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The Dynamics of the Parental Satisfaction of the Children Receiving Occupational Therapy Services in a Resource-Limited Setting

Eleyinde S. Tayo^{1*}, Enogiomwan Blessing², and Oladipupo E. Adebola³

¹Dept. of Occupational Therapy, Girne American University, Turkish Republic of North Cyprus (TRNC), Cyprus; ^{2&3}School of Occupational Therapy University of Benin Teaching Hospital, Benin City, Nigeria.

*Correspondence: eleyindetemitay@gau.edu.tr (Eleyinde S. Tayo, Department of Occupational Therapy, Girne American University, Turkish Republic of North Cyprus, TRNC, Cyprus).

ABSTRACT

The need to continuously appraise the satisfaction of the recipients of Occupational therapy (OT) services cannot be over-emphasized especially in settings where the practice can be best described as emerging and where there seems to be an inconsistent utilization of the service despite obvious significant positive outcomes. This study aims to evaluate the dynamics of the satisfaction of the parents of the children receiving paediatric Occupational therapy services in Nigeria. A cross-sectional survey of 100 parents of children receiving OT paediatric service in six Tertiary Health Institutions in two geopolitical zones in Nigeria was conducted. The participants were recruited with convenient sampling. Data was collected with Measures of Process of Care (MPOC-20) and analyzed with analysis of variance (ANOVA) on SPSS 22.0 Version. Findings showed that the parents' level of satisfaction was to a fairly great extent (Aggregate Mean =5.43) and there was no significant difference in the level of satisfaction of the parents based on gender or the geographical locations of the parents (F-Value of 2.25 and P = 0.56 of $> \alpha = 0.05$). Despite the limited resources and relatively- low awareness of OT in Nigeria, parents of children receiving Occupational therapy services are satisfied, though to a fairly great extent. Parents' expectations and yearnings for quality OT service are uniform across the different zone of Nigeria. Therefore, it is recommended that OT practitioners in low and middle-income countries should from time- to -time evaluate the perception of their clients on the services provided to foster quality and collaborative care.

Keywords: Rehabilitation, Occupational therapy practitioner, Perception, Quality service, and Disabilities.

INTRODUCTION:

Satisfaction refers to a state of pleasure or contentment with an action, event, or service, especially one that was previously desired (Hornsby & Crouther, 2000). In the context of patient care, satisfaction is the appraisal of the patients' desires and expectations of health care (Ofili & Ofowwe, 2005). This implies that patient satisfaction is the perception of the care received compared with the care expected by the patients (Aiello *et al.*, 2000). Evaluating the extent to which patients are satisfied with health services is clinically relevant (Eki-Udoko & Atimati, 2019). Since parents

play a vital role in the care of their children and determine where and when care is accessed (Israel *et al.*, 2017), appraising their satisfaction with the services their children receive is very essential. Also, assessing parental satisfaction in a health system is more likely to determine compliance with treatment and future usage of such medical services and the reverse is usually the case when they are not satisfied (Eki-Udoko & Atimati, 2019) irrespective of the nature of the health service. Occupational therapy is one of the health services available to children with different health challenges. Occupational therapy is a health

profession that uses purposeful activities to achieve multiple and complex rehabilitation aims (Abaoglu, 2017). Occupational therapy is concerned with enhancing well-being across all ages (Bolt *et al.*, 2019). Paediatric occupational therapists promote independence, personal growth and development to improve the quality of life for children who have disabilities, diseases, or face daily life limitations (Mahendran & Dinesh, 2019). Occupational therapists collaborate with different agencies, one of which is the parents. By working collaboratively, occupational therapists support parents to adapt and manage everyday life with their children and set goals in children's daily routines (Jaffe *et al.*, 2010), in addition to other general paediatric services.

Therefore, Occupational therapists acknowledge the significant role of parents in providing holistic care. They are conscious of the fact that collaboration with parents is related to the child's progress (Dunn, 2011) and that parents can provide unique information about a child's interests, abilities and needs that can influence the therapy programme (Jaffe *et al.*, 2010). Also, studies have affirmed that parents' views, choices, and activities in everyday life significantly influence children's opportunities for participation, as the choices tend to determine the opportunities available for the child and the environments in which the child operates (Shields & Synnot, 2016). Moreover, parents' satisfaction has been considered a vital component in the evaluation of occupational therapy interventions in the paediatric population (Mahendran & Dinesh, 2019).

Parents' satisfaction with Occupational therapy services has been associated with reduction of symptoms and improved adherence to the therapeutic regimen (Caitlin *et al.*, 2018). McCall and Scheck, (2000) further argue that parent perceptions of Occupational therapy interventions may be affected by poor therapist communication and this could limit the beneficial effect of service provision for children if the parent's needs and expectations are not met. Carrigan *et al.* (2001) in the same vein posits that determinants of parents' satisfaction with OT interventions have been identified as seeing an overall improvement, enjoyment of therapy sessions, opportunities for group as well as individual sessions, provisions of home programmes and school visits by the therapist.

However, there is a lack of research that evaluates parents' perception of the quality of paediatric care their child receives even though interest in parental satisfaction with healthcare providers who treat children with different disabilities has increased (Green, 2001). This further confirms that there is limited Occupational therapy research that evaluates parent satisfaction in pediatrics (Rodgers *et al.*, 2018 & Caitlin *et al.*, 2018). The dearth of research in this area is even more apparent in low and middle-income countries like Nigeria in which Occupational therapy can be best described as just emerging (Eleyinde *et al.*, 2018) a situation that underscores the relevance of this study.

Resource-limited settings and research in rehabilitation services

According to World Health Organization, (2020), rehabilitation needs are largely unmet in Low and Middle-Income Countries (Resource-limited settings) like Nigeria. Lack of rehabilitation-inclusive health-care infrastructure, inadequate human resources and scarce evidence-based information have also been identified to be characteristic of rehabilitation services in these settings (Khan *et al.*, 2017) and this has continued to negatively impact the general health care delivery as well as widening the research gaps in many essential services such as paediatric care. No doubt, a few studies have been carried out to evaluate satisfaction with some services in Nigeria (Ofili & Ofovwé, 2005; Israel-Aina *et al.*, 2017; Eki-Udoko & Atimati, 2019; Isara *et al.*, 2021), but none has focused on rehabilitation care. Thus the need for more studies in this area cannot be over-emphasized. More importantly, addressing parents' satisfaction in service delivery in resource-limited settings can help achieve an objective appraisal of Occupational therapy services as well as enhance the promotion of the growing profession.

Objectives of the study

This study aimed to understand the dynamics of the parental satisfaction of the children receiving occupational therapy services in Nigeria. To identify the level of satisfaction of the parents of the children receiving occupational therapy services in Nigeria. To determine if there is any difference in the level of satisfaction between the male and female parents. To determine if there is any difference in the level of satisfaction

across the different occupational therapy facilities in the different geographical locations

Research Question

The following research questions were raised for the study:

- 1) What is the level of parents' satisfaction with paediatric Occupational therapy services?
- 2) Is there a difference in the level of parents' satisfaction with paediatric Occupational therapy services based on the gender of the parents?
- 3) Is there a difference in the level of parents' satisfaction with paediatric occupational therapy services based on the geographical location of the parents?

Research Hypothesis

Research question 1 was answered directly while questions 2 and 3 were turned into hypotheses thus:

Ho1: There is no significant difference in the level of parents' satisfaction with paediatric occupational therapy services based on gender.

Ho2: There is no significant difference in the level of parents' satisfaction with paediatric occupational therapy services based on the geographical location of the parents.

MATERIALS AND METHODS:

This study adopted a qualitative method and a cross-sectional survey design was employed. The population of this study comprised parents of patients with paediatric conditions who receive therapy at the Paediatric Out-Patient Clinic of Occupational Therapy Department at the University of Benin Teaching Hospital (UBTH), Benin; Federal Neuro-Psychiatric Hospital (FNPH), Aro; Federal Neuro-Psychiatric Hospital (FNPH), Uselu, Benin; Federal Neuro-Psychiatric Hospital (FNPH), Yaba; Federal Orthopedic Hospital (FOH), Igbobi and Obafemi Awolowo University Teaching Hospital (OAUTH), Ile-Ife, which are located in the southwest and the south-south geopolitical zones of Nigeria.

Sample and Sampling Technique

The convenience sampling technique was used to recruit 100 parents of children between the age of 3 months and 14yrs receiving Occupational therapy service in the institutions who do not receive any other rehabilitative care during the research period under

review. The respondents comprised 93 females and 7 males **Table 1**. And their distribution is outlined in **Table 2**. The number of respondents in the different institutions is partly indicative of how Occupational therapy service is being utilized in the settings.

The instrument for data collection

The instrument used for the collection of data was the "Measure of Process of Care (MPOC) Questionnaire. The MPOC contains 20 items which have five factors analytically determined scales (King, Cathers, King and Rosenbaum 2001); Enabling and Partnership (3 items), Providing General Information (5 items), Providing Specific Information about the child (3 items), Respectful and Supportive care (4 items) and Co-ordinated and Comprehensive Care for the child and family (5 items). The MPOC rated 20 items on a 7-point scale from 1 to 7 and 0 which indicates not applicable. Scoring was done thus: 0 = Not applicable, 1 = Not at all, 2 = To a very small extent, 3 = To a small extent, 4 = To a moderate extent, 5 = To a fairly great extent, 6 = To a great extent, 7 = To a very great extent. This scale reflects the extent to which an aspect and situation happen during therapy.

All recruited subjects were administered the questionnaire after getting their consent and they were requested to respond genuinely to the questions having guaranteed the confidentiality of the information provided. All grey areas were clarified without giving away the answer(s) or biasing any response(s). All questionnaires were checked for completeness of response(s) on return. Participants were encouraged to provide answers to any questions and their right to decline was respected.

Data Analysis

The data obtained were analyzed with the aid of Statistical Package for Social Sciences (SPSS) version 22.0. The demographic data was presented in frequency tables and percentages while pie and bar charts were also used to illustrate the obtained responses.

Research question 1 was analyzed using the mean. Hypothesis 1 was analyzed using t-test statistics while Hypothesis 2 was analyzed using Analysis of Variance (ANOVA). The hypotheses were tested at a 0.05 level of significance.

RESULTS:

The first part shows the respondent's demographic data and the other section deals with the research questions and testing of hypotheses

Table 1: Gender of Respondents.

| Gender | Frequency | Percentage (%) |
|--------------|------------|----------------|
| Male | 7 | 7.0 |
| Female | 93 | 93.0 |
| Total | 100 | 100.0 |

Table 1 shows that out of 100 respondents, 7 (7.0%) were male while 93 (93.0%) were female. The respondents were mostly females.

Data in **Table 2** shows that out of 100 respondents, 2 (2.0%) were from OAUTH, IFE; 9 (9.0%) were from FNP, USELU; 10 (10.0%) were from FNP, ARO; 31 (31.0%) were from FNP, YABA; 19 (19.0%) were from FOH, IGBOBI while 29 (29.0%) were from

UBTH, BENIN. **Fig. 2** also showed the distribution of Institution of respondents in percentage. Most of the respondents were from FNP, YABA.

Table 2: Distribution of Respondents.

| Institution | Frequency | Percentage (%) |
|--------------|------------|----------------|
| OAUTH, Ife | 2 | 2.0 |
| FPH, Uselu | 9 | 9.0 |
| NPH, Aro | 10 | 10.0 |
| NPH, Yaba | 31 | 31.0 |
| FOH, Igbobi | 19 | 19.0 |
| UBTH, Benin | 29 | 29.0 |
| Total | 100 | 100.0 |

Responses on the research questions and testing of hypotheses

Research Question 1: What is the level of parents' satisfaction with Occupational therapy services for OT paediatric service?

Table 3: Summary of Mean Responses on Level of Parents' Satisfaction with Occupational Therapy Services for OT Paediatric service (N = 100).

| S/N | Items | Mean Responses | Decision |
|-----|---|----------------|---------------------|
| 1. | Enabling Partnership (Questions 4, 7 and 8) | 5.76 | Great Extent |
| 2. | Providing General Information (Questions 16, 17, 18, 19 and 20) | 4.87 | Fairly Great Extent |
| 3. | Providing Specific Information (Questions 2, 14 and 15) | 4.53 | Fairly Great Extent |
| 4. | Respective and Supportive Care (Questions 5, 6, 10 and 12) | 5.90 | Great Extent |
| 5 | Comprehensive and Coordinated Care (Questions 1, 3, 9, 11 and 13) | 6.08 | Great Extent |

Criterion mean = 3.50; Aggregate mean=5.43 (Fairly Great Extent)

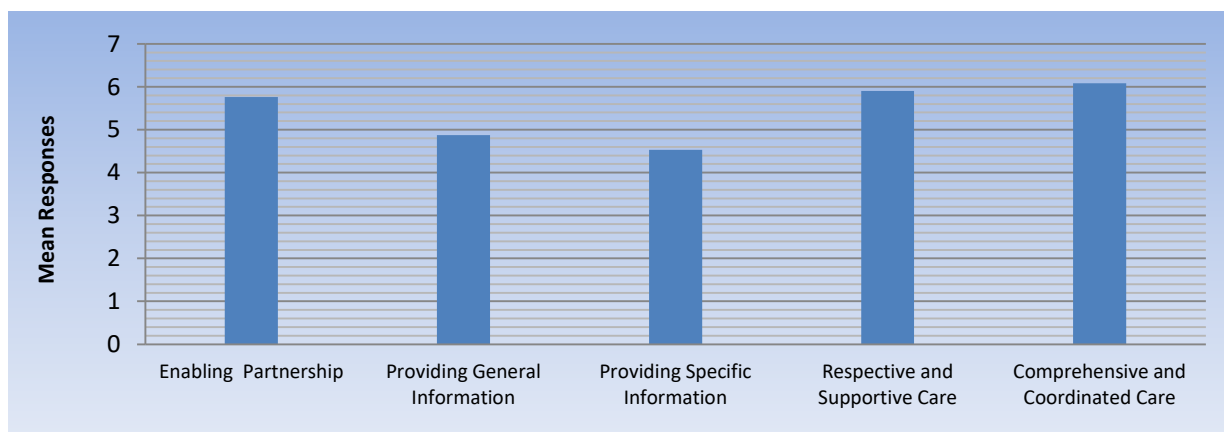


Fig. 1: Mean Responses of Level of Parents' Satisfaction with paediatric Occupational Therapy Services.

Data in **Table 3** shows that items 1, 4 and 5 had corresponding mean scores of 5.76, 5.90 and 6.08 respectively above the criterion mean of 3.50 and were rated to a great extent on parents' satisfaction with occupational therapy services for paediatric conditions. Items 2 and 3 had corresponding mean scores of 4.87 and 4.53 respectively and rated to a fairly great extent on parents' satisfaction with occupational therapy services for paediatric conditions. In summary, with an aggregate mean score of 5.43, the parents rated to a fairly great extent the level of parents' satisfaction with paediatric Occupational therapy services. **Fig. 1** also

and 4.53 respectively and rated to a fairly great extent on parents' satisfaction with occupational therapy services for paediatric conditions. In summary, with an aggregate mean score of 5.43, the parents rated to a fairly great extent the level of parents' satisfaction with paediatric Occupational therapy services. **Fig. 1** also

showed the mean responses of level of parents' satisfaction with Occupational therapy services for paediatric conditions. Comprehensive and Coordinated Care recorded the highest mean

Hypothesis 1

There is no significant difference in the level of parents' satisfaction with paediatric Occupational therapy services based on gender.

Table 4: T-test Analysis of Difference in the Level of Parents' Satisfaction with Occupational Therapy Services for Paediatric Care based on Gender.

| Gender | N | Mean | Std.Dev | Df | Cal-t | Alpha | Sig. (2 - tailed) | Decision |
|--------|-----|--------|---------|----|-------|-------|-------------------|-----------------|
| Male | 7 | 118.29 | 13.52 | 98 | 1.14 | 0.05 | 0.256 | Not Significant |
| Female | 93 | 108.52 | 22.27 | | | | | |
| Total | 100 | | | | | | | |

Data in **Table 4** shows a calculated – t value of 1.14at a 0.05 levelof significance and degree of freedom of 98. It indicated a P value of .256 which was higher than the alpha level of 0.05. Thus, the result was not significant. The null hypothesis was therefore retained. This implies that there is no significant difference in

the level of parents' satisfaction with paediatric Occupational therapy services based on gender.

Hypothesis 2

There is no significant difference in the level of parents' satisfaction with Paediatric Occupational therapy service based on the geographical location of the parents.

Table 5: One – Way ANOVA Summary of Difference in the Level of Parents' Satisfaction with paediatric Occupational Therapy Services for based on the geographical location of the parents.

| Source | Sum of Squares | Df | Mean Square | F- Cal | Sig. | Decision |
|---------------|----------------|----|-------------|--------|------|-----------------|
| Between Group | 5063.546 | 5 | 1012.709 | 2.251 | .056 | Not Significant |
| Within Group | 42294.454 | 94 | 449.941 | | | |
| Total | 47358.000 | 99 | | | | |

Data in **Table 5** shows a One-way Analysis of Variance (ANOVA) summary of the difference in the level of parents' satisfaction with Occupational therapy services for pediatric care based on geographical location. It showed a calculated F-value of 2.251 and a P-value of .056 which is higher than the alpha level of 0.05. Thus, the result was not significant. The null hypothesis was therefore retained. It was concluded that there is no significant difference in the level of parents' satisfaction with paediatric Occupational therapy services based on geographical locations.

DISCUSSION:

The first concern of this study was to find out the level of parents' satisfaction with paediatric occupational therapy services. The finding revealed that the level of parents' satisfaction with Occupational therapy services for pediatric care was fair. Parents rated to a fairly great extent the level of parents' satisfaction with paediatric Occupational therapy services with an aggregate mean score of 5.43. This is consistent with the findings of Caitlin et al. (2018) and Boyana et al.

(2006) which indicated a moderate to a high level of satisfaction for parents related to the OT services that their child received. This is also supported with other studies in paediatric care in UBTH in which parents reported high level of satisfaction (Ofili & Ofovw, 2005, Israel-Aina et al., 2017, Eki-Udoko & Atimati, 2019). The finding further pointed out that parents are satisfied with the comprehensive and coordinated care services, respective and supportive care services and enabling partnership services rendered by Occupational therapy practitioners to a great extent than that of provision of information whether general or specific. Rodger et al. (2008) similarly affirmed this finding in their study that the families including the parents were more satisfied when the OT validated their observation, listened empathically and created an individualized plan that was unique to their family and was not text book in approach. However, this finding is at variance with the results of a similar study in a High-Income Country Setting in which parents ranked home suggestions when communicated clearly by the

Occupational Therapists as the highest component of satisfaction (Boyana *et al.*, 2006). The finding is also contrary to the report of Kolehmainen *et al.* (2010) and Blue-Banning *et al.* (2004) in which parents placed a high value on communication with the therapist as well as access to therapy. This suggests that parents of children receiving Occupational therapy in Nigeria have a higher priority for comprehensive and co-ordinated care services and respective and supportive care services than communication with them on the home programme. This finding then implies that there is a need for Occupational therapy practitioners in LMICs to improve in their service delivery and should always endeavour that their services are comprehensive and coordinated, respective and supportive especially in paediatric services. The second concern was to determine if there is any difference in the level of parents' satisfaction with paediatric occupational therapy services based on gender. Findings revealed that there is no significant difference in the level of parents' satisfaction with paediatric Occupational therapy services based on gender. There are differences in the way a man and a woman think and view things (Hudson & Jacot, 1991). In Nigeria like other LMICs, there is a common belief that a child that is "not doing well" (e.g. a child with disabilities) is for the mother while the "good one" is for the father, which reflects the variation in the perception of the two parents, however, there was a consensus in their satisfaction with OT service. That the male and female parents' level of satisfaction does not differ probably suggests that parents' perception of the indexes of satisfaction of Occupational therapy paediatric services was similar.

In line with this, Carrigan *et al.* (2001) argue that determinants of parents' satisfaction with OT interventions have been identified as seeing an overall improvement, enjoyment of therapy sessions, opportunities for group as well as individual sessions, provisions of home programmes and school visits by the therapists. This argument agrees with McCall and Schneck, (2000) who asserted that parents' perceptions of OT interventions could be affected by poor therapist communication and this could limit the beneficial effect of service provision for children if the parent's needs and expectations are not met. Also, there was no difference between male and female parents both in expectation and their satisfaction with their findings.

The third concern of this study was to ascertain if there is any difference in the level of parents' satisfaction with occupational therapy services for pediatric care based on geographical location. The finding revealed that there is no significant difference in the level of parents' satisfaction with Occupational therapy services for their children based on geographical location.

Although there are different prevalent beliefs on children with disabilities in the different geo-political zones in Nigeria (Adegbemigun *et al.* 2019) which often affect their expectations and resultantly their satisfaction with the services rendered to them, yet there was uniformity in their level of satisfaction. This again affirms the findings of previous studies (McCall and Schneck, 2000 and Carrigan *et al.*, 2001) that the client's satisfaction with OT services is largely dependent on the quality of the service, skill and attitude of the OT practitioners and not the predominant belief in the clients' environment. This result then suggests that parents are yearning for qualitative service delivery from Occupational therapy practitioners regarding the pediatric care services rendered to their wards. In support of this, Moll, Billick and Valdes, (2018) concluded that the best practice for OTs includes, facilitating goal setting with clients and communicating efficiently with parents, allowing them to ask questions for comprehension of the clinical aspects, explaining the child's procedures and providing follow up time to discuss improvements or setbacks. They added also that to provide optimal holistic care to paediatric patients, cooperation with the parents can be an asset to the therapeutic process. Similarly, it has been posited that, regardless of setting, parents want therapists to be enthusiastic and committed to providing concrete help and improving the child's quality of life (Egilson, 2011). Therefore, Occupational therapy practitioners in Nigeria like other low and middle income countries should continue to be committed to rendering quality services, especially in the indicated areas by the parents to foster their satisfaction.

Limitations

A significant limitation in this study was that a larger sample size could have been used for this study although those used were those in relatively- more functional OT facilities that could be accessed at the time of the research. There were a reduced number of male

respondents although the number reflected the reality of the less involvement of the male parents in their children's clinic appointments in Nigeria.

CONCLUSION:

In Nigeria, parents of children receiving paediatric OT services are fairly satisfied. The parents irrespective of their gender and geographical location (cultural background) are always yearning for qualitative service delivery despite the limited resources in the practice setting. Satisfaction in OT interventions should be continuously researched in LMIC as this can enhance improved service delivery (Israel-Aina et al., 2017) and the promotion of the profession as parents can be Occupational therapists' advocates once their needs are satisfactorily met (Moll et al., 2018).

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CONFLICTS OF INTEREST:

The authors declare no conflict of interest.

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