

Parental Satisfaction with Occupational Therapy Services at Niepmd

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Abstract

➤ **Background:**

Parental satisfaction with occupational therapy services is a key indicator of service quality and effectiveness, especially in institutions catering to individuals with disabilities. The National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) plays a pivotal role in providing specialised therapeutic services. Understanding parents' perspectives on these services can help identify strengths and areas for improvement, ultimately enhancing therapeutic outcomes.

➤ **Aim:**

To assess parental satisfaction with occupational therapy services at NIEPMD.

➤ **Method:**

A cross-sectional study was carried out to assess how satisfied parents are with the occupational therapy services provided at NIEPMD. The group of people involved in the study were parents of children with special needs, aged between 6 and 12 years, who were undergoing occupational therapy. The tool used to gather data was the Patient Satisfaction Questionnaire-18 (PSQ-18). Information was collected using self-filled questionnaires. The study used convenience sampling to select participants.

➤ **Results:**

The study assessed parental satisfaction with occupational therapy services using the Patient Satisfaction Questionnaire-18 (PSQ-18). Parents reported high satisfaction with therapist communication (90%), technical quality (81.8%), and courteous interactions (97.5%), showcasing strong therapist-parent relationships. However, moderate satisfaction with financial aspects (71%) and accessibility (71.9%), along with concerns about session time (65.3%) and affordability (35%), suggest areas for improvement. Overall, satisfaction at 79.5% is promising but highlights the need for personalized, accessible, and affordable care strategies.

Keywords: PSQ-18(Patient Satisfaction Questionnaire), Parental Satisfaction, Occupational Therapy Service.

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I. INTRODUCTION

➤ **Ot Services:**

Occupational Therapy is a holistic evidence-based client- centered first contact and/or referral profession of modern health care system, based on science of occupation, with primary focus on purposeful goal-oriented activity/occupations, enhanced with the use of latest technological systems for evaluation, diagnosis, education and treatment of the patients (clients) of any age group, whose function(s) is (are) impaired by physical, psychosocial and

cognitive impairments, development disorders, or the ageing process affecting their quality of life, to prevent disability, promoting health & well-being returning to optimum occupational roles. Specific occupational therapy services include but are not limited to preventive health literacy, assessment & interventions in activities of daily living (ADL), work & productive activities, play, leisure and spiritual activities; functional capacity analysis, prescription, designing and training in the use of assistive technology, adaptive equipment & splints, and environmental modifications to enhance functional performance.

➤ *Parental Satisfaction With Importance:*

Parent satisfaction is a multidimensional concept as multitudinous factors play a part in determining patient satisfaction. Marshall and Hays define the confines of satisfaction with therapeutics as general satisfaction, specialised quality, interpersonal manner, communication, financial aspects, time spent with the therapist, availability and convenience. Bernal et al describe the dimension of case satisfaction as care collaboration, perceived quality, access walls to therapeutics, quality of information handed and specialized and interpersonal chops of the therapist. (2)

Paediatrics is a technical area of healthcare that requires careful consideration of the dynamics involved in meeting the requirements of both parents and children. Assessing Parental Satisfaction with pediatric health services is essential to identify areas for improvement to enhance the quality of care. Pediatrics uniquely involve a binary dynamic, in which the satisfaction of both the parent and the child is vital. The significance of assessing parent satisfaction in pediatric healthcare is underscored by the recognition that parents serve as primary caregivers and decision-makers for their children's well-being. Their pleasure not only reflects the effectiveness of clinical practices but also serves as an essential hand for the child's overall healthcare experience. In paediatrics, the parents' satisfaction is naturally linked to the child's well-being, making it a vital metric for healthcare providers to consider. (3)

By focusing on this group across several cities, we hope to provide valuable insight into the attitudes and worries of parents seeking medical treatment for their kids in various contexts. To raise the standard of care provided to children, policymakers and health care providers must comprehend the elements that influence parental happiness in these contexts. The goal was to evaluate parental satisfaction with paediatric healthcare services (as measured by the PSQ-18) and pinpoint elements that have a major influence on parental satisfaction.

II. AIM AND OBJECTIVE

➤ *Aim*

The study aims to assess parental satisfaction with Occupational therapy services at NIEPMD. Objective To identify parental satisfaction by using the 'Patient Satisfaction Questionnaire Short Form (PSQ-18). HYPOTHESIS Alternative hypothesis: There is a significant relationship between the therapy service and parent satisfaction. Null hypothesis: There is no significant relationship between the therapy service and parent satisfaction.

➤ *Need of The Study*

Parental satisfaction can be significantly impacted by difficulties in balancing work, personal life, and the demands of raising children. The purpose of this study was to determine if the Patient Satisfaction Questionnaire Short Form (PSQ-18) is an applicable outcome measure to determine patient satisfaction for cases entering the therapeutic services. The need for the study is to understand the thinking and satisfaction of the parents towards the therapy for their child. The study also describes the relationship between parents and

therapists.

III. REVIEW OF LITERATURE

- 1) D. J. Poole et al. (2012) conducted a study on "Parent Satisfaction with Occupational Therapy for Children with Autism Spectrum Disorder (ASD), aimed at assessing parent satisfaction with occupational therapy services for children with ASD. Involving 112 parents, the research utilised a satisfaction questionnaire covering aspects such as therapist professionalism, treatment outcomes, communication, and accessibility. The results showed that most parents were highly satisfied, particularly with therapists' communication and their children's progress in social and functional skills. However, concerns were raised regarding the duration of therapy sessions and the need for more individualised treatment plans. The study concluded that while parents generally view occupational therapy favourably, improvements in session length and tailoring of interventions could enhance satisfaction and lead to better therapeutic results. (5)
- 2) The study "Satisfaction with Pediatric Occupational Therapy Services: Parental Perspectives" by Anderson and Reilly (2010) examined parental satisfaction with pediatric occupational therapy services, involving 85 parents who completed a survey. Results showed that 85% of parents were satisfied with the services, particularly valuing therapists' ability to build rapport with children and communicate therapy goals effectively. However, some concerns were raised about limited access to services, long waiting times, and insufficient parental involvement in setting therapy goals. The study concluded that while overall satisfaction was high, improvements in accessibility and collaboration could enhance service delivery. These findings emphasise the importance of family-centred care to optimise outcomes in pediatric occupational therapy. (6)
- 3) The study "Exploring the Parent-Therapist Relationship in Pediatric OT: A Qualitative Study" by J. M. Thomas et al. (2014) examined the parent-therapist relationship through interviews with 15 parents and 10 therapists. Results highlighted that mutual respect, open communication, and shared decision-making were key to positive relationships. Parents valued therapists who listened to their concerns and involved them in goal setting, while therapists emphasised the importance of parental engagement. Challenges included mismatched expectations, time constraints, and 8 differing treatment priorities. The study concluded that a strong, collaborative relationship between parents and therapists is essential for successful outcomes in pediatric OT. Recommendations included improving communication, aligning expectations, and adopting a family-centred approach to enhance engagement and effectiveness. (7)

IV. METHODOLOGY

➤ **Research Design:**

A cross-sectional quantitative study.

➤ **Study Setting:**

This study was conducted in the Occupational Therapy Department of Therapeutics at NIEPMD, Chennai, Tamil Nadu.

➤ **Sampling Technique:**

Convenient sampling was used for the study.

➤ **Sample Size:**

The sample size (n) was 40.

➤ **Variables:**

Dependent variable - Parental satisfaction. Independent variable- Occupational Therapy

➤ **Selection Criteria:**

• **Inclusion Criteria:**

- ✓ Parents of both genders.
- ✓ Parents of clients with any disabilities.
- ✓ Parent of a client whose average age is 06-12 years.

- ✓ Parent who can read and write English or Tamil.
- EXCLUSION CRITERIA:**
- ✓ Parents of clients are irregular therapy.
 - ✓ Parents of clients who are taking therapy outside.

➤ **Tools Used:**

• **Patient Satisfaction Questionnaire Short Form (PSQ-18):**

The Patient Satisfaction Questionnaire Short Form (PSQ-18) is a widely used instrument designed to measure patient satisfaction with healthcare services in a concise and efficient manner. It assesses seven key dimensions: general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctors, and accessibility of care. The PSQ-18 was derived from the longer PSQ-III, retaining its psychometric robustness while being significantly shorter and easier to administer. Its 18 items are scored using a 5-point Likert Scale, where '1' is 'strongly agree' and '5' is 'strongly disagree', providing quantifiable insights into patient perceptions of care. The PSQ-18 is adaptable for diverse healthcare settings and populations, making it a practical choice for both research and clinical quality assessments.

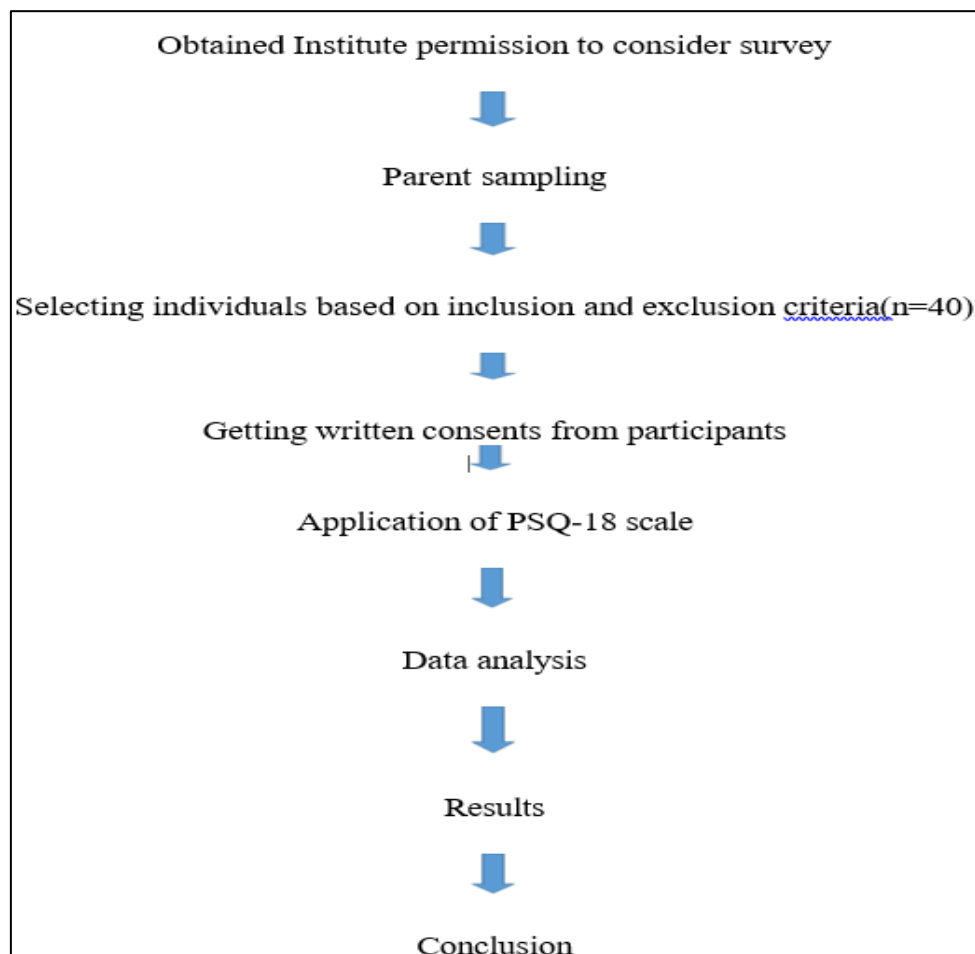


Fig 1 Procedure Flowchart

V. RESULTS

The results of the study are presented in the following sections.

Table 1 Descriptive Statistics for age

Age	Frequency	Percentage	Mean $\pm$ SD	Min - Max
< 35	4	10.0	40.33 $\pm$ 4.446	30 - 52
35 - 45	31	77.5		
> 45	5	12.5		
Total	40	100.0		

The above table presents descriptive statistics for age in a sample of 40 individuals. The age range is 30 to 52 years, with a mean age of 40.33 years. The standard deviation of 4.446 indicates moderate variability in age within the sample. These statistics provide a concise overview of the sample's age distribution.

Table 2 Gender Distribution

Gender	Frequency	Percentage
Male	17	42.5
Female	23	57.5
Total	40	100.0

The above table illustrates the gender distribution in the sample of 40 individuals. Females constitute 57.5% (n = 23), while males make up 42.5% (n = 17). This shows that females are more represented in the sample compared to males.

Table 3 Assessment of patient satisfaction (PSQ-18) for individual questions

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree					
	n	%	n	%	n	%	n	%	n	%
Therapist are good about explaining the reason for rehabilitative tests	17	42.5	19	47.5	4	10	0	0	0	0
I think my therapist office has everything needed to provide complete rehabilitative care	12	30	18	45	7	17.5	3	7.5	0	0
The rehabilitative care I have been receiving is just about perfect	11	27.5	18	45	10	25	1	2.5	0	0
Sometimes therapist make me wonder if their diagnosis is correct	4	10	9	22.5	12	30	11	27.5	4	10
I feel confident that I can get the rehabilitative care I need without being set back financially	11	27.5	18	45	7	17.5	4	10	0	0
When I go for rehabilitative care, they are careful to check everything when treating and examining me	14	35	20	50	4	10	1	2.5	1	2.5
I have to pay for more of my rehabilitative care than I can afford	4	10	9	22.5	7	17.5	15	37.5	5	12.5
I have easy access to the rehabilitative specialists I need	13	32.5	19	47.5	5	12.5	3	7.5	0	0
Where I get rehabilitative care, people have to wait too long for emergency treatment	1	2.5	6	15	14	35	17	42.5	2	5
Therapist act too business like and impersonal toward me	4	10	5	12.5	7	17.5	17	42.5	7	17.5
My therapist treats me in a very friendly and courteous manner	16	40	23	57.5	1	2.5	0	0	0	0

Those who provide my rehabilitative care sometimes hurry too much when they treat me	2	5	9	22.5	9	22.5	15	37.5	5	12.5
Therapist sometimes ignore what I tell them	2	5	3	7.5	5	12.5	22	55	8	20
I have some doubts about the ability of the therapist who treat me	1	2.5	5	12.5	10	25	18	45	6	15
Therapist usually spend plenty of time with me	3	7.5	12	30	17	42.5	7	17.5	1	2.5
I find it hard to get an appointment for rehabilitative care right away	2	5	9	22.5	10	25	15	37.5	4	10
I am dissatisfied with some things about the rehabilitative care I receive	3	7.5	10	25	7	17.5	17	42.5	3	7.5
I am able to get rehabilitative care whenever I need it	12	30	15	37.5	7	17.5	3	7.5	3	7.5

The table summarizes patient perceptions of rehabilitative care based on various statements, with responses categorized into levels of agreement. Most participants strongly agree or agree that therapists explain tests well (90%) and treat them courteously (97.5%). However, concerns exist about affordability (27.5% feel financially confident) and timely access to care (37.5% find it hard to get appointments quickly). Additionally, 42.5% believe therapists spend sufficient time with them, while 45% express doubts about hurried treatment or being ignored. Overall, the data reflects mixed satisfaction levels with rehabilitative services.

Table 4 Satisfaction Level of Each Domain

Each Domain Patient satisfaction level Scoring	Mean	S.D.	Max Score	Satisfaction in Percentage
General satisfaction	3.575	.7121	5.0	71.5
Technical quality	3.681	.5188	4.5	81.8
Interpersonal manner	3.913	.6591	5.0	78.3
Communication	4.050	.6583	5.0	81
Financial aspects	3.550	.8228	5.0	71
Time spent with therapists	3.263	.7249	5.0	65.3
Accessibility and convenience	3.594	.6497	5.0	71.9
Overall patient satisfaction	3.656	.4434	4.6	79.5

The table provides an overview of patient satisfaction across different aspects of rehabilitative care. The highest satisfaction is observed in communication (81%) and technical quality (81.8%), while the lowest is in time spent with therapists (65.3%). General satisfaction, financial aspects, and accessibility also show moderate satisfaction levels, ranging from 71% to 71.9%. Overall, patient satisfaction is fairly positive, with a mean score of 3.656 and an overall satisfaction of 79.5%.

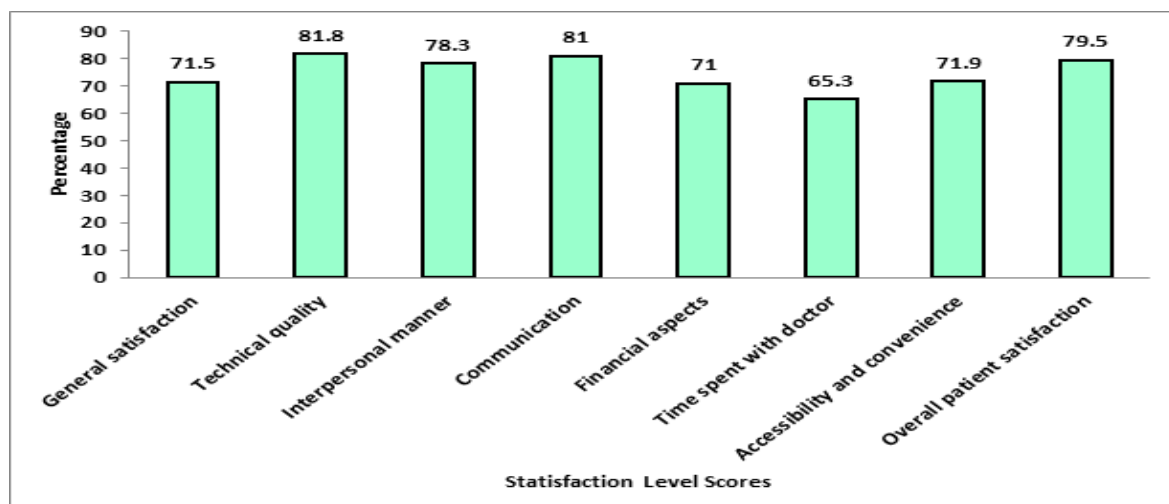


Fig 1 The graphical representation of the satisfaction level of the parents.

VI. DISCUSSION

This study discusses the results of the study interpreted from statistical analysis. The present study was conducted to assess the parental satisfaction with occupational therapy services at NIEPMD using PSQ-18. The study was conducted in the Occupational Therapy, Department of Therapeutics at NIEPMD, Chennai, Tamil Nadu. Based on inclusion criteria, 40 clients were included in the study.

- **Table 1** shows the age statistics of the participants, revealing a mean age of 40.33 years, with a range spanning from 30 to 52 years. This suggests that the majority of parents involved in the study are likely to be in their early to mid-adulthood, a period often associated with significant life responsibilities and decision-making regarding their children's therapy needs. The standard deviation of 4.446 years indicates a relatively consistent age group, which may influence their perceptions and expectations of occupational therapy services. Understanding the demographics can help tailor therapeutic approaches and communication strategies to better meet the needs of this age group, ultimately enhancing parental satisfaction.
- **Table 2** shows the gender distribution of participants in the study shows that 42.5% were male (17 participants) and 57.5% were female (23 participants). This indicates a higher representation of females among the parents seeking occupational therapy services, which may reflect broader societal trends where mothers are often more involved in caregiving and health-related decisions for their children. Understanding this gender dynamic is essential for tailoring communication and support strategies, as it may influence the types of feedback and satisfaction levels reported. Additionally, recognizing the predominance of female participants can guide future outreach efforts to ensure balanced engagement with both parents.
- **Table 3** shows the parents' perceptions of rehabilitative care across various dimensions, including therapist communication, access to care, and financial implications. A significant majority (90%) believe therapists are good at explaining test reasons, and 85% feel confident about accessing necessary specialists. While 72.5% agree with therapists to check everything thoroughly during treatment, 35% express concerns about the affordability of care. Additionally, 97.5% feel therapists treat them courteously, although 30% feel therapists occasionally hurry during treatment. Concerns about delayed emergency care (47.5%) and difficulty securing appointments (47.5%) are also evident. Importantly, 62.5% of respondents have no doubts about their therapists' abilities, yet 32.5% feel dissatisfied with aspects of care. These findings highlight strengths in therapist-patient relationships, but underscore areas needing improvement, such as affordability, accessibility, and addressing patient concerns.
- **Table 4** shows the data highlights overall positive parent satisfaction with rehabilitative care, particularly in communication (81%), technical quality (81.8%), and

interpersonal manner (78.3%), suggesting strong therapist-parent relationships and effective care delivery. However, financial aspects (71%) and accessibility/convenience (71.9%) indicate moderate satisfaction, pointing to potential barriers related to affordability and ease of access. The lowest-rated domain, time spent with therapists (65.3%), reflects a need for therapists to dedicate more time to parent interactions to enhance satisfaction. While the overall satisfaction score of 79.5% is promising, addressing concerns about financial strain, accessibility, and adequate time with therapists can help further improve the parent experience. These findings emphasize the importance of balancing technical expertise with personalized and accessible care.

This study was carried out to assess the parental satisfaction with occupational therapy services with the use of PSQ -18. Based on the result discussed above the null hypothesis is proved and alternate hypothesis is rejected.

VII. CONCLUSION

The study on parental satisfaction with Occupational Therapy services at NIEPMD highlights a generally positive perception among parents regarding the quality of care provided. This study concludes that parents had a generally favourable opinion of rehabilitative care, with high satisfaction in areas including interpersonal manners, technical quality, and communication. Nonetheless, there are still issues with accessibility, financial affordability, and enough time spent with therapists, all of which have an effect on overall satisfaction levels. The demographic information, such as the distribution of ages and genders, is important background information for comprehending the experiences and expectations of parents. Enhancing communication, expanding access to care, and customising therapy approaches can all improve outcomes and satisfaction. To effectively serve the requirements of families looking for rehabilitative services, these findings highlight the necessity of a well-rounded strategy that blends technical know-how with individualised, approachable, and compassionate care.

LIMITATIONS

- Self-reported data, which the study depends on, could be biased or inaccurate.
- The findings' ability to be applied broadly may be impacted by a small sample size or a lack of demographic variety.
- It's possible that socioeconomic position and other external factors that affect parent satisfaction were not properly taken into consideration.

RECOMMENDATIONS

- Further studies could focus on improving the occupational therapy services, ensuring a more positive and impactful therapeutic experience for families.

- The research could be conducted across multiple institutions or locations to enhance the generalizability of the findings and account for variations in parental satisfaction with occupational therapy services.
- A longitudinal study design could be employed to track parental satisfaction with occupational therapy services over an extended period.

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