



A Study on Parental Perception and Satisfaction towards Occupational Therapy Holistic Approach on Treatment and Service Delivery

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ABSTRACT

To highlight how holistic occupational therapy processes contribute to the level of parent's perception and satisfaction, improve the therapist's level of care, update therapist about client understands of their services, increase client's awareness of different modes of occupational therapy treatment services. Quantitative descriptive cross-sectional study design, POC-20 Questionnaire is used to measure the processes of care questionnaire with parents ticking each column of items according to their perception and satisfaction. MPOC-20 question output from the interview results shows the treatment care services that enable parents to understand how the therapist takes effort and satisfied them day to day life. Therapist expressed their confidence in the holistic approachability to manage the child's behaviors and act as the family center-point of contact for their ongoing care. This research clearly demonstrates the value of the holistic approach, parent and child place on receiving their service care close to home and how the therapist uses their holistic approach to enable this. The success of this study demonstrates this model of care can be implemented in other services across the world.



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INTRODUCTION

In 1960-70s parents had very less importance towards focus on their child, on their behaving, deficit in their life how much oriented, how professional, how many times focused to look after per day life and find paternalistic. 1970s Psychologist (Rogers, 2007). Need to present the astounding thought of 'tolerant focused consideration' from this develop the possibility of family-focused consideration in pediatrics and Early Intervention. 1986 U.S. enactment (later called Part H of I.D.E.A. Peo-

ple with Disabilities Education Act) ordered family-focused consideration and family results in Early Intervention. The convenience of Measure of Processes of Care (MPOC-20), a parent finished proportion of family-focused help in Infant and Child Development Programs

[Whiteford et al. \(2018\)](#), Guardians realize their kids best and need what's best for them; Parents' discernments mirror their everyday reality, qualities, fears, and dreams. A model of administration conveyance that spotlights on the connection between the family and the specialist organization Based on trust, correspondence, regard, and shared basic leadership, Empowers and reinforces a family's ability to advance a kid's well being and prosperity, Considered best practice however insufficiently assessed at present.

[Caro and Derevensky \(1991\)](#), for the Parents and specialist to comprehend kid advancement, we should take a gander at it in "setting". This setting recognizes that the family is the essential impact on a kid. Individuals and settings outside of the family can significantly affect a kid's results. School, day care, and Infant Development Programs are a piece of this natural setting.

FCS has been identified with Parent prosperity and Parent fulfillment. We additionally realize that Parent prosperity impacts a kid's results and is affected by kid conduct and by bolsters in the social condition: connections are not 'single direction'. In light of parent view of what's going on, MPOC-20 survey depends on ([Raina et al., 2005](#)), system on look into, and on contribution from guardians of kids with physical disabilities getting administration from Children's Rehabilitation Centers in Ontario.

Today, the idea of family-focused help has gotten progressively significant in pediatrics restoration administrations. Family-focused assistance can be portrayed as an all-encompassing methodology towards administration conveyance, where the interesting qualities, assets and set of requirements of every kid and its family structure the base for an exceptionally individualized and dynamic model of care, ([Dunst and Trivette, 2009](#); [King et al., 2004b](#)).

Word related Therapy Literature recommends that "When the customer's point of view isn't considered, the assessment of administrations is fragmented and one-sided" Occupational Therapy Research on parental perceptual and fulfillment in word related treatment is restricted and has primarily centered around guardians recognition, fulfillment or all-encompassing methodology. This survey study will help to highlight the relationship between perception, satisfaction and holistic approach.

Parents' perceptions of progress are important in their own right because they may affect the selection and implementation of interventions and parental involvement. [Schreibman and Schreibman \(2000\)](#); [Solish and Perry \(2008\)](#). Parental fulfillment alludes to how much guardians feel that assistance addresses their issues and those of their kid, ([Rodger et al., 2008](#)).

Guardians and colleagues are equivalent accomplices and work together mutually, sharing points, data, and duties. Research shows that furnishing family-focused help is related with an expansion in guardians' abilities and information about youngster advancement, improved parental fulfillment with administrations, diminished parental pressure and improved prosperity, improved kids' mental change and kid formative increases and aptitude securing ([King et al., 2004a](#)).

[Stein and Jessop \(1984\)](#), analyzed epistemic and authoritative in "vulnerable sides" of the calling which can go about as an obstruction to such individual guardians focused associations, further ([Gerlach, 2015](#)) did an examination about the imitating elements of rejection and minimization of effectively defenseless people and networks.

Word related treatment in which, in light of settled in circumstances of word related foul play in India and all inclusive, we may work with individuals in what has been named "radical solidarity" utilizing decolonizing ([Moxley-Haegert and Serbin, 1983](#)) and occupation quiet focused methodologies ([Fisher and Jones, 2017](#)) for example, the Participatory Occupational Justice Framework (POJF) ([Whiteford and Townsend, 2011](#)) and the Capabilities, Opportunities, Resources and Environments Approach (CORE) ([Pereira, 2017](#)).

There are articles and literatures to support family centered practice and holistic approach in occupational therapy but there's no literature to show patient's perception and satisfaction that typifies the approaches. To highlight and discuss the relationships between client centered and holistic occupational therapy service delivery in relation to the perception and satisfaction of the parents who receives these services.

Conceptual and Operational Definition

Perception

The way in which something is regarded, understood and interpreted and the ability to notice and understand the quality of being aware.

Holistic

Portrayed by the treatment of the entire individual, considering mental and social components, as

opposed to simply the side effects of an ailment.

Satisfaction

Fulfillment of ones wishes, expectations, or needs, or the pleasure and contentment derived from a service or action.

Perception

This is the general view or understanding of the client about occupational therapy treatment and services due to level of professional interaction and relationship between the therapist and the client.

Holistic

An approach that puts the totality of a patient or client into consideration in order to give them an insight and fulfillment of expectation about the occupational therapy treatment services available and offered.

Satisfaction

The ability to match the expectations of a client in terms of treatment and service delivery not as a result of progress observed through therapy.

MATERIALS AND METHODS

Quantitative descriptive cross sectional study approach and non-experimental correlation design. The study was conducted in SRM Medical College Hospital & Research Centre, Kattankulathur, Kancheepuram district, Chennai, Tamil Nadu. 150 subjects were selected using the non-probability convenient random sampling technique. The study is expected to take approximately 4 Months for data collection and to complete the statistical analysis. MPOC-20 Questionnaire, Measure of processes of care questionnaire with parents ticking each column of items according to their perception and satisfaction. Observe inclusion and exclusion criteria. Parent asks to get permission to fill and explanation of the questionnaire. Tamil translator or translation may be used. One session of approximately 30 minutes take with each parent. 20 item measure with 5 scales,

1. Enabling and Partnership (EP): 3 items
2. Providing General Information (GI): 5 items
3. Providing Specific Information (SI): 3 items
4. Coordinated and Comprehensive Care (CCC): 4 items
5. Respectful and Supportive Care (RSC): 5 items

To a very great extent (7), To a great extent (6), To a fairly great extent (5), To a moderate extent (4), To

a small extent (3), To a very small extent (2), Not at all (1), Not applicable (0).

Inclusion and Exclusion Criteria

Parents/caregivers with children with disabilities of age range between 6months to 12 years,

Parents who has attended therapy sessions with their child/ward for at least 5 times, Children who have completed at least three months of therapy and beyond, Parents who are fairly consistent, Parents with moderate literacy, Parents with any level of social status.

Family members with poor knowledge about child's problems, Parents with cognitive impairments such as memory problems, Parents with physical or sensory impairments such as visual or auditory, Parents with history of behavioral or emotional problems.

RESULTS

Table 2 Parameters for grading the Item (Questions)-quality (Mean is the average performance agreement score on the 7-point Likert scale, for each Item. Cumulative score is the percentage of the statements scored 5, 6 and 7 of each item).

From the Table 2, based on the scale 2 the question number 19 and 20 in their average mean values is less than 3.5 so we can give more focus on the important improvement among the these questions compared to other questions in this study. But in scale 3, the question 15 average value should be in the acceptable range i.e. 3.6-4.5. At the same time all other questions have high quality average value range > 4.5. Based on the scale-3 question15 and scale-2 questions 19 and 20 have their cumulative percentage [to a fairly great extent (5) + to a great extent (6) + to a very great extent (7)] value less than 60%, so we need to improve highly. All other questions have acceptable and high quality cumulative percentage range values.

A study is conducted on parental perception and satisfaction towards occupational therapy holistic approach in treatment and service delivery in SRM Medical College Hospital and Research Centre in the year 2019. This Survey gathers the Parent's opinion about their experiences in the college about the child care service. The Survey tool (enclosed in this file), comprises 20 questions covering 5 scales, which are evaluated on a 7-point Like rt scale, and a comments section in the end where respondents can write their suggestions. The survey is conducted through a BOT graduate student, a parents-get the questionnaire and completes this survey anonymously. It is run 4-6 months before the annual

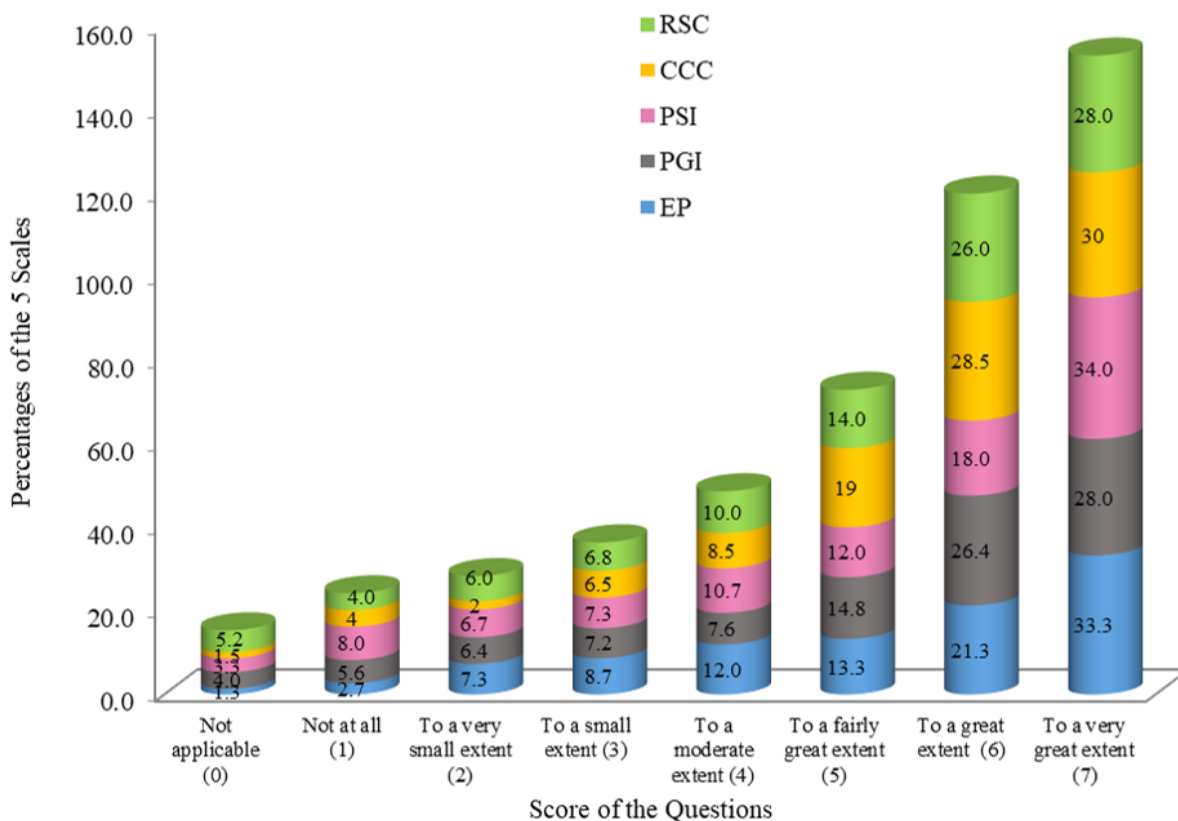


Figure 1: Shows the Comparison percentage of 5 Scales with their Likert scales score

Table 1: Shows the grading and color of mean and cumulative scores

Indices	Mean	Cumulative
High Quality	4.6 and above	80% and above
Acceptable	3.6 to 4.5	60%-80%
Improvement Required	Below 3.6	Below 60%

exams of the students, along with other annual surveys.

On completion of the surveys, the responses are analyzed based on the results in order to address the service providers and parents' concerns, thereby improving the quality of their work-experience in the medical college hospital. Figure 1 - showed the minimum percentage in the not applicable (1.3%) and not at all (2.7%) in the EP-scale, minimum percentage showed to a very small extent (2.0%) and to a small extent (6.5%) in the CCC-scale and minimum percentage showed to a moderate extent (7.6%) in the PGI-scale. To a fairly great extent (19.0%), to a great extent (28.5%) have maximum percentage in the CCC-scale and to a very great extent (34.0%) in the PSI-scale all others lower than that value.

Clinical implications of the study

This research study is expected to help; Occupational therapists understand client's or parent's perspective about their treatment procedures. Par-

ents/clients know what to expect from therapy sessions of their children or wards. Parents/clients become aware of the importance and roles they have in the treatment of their children/wards. Therapists improve on areas of deficiencies that may be highlighted by the study. Therapists understand patients or clients knowledge about the major difference and importance of their services in relation to other closely related professions.

Summary

Parents/caregivers should understand their children level for their requirement of treatment. Parents satisfied with the delivery of occupational therapy services in the Medical College hospital. Parents should receive their perception of the treatment being received by their children in the hospital. Therapist would have their wishes or Interest being duly served. Parents and their children they feel comfortable with handling way of their in the hospital.

Table 2: Shows the Scales wise mean and cumulative percentages with color gratings

Q.No	Question	Mean	%
Scale 1: Enabling Partnership -To What Extent do the People who Work With Your Child [EP]			
4	Let you choose when to receive information and the type of information you want?	5.7	76
7	Fully explain service choices to you?	4.7	62
8	Provide opportunities for you to make decisions about the type of service you receive?	5.4	76
Scale 2: Providing General Information - To what extent does the organization where you receive services [PGI]			
16	Give you information about the types of services offered at the organization or in your community?	4.8	62
17	Have information available about your child's developmental issue (e.g., its causes, how it progresses, and future outlook)?	5.1	70
18	Provide opportunities for the entire family to obtain information?	4.8	66
19	Have information available to you in various forms, such as a booklet, kit, video, etc.?	1.7	12
20	Provide advice on how to get information or to contact other parents (e.g., organization's parent resource library)?	3.1	40
Scale 3: Providing Specific Information - To what extent do the people who work with your child.[PSI]			
2	Provide you with written information about what your child is doing developmentally?	5.7	86
14	Provide you with written information about your child's progress?	5.7	84
15	Tell you about the results from assessments?	4.0	50
Scale 4: Respectful and Supportive Care - To what extent do the people who work with your child [RSC]			
5	Look at the needs of your whole child (e.g., at mental, emotional, and social needs) instead of just at physical needs?	5.4	76
6	Make sure that at least one team member is someone who works with you and your family over a long period of time?	4.8	64
10	Plan together so they are all working in the same direction?	6.1	86
12	Give you information about your child that is consistent from person to person?	5.8	84
Scale 5: Comprehensive and Coordinated Care - To what extent do the people who work with your child [CCC]			
1	Help you to feel competent as a parent?	5.8	82
3	Provide a caring atmosphere rather than just give you information?	5.7	82
9	Provide enough time to talk so you don't feel rushed?	5.6	78
11	Treat you as an equal rather than just as the parent of a child on their caseload (e.g., by not referring to you as "Mom" or "Dad")?	5.5	74
13	Treat you as an individual rather than as a "typical" parent of a child with a developmental risk?	5.7	82

CONCLUSIONS

Word related Therapy can be basically portrayed as empowering all-encompassing methodology in the parent focus care recognition and social incorporation through word related support. The best answer is through dedicated profoundly collective with the guardians, sound power and subject information offering associations to people and families the nation over in India. Receiving a basic and epistemically reflexive position is fundamental in recognizing current domineering practices in the calling which can be accidentally sabotaging to the very individuals we are commanded to serve. Tending to such "authoritative blind spots" and guaranteeing comprehensive, control sharing practices can be accomplished through utilization of decolonizing and occupation focused methodologies in all fields of training.

Conflict of Interest

None.

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