

Model Testing: Examining Parent Satisfaction

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The purpose of this study was to test a model predicting social-psychological determinants of parent satisfaction with children's mental health services. Model concepts were parents' characteristics, definition of situation, desired services, expectations, met desires, met expectations, and satisfaction. The sample included 120 parents of children, ages 3–18 years, admitted to one of five treatment programs. With minor changes, results of structural equation modeling indicated a good fit between the data and the proposed relationships. The strongest predictor of parent satisfaction was met expectations; however, inclusion of the desire concepts was essential in obtaining a strong, acceptable model fit.

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OUR NATION IS experiencing a crisis in children's mental health, with unmet service needs for children and their families reported to be as high now as they were 20 years ago (U.S. Public Health Service, 2000). An estimated 12–20% of the nation's children are in need of mental health services, less than one third of these children are receiving services and about half of those are receiving inappropriate services (Junek & Thompson, 1999; Substance Abuse and Mental Health Services Administration, 1996). There is a need to make sure that children and their families receive adequate services (Plante, Couchmen, & Diaz, 1995).

Parent satisfaction with services is an important component in evaluation of the adequacy of mental health services for children with mental health problems as parents are usually responsible for getting services for their child and are important to the success of treatment through their participation (Delaney & Engels-Scianna, 1996). Parents are also the best judge about the impact of caring for a child with mental health needs (Dickey & Wagenaar, 1994) and are usually responsible for caring for their child at home when services are completed.

In reviews of parent satisfaction research, however, problems have been found. Many parent satisfaction instruments lack support for their

psychometric properties (Gerkenismeyer, 1999; McMahon & Forehand, 1983; Young, Nicholson & Davis, 1995). Theoretical problems were also found. Only 3 of 46 parent satisfaction studies reviewed reported a conceptual framework (Gerkenismeyer, 2002; Gerkenismeyer & Austin, 2005; Stacey et al., 2002), and only 5 studies presented conceptual definitions of parent satisfaction. (Gerkenismeyer, 2002; Gerkenismeyer & Austin, 2005; Gerkenismeyer, McBride, Feaster & Austin, 1997; Stacey et al., 2002; Webster-Stratton, 1989). Most parent satisfaction research has focused on clinical application or utility rather than theoretical or methodological rigor. Without theoretical emphasis, inadequate conceptualization and operationalization of variables under investigation can result.

Few theoretical frameworks are available that explain consumer satisfaction in the context of

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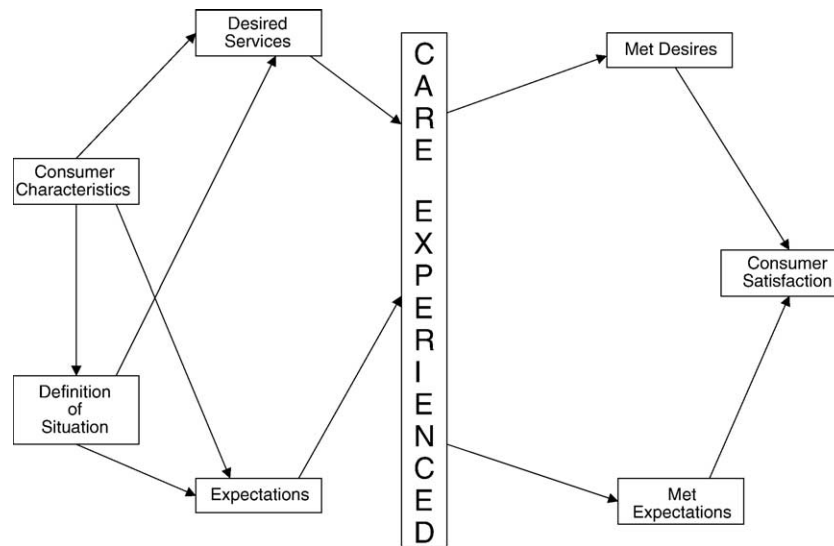


Fig 1. Consumer satisfaction model.

mental health services (Avis, Bond, & Arthur, 1995; Godley, Fiedler & Funk, 1998; Williams & Wilkinson, 1995). Lack of conceptual clarity often leads to something other than parent satisfaction being measured (Baker, Landen & Kashima, 1991; Bradley & Clark, 1993; Chung, Pardeck & Murphy, 1995; Furey & Basili, 1988; Hillier, Loshak, Rahman & Marks, 1994). For example, Furey and Basili (1988) equated parents' ratings of improvement in their child's behavior with satisfaction with their child's care. Lack of theory is especially problematic when there is a growing need to understand and measure parent satisfaction with mental health services for children.

Given the identified problems in parent satisfaction research, there is an obvious need for theoretically grounded research in this area. The lack of attention to theory development and testing in relation to parent satisfaction provided the impetus for this study. The purpose of the study was to test a consumer satisfaction model (CSM) with parents whose children received mental health services.

CONSUMER SATISFACTION MODEL

The CSM (see Figure 1) used in this study was adapted by the authors from Oberst's (1984) framework of expectations. The CSM, based on discrepancy theory, uses consumers' expected or desired care as a baseline on which to compare their actual perceptions of services received

(Pascoe, 1983). Satisfaction was defined as the emotional response to the judgment of the difference between perceived services and consumers' desired and expected services. The discrepancy approach has received empirical support in the consumer satisfaction literature. Linder-Pelz (1982) found that satisfaction with care was significantly greater for patients with both positive expectations and positive experiences than for patients with positive expectations and negative experiences. Hsieh (1988) found satisfaction was significantly related to the discrepancy between anticipated and experienced care, and Sheppard (1993) found satisfaction was significantly related to the discrepancy between desired and experienced care.

Oberst's (1984) discrepancy model proposed that consumers' characteristics, definition of their health-care situation, and perceived care needs influenced their expectations of the health-care system. Consumers' expectations were proposed to interact with perceived reality to determine their level of satisfaction and judgment of service quality. Oberst's model had the limitation of assuming that deviations from expected services resulted in dissatisfaction and did not take into account that services could be better than expected.

In developing the CSM, several changes were made in Oberst's (1984) model. Desired care was added to expectations as a psychological standard. It was assumed that there might be differences between what consumers expected and what they

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