

POSTER ABSTRACT

Inclusive Leadership and Parental Satisfaction: Addressing Gender and Educational Differences in Paediatric Pharmacy Services

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Background: Parental satisfaction with pharmaceutical services in paediatric hospitals is a key indicator of healthcare quality, reflecting communication, accessibility, and safety in medicine use. Differences in gender and educational background may shape parental expectations and perceptions of care. Understanding these factors is essential for developing inclusive, equitable, and family-centered pharmacy services that promote health and wellbeing.

Approach: A quantitative cross-sectional study was conducted to examine how gender and educational level influence parental satisfaction with pharmaceutical services in paediatric hospital settings. An adapted version of the Pharmacy Services Patient Satisfaction Questionnaire (PSPSQ 2.0) was distributed to parents and guardians of paediatric patients in two public children's hospitals. The survey assessed five domains: communication, clarity of medication instructions, accessibility, waiting times, and professionalism. Responses were recorded on a five-point Likert scale (1 = strongly disagree; 5 = strongly agree). Data were analyzed using SPSS. Parent representatives and hospital pharmacists were involved in the design and validation of the questionnaire through a co-production approach to ensure inclusivity, relevance, and accessibility.

Results: A total of 233 parents completed the survey (response rate 87%). The mean age of participants was 40.2 ± 7.4 years, with 64% mothers and 36% fathers. Gender and educational level significantly influenced overall satisfaction ($p < 0.05$). Mothers reported higher satisfaction in communication (mean 4.5 ± 0.5) and pharmacist empathy, whereas fathers rated efficiency and organization more positively (mean 4.1 ± 0.6).

Participants with university or postgraduate education expressed greater concern regarding accessibility (mean 3.6 ± 0.7) and waiting times (3.4 ± 0.8), reflecting higher expectations for coordination and efficiency. Parents with secondary education or below reported higher satisfaction with pharmacist professionalism (4.4 ± 0.5) and clarity of instructions (4.3 ± 0.6).

Across all groups, satisfaction was highest when pharmacists provided clear explanations, used accessible language, and demonstrated empathy.

Implications: Findings: highlight the importance of strengthening the pharmaceutical workforce by expanding its capacity, enhancing skills, and fostering inclusivity. Ongoing professional development should focus on improving communication, empathy, and cultural competence, enabling pharmacists to effectively meet the diverse needs of parents across different educational levels and gender groups.

Inclusive leadership and workforce empowerment are vital for achieving sustainable change. Mentorship programmes, interprofessional collaboration, and co-designed learning initiatives can equip pharmacists with greater confidence, adaptability, and person-centered care competencies. Moreover, system-wide governance should actively promote workforce inclusivity by incorporating feedback from pharmacists, parents, and multidisciplinary care teams into service design and evaluation.

Investing in workforce diversity and leadership development strengthens compassionate and equitable pharmaceutical care, leading to improved satisfaction, adherence, and health outcomes. A skilled, empowered, and inclusive workforce is fundamental to advancing health and wellbeing through diversity and embodies the principles of human-centered leadership in integrated care.