

DEVELOPMENT OF A SCALE FOR MEASURING PARENTAL SATISFACTION WITH SERVICES AVAILABLE FOR DISABLED CHILDREN IN JORDAN**Mizyed A. Hyassat****Majed M. Akhayat***Al-Balqa' Applied University***Nwaf Alzyoud***Hashemite University*

Undoubtedly, parents of children with disabilities are better knowing than anyone else about their children's development and progress. Therefore, considering their perspectives on the services may lead to enhancing service delivery to their disabled children. In this paper, we described the procedure of developing an instrument for measuring parental satisfaction with the services that disabled children and their parents received. The scale developed in the current study consists of five dimensions: Medical care services, accessing to services, special education institutions, parental involvement, and available support. The scale items construct was based on three resources: Reviewing literature, semi-structured interviews, and asking professionals. The results show that the validity and reliability of the scale are satisfactory.

Introduction and Background

Recently, seeking users satisfaction of a service was increased as this investigation may contribute to enhancing the services. However, in the field of delivering services for disabled children, parental satisfaction is a repeatedly used way to measure the quality of the services and identify many aspects of the services that disabled children receive from public and non-public agencies (Jinnah & Walters, 2008; Ireys & Perry, 1999; Lanners & Mombaerts, 2000; MacNeil, 2007). According to Rodger et al (2008 p.174) *Satisfaction refers to the degree to which parents feel that a service meets their needs and those of their child.*

Parents whose children are diagnosed with a disability are in need for several services and used to contact different professionals in order to meet their child's need. For example, health care services, assessment, education, rehabilitation, accommodation, physiotherapy, speech therapy, physical therapy, and transportation. Considering parents' views on the services available for their disabled children may help professionals to develop their services (Liptak et al., 2006; Rodger et al., 2008). This is because parents could be the optimal source of information related to services' outcomes (Jones & Swain, 2001; Gerkenmeyer & Austin, 2005). Parents' opinion on the services may also encourage parents to be involved in service delivery (Bailey et al., 2004b; Laws & Millward, 2001; Liptak et al., 2006; MacNeil 2007; Pelchat et al., 2004). Further, if parents appear to be satisfied with the services, this may evidence the value of such services which accordingly may boost the funding promoted by audience, stakeholders and policy makers (Summer et al., 2005).

The Constitution of Satisfaction with Disability Services

Taking stock of parental satisfaction with the services provided for children with disabilities is a critical issue since the literature identified several overlapped factors that contribute to the demonstration of parents being contented with the received services. Much of research dealt with parental support as a corner stone when the satisfaction is being assessed. This support could be financial, social, informative, and emotional (Crawford & Simonoff, 2003; Park & Turnbull, 2001; Summers et al., 2005a; Summers et al., 2005b; Whitaker; 2007)

Parental involvement is one of the main components of the satisfaction (Bailey et al., 2004b; Jinnah & Walters; 2008; Laws & Millward, 2001). For example, when parents take part in educating their disabled child, this may increase their satisfaction with the services. This is highly connected with family-centred approach in delivering services to children with disabilities and their parents where the family can be an important member and play an active role in the service delivery team (Bailey et al., 2005; Carpenter, 2007; Guralnick, 2005).

Consequently, researchers have argued that the communication skills that service providers have and their interaction way with the parents affect on such involvement and influence the satisfaction with the services (Dunst, 2002; Hart et al., 2007; McConkey, & Hartrop, 2005; Wall, 2003; Whitaker; 2007). Good parent-professional partnerships may pave the way for active involvement and uphold high satisfaction with the services, and vice versa (Crawford & Simonoff, 2003; Dale, 1996; Hess et al., 2006; Graungaard & Skov, 2007; Summers et al., 2005b).

The outcomes experienced are also a significant concern that is taken into account when the services for children with disabilities are being appraised. These outcomes could appear on both parents and their children, for example, Rodger et al (2007) found that the improvement of children's development and parenting stress levels were the main factor influencing mothers' satisfaction with the services delivered to their disabled children. The positive effects that may parents experience is studied further in the literature and utilised as a primary indicators of services' satisfaction (Crabtree, 2007; Checker et al., 2009; Park & Turnbull, 2001; Parsons et al., 2009; Whitaker, 2007).

Further important ingredients of assessing satisfaction with services offered, to children with disabilities and their parents, were discussed in the literature, such as services accessibility, readiness and availability in examining parental satisfaction (Bailey et al., 2004; Grawford & Simonoff, 2003; Parsons, Lewis & Ellins, 2009). The way in which parents can easily access the different available services in their local communities are reported by the respondents in the previous research (Bailey et al., 2004; Lanners & Mombaerts, 2000; Parsons et al., 2009a).

It should be noted that none of the abovementioned research was conducted in Jordan where different social characteristics are practised; health and educational system are applied. Therefore, the current study attempts to shed the light on the satisfaction's components when considering the services available for children with disabilities and their parents in Jordan.

Jordan is a small country land, hearted the Middle East. According to Jordanian General Statistics Department (GSD) (2011), 6.2 millions bodies are living in Jordan. The prevalence of disability in Jordan is not clearly recorded, however, the GSD (2010) reports that % 2 of the total population is disabled. In Jordan, services for children with disabilities are delivered by many different institutions including most serving ministries, the Higher Council for the Affairs of Persons with Disability, private and voluntary sector (Hyassat, 2013).

Measuring Parental Satisfaction

A growing body of research has employed parental satisfaction to measure the successfulness and effectiveness of the services that delivered to children with disabilities and their parents. While some researchers have tried to demonstrate the satisfaction utilising qualitative approach, others employed quantitative methods, and others include both ways in order to assess parental satisfaction with disability services.

In most previous studies, a 5-point Likert scale was utilised to construct and develop instruments to quantitatively measure satisfaction in different places around the world. Ireys & Perry (1999) described the development and evaluation of the Multidimensional Assessment of Parental Satisfaction (MAPS) for children with special needs in Washington DC. They aimed to develop a scale to measure satisfaction with care which was presenting to special needs children. The (MAPS) was used in a later research conducted by Liptak et al (2006). A part of a study conducted by Lanners & Mombaerts (2000) aimed to evaluate parents' satisfaction with early intervention programmes, in the different European countries. They developed a questionnaire (The European Parent Satisfaction Scale EPSS) by employing a group of researchers and professionals according to theoretical concept dimensions. Summers et al (2005b) used the Beach Centre Family-Professional Partnership Scale to appraise the satisfaction of parents of disabled children with special education services in the USA. Knoche et al (2006) surveyed American parents to rate their satisfaction with the child care provided to their children with and without disabilities.

Whitaker (2007) examines the satisfaction of parents whose children received special education provisions in Northamptonshire in England by administer a postal questionnaire. Parsons et al's (2009) study investigates the satisfaction of parents and carers of disabled children with educational provision in England, Wales and Scotland. Data were collected from a survey completed by the parents.

Several studies have assessed the satisfaction with the services delivered to disabled children qualitatively. For example, King et al (2001) conducted a study to examine parental satisfaction. They asked, two groups of parents of children with special needs, to describe 'what they liked best and least about the services provided for their child' (p.115). Park and Turnbull (2001) interviewed -via telephone-eight Korean parents of children with special needs to explore their satisfaction with special education system in the USA. Crabtree (2007) interviewed 15 Arabic Muslim mothers of disabled children in the United Arab Emirates to discover their satisfaction with the special education services.

Further research attempt to investigate parental satisfaction with the services provided to disabled children by utilising both approach quantitative and qualitative. In some instances, open-ended questions were included to the instruments. Rodger et al's (2008) exploratory case study investigates the factors that influence parental satisfaction with early intervention programmes. The researchers recruited two mothers who had children with ASD and were identified as reporting low levels of satisfaction. Several questionnaires and semi-structured interviews were administered.

There are many instruments that were developed to measure parental satisfaction with services delivered to disabled children but these may be not valid measure in Jordan where the time, culture, country, and social context are different (Boynton & Greenhalgh, 2004). Thus, none of instrument used in the reviewed literature can be used as a global tool to measure parental satisfaction as most items within these scales are too specific to a particular services system and some only developed based on the literature. On the other hand, some of the parental satisfaction's components of the services were overlooked when researcher construct their scales. Furthermore, issues related to testing the psychometric properties (validity and reliability) of the parental satisfaction scale were not explained clearly in some previous studies.

Methodology

The process of scale development was gone through several procedures undertaking mixed methodological approach, a qualitative to develop the scale contents and a quantitative to assess the psychometric properties. Utilising mixed methods in social research science can help in counteracting the weakness in both quantitative and qualitative research (Dawson, 2007).

For generating the scale items, we utilised three techniques: Reviewing the literature, conducting interviews, and asking professionals. Bryman (2004) and Boynton and Greenhalgh (2004) suggest that construction a scale can be facilitated by qualitative data. Therefore, after meeting the ethical requirements, the first author conducted a series of semi-structured interviews with parents of children with disabilities. The open-ended questions that were asked during the interviews were derived from reviewing the relevant literature, Table (1) shows examples of the questions asked during the interview. We also relied on the professionals in the field to construct the items. Five professionals, who were working in delivering disability services field, were asked the question *what does make a parent satisfied with the services provided for his or her disabled child?*

Table (1). Examples of the Interview Questions

<ul style="list-style-type: none"> • How did the medical care staff tell you about your child problem, and how did they treat you? • Can you remember your thoughts about the diagnosis you received? • Were you satisfied with the work medical care staff did? Why? • How did you hear about the special education services? • What do you think of accessing the special education services in Jordan? • How did you rate the support that you received from different resources? • What do you think of the place where your child received the services? • What are the strengths and weaknesses in the programme which is presented to your child? • Have you taken part in educating your child?
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Thematic analysis techniques were used, as described by Braun and Clarke (2006), to examine the data collected from the interviews and the professionals' responses. This process identified a long list of

categories which then collated under five overarching themes, and these themes served as dimensions of the scale. Coding process conducted by the three authors and was informed by the relevant literature. Iterative rounds of categorisation were conducted until consensus among the coders was achieved. We present a brief description of each theme as follow:

Medical Care Services

This theme refers to parental satisfaction with the medical care services that are available in their local communities, and their perspectives of the way that they and their disabled children are treated at hospitals and general practices (GPs). This includes all the times that parents try to contact the health care professionals starting from the suspicious of a disability and passing through the diagnostic process.

Accessing to Services

This theme looks at how the services can be accessed, pointing out the eases and challenges of applying for the services, and dealing with the staff who work at the agencies involved in facilitating the services.

Special Education Institutions

This theme measures parental satisfaction with schools and centres that provide educational and related services for their disabled children. This consists of their perspectives on the school's environment and staff's abilities to treat and instruct the disabled children.

Parental Involvement

This theme describes the extent that the parents participate in educating their disabled children and the activities that the parents have taken part in.

Available Support

This theme assessed the satisfaction with available support that is offered either by formal or informal bodies. Support could be informatics, financial, emotional, and or social.

From the three abovementioned sources (empirical literature in the field, interviews data, and professional's responses) we arrived at a set of proposed items that clearly represent the construct of parental satisfaction with the services for disabled children. The items were formatted into statements (for the first three dimensions) and questions (for the other dimensions). At that stage we identified 50 items, table (2) shows examples of the scale items. We tried to keep the scale as short as possible and directly related to the concept of parental satisfaction. We also tried to keep the words number of each item is not long (Dawson, 2007; Boynton & Greenhalgh, 2004). This would encourage the potential participants to complete the scale and obtain high response rate (Dawson, 2007; Worthington & Whittaker, 2006).

Table 2. Example of the Scale Items

Dimension	Examples of related items
Medical care services	<ul style="list-style-type: none"> • The doctor gave me sufficient information about my child case before leaving the hospital • The doctor provided us sufficient information about the available services for my child
Accessing to services	<ul style="list-style-type: none"> • It was easy to have accurate assessment for children with disabilities in Jordan • It was easy to access special education services in Jordan
Special education institutions	<ul style="list-style-type: none"> • My child receives appropriate programme in the special education institution • My child's teachers understand his or her needs
Parental involvement	<ul style="list-style-type: none"> • How often do you take part in constructing the educational objects for your child? • How often do you call your child's teacher?
Available support	<ul style="list-style-type: none"> • How often do you receive social care and family support services? • How often do you receive financial assistance services?

A further revision revealed a drafted instrument and was initially called Parental Satisfaction with Disability Services Scale (PSDS). This scale consisted of three parts: the PSDS starts with a cover page entitled with the scale name, and presents introductory information about aims and dealing with the

scale. The second part requires demographic data about the potential participant and his or her disabled child, which includes age, educational level, family size, monthly income, and the child's disability type. The third part comprises a self reported questionnaire containing 50 items and parents are required to rate their feeling utilising a five-point Likert scale. Two types of scaling responses were used. For the first three dimensions, we used: strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree. For the last two subscales, we used: never, rarely, sometimes, often, and always.

It might be worthwhile to mention that the interviews were conducted in Arabic language as well as asking the professionals in the field. Arabic language is the main language in Jordan, so both parents and professionals could express their selves easily. Also, coding process was carried out in Arabic as translation the data collected was unfeasible. Additionally, the samples of items shown in table (2) were made in English language for the purpose of this article, but the original version of the PSDS will be administered in Arabic in the later research.

Results and Discussion

Content validity was established in the development procedure (Muijs, 2004). The initial scale items of PSDS were sent to 10 arbiters, who were experts in special education, psychological measurement and evaluation, to assess content validity. The referees were asked to provide a rating of item relevance to each of the five scale's dimensions, selection of the words, the appropriateness of scale dimensions, items order and flow, items clarity, typos and grammatical issue. The experts were allowed to suggest adding or deleting items. Following discussion and agreement with the experts, the PSDS was ultimately become 45 items and approved.

Our reviewing of the literature suggested that the concept of parental satisfaction is multidimensional construct. Different factors constituted the satisfaction with the services provided to children with disabilities, this informed by our analysis of the qualitative data collected. We kept this in our mind when first established the PSDS. Therefore, five subscales (medical care services, accessing to services, special education institutions, parental involvement, and available support) formed the overall satisfaction with the services as shown in figure (1). Under each subscale a number of items were issued. Hence, as just mentioned above, the referees were asked to see whether each item measured the subscale it was supposed to measure to look at construct validity.

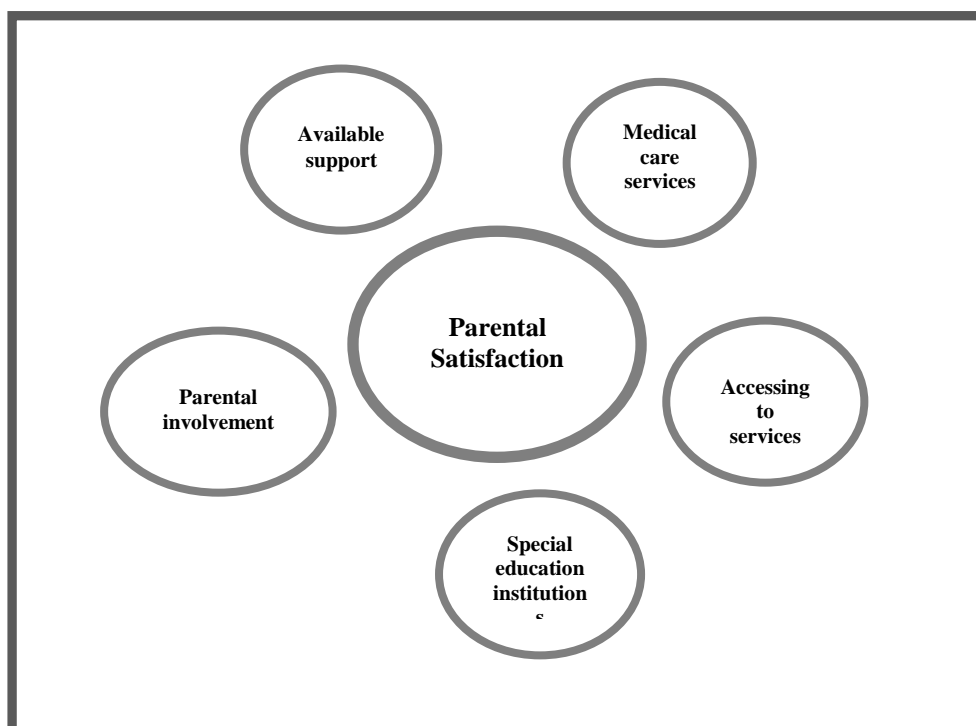


Figure 1. The Constitution of PSDS

The PSDS targets parents who have a child diagnosed with a disability. For piloting purposes, 53 parents were recruited by contacting several special education programs in Jordan. The PSDS had been sent to

them and 50 completed scales returned. Data collected from the completed PSDS were entered and analysed using version 16.0 of the Statistical Packages for Social Sciences (SPSS) software. Pearson's Correlation Coefficient was used to test the internal consistency of the PSDS items. The relationship between the score on each single item and the total score was statistically significant (table 3) except five items (5, 9, 11, 24, 45), therefore, those five items were removed from the PSDS.

Table 3. Shows the Correlation Between Each Item and the Total Score.

Item No.	Item correlation with total score	Item No.	Item correlation with total score
1	*0.56	24	0.15
2	*0.45	25	*0.50
3	*0.25	26	*0.45
4	*0.34	27	*0.47
5	0.09	28	*0.46
6	*0.32	29	*0.60
7	*0.50	30	*0.45
8	*0.50	31	*0.50
9	0.14	32	*0.45
10	*0.50	33	*0.62
11	0.15	34	*0.40
12	*0.51	35	*0.61
13	*0.60	36	*0.45
14	*0.54	37	*0.51
15	*0.60	38	*0.45
16	*0.51	39	*0.57
17	*0.62	40	*0.44
18	*0.45	41	*0.60
19	*0.67	42	*0.40
20	*0.47	43	*0.37
21	*0.61	44	*0.40
22	*0.46	45	0.20
23	*0.52		

* The correlation is statistically significant

Several ways to ensure the reliability of PSDS were sought. First, the split-half reliability was applied (Muijs, 2004); we test the correlation coefficient between the odd and even items of the PSDS corrected by Spearman Brown equation. Result indicates that reliability coefficient after being adjusted is (0.83), and this deemed a sufficient evidence for considering the PSDS as reliable measure.

Test-Retest Reliability was the second way of examining PSDS's reliability (Muijs, 2004). Fifteen copies of PSDS were completed by parents whose children identified as disabled. After two weeks later, the same respondents filled in the PSDS again. We looked at how strong the relationship is between the scores on the scale at the two time points. To test this, we statistically used Person correlation (0.87).

To ensure more reliability indicators, we tested the relationship between the score on each dimension and the total score of the scale. As shown in table (4), the reliability coefficients for sub-scales ranged between (0.65-0.89) which was considered suitable for reliability of the scale dimensions. Consequently, we estimated Chronbach alpha which was (0.80) and this was reasonable for the purposes of the PSDS.

Table 4. Shows Reliability Score for Each Sub-scale

Dimension	Reliability score	Number of items
Medical care services	0.65	9
Accessing to services	0.88	8
Special education institutions	0.84	10
Parental involvement	0.89	8
Available support	0.72	5

We believe that the results of testing validity and reliability of the PSDS are satisfactory for using such a scale to measure satisfaction of the disability services in Jordan. The PSDS was shown to have good content and construct validity as well as acceptable split-half, test-retest reliability, and internal consistency.

Conclusion

The primary aim of the current study was to develop a valid and reliable instrument for use by professionals and researcher to measure parental satisfaction with the services offered for disabled children and their parents in Jordan. This has involved a variety of activities; we reviewed the relevant literature, conducted semi-structured interviews, asked working professionals, consulted experts, and statistically tested the scale. We have shown above the procedure of developing the PSDS.

Content and construct validity were evidenced in the PSDS. Correlation coefficients were used to evaluate the stability of the scale and it was concluded that the scale demonstrated good split-half, and test-retest reliability. Piloting the scale suggests that it is easy to administer tool and understandable, so it is expected to have high response rate.

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