



RESEARCH ARTICLE

THE RELATIONSHIP BETWEEN NURSES' BURNOUT AND MOTHERS' SATISFACTION WITH
PEDIATRIC NURSING CARE

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ABSTRACT

Background: The hospital nurse workforce is experiencing greater workloads resulting in shorter hospital stays, rising average patient acuity, fewer support resources, and a national nurse shortage. Higher nurse workloads are associated with burnout and job dissatisfaction. Patients have the right to expect quality of care. Patient satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality. In pediatric settings, nurses have unique caring roles because of the vulnerable and intensive nature of their pediatric patients and the special bonds that can form especially when caring for patients and their mothers lasts for long periods of time.

Aim: examines the relationship between nurses' burnout and mothers' satisfaction with pediatric nursing care. **Design:** descriptive correlation design.

Subjects: Convenient sample of 60 mothers and 55 nurses were involved in this study. The study was conducted at Pediatric Intensive Care unit (P.I.C.U.) at Tanta University Hospital. **Tools:** Two tools were used in this study. An Interviewing Patient's Satisfaction Questionnaire (IPSQ) that was used to measure the patients' satisfaction regarding nursing care. The second tool was Maslach Burnout Inventory (MBI).

Results: There was low level of nurses' personal accomplishment and high level of depersonalization and emotional exhaustion, mothers' dissatisfaction was also, found. There was statistical significant negative correlation between nurses' personal accomplishment (burnout) and mothers' satisfaction regarding needs and expectations. Reduced personal accomplishment, depersonalization, emotional exhaustion and inappropriate work condition are the factors that lead to nurses' burnout. Patient dissatisfaction results from nurses' communication, meeting children's need and expectations with highest percent in nurses' skill and competences.

Recommendation: Developing an educational program for pediatric nurses to improve their communication skills.

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INTRODUCTION

Burnout was defined as a syndrome that affects individuals who are in the helping or caring professions, such as nurses, physicians, psychologists, therapists, etc. Burnout as a concept incorporates three constructs: low personal accomplishment (PA), depersonalization (DP) and emotional exhaustion (EE). Workload is an important factor that could lead to burnout where the individual is asked to carry a heavier burden and perform more duties than they are capable of doing. ⁽¹⁾ The emotional exhaustion component of burnout is where the helping professional, especially nurses, becomes emotionally drained by the recurrent involvement with his/her patients. Depersonalization is another component of burnout; the nurse becomes desensitized by the volume and frequency of patients' interaction and involvement which he/she faces on a daily basis. Personal accomplishment is the only negatively worded component of burnout. ⁽²⁾ New graduates face many challenges as they begin their nursing careers. Transitioning from student status to the full professional role requires gaining clinical expertise and self-efficacy for practice within a work environment that supports both professional practice and individual development. Nurses who are empowered to provide care according to professional nursing standards experience greater satisfaction with their work and are less

likely to leave their jobs. Work environments that support professional nursing practice also result in more positive outcomes for patients⁽³⁾. Higher nurse workloads are associated with burnout and job dissatisfaction, precursors to voluntary turnover that contribute to the understaffing of nurses in hospitals and poorer patient outcomes⁽⁴⁾. The understaffing of nurses and the overwork of health professionals in hospitals are ranked by consumers as major threats to patient safety⁽⁵⁾. Research on job-related burnout among human service workers, nurses in particular, suggests that organizational stressors in the work environment are important determinants of burnout and subsequent voluntary turnover. Nurses deal with many issues that influence their attitudes towards their professional roles and willingness to continue to be care providers. One of these issues experienced by different helping professionals is burnout. ⁽¹⁾ Nursing is a helping profession that provides care for individuals, families, and communities during times of wellness and times of distress and illness, it is no surprise to nurses to live through and battle feelings of grief, sadness, stress and unresolved loss. ⁽⁶⁾ Nurses face great challenges when caring for children because; they are dependent upon adult caregivers and require closer supervision. Many children have not yet acquired the communication skills to warn nurses about a potential mistake or verbalize possible adverse effects about their care. ^(7,8) Nurses caring for pediatric patients must have appropriate education and experience to demonstrate competency in the care of this highly specialized patient population and to achieve patients' satisfaction ^(8&9).

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Patient satisfaction is defined as the extent of the resemblance between the expected quality of care and the actual received care. Patient satisfaction with nursing care is important for any health care agency because nurses comprise the majority of health care providers and they provide care for patients 24 hrs a day. Patient satisfaction assessment is becoming part and parcel of hospital care quality monitoring and improvement program.⁽¹⁰⁾

The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as a reflection of their experiences. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved. Patients' satisfaction is an attitude – a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks.⁽¹¹⁾

A pediatric intensive care unit is usually abbreviated to PICU is an area within a hospital specializing in the care of critically ill infants, children, and teenagers. The ratio of professionals to patients is generally higher than in other areas of the hospital, reflecting the acuity of PICU patients and the risk of life-threatening complications.⁽³⁾ Complex technology and equipment is often in use, particularly mechanical ventilators and patient monitoring systems^(12&13)

In pediatric settings, nurses have unique caring roles because of the vulnerable and intensive nature of their pediatric patients and the special bonds that can form especially when caring for children and their families lasts for long periods of time. This in turn may expose nurses to more intense and recurrent experiences with loss and grief.⁽¹⁴⁾

In many cases, nurses watch their pediatric patients grow and reach their developmental milestones. Just like a family member or a close relative, the nurse is closely involved in the child's care and wellbeing as well as routine daily activities. This special nurse-patient relationship becomes stronger through repeated interactions and care-giving and at times of ups and downs patients and their families experience throughout the course of the child's hospitalization.⁽¹⁵⁾

The term "patient satisfaction" is described by the discrepancy between the quality of the medical care expected from the patient and the perceived quality of medical treatment. The special aspect of the concept of patient satisfaction is that quality standards are not evaluated any more by teams of experts but by the patients themselves. There is evidence that satisfaction with pediatric medical visits is related to parents' compliance with medical regimes. Also, understanding and retention of medical information and continuity of care are important in pediatric patient satisfaction. Parental satisfaction with a pediatric care services is essential for the medical treatment of children, since it is closely related to compliance.⁽¹⁰⁾ There is evidence that satisfaction with pediatric medical visits is related to parents' compliance with medical regimes, understanding and retention of medical information, and continuity of care. Patient satisfaction, or parent satisfaction in the case of children under medical care, describes the satisfaction of patients with demanded services from the health care system. Patient satisfaction is considered one of the three major categories of criteria for the evaluation of health care systems. Mothers are supposed to be rational and capable of making intelligent choices. They are also capable of questioning and assessing the activities of the medical staff as well as the nurses.⁽¹⁶⁾

Significance of the study

Nursing is a sensitive career that plays an important role in society. Nurses are the eye of health care staff about patient condition especially when dealing with children. Children may be difficult to communicate feeling of satisfaction or dissatisfaction with others. So, Nurses are the main responsible about their care, satisfaction and quality of life. Hospital work environment help to devolve greater autonomy, control and also, provide administrative support to bedside nurses. Adequate staff facilitates good relationships between nurses,

other staff and patients. All of those factors will lead to higher patient satisfaction and lower nurses' burnout. Therefore, exploring the relation between nurses' burnout and mothers' satisfaction especially in pediatric intensive care unit is very important. This help in improving the quality of care through investigating the factors that affect both. The findings are important to understand because burnout can be costly leading to increased nurses' tardiness, absenteeism, turnover, decreased performance, and difficulty in recruiting and retaining staff.

Aim of the Study

The aim of the study was to examine the relationship between nurses' burnout and mothers' satisfaction with pediatric nursing care.

Subjects and Methods

A. Research design: The study design was a descriptive correlation design

B. Research settings: The study was conducted in Pediatric Intensive Care unit at Tanta University Hospital.

C. Research subject:

Sample size and characteristics: Convenient sample of 60 mothers and 55 nurses, whereas the sample was selected under the following inclusive criteria:

For mothers: Age between 25- 45 years age and free from any communication or psychological problems.

For nurses: Experience at least one year and working in PICU.

D. Tools of data collection: Data were collected through using the two tools:

1- The first one: An Interviewing Patient's Satisfaction Questionnaire (IPSQ): It was adopted from Newcastle Satisfaction with Nursing Scale (NSNS)⁽¹⁷⁾. IPSQ was used to measure the mothers' satisfaction regarding nursing care provided to their children in P.I.C.U. The questionnaire was consisted of three parts as the following:

Part 1: Mothers' socio-demographic characteristics as regards their age in years, residence and level of education.

Part 2: Mothers' satisfaction regarding nursing care provided through assessing the following subscales: Nurses' communication that consisted of 10 items, meeting patient needs and expectations that included 8 items and skills and nurses' skills and competences subscale was assessed through 10 items.

Scoring system: The total score was calculated by summing the scores for the total items. It consists of the following three subscale 1) Nurses communication include 10 items, the score of 18 point and more (60%+) indicate satisfied , 2) Needs and expectations include 8 items, the score of 14 point and more indicate satisfied , 3) Skills and competences include 10 items, the score of 18 point and more indicate satisfied.

2- The second one: Maslach Burnout Inventory (MBI),^(19,20) the inventory was consisted of three parts:

Part 1: Nurses' socio-demographic characteristics as regards their age in year, level of education, work status, and work experience...etc.

Part 2: Work Conditions, this section contains 21 questions about his/ her work condition.

Part 3: The burnout Inventory consisting of 22 items, that operationalize 3 dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion (EE) is consisted of 9 statement, example: I feel used up at the end of the day. Depersonalization (DP) was consisted of 8 statement, example: I treat some patients as if they were impersonal

objects; and personal accomplishments (PA) that was consisted of 5 statements, example: I deal very effectively with the problems of my clients. ⁽¹⁸⁾

Scoring system

The items that are summed to create the subscales are 7-point Likert-type items which range from 0 = never to 6 = everyday, where a response of a zero (0) means the feeling (example: I feel depressed at work) never exists and a response of 6 means that the feeling exists every day. Unlike the two other subscales of the burnout, the personal accomplishments subscale items are positively worded, thus, higher PA scores indicate lower burnout. The modified MBI is psychometrically sound and is being used in research studies instead of the original MBI. The reliability coefficients for subscales were, 0.89 for emotional exhaustion subscale; 0.77 for depersonalization and 0.74 for personal accomplishment. ⁽¹⁹⁾

Statistical Analysis

All data of the study were fed into an IBM-Compatible personal computer. SPSS-15 (statistical software) was used for statistical analysis. Simple frequencies mean and standard deviation was used. Chi-square (for non-parametric data) and T- Test (for parametric data). P -value was considered significant when $P < 0.05$ or less.

Pilot study

A pilot study was carried out on 10 % of study sampling (6 mothers and 6 nurses) at the previously mentioned setting to test the study tool for its clarity; validity and time require filling the tool. The necessary modifications were done through omission of unneeded or repeated questions and improved prior to data collection according to the pilot study results. The mothers and nurses in the pilot study were excluded from the study sample.

Field work

The actual field work was carried for 3 months for data collection. The nature and the purpose of the study were explained by the researchers to all mothers and nurses who were included in the study. The questionnaire of mothers was filled out by the researchers individually. The average time needed for the completion of each form approximately (15-20 minutes). Verbal agreement was obtained from Children's mothers, and nurses after that the researchers began to collect the data.

Ethical consideration

Before any attempt to collect data, formal letters identified the researcher and the aim of the study was issued from the responsible authority at Tanta University Hospital. Nurses were oriented about the aim of the study and mothers also, were informed briefly about the aim, those who accepted to participate were involved in the present study.

RESULTS

As regards, Table 1. Nearly two thirds of the nurses (65.5%) aged from $20 > 30$ years and 14.5% of the nurses aged from $40 \leq 50$ years. The mean of nurses' age was 30.3 ± 7.4 . The nurses' qualifications approximately equal in percent (49.1%, & 45.5%) regarding to diploma and Bachelor qualifications respectively. Sixty one point eight percent of the nurses were $1 > 5$ years of work experience while, 16.4% of the nurses had work experience more than 10 years. The mean of working experience was 6.05 ± 4.65 . Nearly two thirds of the nurses (67.4%) had $1 > 5$ years experience in PICU with a mean of 4.65 ± 2.27 . Figure 1. Shows distribution of mothers according to age, it was clear that, 38.4% of the mothers aged from $25 > 30$ years. Nearly one thirds of the mothers aged from $30 > 35$ years while 8.3%

Table 1. Distribution of nurses according to their demographic characteristics (No. =55)

Demographic characteristics	No.	%
Age (years):		
20>30	36	65.5
30>40	11	20.0
40≤50	8	14.5
	30.3 ± 7.4	Mean ± SD
Nursing qualification:		
Diploma	27	49.1
Bachelor	25	45.5
Master degree	3	5.4
Work experience years :		
1>5 years	34	61.8
5>10 years	12	21.8
10+	9	16.4
	Mean±SD 6.05 ±4.65	
Experience years (in PICU)		
1>5 years	42	67.4
5>10 years	7	12.7
10+	6	10.9
	Mean±SD 4.65 ±2.27	

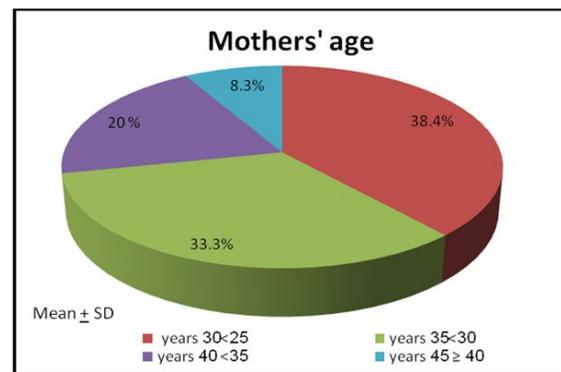


Figure 1. Distribution of mothers according to their age

Table 2. Distribution of total work condition, as perceived by nurses in the study sample (No. =55)

Work condition	None		Some		A lot	
	No.	%	No.	%	No.	%
1 Nurses have opportunities in their job.	5	9.1	30	54.5	20	36.4
2 Access to information in job.	3	5.4	31	56.4	21	38.2
3 Access to support in job.	13	23.6	21	38.2	21	38.2
4 Access to resources in job.	8	14.5	33	60.0	14	25.5
5 In my work there is reward for innovation, flexibility, and visibility.	7	12.7	33	60.0	15	27.3
6 Opportunity for collaboration, being sought by peers and managers in job and seeking out ideas.	6	11.0	29	52.7	20	36.3

of them aged from 40 < 45 years. The mean age of mothers was 31.82 ± 4.97. Work condition as perceived by nurses was illustrated in Table 2. Slightly more than half of the nurses (54.5% and 56.4 %) had Some opportunities and access to information in their job respectively. Equal percent of 38.2% of the nurses had A lot and Some access to support in their job. Sixty percent of the nurses had Some access to resources and expressed that, work allows reward for innovation, flexibility and visibility. Some opportunities for collaboration being sought by peers and manager were mentioned by 52.7% of the nurses. Table 3. Illustrates the distribution of nurses according to burnout dimensions. It was clear that, the majority of the nurses (85.5%) had low level of personal accomplishment. About three quarters of the nurses (74.5%) of the nurses had high level of depersonalization and 56.4 % of them had high level of emotional exhaustion. There were statistical significant differences regarding personal accomplishment and depersonalization dimensions.

Table 3. Distribution of nurses according to their burnout dimensions (No. =55)

Burnout dimensions	High level		Low level		χ ²	P
	No.	%	No.	%		
Personal accomplishment	8	14.5	47	85.5	27.65	.000*
Depersonalization	41	74.5	14	25.5	13.25	.000*
Emotional exhaustion	31	56.4	24	43.6	.891	.345

*Correlation significant P < 0.05

Mothers' satisfaction with nursing care was illustrated in Table 4. It was clear that, nearly two quarters of the nurses (73.3%) were dissatisfied with nurses' communication. The majority of the mothers (85% and 96.7%) were dissatisfied with children's needs, expectations and nurses' skills and competencies respectively and there were statistical significant differences regarding satisfaction subscales.

As regards Table 5. Significant correlation was observed between depersonalization and access to resources, rewards, flexibility, visibility and opportunity for collaboration with peer and manager in job. Significant negative correlation was found between emotional exhaustion and access to information. This means that, nurses are emotional exhausted when they can't reach for information in their job. Also, significant correlations were found between personal accomplishment and all work environment subcategories except, access to information and support in job. Statistical significant correlation was observed between work experience in PICU and personal accomplishment. There were insignificant negative correlations between nurses years of experience in both hospital and PICU, level of education and depersonalization dimension. Significant negative correlation was noticed between nurses' age and emotional exhaustion. There was no significant correlation between nurses' level of education and emotional exhaustion. Table 6. As regards, Table 7. There were insignificant negative correlation between emotional exhaustion, depersonalization dimensions of burnout and satisfaction with nurses' communication. Significant correlation was observed between personal accomplishment and satisfaction with children's needs and expectations.

Table 4. Distribution of mothers' satisfaction regarding to nursing care (No. =60)

Mothers' satisfaction subscale	Satisfied		Dissatisfied		χ ²	P
	No.	%	No.	%		
Nurses' Communication	16	26.7	44	73.3	106.59	.000*
Meeting Children's Needs and Expectations	9	15	51	85	145.15	.000*
Nurse's Skills and Competences	2	3.3	58	96.7	99.55	.000*

Correlation significant P < 0.05

Table 5. Correlation between work condition and nurses' burnout dimensions

Work condition	Depersonalization		Emotional exhaustion		Personal accomplishment	
	r	t	r	t	r	t
Nurses have opportunities in their job.	.082	.550	.005	.969	.489**	.000**
Access to information in job	.096	.484	-.347	.010**	.229	.093
Access to support in job	.053	.700	.105	.443	.252	.063
Access to resources in job	.352	.009**	-.187	.172	.406	.002**
In my work there is reward for innovation, flexibility, and visibility.	.391	.003**	.004	.976	.424	.001**
Opportunity for collaboration, being sought by peers and managers in job and seeking out ideas.	.376	.005**	-.036	.796	.447	.001**

**Correlation significant P < 0.01

Table 6. Correlation between nurses' demographic characteristics and burnout dimensions

Items	Age		Work Experience in hospital		Work experience in PICU		Level of education	
	r	p	r	p	r	p	r	p
Personal accomplishment	.005	.971	.230	.091	.362	.007**	.217	.111
Depersonalization	-.064	.643	-.011	.935	-.048	.730	-.008	.956
Emotional exhaustion	-.312	.020*	-.165	.230	-.167	.223	.094	.495

**Correlation significant P < 0.01.

*Correlation significant P < 0.05.

Table 7. Correlation between mothers' satisfaction subscales and nurses' burnout dimensions

Items	Personal accomplishment		Emotional exhaustion		Depersonalization	
	r	p	r	p	r	p
Satisfaction with Nurses' Communication.	.102	.459	-.046	.740	-.168	.220
Meeting Children' Needs and Expectations.	.281	.038*	-.026	.851	-.127	.354
Nurse's Skills & Competences.	.199	.144	-.069	.618	-.114	.409

*Correlation significant P < 0.05.

Negative correlations that were insignificant were found between satisfaction with nurses skills and both emotional exhaustion and depersonalization.

DISCUSSION

Nursing is a helping profession that provides care for individuals and families, during times of wellness and times of distress and illness. Mothers' satisfaction with nursing care provided to their children is essential for the medical treatment of children, since it is closely related to compliance. Nurses become emotionally drained by the recurrent involvement with her children's patients. They may experience emotional exhaustion as a result of intense and frequent interaction while caring for their pediatric patients and their mothers and this may lead to dissatisfaction and burnout. Burnout is a serious phenomenon that may result from multiple variables in the work place including workload, exposure to emotional burdens of patients' care, and perceived sense of inadequacy and reduced accomplishment. The present study revealed that, nearly two thirds of the nurses aged from 20 > 30 years. Nearly equal percent of two thirds of the nurses had 1 > 5 years of work experience and PICU experience, with a mean of 4.65 ±2.27 years in PICU. This result is in agreement with Maslach (2011) who found that, the average nurse had worked on their current unit for 4 years.⁽²⁰⁾ Slightly more than half of the nurses in the present study had some opportunities in their job and Some access to information. About, two fifth of the nurses had A lot of access to information and support, while, nearly two thirds had some access to resources, rewards, flexibility and visibility.

Significant correlation between depersonalization, emotional exhaustion and work condition sub-categories was found in the present study. Statistical significant negative correlation between emotional exhaustion dimension of burnout and access to information was evident. The possible explanation of these findings is that, working condition in itself may lead to high level of nurses' burnout. Nurses who are working in stressful environment, unable to get enough information, resources, reward, flexibility and visibility, more vulnerable to burnout. Improper communication between peers and manager and also between nurses and mothers of critically ill children may also lead to emotional exhaustion and depersonalization. The findings of the present study is consistent with the study of Adwan (2010) who found that, Emotional exhaustion, which is also partially explained by grief's existential tension, is negatively associated with job satisfaction.⁽²¹⁾ Others researches support the finding of the current study, they reported that, job-related burnout among nurses, and suggested that, organizational stressors in the work environment are important determinants of burnout and subsequent voluntary turnover.⁽²²⁻²⁷⁾

The present study revealed that, the majority of the nurses had low level of personal accomplishment. Nearly three quarters of the nurses had low level of depersonalization and about half of them were emotionally exhausted. The findings of this study were opposed to the findings of Maslach *et al.*, (2005) and, Adwan (2010) whom reported that, nurse enjoy higher scores of personal accomplishment. They had lower levels of burnout and demonstrating lower scores on emotional exhaustion and depersonalization subscales.^(19, 21) High level of burnout in the present study may be due to the nurses overwhelming of the children' illness because critically ill children need great attention and intensive nursing care. High level of dependency and mothers' overprotection of their children may also lead to increase anxiety level of the nurses. Another explanation, may be due to lack of medical facility and hospital resources that make nurses under stressors, blaming, conflict with children' mothers this expose the nurses always to blame and criticism that may lead to depersonalization and emotional exhaustion. Significant correlation in the present study was found between years of experience in PICU and personal accomplishment. Insignificant negative correlations between depersonalization, emotional exhaustion dimensions and nurses age, years of experience and level of education. The findings of this study

is congruent with the study of Adwan (2010) who found that nurses' age had no significant correlations with burnout, or their respective subscale scores.⁽²¹⁾ Mothers' dissatisfaction was observed in the present study. The majority of the mothers were dissatisfied by nurses' communication, children's needs, expectations and nurses' skill and competencies. The possible explanation of these results may be that the mothers were satisfied if the nurses put them as the primary contact and therefore a good relationship may be built primarily with them. Mothers always, want the nurses to care for their children regardless the needs of other patients so, higher expectations and demands that were not fulfilled. Another explanation, may be due to lack of mothers knowledge about their children critical illness, needs and expectations. Also, a stressful hospital environment, separation from natural home environment and lack of privacy in hospitals all may lead to mothers' dissatisfaction. The results of the present study is in agreement with the study of Weissenstein *et al.* (2011) who reported that, the parents as well as patients satisfaction is related to , nurses listening carefully, that they feel understood and furthermore, that they understand the proposed therapy.⁽¹⁰⁾ Insignificant negative correlation between emotional exhaustion, depersonalization dimensions of burnout and satisfaction with nurses' communication was evident in the present study. Significant correlation was observed between personal accomplishment and satisfaction with children' needs and expectations. This results are congruent with the study of Doris *et al.* (2004) who reported that, nurses' feelings of depersonalization related to patients' dissatisfaction with their care. He mentioned that, nurses' feelings of personal accomplishment are important to patient satisfaction.⁽²⁷⁾

Conclusion

There was a communication gap between nurses and mothers that led to mothers dissatisfaction with nursing care. Factors related to mothers' dissatisfaction are nurses' communication, meeting children need and expectations and nurses' skill and competences. This is the most important factor that requires urgent attention to enhance mothers' satisfaction at the same time to insure quality of nursing care. Improvements in nurses' work condition in hospitals have the potential to simultaneously reduce nurses' high levels of job burnout and risk of turnover and increase patients' satisfaction with their care. The majority of the nurses in the present study had low level of personal accomplishment, and high level of depersonalization and emotionally exhaustion. The findings of the currents study reinforce the need for change in the work place that would both reduce nurses' high levels of job burnout and risk of turnover while maintaining patients' satisfaction with their care.

Recommendations

1. Further research should be done to examine the factors which lead to nurses' burnout and turnover.
2. Developing an educational program for pediatric nurses to improve their communication skills and thus, improve the way of conveying information to and from pediatric patients.
3. Reinforce the need for change in the work place that would both reduce nurses' high levels of job burnout and risk of turnover while maintaining patients' satisfaction with their care.
4. Enhancing the nursing practice environment to reduce nurses' burnout and turnover.

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