

An Integrated Study of Parent Satisfaction with Ongoing Home Visitation for Moms and Children

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Abstract

The present study focuses on an integrated study of parent satisfaction with ongoing home visitation for moms and children. This paper aims to integrate and critically examine the available research on parent satisfaction with ongoing home-visiting care for mothers and children. Study selection, data extraction, data synthesis, and critical assessment were all carried out by two separate researchers. The results showed that 13 studies (nine quantitative and four qualitative) passed the inclusion criteria. This research indicated that as compared to parents who got regular or institutional care, those who received home visiting treatments reported much better levels of satisfaction. Parental happiness was shown to be influenced by the quantity of services received. The effects on parents' happiness, however, were contradictory. The nurse-client connection, respect, autonomy, and emotional support were also identified as crucial components of care by parents. Conclusion: Delivering services in the context of excellent and empowered relationships is just as crucial as ensuring that home-visiting practitioners offer evidence-based care and treatments. It is advised that further study be conducted to better comprehend the care process and the processes that improve parent satisfaction and positive experiences, hence maximizing the quality of care provided.

Keywords: parent, satisfaction, home, visitation, moms, children

1. Introduction

Sustained home visiting is a service delivery method that combines prevention and intervention by providing individuals with long-term, in-home, structured support services. In this study, "continuous home visiting" is nursing care provided to mothers and infants in the comfort of their own homes in order to reduce health disparities. Evidence shows that home-visiting programs that last for an extended period help children and their families in many ways, including health, happiness, growth, and development. However, there is a lack of data on the extent to which parents are happy with in-home care and the aspects of care that are most important in their eyes. Medical professionals should learn what parents value

most in order to keep them engaged in their children's healthcare. Methodology: Comprehensive analysis. The databases used to compile this information are: PubMed/Medline, CINAHL, Embase, and PsycINFO.

The methods included a series of steps to locate and extract relevant, peer-reviewed papers from the databases. The studies were chosen, data were extracted, synthesis was performed, and quality control was performed by two researchers working independently. A total of 13 studies (nine quantitative and four qualitative) passed the inclusion criteria, and the results are presented below. Compared to parents who received standard or institutionalised care, those who received home visiting treatments reported greater satisfaction. Parents' happiness was shown to be influenced by the amount of time they received the service. However, the effects on parents' happiness went in different directions. The nurse-client connection, client empowerment, parental emotional support, and respectful treatment were also identified as crucial components of care by parents who were satisfied with their services. While home-visiting professionals must offer care and treatments supported by evidence, it is just as vital that these services be provided within the framework of supportive and empowered relationships. More study is needed to identify the factors contributing to good parental experiences and satisfaction with care to improve the Quality of care offered to families.

2. Background

Previous studies on human development have shown that the first thousand days following conception are crucial to a child's future success (Duggan A, 2013) Research in this area emphasizes the need to provide early intervention services during this critical period (Abdel Maqsood AS, 2012), focusing on parents, caregivers, and children identified as being at risk for adverse outcomes. Evidence-based programs that provide consistent home visits (SHV) have played an essential role in this service responsibly. In this study, we look at what we know about how happy parents are with how SHV programs are implemented. The purpose of sustained home visiting is to enhance several outcomes related to the health, well-being, and education of mothers and their children (Armstrong KL, 2000).

The primary goal of SHV programs is to improve health equality by assisting low-income women and their families by providing a wide range of services in the comfort of their own homes over months or even years (Girvin H, 2007). Numerous nations, including the United States, the United Kingdom, Australia, and New Zealand, have extensively adopted similar schemes (Donabedian, 2015). The usefulness of SHV programs has been steadily shown in studies since the 1980s. Specifically, these interventions have supported positive outcomes for children and families (Goldfeld S P. A., 2018). These outcomes include increased maternal confidence in parenting, improved parenting knowledge, positive home environments to support healthy child development (Gomby DS, 1999), improved access to welfare (Filene JH, 2013), and decreased rates of child physical abuse, neglect, and criminal behavior of parents (Korfmacher J, 2019). Much research shows that programs are helpful, but much less is known about the mechanisms that foster positive transformation for families, the practices and procedures that lead to those results, and the types of clients that have the tremendous success.

To ensure that women and children get the most beneficial therapies, we focused our evaluation on how satisfied families were with long-term nurse home visits. An assortment of theories and models support providing high-quality services that patients appreciate. This analysis is based on the World Health Organization's guidelines for the Quality of care provided to mothers and their newborns. According to the World Health Organization's definition (Kitzman H, 1997), Quality of care consists of "two dimensions: the supply of care and the experience of care." Using the available research information, it is necessary to clearly articulate which parts and pieces of care are critical to successful results (L., 2016). Interactions with caregivers should be characterized by open and honest dialogue, focusing on the individual's unique needs and providing comfort and solace (Kitzman H, 1997). They are inseparable from one another in the delivery of person-centered, evidence-based care.

The degree to which a provider can match a patient's values and expectations is reflected in the degree to which they are satisfied with their treatment (Kennedy HP, 2016). According to Donabedian (2005) (PY, 1996), patients' happiness should be the primary goal of any healthcare provider. In addition, it is a client outcome that is particularly sensitive to nursing and may be altered considerably by the care nurses provide (Moher D, 2015). Insightful measurements of client views of care procedures and their feeling of empowerment due to enhanced knowledge, awareness, and ability to manage health and well-being are provided by measures of client satisfaction (MacMillan HL, 2009). Patients who are more pleased with their care are more likely to follow doctors' orders and have positive outcomes (Pascoe, 1983).

Furthermore, prior studies have linked customer happiness with activity, retention, and completion. However, most SHV programs still struggle with getting family members involved (Rodgers BL, 2000). Therefore, professionals must learn what procedures and practices parents value most to maintain participation (Olds DL, 2002). Maternal, neonatal, and early childhood health care perception, perspective, and preference assessment are key areas of study worldwide (Shonkoff J, 2016).

Our goal in conducting this systematic paper was to compile and analyze relevant research on the topic of parent satisfaction with SHV care into a coherent whole. Reviewers were asked things such as, "How satisfied are parents with SHV care provided in the home by nurses and midwives?" and "What are the variables and features of care that parents feel are crucial for satisfaction with SHV care by nurses or midwives? If these questions can be answered, it may lead to novel insights that may be used to boost mother and family satisfaction with SHV therapies.

3. Conception Methods

Integrative reviews are a kind of literature review that synthesize existing empirical and theoretical literature to provide light on complex medical issues (Christie J, 2003). It opens the door to combining several types of research — quantitative, qualitative, and mixed — into a single review (Fraser JA, 2000). Given the study's overarching goal of expanding our knowledge of nursing and, more specifically, home visiting practise, an integrated review was deemed appropriate for this investigation. This study adhered to Whitemore and Knaf's

five-stage approach paradigm (Kemp L. H. E., 2011). It consists of five stages: (1) establishing the issue, (2) doing a literature review, (3) assessing data, (4) analysing data, and (5) presenting the results. Its architecture was designed to accommodate the complexities of doing an integrative review, such as the requirement to incorporate findings from different types of studies. Given the lack of standardized reporting requirements for integrative studies (Landy CK, 2012), we also followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) standards in conducting this research (Kitzman H, 1997). The Prospective Register of Systematic Reviews now has the review procedure on file (PROSPERO, Registration number CRD42020221861). In collaboration with the research librarian, the search strategy—which includes all selected keywords and index terms as given in 1—was modified for each incorporated information source. Several keyword terminology and spellings were considered to aid in finding relevant research. The search tactics included using Medical Subject Headings (MeSHs), truncation, phrase searching, and combinations of keywords and concepts utilizing Boolean operators. According to the following inclusion and exclusion criteria, articles were chosen.

Participants: Expectant moms, mothers, carers, and their young children under the age of five; ii) Intervention: Pregnant women, mothers, or other caregivers of young children are the target population for maternal and early childhood care and interventions during the prenatal, postnatal, or early childhood periods. A nurse or midwife may have provided care and services while visiting you at home as part of this care and intervention. Studies were disqualified if participants received treatment and interventions in a hospital, clinic, health center, or any other official healthcare setting. Parent satisfaction with care provided at home. iii) Outcomes It included overall satisfaction and satisfaction with particular components of care, such as communication and the connection between the nurse and the client. iv) Study types: mixed-methods, quantitative, and qualitative investigations.

4. Study Methodology

Researchers conducted a comprehensive literature review to find research that examined whether or not parents were happy with the long-term care they received from nurse home visitors. PubMed/Medline, CINAHL, Embase, and PsycINFO were some of the databases that were combed through. In order to find all studies that met the inclusion and exclusion criteria, the search technique was optimized to be as comprehensive as feasible. We employed a multi-stage search strategy to find research experts in the field that have been vetted. All studies must have been first published in English to be considered. We didn't restrict our lookup based on when the book came out. Following the search, all of the returned studies were imported into the citation management program Endnote X9, where they were checked for and eliminated as duplicates. Study selection went through three phases. The first author started by reading the research titles and abstracts to see whether they were relevant. One of the other writers was then shown the literature matrix (SB). Two researchers evaluated abstracts based on predetermined criteria (KK, SB). After this first screening, the remaining papers' entire texts were assessed separately for inclusion by two researchers (KK, SB). If there were any conflicts about who should be included in the research, the other authors (RG, LK) were ready to settle them. On the other hand, none materialised. A list of the final studies

chosen for full-text screening was compiled. The selection procedure included documenting the exclusion reasons.

5. Study Results

There is a total of 6511 titles that matched the query. After filtering all duplicates and unnecessary titles, 234 abstracts remained. After that, 60 were chosen to undergo a full-text analysis. As can be seen in Fig. 1, 13 studies passed the final screening and were included in the review. Forty-seven studies weren't included because... Insufficient information and/or analysis undertaken, such as no results on satisfaction included ($n = 24$) and the type of study ($n = 1$), are reasons why some studies were excluded from this review.

6. Evaluation of Quality

All included studies were critically appraised using Mixed Methods Appraisal Tool (MMAT) version 2018 (Kemp L. G.-P., 2018). The MMAT looks at the study's aims, methods, participant recruitment, data collection, analysis, presentation of findings, authors' comments, and an overall conclusion to see how well they all stack up. Nonetheless, to obtain a thorough assessment of the available data on parent satisfaction with home visiting care and treatments, no studies were omitted on the basis of the overall quality ratings, as suggested by Hong and colleagues (Merkouris A, 2013).

6.1 Processes of Extracting and Synthesizing Data

The first author used a standardised form to collect the data, which the second author then double-checked. Title, author, year published, nation studied, location, population, research design, goals and objectives, analytic approach, intervention, and parent satisfaction were all taken into account. We used both narrative and tabular formats to present our data. A story-based synthesis strategy was used in the analysis (Moher D, 2015). Words and language are heavily relied on to summarise and explain the synthesis results as part of this method of carefully reviewing and synthesising data from different research (Moher D, 2015). Using a matrix, the included studies were presented to identify parent satisfaction and the characteristics of care that parents felt crucial for satisfaction, and a narrative description of these findings is provided in Table 3. In addition, each study's results were broken down into two categories. Patient contentment with care received during long-term home visiting interventions was the first area of study. The second subtopic looked at how various studies' attention to certain aspects of care affected parental satisfaction. The first author reads each study on his or her own to isolate the most critical concepts. At the same time, another writer reviewed the research. The two writers conferred and agreed upon the following definitions.

6.2 Study Descriptions and Outcomes

A total of 13 studies fulfilled the inclusion criteria. Listed below are the results from Table 2. The majority (nine) of the 13 research was quantitative, and only two quantitative studies were included, whereas four were qualitative. No hybrid approaches were used. Researches that fulfilled the study requirements. Research shows occurred in five different nations: Australia ($n = 6$), the United States of America ($n = 2$), Germany ($n = 2$), and Canada (2 cases)

and one case from Ireland. Seven out of the nine quantitative studies were randomised. Conducted randomised controlled trials with sample sizes Participants increased from 160 to 876. Various Quantitative Research both a quasi-experimental and an experimental layout. Schematic cross-sectional layout. Parents' socioeconomic status was a variable in the studies that were considered for most of those who took part. Dangers like having a low income, being unemployed, or being a mom, and short schooling periods. The major goal of these quantitative investigations was to check the efficiency of home visiting programmes and inventions. Each of the four qualitative research relied on a story study format. Researchers conducted these studies to better understand how long-term home visiting care is received and what impact it has on families. In-depth interviews, semi-structured interviews, interviews with observations, and parent essays were employed in three of the qualitative research.

6.3 Aspects of the Intervention and Evaluations of Parental Happiness

All of the interventions included home visits to moms and their young children. Six trials (Mikton C, 2009), used interventions that started during pregnancy and lasted until after delivery. Both nurses (n = 10) and midwives (n = 3) were involved in the interventions. All quantitative research used basic survey instruments or questionnaires to get data on parent satisfaction. Other research employed the Service-surgery Satisfaction Questionnaire (n = 1) and the Session Rating Scale (SRS), whereas four studies used tools modified from the Parent Satisfaction Questionnaire (PSQ). The remaining investigations (n = 3) collected data using questionnaires created by the authors. Parent satisfaction levels were measured using a variety of questions, from simple yes/no questions to Likert scales with numerous points. In most of the studies, surveys asked participants about their overall satisfaction and satisfaction with particular care components, including communication, convenience, interpersonal style, and time spent. In three qualitative investigations, women were questioned about their opinions and experiences with home visiting care and interventions (Jennie Popay, 2006). In one study, the content of 62 essays by mothers regarding their experiences with the nurse home visiting program was analyzed. In three qualitative investigations, women were questioned about their perceptions and experiences of home visiting care and interventions. One study conducted a content analysis of 62 essays (n = 62) written by mothers about their experiences participating in the nurse home visiting program.

6.4 Parents' Level of Satisfaction With Ongoing Home Care Visits

As indicated in Table 3, parents expressed more significant levels of satisfaction with home visiting interventions compared to routine or conventional community care or facility-based services in all but one of the quantitative investigations (Kemp L. G.-P., 2018). According to Goldfeld and colleagues (Gomby DS, 1999), the home-visiting intervention group rated their families' service satisfaction higher than the standard care group. In a similar vein, Kemp and colleagues (Desborough J, 2015), demonstrated that families who received the home visiting intervention rated the Session Rating Scale (SRS) higher than the group receiving usual care. There was never any indication that the intervention families who finished the program (SRS mean = 39.5, SD = 1.2) and those who didn't (SRS mean = 38.9, SD = 1.9) had different SRS

ratings. According to research by Fraser and colleagues, the continuous home visiting intervention group reported considerably higher satisfaction with the treatment received compared to the comparison group who received regular clinic-based services. There were also statistically significant differences between the two groups on the convenience, interpersonal, general, and overall satisfaction subscales, with the intervention group reporting higher levels of satisfaction. Armstrong and coworkers found that after four months, there were statistically significant differences between the home-visiting intervention group and the control group on all measures of satisfaction with the program.

Only one study (n = 876) comparing mothers who received health services at home (80.1% satisfaction) with mothers who received the same services at health care facilities (84.2%) found that the home-visiting intervention group moms were less happy. As a possible explanation for the lower levels of satisfaction among the intervention group, the authors of this study postulated that the midwives providing the service had been selected from a hospital rather than a community context. As a result, they might not have possessed the abilities required to provide adequate home visiting services, such as advanced listening and empathy skills or expertise engaging with individualized problem-solving strategies. According to the study by Zapart and coworkers, 27 of the 36 women who took part in the programme reported being happy with the format of the visits and saw no need for improvement. Seventeen people talked about the duration of the programme. Just 5% were content with the programme ending when the child turned 2, while 90% thought it should continue for at least another year. Two women surveyed thought the programme should end earlier than the typical two years. A similar finding was made by Landy and coworkers (Kennedy HP, 2016): mothers' experiences with the results of home-visiting programmes were encouraging. Most of the moms felt that they were improving as mothers due to the training (Olds DL, 2002). DeMay found that mothers were pleased with the guidance they received from nurses in the research (Moher D, 2015)

6.5 Parents' Perceptions of What Constitutes Quality Care and What Makes Them Satisfied With Ongoing Home Visits

Neither of the studies used in this meta-analysis determined which specific aspects of care most affected parent satisfaction with ongoing home visits. The analysis and synthesis of data, however, shed light on the factors associated with parent satisfaction and the critical elements of care that may contribute to parent satisfaction, including the following: service dose, nurse-client relationship, care with respect, empowerment, and emotional support. Various research has examined service dose (Jennie Popay, 2006) to determine if it is linked to parental contentment with in-home care. Researchers Christie and Bunting (Olds DL S. L., 2007) looked at how often patients were visited at home (the "service dose") and what effect it had on outcomes. According to the study's findings, mothers who received six postpartum visits were more satisfied with the treatment they received than those who only received two visits, one at eight weeks and another at seven months. Similarly, Bashour et al. (Landy CK, 2012) discovered that the more home visits a patient received, the more satisfied they were with the service. One qualitative study (Korfmacher J G. B., 2007) also found a favorable correlation between happiness and continuing participation in the programme. One study,

however, found no connection between programme completion and contentment.

Intimate relationships with home-visiting nurses were highly valued by women, as indicated in all four qualitative research included in this analysis (Kemp L. G.-P., 2018). According to research by Landy and colleagues (Kemp L B. T., 2019), the nurse-client relationship is crucially important, as evidenced by the stories of mothers. Multiple aspects of the nurses' personalities, including respect, trust, empowerment, advocacy, expertise, accessibility, and friendliness, were highlighted in the mothers' descriptions of their positive interactions with their nurses. DeMay (Kraemer K, 2017) also found that moms who took part in the study liked their close contact with their home-visiting nurses. A correlation was established between client satisfaction at the end of the programme and nurse continuity, demonstrating the need to maintain a steady rapport with each patient. Twenty-eight of the thirty-six study participants discussed their interaction with the nurse, with 24 rating it as "good" or "excellent." The women who took part in the study praised the nurses for being "extremely polite," "really nice," "nonjudgmental," and "straightforward." Byrd said that the client-nurse interaction during home visits was mutually beneficial and characterised by ease, conformity, relaxation, informality, and friendliness.

The mothers greatly appreciated home visiting care providers who treated them with dignity and gave them the freedom to make their own decisions. Moms appreciated receiving attention and support that didn't make them feel judged (Kraemer K, 2017). A pregnant woman said, "I think the nurses do an amazing job encouraging good eating habits, trying to prevent stress, and making you aware of this precious little creature living inside you, and how its future depends on you." Information, participants discussed,

help pregnant women feel less worried, fearful, and unprepared (Kraemer K, 2017). Byrd's study participants reported feeling empowered after a nurse offered them emotional support and praised their parenting efforts. One who took part in the role of foster mother participants in the study reported positively on the nurse's assistance and support (Huang J-A, 2004). This is a fantastic thing. You need someone to back you up and affirm your worth. Another mother echoed this sentiment, saying, "she (nurse) says 'You are doing well,' because sometimes I question it - am I doing the proper thing? She's been great, man; she has.

7. Discussion

The goal of this analysis was to compile evidence concerning how content parents are with mother and child home visiting care and interventions. In order to provide more effective interventions and positive experiences for mothers and children, knowledge of vital characteristics and elements of care that are significant for parent satisfaction in sustained home visiting care is crucial. This evaluation indicated that, with the exception of one trial, women were more satisfied with the care they received when it was delivered to their homes rather than in a clinic. The data also shows that parents are generally pleased with the service they receive. This is especially true of the components of the service that have to do with communication, convenience, and customer service. One probable reason for this is that home and community-based service providers (HCSPs) can watch families in their natural settings, allowing them to better understand each family's situation and tailor their care

accordingly (Goldfeld et al., 2018). In addition, a designated nurse provides these services for the longer time frame. According to research that contrasted their skills with home-visiting nurses, generalist nurses speak in terms of structure, power, and control when conducting assessments, keeping tabs on patients, and making decisions on their behalf. Competency in SHV nursing, on the other hand, calls for a shift toward a less authoritarian tone that emphasises the client's strengths and encourages their active engagement and cooperation (Brooks-Gunn, 2009). These distinctions in skills may account for why parents rate home visiting nurses higher on communication and interpersonal skills.

Several aspects of care were found to contribute to parental happiness, as was reviewed here. The rapport established between a nurse and patient was viewed as crucial to a family's overall happiness. The establishment of therapeutic relationships with clients has been linked to the success of the home visiting intervention (Filene JH, 2013). Facilitators of home visiting programmes recognise the importance of establishing trusting relationships with moms in order to achieve their stated objectives. Mothers enroll for a variety of reasons, including learning more about their children's development and receiving individualised support (Anna, 1980). As professionals find new ways to address these factors and requirements, they forge stronger bonds with their patients (AR, 2001). And for healthcare providers to build trusting connections with families, they must encourage moms to take an active role in their care and to make healthy decisions for themselves and their children (Girvin H, 2007). More than that, research shows that moms who develop positive relationships with their home visitors are more invested in the programme and more likely to see it through to the end (Gomby DS, 1999).

Relational factors deemed crucial for parent satisfaction included active participation in the care process, with respect and empowerment, and the provision of emotional support. According to research by Zapart and colleagues (Goldfeld S, 2019) and DeMay, patients are more likely to open up and form trusting connections with nurses who are seen as non-judgmental. These methods of treatment are consistent with the World Health Organization's guidelines for the best possible care for mothers and their newborns (Hong QN, 2018). Positively effective interactions with clients require open lines of communication, a focus on the client's dignity at all times, and emotional support. This analysis highlighted the significance of nurse-client relationships, patient-centered care, patient empowerment, and emotional support during home visits. Previous assessment research has shown that parenting programs are more successful when professionals and parents have formed a rapport based on mutual trust (Kemp, 2008). As crucial as it is for home-visiting care practitioners to provide essential care and services based on evidence, it is also crucial that they do so in a way that respects and empowers parents and children. One of the most important aspects of home visiting care is providing appropriate and genuine emotional support. Consequently, there is a requirement for workforce development to increase workers' awareness of how to comfort vulnerable families emotionally effected.

Several directions for future study in SHV services are suggested. First, since this evaluation discovered conflicting results regarding the correlation between service intensity and parental satisfaction, greater study of this phenomenon is warranted. Second, this analysis highlighted

the fact that measuring parental satisfaction is not always incorporated into research design, despite the fact that it is a crucial metric of the success of SHV programmes.

Home-visiting therapies for mothers and children have been shown to positively affect several important outcomes, including parental satisfaction. As such, we advocate for studies to be conducted to learn more about what aspects of services lead to happier customers and more successful operations. Research is needed, for instance, to determine whether or not the degree to which mothers and families receive care that is tailored to their own circumstances, needs, and preferences is associated with higher levels of satisfaction on the part of the parents. By interviewing and watching mothers and their families, this study would investigate care variance and the practitioner decision-making processes underlying programme modifications. Evidence from studies like this will help guide efforts to enhance the Quality of care provided in response to patients' perspectives, perspectives, and experiences. We believe a more extensive qualitative or mixed-methods study is needed to further our understanding of this topic. There were a number of caveats to this investigation. First, the review included all papers that qualified for inclusion, regardless of the Quality of the study's research design or methodologies. While this does allow for a complete assessment of the data on parent satisfaction with home visiting care and interventions, the validity of some of the findings may be questionable. The second limitation is that this study only considered papers written in English that had already been subjected to rigorous peer review. Results from studies conducted in other languages and presented in other venues may show a wider range of levels of parental satisfaction. Third, there is a chance that some researches was missed even though the search technique was created to discover all potentially relevant papers. Despite these restrictions, the research gap on parent satisfaction with home visiting care is illuminated by this integrative review. Since just 13 studies were found in the search for evidence, it is safe to assume that parent satisfaction is underreported. As a result, there is still a lot to learn about the factors contributing to parent satisfaction, and the aspects of care parents value most when evaluating a service's Quality.

8. Conclusion

One of the most important results of home visiting programs is parent satisfaction, and this review is the first to systematically synthesize and analyze this outcome. When compared to parents who got routine or facility-based services, those who received home visiting care and interventions given by community-based practitioners reported a higher level of satisfaction. Despite an explicit finding on the importance of the nurse-client relationship, care with respect and empowerment, and emotional support, the review found that there is little knowledge of the elements that underpin parent satisfaction with care provided at home, such as the practices and process that determine and promote parent satisfaction. To better serve our clients and ensure their happiness and contentment, and hence the success of our children and families, we still have a lot to learn about the processes and mechanisms involved in home care.

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