Parental Satisfaction, Service Quality and Outcomes

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• General considerations when thinking about satisfaction, quality and outcomes

• Specific details about a parent self report instrument

• Some results
Why are we interested in this triad?

• We know early detection is not enough, we need quality early intervention – but what is quality?

• A shift from population level questions to context level concerns:
  – Not: does EHDI deliver gains for deaf children?
  – But: what works for which families in which circumstances?
Why are we interested in this triad?

- As parents become a greater part of the intervention team
- As practice shifts ever more to family centred concerns
- New questions arise about
  - What is success in families’ terms?
  - What is a good outcome for whom?
But

• Understanding and measuring satisfaction, quality and outcome is a problem...

• Whether as practitioner, researcher, parent – or all three...
Satisfaction is constrained by

- Knowledge
- Expectations
- Who we ‘are’
Quality

- **Quality as structure**
  - Standards
  - Training/skills
  - Service elements
  - Best practice

- **Quality as process**
  - How services are provided
  - How professionals behave
  - Preferred underpinning philosophies (FCP; IC)
BUT...

- Subjective elements of appraisal will interact with both quality as structure and quality as process

- Beliefs, values, culture, priorities, previous life experience, expectations, social ecology

- They will cause us to vary in:
  - What we define as relevant, important, significant
  - How much we are satisfied
  - Perceived impact
  - How we interpret advice and support
Outcomes

• To be measured (providing we know the tool we measure with actually measures what we think it does…)

• But whose outcomes and what kind of outcomes are given importance?

• Can different sorts of outcome be correctly interpreted and recognised?
Developing a parent-report quality assessment instrument

- Allow us to have descriptions of input – both structures and processes
- Allow us a window into the relevance/meaningfulness of the input
- Allow us to see how perception changes with time
- Allow us to take into consideration parents’ personal dispositions
MVOS (Young, Gascon-Ramos, Campbell, Bamford, 2009)

- My Views on Services
- Written questionnaire
- 6 monthly repeat instrument
- 4 parts
- Designed for research but being adapted for practice
- Freely available
The ‘who’

- a description of the structure of professional services (including the amount)

- evaluated according to timeliness

- and availability
### Which professionals work with you?

1. Have you, as a parent, had any direct contact with specialised services in the past 6 months regarding your deaf child?

<table>
<thead>
<tr>
<th>Professional</th>
<th>Yes</th>
<th>No</th>
<th>h week</th>
<th>h month</th>
<th>h year</th>
<th>Did you get this service?</th>
<th>Would you like this service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiolgist</td>
<td></td>
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<tr>
<td>ENT consultant</td>
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<tr>
<td>Audiological physician</td>
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<tr>
<td>Genetic counsellor</td>
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<tr>
<td>Health visitor</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Educational audiologist</td>
<td></td>
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<tr>
<td>Teacher of the deaf</td>
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<tr>
<td>Speech and language therapist</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Support worker who is deaf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Deaf role model</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Signing support</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
The ‘what’

- **the content** of intervention

- evaluated according to
  - importance
  - quantity
  - satisfaction
Content of intervention (22 items)

What do services provide you with?

<table>
<thead>
<tr>
<th>Content</th>
<th>How important is this for you now?</th>
<th>How much are you getting of this?</th>
<th>How satisfied are you with this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information about available services</td>
<td>Not Important</td>
<td>Somewhat Important</td>
<td>Important</td>
</tr>
<tr>
<td>2. Information about deaf children's needs and potential</td>
<td>Not Important</td>
<td>Somewhat Important</td>
<td>Important</td>
</tr>
<tr>
<td>3. Information about deafness</td>
<td>Not Important</td>
<td>Somewhat Important</td>
<td>Important</td>
</tr>
<tr>
<td>4. Information about how to communicate with my deaf child</td>
<td>Not Important</td>
<td>Somewhat Important</td>
<td>Important</td>
</tr>
<tr>
<td>5. Knowledge about how to play with and enjoy my deaf child</td>
<td>Not Important</td>
<td>Somewhat Important</td>
<td>Important</td>
</tr>
<tr>
<td>6. Knowledge about how deaf children grow up</td>
<td>Not Important</td>
<td>Somewhat Important</td>
<td>Important</td>
</tr>
<tr>
<td>7. Help to encourage my child communication skills</td>
<td>Not Important</td>
<td>Somewhat Important</td>
<td>Important</td>
</tr>
<tr>
<td>8. Comprehensive assessments (e.g. language, development, hearing)</td>
<td>Not Important</td>
<td>Somewhat Important</td>
<td>Important</td>
</tr>
</tbody>
</table>

Not at all | 1 | 2 | 3 | 4 | 5 | Very much
The ‘how’ of intervention

• the **process** of the intervention

• evaluated according to
  – extent
  – and **importance**
18 items

To what extent are professional services...

<table>
<thead>
<tr>
<th>Not at all</th>
<th>To a very small extent</th>
<th>To a small extent</th>
<th>To a moderate extent</th>
<th>To a fairly great extent</th>
<th>To a great extent</th>
<th>To a very great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

How important is this for you now?

1. Flexible in arranging meetings that take into account your family’s availability.

2. Adapting to your needs (e.g. reconsidering what they had planned to do with you on a particular meeting to meet your needs).

3. Trusting you as the ‘expert’ on your child.

4. Providing enough time to talk (so you don’t feel rushed)

5. Working together with you in designing and deciding the support you want for your child and family.

6. Taking into account your family’s culture and lifestyle when working out support plans.
The impact...

- the overall **impact** of the intervention

- in terms of
  - child
  - family
  - and parent themselves
### Has the support made a difference?

**Overall, how much have professional services made a difference for:**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your family (partner, siblings…)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Yourself as a person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Has this difference been positive for:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your family (partner, siblings…)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Your self as a person</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other instruments

• Short form TEIQue [Trait Emotional Intelligence Questionnaire] (Petrides and Furnham, 2001)

  – Enables control for ‘disposition’ [not ‘ability’]
  – Emotional self-efficacy
  – Well being, emotionality, self control, sociability
Examples from TEIQue

- ‘I generally hope for the best’
- ‘I can handle stress without getting too nervous’
- ‘It’s easy for me to adjust to new conditions’
- ‘It’s hard for me to enjoy life’
Instrument properties
Content of Intervention: Scale development

- Two subscales to measure content of support with good reliability were identified:
  - Supporting a deaf child ($\alpha=0.87$)
  - Supporting parents ($\alpha=0.86$)

- Inter-scale correlation was high ($r=0.75$)

- Test-retest correlations were also high after:
  - 6 month ($\rho=0.88; \ r=0.682$)
  - 12 months ($\rho=0.595; \ r=0.817$)
Examples from sub scales

• “Supporting a deaf child”
  – Information about how to communicate with my deaf child
  – Confidence building in parenting a deaf child
  – Knowledge about how to play with and enjoy my deaf child

• “Supporting parents”
  – Help to understand how professional support systems work
  – Emotional support for you and your family
  – Advocacy (making my needs known)
Process of intervention: scale development

- Content validity – based on review of Family Centred Practice
- Reliability: High internal consistency ($\alpha=0.93$)
- All 18 statements necessary to achieve such a high level
- Reliability did not improve with deletion of any statements
- Suggests high construct validity for Family Centred Practice Scale
Some results??

(Gascon-Ramos, Campbell and Young, 2010)
Questionnaire returns

• At entry – 82 (82 mothers and 72 partners)

• 6 months later – 52

• 12 months later – 23
Demographic Data - Children

- Median age of ID: 1.9 months old
- Mean age entering the study: 11.7 months old
- 40% moderate; 21% severe; 39% profound
- Children with other needs: 23 (27.4%)
Perceived Importance of Content of EI

• Ratings of importance for both sub scales were high
  – Supporting Deaf Child were rated as important or very important (mean 3.5; SD 0.52; n=73)
  – Supporting Parents took a second place (mean 2.95; SD 0.59; n=73)

• BUT Intervention that equips parents to support their deaf child is consistently rated as more important than content that addresses their personal support.

• Differences between ratings of importance in both subscales were statistically significant (paired t= 12.03; p<0.001) and highly correlated (r=0.75; p<0.001).
Did length of involvement with EI change perceptions of importance?

- Comparisons made between:
  - At entry and 6 months later
  - 6 months and 12 months

- High importance persisted on both sub scales

- No statistically significant differences on either sub scale between ratings at different time points, or in the relationship between the 2 sub scales

- Initial appraisals of the importance of content of intervention at 6mths is best predictor of perceived importance subsequently, over and above any differences associated with child characteristics (e.g. degree of deafness).
Did trait emotional intelligence make a difference?

• Mothers’ TEIQue did not correlate significantly with ratings of perceived importance of content of intervention (overall, nor on either sub scale)

<table>
<thead>
<tr>
<th></th>
<th>SDC</th>
<th>SP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$r$</td>
<td>$p$</td>
</tr>
<tr>
<td>Global Trait EI</td>
<td>0.05</td>
<td>0.62</td>
</tr>
<tr>
<td>Well being</td>
<td>0.07</td>
<td>0.49</td>
</tr>
<tr>
<td>Self-control</td>
<td>0.14</td>
<td>0.20</td>
</tr>
<tr>
<td>Emotionality</td>
<td>-0.01</td>
<td>0.92</td>
</tr>
<tr>
<td>Sociability</td>
<td>-0.03</td>
<td>0.73</td>
</tr>
</tbody>
</table>

Disposition does not mediate appraisals of importance of content
Did educational background matter?

- **YES**: Mothers with fewer qualifications rated the importance of content relating to supporting them more highly than those with higher qualifications. [Supporting Parents sub scale (F=4.23; p=0.008)]

<table>
<thead>
<tr>
<th></th>
<th>SDC</th>
<th>SP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Median</td>
<td>SD</td>
</tr>
<tr>
<td>No qualifications</td>
<td>3.8</td>
<td>0.2</td>
</tr>
<tr>
<td>High school</td>
<td>3.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Higher education</td>
<td>3.7</td>
<td>0.3</td>
</tr>
<tr>
<td>certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher education</td>
<td>3.7</td>
<td>0.5</td>
</tr>
<tr>
<td>degree, NVQ 6 +</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Ratings on the SDC sub scale not affected by education
Parents’ Satisfaction with Content of EI

• Parents’ satisfaction scores on the Supporting a Deaf Child subscale were higher (mean 3.4, SD 0.9) than on the Supporting Parents subscale (mean 3.1, SD 0.8).

• The difference is statistically significant (t =3.24, df= 55, p = 0.002).

• Result not affected by age of child, degree of hearing loss, disability.
Does length of involvement make a difference?

- Comparing at entry with 6 mths later and 12 months later
  - Satisfaction scores do increase over time
    - Not statistically significant for the SDC subscale
    - Is statistically significant for the SP subscale

<table>
<thead>
<tr>
<th>SDC</th>
<th>r</th>
<th>p</th>
<th>T</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>At entry</td>
<td>0.68</td>
<td>0.001*</td>
<td>1.35</td>
<td>41</td>
<td>0.185</td>
</tr>
<tr>
<td>*6 m</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At entry</td>
<td>0.64</td>
<td>0.006*</td>
<td>-0.82</td>
<td>16</td>
<td>0.425</td>
</tr>
<tr>
<td>*12 m</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

At entry (mean 3.5; SD 1.0)
6 months (mean 3.3; SD 0.9)
12 months (mean 3.5; SD 0.9)

<table>
<thead>
<tr>
<th>SP</th>
<th>r</th>
<th>p</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>At entry</td>
<td>0.68</td>
<td>0.001*</td>
<td>-0.39</td>
<td>33</td>
<td>0.699</td>
</tr>
<tr>
<td>*6 m</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At entry</td>
<td>0.57</td>
<td>0.028*</td>
<td>-3.44</td>
<td>14</td>
<td>0.004*</td>
</tr>
<tr>
<td>*12 m</td>
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</tr>
</tbody>
</table>

At entry (mean 3.1; SD 0.8)
6 months (mean 3.1; SD 0.8)
12 months (mean 3.5; SD 0.7)
The impact of well being

Mother’s self-perceived wellbeing is correlated with satisfaction scores on both subscales

- [Factor analysis demonstrating a statistically significant association with content]

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<thead>
<tr>
<th></th>
<th>SDC</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
<td>p</td>
<td>r</td>
<td>p</td>
</tr>
<tr>
<td>Global Trait EI</td>
<td>0.125</td>
<td>0.30</td>
<td>0.197</td>
<td>0.13</td>
</tr>
<tr>
<td>Well being</td>
<td>0.243</td>
<td>0.04*</td>
<td>0.300</td>
<td>0.01*</td>
</tr>
<tr>
<td>Self-control</td>
<td>0.171</td>
<td>0.15</td>
<td>0.185</td>
<td>0.15</td>
</tr>
<tr>
<td>Emotionality</td>
<td>0.130</td>
<td>0.27</td>
<td>0.153</td>
<td>0.23</td>
</tr>
<tr>
<td>Sociability</td>
<td>-0.08</td>
<td>0.51</td>
<td>0.086</td>
<td>0.51</td>
</tr>
</tbody>
</table>

[But mother’s educational background does not affect satisfaction scores on either sub scale nor globally].
Conclusions - results

- All content is important and its perceived importance increases over time.
- But that which is perceived to be specific to the ‘difference’ of the deaf child is more significant in the early stages regardless of maternal disposition and child specific characteristics.
- Initial appraisals of the importance of content of intervention were the best predictor of appraisals 6 months later, over any differences associated with child characteristics (e.g. degree of deafness).
- Importance attributed to ‘specialist content’ not affected by maternal education.
- But importance attributed to personal support was affected by maternal education – those with fewer qualifications attributed greater importance.
Conclusions cont.

- Significant higher satisfaction ratings were associated with content of intervention linked to supporting a deaf child, in comparison with that supporting parents.

- Satisfaction with content associated with supporting parents did increase with length of involvement in intervention.

- Unlike in ratings of the importance of content of intervention, maternal well being is consistently associated with satisfaction of content of intervention.
Take home messages…

• Beware of satisfaction?

• Quality is a dynamic concept – as much about uptake as input

• Build in the ‘problems’ and the ‘messiness’ when designing parent report measures
Collaborators

- Dr Maria Gascon-Ramos
- Dr Malcolm Campbell
- Professor John Bamford

- Funded by a grant from the Big Lottery Foundation UK.
References


To register to access a copy of the MVOS: http://www.nursing.manchester.ac.uk/research/researchgroups/socialwork/sord/