescent Care, satisfaction score of adolescents increased in the experimental group and adolescents were highly satisfied.

Conclusion- There is an increase in the satisfaction level of adolescents in the experimental group where nurses were trained on Respectful Adolescent Care

Keywords: Respectful adolescent Care, Satisfaction, Adolescents, services, Nurses.

1. Introduction

India has the largest adolescent population in the world. Although considered a healthy phase of life, adolescents do have several issues requiring medical care. The adolescents in India suffer from nutritional deficiency and infectious diseases and also mental health problems¹ Some of the health concerns in adolescents are related to smoking, drugs, and alcohol consumption. Smoking initiation occur before the age of 20 years and once it started, it is there throughout their life as a habit. Alcohol use is a major risk factor and accounts for 7% of the DALYs among 10- to 24-year-olds. Other issues which indirectly affect health status of adolescents are unemployment, accidents and suicide^{1,2} and in most of the cases, reason behind all these are drug abuse. Adolescents, are sometimes, engaged in intravenous drug use and unsafe sexual practices which further increase the risk for HIV infection. More than 2 million adolescents are living with HIV and millions more are at risk of infection³. Furthermore, many young people do not know their HIV status, and it is estimated that in Sub-Saharan Africa, only 10% of young men and 15% of young women (15–24 years) are aware of their HIV status³. It was thought that infectious diseases were mainly found and prevalent in children but adolescents are equally affected and suffer from various infectious diseases. Adolescents who are sexually active, have greater risk of developing human papillomavirus infections⁴. Adolescents also face many mental health problems especially depression which is a point of concern for the health care professionals because if, timely assessment, diagnosis and treatment is done, then as a health care professional we can prevent suicide among adolescents⁵.

Adolescence is also called habit- forming age because whatever habits are formed during this period of life, it remains throughout their life. Adolescents are not aware of the various lifestyle diseases or non-communicable diseases like diabetes, hypertension, and cancers, *etc*. Adolescents are not fully grown adults nor children, they are also confused about their identity and role and therefore, their health needs are very much different. Sometimes, they require supervised independence, but they also need privacy and confidentiality at the same time in health care¹. Thus, the needs of adolescents in health care delivery systems varies and pediatric nurses should be aware of these facts and should update themselves as per their needs and health requirements. When adolescents approach health care facilities with their problems, they should be treated with respect and confidentiality by health care professionals. If adolescents are satisfied with the care provided by health professionals, especially nurses, they will revert back and develop faith in the healthcare system.

Adolescence when develop bad habits and practices, they face many problems later in their life. The Lancet Adolescent Health series in 2012 reported that adolescents are more exposed to substance abuse, sexually transmitted infections, and other risks than in the past, in addition to facing other emerging challenges such as social media^{6,7,8,9}. Nutrition is another

area where we need to focus, as adolescents are more attracted to junk and fast foods which have low nutritional values. Adolescents may either develop obesity or undernutrition when lack balanced diet and most of the time suffer from Gastrointestinal infections due to consumption of outside unhygienic food. The World Health Organization organized a study group for adolescent health and development along with United Nations Children's Emergency Fund and United Nations Framework for Population Activities in 1995^{6,8,9,10} for the same.

The United Nations' reports that when there are such large numbers of young people, they should be given the economic and social power so that they can live life of their own. Adolescents have the right to a healthy life and they should be sensitized about the healthy food habits and lifestyles and parents, teachers and most importantly nurses play an important role in this as, when adolescents visit health care facility, nurses should make use of the opportunity to educate them about proper food habits. Lancet commission on adolescent health and well-being involving a network of academics, policy makers, practitioners, and young health advocates with broad expertise in adolescent health has given the outlines, opportunities, and challenges for investment at both country and global levels¹¹. Investment in adolescent health is always a huge benefit for the nation as they are our future. Here also, adolescents' involvement, their satisfaction comes first and therefore, in this study, it was assessed whether there is any change in the satisfaction level with the nursing care before and after training of nurses on Respectful adolescent care.

Adolescence is a time period where nurses need to be very cautious while providing care as their needs are different from a child and an adult. Training on such issues will help the nurses in understanding the concept of Respectful Adolescent Care and thereby they will be skilful in handling the issues related to adolescence. The concept of knowledge sharing has now expanded because of sophisticated communication. Therefore, this study is an attempt to provide training to nurses on Respectful Adolescent Care (RAC). Nurses' interpersonal communication skills, knowledge, skills, and awareness of the developmental processes of adolescents play a vital role. Nurses should provide care in such a way that adolescents are satisfied, and they should feel free to turn to health care facilities in case they need help. Adolescents' satisfaction level is of utmost importance because if this group of the population is satisfied then, they will turn to healthcare facilities to seek help and guidance which is the need of the hour. Therefore, investigator felt a dire need to conduct this study where satisfaction level of adolescents is assessed after training of nurses on Respectful Adolescent Care.

2. Materials and Methods

This quasi-experimental study was conducted on staff nurses and adolescents of selected health care settings of Delhi after being granted administrative approval from the healthcare settings. The study comprises of 30 adolescents from two different health care settings. The adolescents who were willing to participate were considered. Tool used was Structured Opinionnaire to assess the satisfaction of adolescents in terms of care given by nurses working in selected health care settings. Level of satisfaction among adolescents was

categorised as Low (0-50%), moderate (51-75%) and high (76-100%). Data was analysed using descriptive and inferential statistics.

3. Results

Table 1: Demographic variables of Adolescents

n1+n2=60

		Group				
Demographic variables		Experim	ental(n1=30)	Control(n2=30)		
		n1	%	n2	%	
A 90	10-15 years	18	60.00%	22	73.00%	
Age	16-19 years	12	40.00%	08	27.00%	
Gender	Male	16	53.00%	19	63.00%	
	Female	14	47.00%	11	37.00%	
Educational qualification	Class V – Class VIII	18	60.00%	22	73.00%	
	Class IX – Class XII	12	40.00%	08	27.00%	
Religion	Hindu	12	40.00%	08	27.00%	
	Muslim	12	40.00%	22	73.00%	
	Christian	04	13.30	0	00	
	Sikh	02	6.70	0	00	
	Others	0	00	0	00	
Place of Residence	Delhi	26	86.7	30	100	
	Outside Delhi	04	13.3	0	00	
Type of Family	Joint	12	40.00	11	37.00	
	Nuclear	14	47.00	09	30.00	
	Single Parent	00	00	00	00	
	Extended family	04	13.00	10	33.00	
Family Income (per year)	< Rs 500,000/	20	66.7	13	43.00	
	> Rs 500,000/	10	33.3	17	57.00	
No. of siblings in the family	Less than 2	06	20.00	02	6.70	
	More than 2	24	80.00	28	93.30	

Table 1 shows that 60 % of the adolescents were in the age group of 10-15 years in the experimental group and 73% adolescents were in the age group of 10-15 years. Majority of the adolescents were female in both the groups. In the experimental group, 60% adolescents and in the control group, 73% adolescents were studying in class V-class VIII. Regarding

their religion, in the experimental group, 40% were Hindu, 40% were Muslims and 4% were Christian and in the control group, 73% were Muslims and 27% were Hindu. In the experimental group, 86.7% and in the control group, 100% were from Delhi. 47% adolescents were living in nuclear family and in the control group, 11were living in joint family. In the experimental group, 66.7% adolescents' annual family income was less than Rs 500,000/ and in the control group, 57% adolescents, family income was more than Rs. 500,000/. In the experimental group. 80% adolescents had more than two siblings and in the control group, 93% adolescents had less than two siblings.

 Table 2: Pre-test level of satisfaction score among adolescents

n1+n2=60Group Level of Experimental Control Chi square test Satisfaction n1 % n2 % Low 12 40.00% 9 30.00% $\chi 2=0.22 p=0.64$ Moderate 18 21 70.00% 60.00% (NS) 0 0 0.00% High 0.00%

p>0.05 not significant NS= Not significant

100.00%

30

100.00%

Table 2 showed the pre-test level of satisfaction score among adolescents. In the experimental group, 40% of adolescents are having low level of score, 60.00% of them are having Moderate level of score and none of them are having high level of score. In control group, 30% of them are having low level of score, 70.00% of them are having Moderate level of score and none of them are having high level of score.

Table 3: Post-test Level of satisfaction score among adolescents

n1+n2=60Group Level of Satisfaction Experimental Control Chi square test % n1 % n2 0 3 Low 0.00% 10.00% $\chi 2=11.00 p=0.01**$ 9 27 Moderate 30.00% 90.00% **(S)** 21 70.00% 0.00% High 0 Total 30 100.00% 30 100.00%

**p≤0.01 high significant S= significant

Table 3 showed the post-test level of satisfaction score among adolescents. In experimental group, none of adolescents were having low level of score, 30.00% of them are having Moderate level of score and 70% of them are having high level of score. In control group, 10% of them are having low level of score, 90.00% of them are having Moderate level of score and none of them are having high level of score.

Total

30

Table 4: Comparison of satisfaction score of adolescents in the experimental and control group

n1+n2=60

Assessments	Experimental (n=30)		Control (n=30)		Mean	Student independent
group	Mean	SD	Mean	SD	difference	t-test
Pre-test	28.40	3.89	29.20	3.85	0.80	t=0.46p=0.65(NS)
Post-test	36.00	2.49	30.00	2.91	6.00	t=4.95 p=0.001***(S)

***p≤0.001 very high significant S= significant p>0.05 not significant NS= not significant

Table 4 shows that statistically, there is no significant difference between the pre-test satisfaction score of adolescents in the experimental and control group. But there is a statistically significant difference between the post-test satisfaction score in the experimental and control group.

4. Discussion

Patients' satisfaction with nursing care is considered to be an important factor of the quality of the care. Adequate skills, correct staff numbers, appropriate nursing attitudes, effective communication, efficient administration systems, etc are some of the things that come under good patient care.

Now a days, quality of health care services, which is expressed by the satisfaction of patients and their families, is a challenge for modern health care systems. The assessment of satisfaction with nursing care is an important part of the integrated quality management system in modern healthcare facilities. Because of the unique developmental needs of the adolescent, providing thorough, sensitive, and compassionate nursing care, can be a challenge both for paediatric nurses in an outpatient setting and for nurses in a general paediatric inpatient setting.

Results of present study showed that adolescents admitted in a selected health care setting gave lower score of satisfaction before training of nurses on Respectful Adolescent Care. This can be due to emergency hospitalization of the adolescent, lack of the physical and mental preparation of parents and adolescents for hospitalisation, lack of knowledge of nurses regarding Respectful Adolescent Care.

As per a study done by Tsironi S, Koulierakis G,hospitalized children were highly satisfied with the behavior of the healthcare providers and the medical and nursing care that was provided, which are consistent with the findings of the present study where satisfaction score of adolescents were high after training of staff nurses on Respectful Adolescent Care ¹².

A study conducted by Anaba, E etal, demonstrated that most adolescents were satisfied with the quality of care in adolescent-friendly health facilities. This is one of the few studies that have assessed adolescent satisfaction with the quality of care. Findings of the present study are in contrast with the study conducted by Anaba, E etal, where adolescents satisfaction score was low before training of staff nurses on Respectful Adolescent Care. ¹⁶ It was also

found that overall satisfaction with quality of care was significantly influenced by the availability of health information materials on Respectful Adolescent Care.

In a study done by Jean K Mah¹⁸, where they assessed the Adolescent quality of life and satisfaction with care, it was observed that The majority (83%) of adolescents were satisfied with services provided. Adolescents who were very satisfied on the CSQ and the FCCS had higher PedsQL psychosocial scores (p = .009 and .013, respectively). They have assessed only once and no intervention was given. These findings are in contrast with the findings of the present study where before intervention, adolescent' level of satisfaction was low which significantly increased after training of nurses on RAC.

Another study done by Khitam Al-Awamreh¹⁹ where they assessed patients' satisfaction with the quality of nursing care in thalassemia units, it was observed that participants were satisfied with the quality of nursing care and the health services they received during their hospitalization. It was a cross-sectional and descriptive survey. Findings of the present study do not match with the findings of the study as level of satisfaction with the nursing care was less among adolescents initially that is before training of nurses on RAC and level of satisfaction was good post training. Therefore, it can be concluded that nurses need to be trained related to different aspects of care and recent advances. Present study demonstrates that adolescents initially were not satisfied with care given by the nurses but when nurses were trained on Respectful Adolescent Care, they were demonstrated how to communicate with the adolescents and how to approach an adolescent, level of satisfaction with the nursing care improved a lot and these findings are in line with a study findings where, study demonstrated that while adolescents with mental health concerns are satisfied with care and that satisfaction with care is associated with receipt of a mental health team member or psychiatrist consultation, they are less satisfied with how mental health services helped address their concerns which needs to be addressed.²⁰

5. Conclusion

There is an increase in the satisfaction level of adolescents with nursing care in the experimental group where nurses were trained on Respectful Adolescent Care whereas, in the control group satisfaction level of adolescents was low. Therefore, it can be concluded that Training of nurses on Respectful Adolescent care helped nurses in giving good quality care and thereby improving satisfaction of adolescent with nursing care and this is clearly proven with the statistically significant difference between Experimental and control group satisfaction score post training.

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