



RESEARCH REPORT

# Reliability of the Filipino version of the Parent Satisfaction Scale: A preliminary study<sup>☆</sup>



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## KEYWORDS

Filipino;  
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care;  
questionnaire

**Abstract** Parent satisfaction is vital in improving the delivery of paediatric health care. However, there are no linguistically appropriate instruments that measure parent satisfaction among Filipino parents of children receiving occupational therapy, physical therapy, and speech pathology services. This study aimed to provide preliminary information about the reliability of the Filipino version of the Parent Satisfaction Scale (F-PSS). Research procedures included forward- and backward-translation of the PSS, cognitive interview, and data collection for reliability. These were conducted on primary caregivers of children who were receiving therapy services in a local clinic. Internal consistency and reproducibility of the translated tool were determined. Internal consistency was measured using an ordinal  $\alpha$  value based on a polychoric correlation matrix, reproducibility using Randolph's  $\kappa$ , and standard error of measurement (SEM). Data analysis showed an ordinal  $\alpha$  value of 0.96,  $\kappa$  values ranging from 0.56 to 0.72, and a standard error of measurement of 0.11. In summary, the F-PSS has excellent internal consistency, moderate to substantial agreement after repeated measures, and excellent absolute reliability for determining parent satisfaction in paediatric health care. Supplementary studies on its validity are needed to further ascertain its clinical utility.

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## Introduction

Parent satisfaction in health care is the extent to which parents' expectations, needs, and wants are met by the services provided to their children [1,2]. Its importance in determining the quality of healthcare delivery has been widely accepted in various healthcare settings [3–5]. It has been a topic of interest in many studies, some of which focused on child [6,7] and adolescent mental health services [8], paediatric services in intensive care [9], emergency units [10], in-patient care [11,12], and early intervention [13,14].

Parents' perceptions and satisfaction are crucial in improving health services owing to their significant role in their children's development [15,16]. They are responsible for acquiring health services needed by their children. Their participation in their children's healthcare, especially adherence to health-related prescriptions and carry-over of services, is likewise important in achieving healthcare goals [1]. They are the most reliable informants about their children, and their preferences and opinions regarding their children's development are most critical [1,17,18]. Measurement of parent satisfaction may also encourage their active participation and provide data informing consumers and policymakers regarding the value of healthcare programs [18].

Client satisfaction may be based on several factors [19] such as healthcare settings and amenities [20], technical management, and features of interpersonal care [4,21]. Among these factors, many authors believe patient–staff interaction is the best influence on client satisfaction [2,4,5,19,22,23]. For healthcare services such as paediatric physical therapy (PT), occupational therapy (OT), and speech pathology (SP), patient-staff interaction is a significant factor to consider because a greater part of these services involves patient-staff contact. These services adhere to a family-centred approach that requires constant dealings with the family; they have greater frequency of visits from clients, and longer duration of treatment sessions [5,19,22,23]. Measurement of parent satisfaction based on patient-staff interaction would yield results relevant to these services.

The Parent Satisfaction Scale (PSS) is a tool designed by Gerkensmeyer and Austin [1] to provide information about aspects of care related to a staff's interpersonal interaction with clients in different contexts of clinical practice. It was based on a consumer satisfaction model that explains how consumers' desires, perceived care needs, expectations, and perception of the actual care experience influence their satisfaction. It was developed primarily to measure parent satisfaction with mental health services provided to their children [1]. It has acceptable internal consistency ( $\alpha = 0.96$ ), construct validity (i.e., parent satisfaction according to met desires, met needs, and met expectations) ( $p < 0.001$ ), and convergent validity with the Client Satisfaction Instrument ( $r = 0.86$ ,  $p < 0.001$ ) [1].

The PSS may be adapted for use in paediatric PT, OT, and SP services because of its rigorous development, excellent psychometric properties, and well-defined conceptual framework of parent satisfaction that agree with the unique aspects of these services. However, there is a need to translate the instrument for linguistic appropriateness to

the intended respondents. Aside from the target population's shared norms, beliefs, values and expectations, linguistic appropriateness needs to be considered in creating culturally appropriate measures [24]. Difficulties in understanding the language of a measure may negatively affect the validity and reliability of the tool [25].

This study aimed to provide preliminary information regarding the reliability of the Filipino version of the Parent Satisfaction Scale (F-PSS). The F-PSS may provide information to rehabilitation professionals regarding quality of service and the needs of paediatric clients, as expressed by their parents.

## Methods

### Design and respondents

A quantitative instrument-based survey was conducted on primary caregivers of all patients receiving PT, OT, and/or SP services in a local charity clinic for therapy services. "Primary caregiver" was defined as the person primarily responsible for the development of the child. They may be the biological parents or individuals who have cared for the child for at least 5 months.

To be included in the study, the primary caregiver should have accompanied the child for at least three therapy sessions per month in the clinic, should be at least 18 years of age, be able to understand and express oneself in Filipino, and have granted the researchers informed consent. Approval from the Ethical Review Committee of the College of Allied Medical Professions at the University of the Philippines (Manila, Philippines) and written informed consent from all respondents were obtained before study implementation.

### Instrument

The PSS is a self-administered instrument with 11 items regarding parents' satisfaction with the staff's interaction with them and their child. The scale uses a 5-point Likert-type item response with 1 designated as "strongly disagree" to 5 as "strongly agree". Table 1 shows the PSS with its 5-point Likert-type item response. The authors of PSS noted that the items in the instrument may be applicable to other fields of healthcare because they were not specifically designed for patients receiving mental health services [1].

### Procedure

The study underwent four phases: (1) translation of the PSS, (2) a cognitive interview to determine the conceptual and linguistic appropriateness of the translated version of the PSS, (3) initial data collection, and (4) data collection for reproducibility.

### Phase 1: Translation

The researchers were granted permission by the author of the original version of the PSS to translate it into Filipino. The researchers submitted the PSS to a Filipino language

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