Level of Caregivers Satisfaction regarding Inpatient Services at Paediatric Unit of Centre for the Rehabilitation of the Paralysed for Children with Cerebral Palsy

By

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This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

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Dedication

First I want to dedicate this to my Mother who is not beside me right now and also my other family members.

Second I want to dedicate this. To You, who are reading this dissertation. Thank you for pausing in your journey to explore mine. Your curiosity and presence may bring life to these words, and I hope they will inspire you as much as creating them has inspired me. This work is as much yours as it is mine.

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List of Abbreviations

BCPR	Bangladesh Cerebral Palsy Register
CP	Cerebral Palsy
CRP	Centre for the Rehabilitation of the Paralysed
CI	Confidence Interval
FCC	Family-Centered Care
HIC	High-Income Country
LMIC	Low- and Middle-Income Country
OT	Occupational Therapy
PSQ-18	Patient Satisfaction Questionnaire-18
PT	Physiotherapy
P-value	Probability Value
RCT	Randomized Controlled Trial
SLT	Speech and Language Therapy
SPSS	Statistical Package for the Social Sciences
SD	Standard Deviation

Abstract

Background Cerebral Palsy (CP) is a lifelong neurodevelopmental condition that requires continuous, multidisciplinary inpatient and outpatient rehabilitation. Caregivers play a central role in the rehabilitation process, and their satisfaction with inpatient services is a key indicator of service quality, continuity of care, and long-term adherence to treatment. In low- and middle-income countries (LMICs) such as Bangladesh, evaluating caregiver satisfaction is particularly important due to financial constraints, limited access to specialized services, and high caregiving burden.

Aim To assess the level of satisfaction among caregivers of children with cerebral palsy receiving inpatient services at the pediatric unit of CRP.

Method An analytical cross-sectional study was conducted among N=152 caregivers of children with Cerebral Palsy admitted for inpatient rehabilitation at CRP. Convenience sampling was used to recruit participants. Caregiver satisfaction was assessed using the validated Patient Satisfaction Questionnaire-18 (PSQ-18), which includes seven domains: General Satisfaction, Technical Quality, Interpersonal Manner, Communication, Financial Aspects, Accessibility and Convenience and Time Spent with Doctor. Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, correlation tests, and regression analyses were performed to examine potential associations.

Result The study found a very high overall caregiver satisfaction rate of 98.7%. The highest satisfaction was observed in Technical Quality (100%) and Interpersonal Manner (98.7%) reflecting strong confidence in professional competence and staff behavior. However, the Financial Aspect domain showed the highest dissatisfaction with 44.1% of caregivers reporting dissatisfaction. Caregivers with higher monthly income showed significantly higher satisfaction in the Financial Aspect domain (p =

0.026; p = 0.002). First-time inpatient caregivers reported significantly lower satisfaction in Technical Quality, Interpersonal Manner and Communication ($p < 0.05$). Additionally, caregivers of children with Ataxic CP reported significantly lower communication satisfaction compared to caregivers of children with Spastic CP ($p = 0.011$). Caregivers with existing health conditions such as hypertension or diabetes reported reduced satisfaction in Accessibility and Convenience ($p = 0.035$).

Conclusion Despite the exceptionally high overall caregiver satisfaction the study identified specific areas requiring focused improvement. The results highlight the importance of reducing financial barriers, strengthening support and communication for families during their first service experience and adopting modify communication approaches for caregivers of children with less common CP subtypes. These findings provide valuable local evidence to inform targeted service improvements at CRP in alignment with its mission.

Keywords Caregiver satisfaction, Cerebral Palsy, Inpatient rehabilitation, PSQ-18, Financial burden, Family-centered care, Bangladesh.

CHAPTER I: INTRODUCTION

1.1Background

In Cerebral Palsy (CP), the parent of the person who has the condition is usually characterized as the biological mother, father or legal guardian who takes the principal care of the affected individual, providing him/her with food and shelter, as well as with the medical handling (Dlamini et al., 2023; Fentanew et al., 2021; Ngubane & Chetty, 2017). The concept refers to curative and rehabilitative care, which is provided at a healthcare facility, when the patient is officially admitted and requires staying overnight at the facility. The care model used at the Centre for the Rehabilitation of the Paralysed (CRP) tends to assume a two-week care package where the caregivers will be taught the basic therapeutic exercises to be used and the proper home-care practices (Insuraceopedia, 2017). This model is operationalized as the psychological condition or emotional reaction of a person regarding the health services that are provided to these individuals or their caregiver (Elslemy et al., 2023; Fentanew et al., 2021). Caregiver satisfaction is a key measure of quality in healthcare and has the far-reaching impact on treatment adherence and outcomes (Fatudimu, 2025).

Cerebral Palsy (CP) is a general term, which can be explained as a family of irreversible diseases of movement and posture development, and it leads to limitations in activities (Iannelli et al., 2015; Paul et al., 2022). Such disorders are based on the non-progressive disorders (static lesions) of the immature fetal or infant brain (Al Imam et al., 2021). The injury of the brain itself is permanent, but as the child develops, the clinical presentation may change, and the disorder is typically combined with other related disturbances in sensation, perception, cognition, communication, and behavior, in addition to epilepsy and musculoskeletal issues (Eloreidi et al., 2021; Iannelli et al.,

2015; Paul et al., 2022). This paradigm of CP management is focused on dignity, respect, and cooperative relationships between caregivers and families (Poojari et al., 2024). It gives more emphasis on sharing information to enable caregivers in making informed decisions touching on how their child should be treated. The theoretically-based tool proposes the inclusion of the family caregiver as an important part of the care team that sees them as a bridge between the patient and the healthcare system, especially when with children with cognitive impairment (Hanson et al., 2019).

According to the model, satisfaction is based on the comparison of the current experiences with the previous expectations (Dourado et al., 2018). The more the beliefs that a caregiver makes about futures of surgical or therapeutic outcomes align with the actual outcomes, the higher the level of satisfaction (Geyer et al., 2023). The most commonly occurring cerebral palsy (CP) childhood neuromotor disability has a worldwide prevalence between 2 and 3.5 per 1,000 live births (Dlamini et al., 2023; Khandaker et al., 2019; Paul et al., 2022). In Bangladesh, CP is estimated to be 3.4 per 1,000 children, which translates into about 233, 514 children being affected in the country (Al Imam et al., 2021). The pediatric service of CRP served 866 children with neurodevelopmental disorders as outpatients and 1,875 children with newly admitted CP in the pediatric service (Insuraceopedia, 2017). According to the statistics presented by the Bangladesh Cerebral Palsy Register (BCPR), 78.2 percent of children with CP living in the rural communities have never been rehabilitated, either because of a lack of informing knowledge or because of economic reasons.

In the HICs, the age of diagnosis has gone down to five months, but in the low- and middle-income countries (LMICs), such as Bangladesh, it is still significantly late, with the mean age at diagnosis of 5 years and two months (Khandaker et al., 2019; Naeem et al., 2024; Paul et al., 2022). It has been found that parents of children with

CP often have less satisfaction with inpatient care as opposed to parents of children with non-chronic conditions. The main areas of dissatisfaction are insufficient communication with employees, lack of specialized equipment (e.g., hoists), and knowledge gaps about the needs of CP in the staff (Iannelli et al., 2015). There is a significant difference between the parent and therapist views of focal points of the therapy. There is also a lack of communication between parents and therapists regarding the priority of the focus of the treatment on body functions, self-care, or play, pointing to the inadequate communication of the two parties in the stage of treatment planning (Laforme Fiss et al., 2012). A significant lack of conducted research is related to the studies that specifically analyze whether caregivers are satisfied with inpatient neurological services in low- middle-income countries (LMICs) (Fatudimu, 2025;Dourado et al., 2018; Iannelli et al., 2015).

The vast majority of existing studies on satisfaction are conducted on the outpatient or community-based models and do not take into account the specific issues peculiar to the hospital setting (Elslemy et al., 2023; Ngubane & Chetty, 2017). The CRP is provided with holistic interdisciplinary services including social workers, physiotherapists, occupational therapists, speech therapists, and speech therapists. They are based on holistic rehabilitation, which includes physical, emotional, and social issues. The inpatient stay among children with CP is an essential time of intensive therapy and trainings of caregivers, which makes it crucial to canvass the satisfaction levels in that particular environment as the basis of improving services (Insuraceopedia, 2017).

1.2 Justification of the study

Cerebral palsy is a heterogeneous group of non-progressive, permanent and neurodevelopmental conditions that cause significant disability in motor skills and postural stability with an estimated prevalence of 3.4 among every one thousand children in rural Bangladesh. However, the condition is quite heavy but the diagnosis is often done later than five years old and only about 78.2 percent of children in rural settings have undergone any rehabilitation services either. Such scarcity of intervention also exerts a tremendous physical, psychological and economic burden on primary caregivers who in turn tend to forget about their wellbeing in the context of supporting their counterparts around the clock. Inpatient facilities become a very significant setting of intensive rehabilitation yet, empirical research shows that parents of children with CP are overall less satisfied with the inpatient facilities than those parents with few disabilities do and the dissatisfaction level can be explained by the lack of effective communication and unavailability of specialized equipment. Taking into consideration the fact that caregiver satisfaction is a salient predictor in terms of treatment adherence and long-term clinical outcomes, an analysis of the quality of inpatient care at special institutions like the Centre for the Rehabilitation of the Paralyzed (CRP) which has a unique two-week comprehensive care package is invaluable in terms of maximizing the outcomes of the rehabilitation process and defining policies that provide assistance to affected families.

1.3 Operational Definition

1.3.1 Inpatient Care

Inpatient care is the medical treatment provided to a patient who has been formally admitted to a health-care facility (such as a hospital) with an expectation of staying overnight (at least one night) involving continuous monitoring, assessment, and therapeutic interventions by a multidisciplinary team (IHME, 2017)

1.3.2 Cerebral Palsy

Cerebral palsy is a series of permanent abnormalities of movement and posture development that limit activities due to non-progressive disruptions in the developing fetus or infant brain. Disturbances of sensation, perception, cognition, communication, and behavior as well as epilepsy and secondary musculoskeletal issues, frequently accompany the motor impairments of cerebral palsy (Graham et al., 2016).

1.3.3 Caregiver Satisfaction

Caregiver satisfaction describes the caregiver's overall positive assessment of the healthcare services they received for their child as well as their perceived degree of fulfillment and acceptance. It represents the caregiver's assessment of the quality of services, communication, responsiveness, accessibility and the degree to which the services satisfy their needs and expectations (Nelson et al., 2014).

1.4 Aim of the study

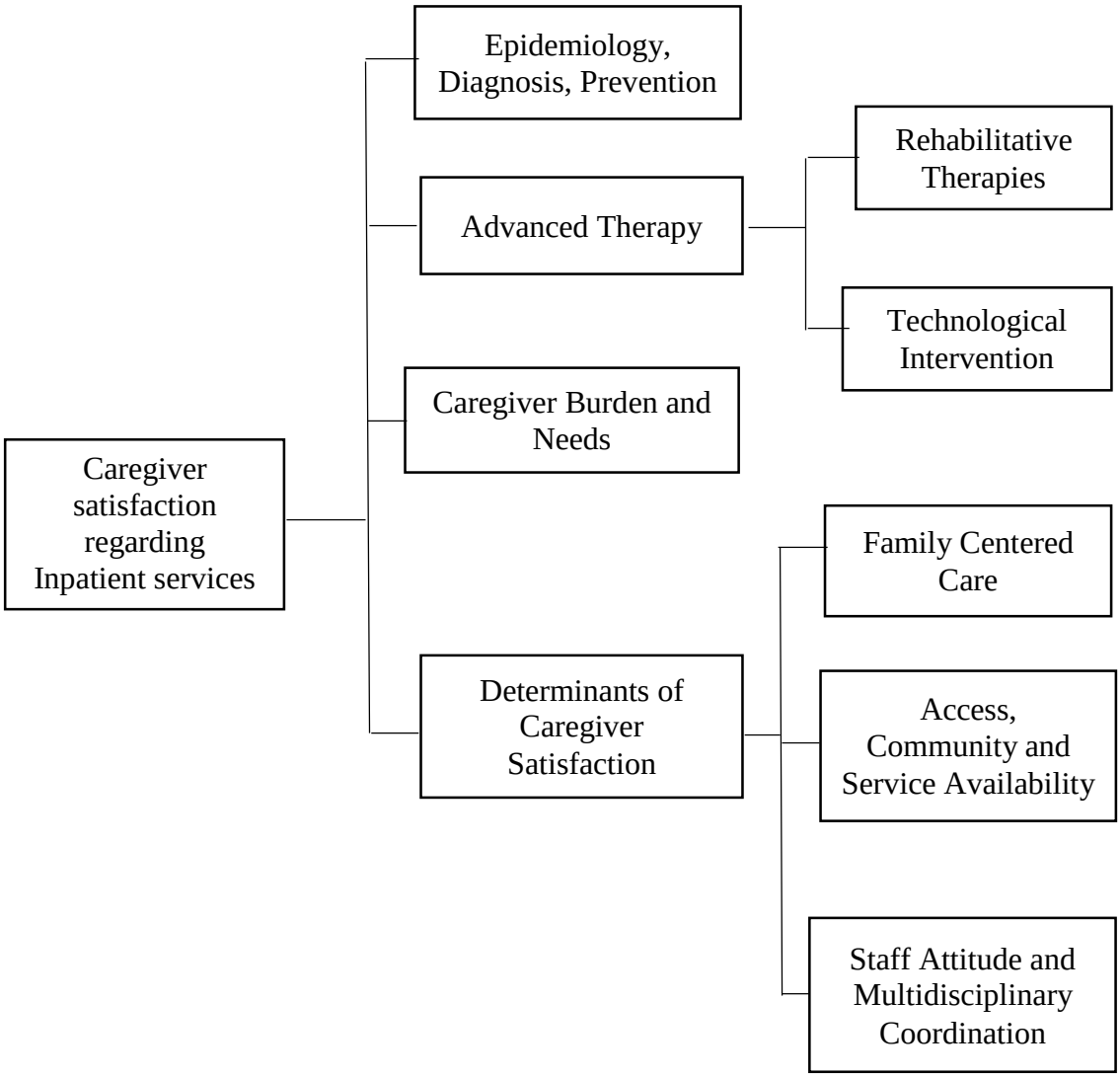
To assess the level of satisfaction among caregivers of children with cerebral palsy receiving inpatient services at the pediatric unit of CRP.

CHAPTER II: LITERATURE REVIEW

This chapter provides an overview of the articles highlighting the Caregiver satisfaction regarding Inpatient services for children with CP. Key gaps in the evidence are also stated at the end of this chapter. Google Scholar, PubMed, CINAHAL, and Scopus have been searching for articles published in the last twenty years.

Figure 2. 1

Overview of literature review findings



2.1 Epidemiology, Diagnosis, Prevention

Global studies indicate that the prevalence of CP has remained relatively stable over the last 20 years, although certain regions, such as Bangladesh, report about 3.4 cases per 1,000 live births (Stavsky et al., 2017; Khandaker et al., 2019). The demand for rehabilitation services is high worldwide (Cieza et al., 2020). Early diagnosis is essential because it allows timely intervention, which can greatly improve outcomes (Novak et al., 2017; Graham, 2019). Tools such as the General Movements Assessment, neurological exams (HINE), and MRI have enabled diagnosis as early as five months of age, rather than waiting until a year (Novak et al., 2017; Upadhyay et al., 2020).

However, in many low- and middle-income countries, delayed diagnosis continues to limit access to early interventions (Khandaker et al., 2019). New methods, such as analyzing sensorimotor brain pathways, are helping detect CP in very preterm infants (Parikh et al., 2019). Preventive approaches focus on reducing risks during pregnancy and childbirth (Mlodawski et al., 2019; Stavsky et al., 2017), with systematic reviews exploring various antenatal and intrapartum strategies (Shepherd et al., 2017).

2.2 Advanced Therapy

Several therapies aim to improve motor abilities, communication, and daily functioning in children with CP (Paul et al., 2022). Systems like the Gross Motor Function Classification System (GMFCS) and Manual Ability Classification System (MACS) help classify severity and guide interventions (Palisano et al., 1997; Shierk et al., 2016).

2.2.1 Rehabilitative Therapies

Neurodevelopmental Treatment (NDT) improves muscle strength, reduces spasticity, and enhances gross motor skills in children with spastic CP (Park & Kim, 2017; Labaf et al., 2015). Hippo therapy, involving therapeutic horseback riding, benefits trunk control, posture, and upper limb function, especially in children with mild CP

(Matusiak-Wieczorek et al., 2019; Lagundes-Sanchez et al., 2020). For upper limb function, interventions show improvements in children with moderate manual ability levels (MACS II and III), but more research is needed for severe cases (Shierk et al., 2016). Lower limb mobility can benefit from Ankle Foot Orthoses (AFOs), improving walking speed and joint range of motion (Aboutorabi et al., 2017). Intense approaches like Suspension Exercise Training also enhance balance and motor skills (Wang et al., 2018).

2.2.2 Technological Intervention

Robotic and Electrical Stimulation-Robot-assisted gait training (RAGT) improves walking ability and daily activity function, particularly in children who can walk with support (Jin et al., 2020). Functional Electrical Stimulation (FES) enhances gait in children with hypertonic CP (Rose et al., 2017; Moll et al., 2017). Virtual Reality (VR) and Serious Games- VR and therapeutic games are being explored for upper limb rehabilitation, though research is still ongoing to determine effectiveness (Teo, 2016; Chen et al., 2018; Proenca et al., 2017). Brain-Computer Interfaces (BCI)-BCIs offer a way for non-verbal children to communicate, demonstrated in virtual smart home setups (Uyanik et al., 2022; Karlsson, 2022). Wearable Technology- Sensors and motion trackers allow monitoring of walking patterns and motor improvements outside the lab, though long-term efficacy and usability need further study (Wang et al., 2017; Rodgers et al., 2019; Shahshanchen et al., 2016).

2.3 Caregiver Burden and Needs

Caring for a child with CP places heavy demands on families, affecting their social, psychological, and physical well-being (Dlamini et al., 2023; Raina et al., 2005). Caregivers often experience stress, social isolation, financial strain, and lifestyle changes, such as giving up jobs to provide full-time care (Dalvand et al., 2015; Alaee

et al., 2015; Vadivelan et al., 2020). These challenges are especially pronounced in developing countries (Ogwumike et al., 2015). Caregivers express the need for better access to healthcare, therapy, information, financial support, and community services (Dlamini et al., 2023; Abouzeid et al., 2024). Barriers include cost, long wait times, and lack of family or community support (Dalvand et al., 2015). In Bangladesh, mothers reported difficulties accessing early intervention services (McConachie et al., 2001).

2.4 Determinants of Caregiver Satisfaction

Assessing caregiver satisfaction is important because it correlates with life satisfaction and personal well-being (Kołacka et al., 2025). Studies show lower satisfaction among parents of children with CP regarding hospital and outpatient care compared to parents of non-CP children (Iannelli et al., 2015; Fatudimu & Ajao, 2025). Communication skills of providers also influence satisfaction levels (Biglu et al., 2017; Lin et al., 2001).

2.4.1 Family Centered Care

Family-Centered Care (FCC) supports caregivers by providing information, partnership, and respectful care (Poojari et al., 2024; King & Chiarello, 2014). FCC interventions can improve caregivers' satisfaction and goal attainment for both children and parents, although effects on mental health or parenting outcomes are inconsistent, especially if parents are mentally healthy at baseline (Poojari et al., 2024).

2.4.2 Access, Community and Service Availability

Practical access issues (distance, cost, availability of specialized services) and breaks in continuity (e.g., limited transition to community or adult services) reduce satisfaction-especially in low-resource settings (Al Imam et al., 2021).

2.4.3 Staff Attitude and Multidisciplinary Coordination

Respectful staff behavior and effective coordination across multidisciplinary teams (physio, occupational therapy, nursing, medical) positively influence caregiver perceptions. Conversely, visible lack of coordination reduces confidence in care (Ngubane & Chetty, 2017)

2.5 Key gaps of the study

- **Geographical Limitation** In resource-poor settings (low- and middle-income countries, or LMICs), such South Africa, Bangladesh, and Nigeria, research on caregiver experiences and satisfaction with rehabilitation is noticeably lacking. Additionally, population-based data about LMICs' access to rehabilitative services are clearly needed.
- **Methodological Limitations** The control groups in many randomized controlled trials (RCTs) on family-centered care (FCC) are poorly defined, the outcomes are sometimes unclear. So, it is difficult to determine the actual impact because both the intervention and control groups frequently receive comparable amounts of FCC. Additionally, studies comparing the viewpoints of therapists and parents regarding occupational and physical treatment show that these viewpoints are not always in agreement. This disparity suggests that mixed-methods research is necessary to completely understand both points of view.
- There is many research but There is still much to learn about the factors that influence caregivers' satisfaction with the medical treatment their children receive, particularly with regard to the formal care given.
- There is lack of publication on inpatient service satisfaction among caregivers. According to researcher knowledge no study has been yet conduct in Bangladesh.

CHAPTER III: METHODS AND MATERIALS

This chapter includes the aim, ethical considerations, the study setting, the approach to sampling and recruitment, data collection procedures and data management and analysis.

3.1 Study Question, Aim, Objectives

3.1.1 Overarching Research Question

What is the level of caregiver satisfaction regarding inpatient services for children with cerebral palsy at CRP?

3.1.2 Research Aim

To assess the level of satisfaction among caregivers of children with cerebral palsy receiving inpatient services at the pediatric unit of CRP.

3.1.3 Research Objectives

- To determine the overall satisfaction level of caregivers regarding inpatient services for children with cerebral palsy at CRP.
- To identify the factors of caregiver satisfaction level according to the domains of PSQ-18 questionnaire.
- To examine the relationship between caregiver sociodemographic factors (e.g., age, education, income) and satisfaction levels.
- To identify caregiver's opinion for improving the quality of inpatient services at CRP.

3.2 Study Design

3.2.1 Study Method

In this research student researcher used Quantitative study. Utilizing the techniques of the natural sciences, quantitative research generates real facts and numerical data. It uses statistical, computational, and mathematical techniques to establish a cause-and-effect link between two variables. Because the research can be carefully and accurately measured, it is also known as empirical research. The information gathered by the researcher can be categorized, ranked, or measured using different units of measurement. With the use of quantitative research, raw data can be converted into graphs and tables that facilitate the researcher's analysis of the findings.(Ahmad et al., 2019)

3.2.2 Approach

In this research student researcher used Cross-sectional study. A cross-sectional study is a systematic, methodical approach used to gather data at a single point in time to analyze relationships and patterns. It helps in identifying research problems, testing hypotheses, and assessing variables without manipulating them. This study design is useful for observing trends, comparing groups, and drawing conclusions based on collected data. It contributes to advancing knowledge through investigation and analysis. (Ghanad, 2023)

3.3 Study Setting and Period

3.3.1 Study Setting

The student researcher conducted this study in the pediatric unit of CRP-Savar and pediatric unit of CRP-Mirpur.

3.3.2 Study Period

The study was conducted between 15 June 2025 and 15 December 2025.

3.4 Study Participants

Study Participants are described below.

3.4.1 Study Population

The study population was the caregiver of children with cerebral palsy who received inpatient services at CRP.

3.4.2 Sampling Techniques

A non-probability sampling technique was used for the study with an identical concurrent sampling design. That was Convenience sampling. Convenience sampling is a non-probability sampling method in which participants are selected based on their easy accessibility, proximity, and willingness to participate. It involves recruiting individuals who are readily available to the researcher, making it a quick and cost-effective sampling approach (Etikan, 2016). The student researcher selected convenience sampling because the study had some inclusion and exclusion criteria, and data was collected based on participant's availability and their willingness. Therefore, convenience sampling was the most suitable sampling technique to select the participants for this study.

3.4.3 Inclusion Criteria

- Caregivers of children aged 0-12 years diagnosed with cerebral palsy.
- Children who received inpatient rehabilitation services for at least seven consecutive days.
- Primary caregivers including parents or legal guardians who are directly involved in decision-making and caregiving.

3.4.4 Exclusion Criteria

- Caregivers of children who were discharged before completing seven days of inpatient therapy.
- Caregivers with known psychological or cognitive impairments that could affect their ability to respond accurately to the questionnaire.
- Caregivers who were unwilling or unable to participate in the study.

3.4.5 Sample Size

According to Cochran's formula (Ahmed, 2024),

Here, n= required sample size

Z= Z-score corresponding to the desired confidence level = 1.96

P= 0.5 (Though the prevalence of children with Cerebral Palsy who received inpatient service in Bangladesh is unknown as well as prevalence of assumed 50%).

q = 1- p; proportion of the target population

= 1- 0.5

= 0.5

d= 0.05; degree of accuracy (Level of significance / margin of errors)

Required Sample size, n =?

$$n = \frac{z^2 \times pq}{d^2}$$

Sample size, $n = \frac{1.96^2 \times O.5 \times 0.5}{0.5 \times 0.5}$

= 384.16

According to this equation, the sample should be 384 participants. The student researcher could collect 152 data from the participants in this study

3.5 Ethical Consideration

Ethics was maintained by following the guidelines of the Declaration of Helsinki, stated by the World Medical Association (WMA) created for medical research involving human subjects (World Medical Association, 2022).

3.5.1 Ethical clearance

Ethical Clearance has been obtained from the Institutional Review Board (IRB) of BHPI explaining the purpose, aim, and objectives of the study through the Occupational Therapy Department. The IRB form number CRP-BHPI/IRB/. Permission from head of the Occupational Therapy department, pediatric department of (CRP)- Savar and head of the Occupational Therapy department, pediatric department of (CRP)- Mirpur also taken before taking participants information (see Appendix A for more details). The ethical process was followed according to the World Medical Association Declaration of Helsinki (WMA, 2024).

3.5.2 Informed consent

An information sheet was provided to the participants. All the participants were informed about the purpose, aim and objectives of the research (see Appendix B for more detail). They were assured that their name and address would be kept confidential. In addition, written consent was received from the participants during the face-to-face survey.

3.5.3 Right to Refusal to participate or Withdraw

In this study, participants had complete freedom to choose whether to participate or not. The withdrawal form (See Appendix B for more details) was attached with the consent form. Participants were free to withdraw participation from the study. They could withdraw their consent within 15 days. 20

3.5.4 Unequal relationship

There was no unequal relationship/power relationship with the participants as the student researcher did not know any participants. There was no opportunity for biases.

3.5.5 Risk and Beneficence

The participants did not involve any risk and did not get any beneficence for participating in this study. There was no monetary or any other benefit involved in this study. Researchers did not pay the participants for giving data

3.5.6 Confidentiality

The participants' information was kept private. Their names and identity were not disclosed to anyone, and it was stated on the information sheet. The participants were informed that their identity will remain confidential for future uses.

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Figure 3.1

Overview of participant recruitment process

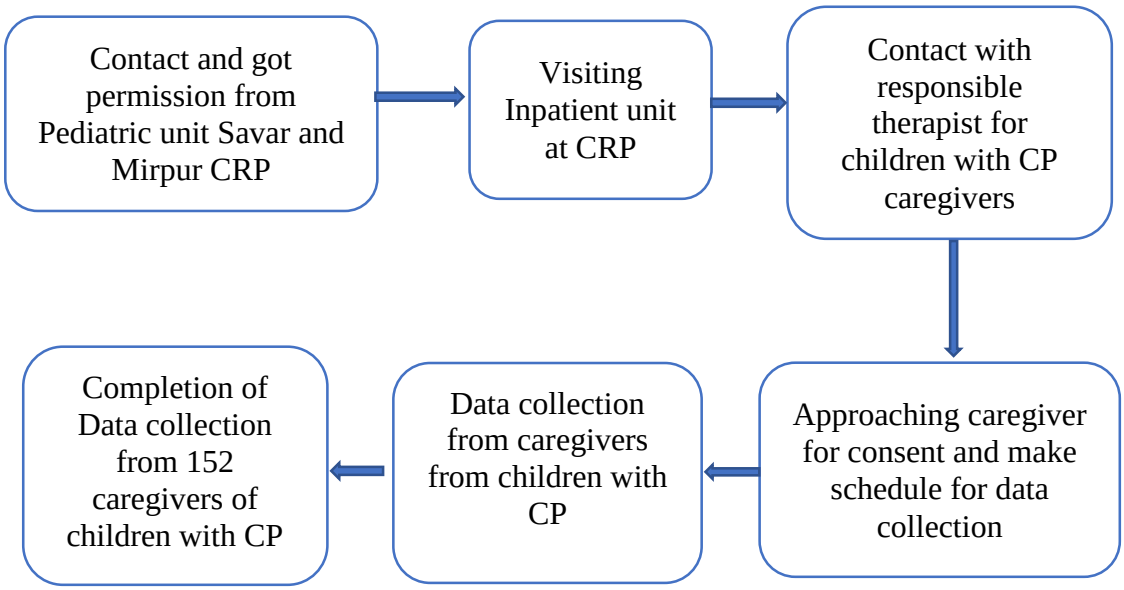


Figure 3.1 illustrates the process of recruiting participants. The student researcher initially visited CRP branches in Savar and Mirpur. A formal request was submitted to obtain permission for data collection. Once permission was granted, the researcher contacted the therapists accessing the registry books and participant contacts. Eventually, data was collected from 152 caregivers of children with CP by face-to-face survey.

3.6.2 Data Collection Method

The data was collected by face-to-face survey through a socio-demographic questionnaire, and the Patient Satisfaction Questionnaire (PSQ-18). Face-to-face surveys improve data quality and reduce response bias by allowing clarification of questions and direct communication (Manstein & Laikhter, 2023; Szolnoki & Hoffmann, 2013). This method also provides visual interaction between the interviewer and respondent, which increases the likelihood of accurate and complete responses (Heerwegh & Loosveldt, 2008).

3.6.3 Data Collection Instrument

- **Demographic information sheet**

  Demographic variables were set as needs such as - Age, Gender, Relationship to the child, Mothers health, educational level, Occupation, Family income source, Monthly family income, Marital status, Place of residence, Number of siblings, Child's birth history, Birth injury, Birth asphyxia, after birth condition, Treatment received, Types of CP, Duration since diagnosis, how many time admitted in Inpatient unit, Duration of current stay in Inpatient unit, Services received at CRP

- **Measurement variables of the data collection tool**

  Patient Satisfaction Questionnaire-18 (PSQ-18)

The importance of patient satisfaction in assessing the quality of medical care led to the creation of a questionnaire by Ware, Snyder and Wright in 1976. This questionnaire contained 80 questions in its original form, which were later reduced to 50. The questionnaire used to collect the data is the short version of the Patient Satisfaction Questionnaire, which retains the main features of the original questionnaire despite its short form (PSQ-18). This questionnaire requires a little time to complete, but at the same time, it offers important information for the researcher to draw useful conclusions.

PSQ-18 yields separate scores for each of the seven different dimensions:

- General Satisfaction.
- Technical Quality.
- Interpersonal Manner.
- Communication
- Financial Aspects.
- Time Spent with Doctor.
- Accessibility and Convenience.

Some questions are worded so that agreement reflects satisfaction with medical care, while other questions are worded so that agreement reflects dissatisfaction with medical care. All items should be scored so that high scores reflect satisfaction with medical care (Marshall & Ron, 1994).

This scoring system uses two different methods to calculate results

- Reverse Scoring (Questions 1, 2, 3, 5, 6, 8, 11, 15, 18)-These use an inverted scale. A high input (5) results in a low score (1). This is typically used to flip the meaning of negatively phrased questions.

- Direct Scoring (Questions 4, 7, 9, 10, 12, 13, 14, 16, 17)-These use a standard scale. The score matches the input (e.g., a 5 equals 5 points).

By using both tools, the survey ensures a high total score represents the same thing regardless of the wording of the individual items (provided all the items are carefully constructed) the use of both types of scoring provides an assurance through reverse scoring that all the total scores will accurately define the same attribute under different wording of the items (Marshall & Ron, 1994).

Table 3.1

PSQ-18 scoring table

Dimension	Questions
General satisfaction	3,17
Technical Quality	2,4,6,14
Interpersonal relationship	10,11
Communication	1,13
Financial aspects	5,7
Time with the doctor	12,15
Accessibility and convenience	8,9,16,18

(Marshall & Ron, 1994)

3.6.4 Field Test

The student researcher translated the questionnaire into Bengali, the native language of Bangladesh, with the help of the supervisor and an author with expertise in formal Bengali writing. The student researcher conducted the field test with 2 caregivers of children with CP who are admitted in Inpatient unit. Through this field test, some changes were included, which helped to maintain the question's quality and help to gain deeper insight.

3.7 Data Management and Analysis

All data management and analysis carried out by using Statistical Package for Social Science (SPSS Version 27).

The analysis was used to carried out to find the relationship between sociodemographic and satisfaction level among caregiver of children with cerebral palsy. Descriptive analysis will help summarize the scores and measures in an organized way with descriptions. Results will be presented using a table, numerical data, etc. Using Spearman's test, Mann Whitney, Kruskal Wallis and linear regression, correlation analysis will be tested.

3.8 Quality Control and Quality Assurance

The seven stages of data life cycle management were systematically followed to ensure data quality, integrity, and security (Cox & Tam, 2018). The study included 152 caregivers of children with CP. All collected information was initially documented and then accurately entered into the system, with both the data collection and data entry processes conducted in an unbiased manner. The data was securely stored in the Statistical Package for the Social Sciences (SPSS) for subsequent analysis. Strict procedures were maintained to ensure responsible data handling and to prevent any unauthorized access.

Throughout the study, the data remained in its original form, with no modifications, alterations, or misuse. All files stored on Google Drive were protected with appropriate security measures. Both the supervisor and the student researcher acknowledged the importance of proper data preservation, given its potential value for future research. Participants completed paper-based questionnaires with designated spaces for responses, and copies of all documents were retained to ensure additional safety. The processes of data collection, storage, and analysis were conducted with impartiality and strict adherence to ethical standards. The student researcher ensured that the data was used and analyzed responsibly, without any form of manipulation or exploitation.

CHAPTER IV: RESULTS

A cross-sectional study was conducted to assess the level of caregiver satisfaction and associated factors among those receiving inpatient services at the Paediatric Unit of CRP. This chapter presents the findings of the study. The study findings are presented with an emphasis on the socio-demographic information of caregivers and children with CP regarding inpatient therapy services they received at CRP.

4.1 Caregivers-related Sociodemographic Characteristics

Table- 4.1

Caregivers related sociodemographic information of the participants

Variable	**Category**	**Frequencies(n=152)**	**Percentage(%)**
Caregivers age	17-30 Years	121	79.6
	31-50 Years	29	19.1
	50 Years above	2	1.3
	Median = 26,Minimum age = 17 years, Maximum age = 71 years		
Income	1000-70000 Thousands	142	93.4
	70000-140000 Thousands	6	3.9
	141000-210000Thousands	4	2.6
	Median = 20000, Minimum = 2500, Maximum = 200000		
Gender of Caregivers	Female	152	100
Relationship of the Child	Mother	148	97.4
	Grandparent's	3	2.0
	Others	1	.7
Mothers Health Condition	Diabetes	8	25.0
	High Pressure	8	25.0

	Others	16	50.0
Educational Level	No Formal Education	6	3.9
	Primary	14	9.2
	Secondary	76	50.0
	Higher Secondary	30	19.7
	Graduate or Above	16	10.5
	Post-Graduation	10	6.6
Occupation	Housewife	147	96.7
	Service Holder	3	2.0
	Businessman	1	.7
	Service Holder	1	.7
Source of Family Income	Brother	1	.7
	Father	137	90.1
	Father and Mother	4	2.6
	Grandfather	3	2.0
	Mother	5	3.3
	Uncle	2	1.3
Marital Status	Married	147	96.7
	Widowed	3	2.0
	Divorced	2	1.3
Place of Residence	Urban	32	21.1
	Semi-urban	18	11.8
	Rural	102	67.1

Table 4.1 portrays an overview of the socio-demographic details of the caregivers of children with Cerebral Palsy. The study involved 152 participants, all of whom were female (100%, n=152), and the vast majority were the mothers of the children (97.4%, n=148). The age of the participants ranged from 17 to 71 years, with a median age of 26 years. Most respondents belonged to the 17-30 years age group (79.6%, n=121). Regarding marital status, the majority were married (96.7%, n=147) and resided in rural

areas (67.1%, n=102). In terms of education, half of the participants (50%, n=76) had completed secondary education, while only 6.6% (n=10) had reached the post-graduation level. Regarding occupation, an overwhelming majority (96.7%, n=147) were housewives. The primary source of family income was reported to be the father (90.1%, n=137). The monthly family income of the participants ranged from 2,500 to 200,000 BDT, with a median income of 20,000 BDT. A significant majority of the respondents (93.4%, n=142) reported a monthly family income within the range of 1,000 to 70,000 BDT. Additionally, while most caregivers reported no personal health issues, 17.1% (n=26) reported having health conditions, of which Diabetes and High Blood Pressure were the most common specific ailments (25% each among those with health issues).

4.2 Child-related Clinical and Demographic Characteristics

Table 4.2

Child related clinical and sociodemographic information of the participants

Variable	**Category**	**Frequencies(n=152)**	**Percentage(%)**
Age of child	10-40 Months	86	56.6
	41-70 Months	44	28.9
	70-100 Months	18	11.8
	101-130 Months	4	2.6
	Median = 36, Minimum age = 10 months, Maximum age = 120 months		
Number of Siblings	0-2	142	93.4
	3-5	10	6.6
	Median = 1, Minimum = 0 , Maximum = 4		
Childs Gender	Boy	80	52.6
	Girl	72	47.4
Birth History	Pre-term	40	26.3
	Term	99	65.1

	Post-term	13	8.6
Birth Injury	Yes	64	42.1
	No	88	57.9
Birth Asphyxia	Yes	89	58.6
	No	63	41.4
After Birth Complication	Jaundice	51	45.5
	Pneumonia	31	27.7
	Seizure	85	75.9
Treatment Received	UV Light	65	56.5
	Oxygen	103	89.6
	Others	7	6.1
Types of CP	Spastic	81	53.3
	Dyskinetic	59	38.8
	Ataxic	4	2.6
	Unknown	8	5.3
	Speech and Language Therapy	152	100

Table 4.2 presents the clinical characteristics and birth histories of the children with Cerebral Palsy (n=152). The majority of the children were aged between 10 and 40 months (56.6%, n=86), with a median age of 36 months and a range from 10 to 120 months. In terms of gender distribution, 52.6% (n=80) were boys and 47.4% (n=72) were girls. Most children had 0 to 2 siblings (93.4%, n=142). Regarding birth history, 65.1% (n=99) were born at term, while 26.3% (n=40) were pre-term. A significant portion of the sample had clinical complications at birth, with 58.6% (n=89) experiencing birth asphyxia and 42.1% (n=64) suffering from birth injuries. Following birth, the most prevalent complication was seizures (75.9%, n=85), followed by jaundice (45.5%, n=51) and pneumonia (27.7%, n=31). Consequently, a high percentage of children required medical interventions such as oxygen therapy (89.6%,

n=103) and UV light treatment (56.5%, n=65). In terms of the clinical diagnosis, Spastic Cerebral Palsy was the most common type, accounting for 53.3% (n=81) of the cases, followed by Dyskinetic (38.8%, n=59) and Ataxic (2.6%, n=4). Notably, 100% (n=152) of the children were receiving Speech and Language Therapy as part of their rehabilitation program.

4.3 Service-related Characteristics

Table 4.3

Service related information among the participants

Variable	**Category**	**Frequencies (n=152)**	**Percentage(%)**
First Inpatient Admission at CRP	Yes	146	96.1
	No	6	3.9
Service Received	Occupational Therapy	152	100
	Physio Therapy	152	100
	Speech and Language Therapy	152	100
Duration of Diagnosis	1-40 Months	124	81.6
	41-80 Months	23	15.1
	81-120 Months	5	3.3
	Median = 16, Minimum = 1 , Maximum = 108		
Current Duration of Stay	1-9 Days	44	28.9
	10-18 Days	108	71.1
	Median = 10, Minimum = 8, Maximum = 13		

Table 4.3 illustrates the service-related information of the caregivers and their children at the pediatric inpatient unit. The data shows that for the vast majority of the participants **(**96.1%, n=146), this was their first inpatient admission at CRP, while only a small minority (3.9%, n=6) had received inpatient services previously. Regarding the

multidisciplinary approach to rehabilitation, 100% (n=152) of the children were receiving a comprehensive package of services including Occupational Therapy, Physiotherapy, and Speech and Language Therapy. In terms of the chronicity of the condition, 81.6% (n=124) of the children had been diagnosed within the last 1 to 40 months. The median duration since diagnosis was 16 months, with a wide range from 1 month to 108 months. Regarding the length of stay during the current admission, most caregivers (71.1%, n=108) had been in the unit for 10 to 18 days at the time of data collection, while 28.9% (n=44) had stayed for 1 to 9 days. The median duration of stay was 10 days, reflecting the intensive two-week rehabilitation model practiced at the center

4.4 Frequencies of PSQ-18

Table- 4.4

Frequencies of participant's responses to PSQ-18 Questionnaire

	Strongly Agree n (%)	**Agree n (%)**	**Uncertain n (%**	**Disagree n (%)**	**Strongly Disagree n (%)**
General satisfaction					
The inpatient services I receive seem appropriate	0 (00)	6 (3.9)	24 (15.8)	109 (71.7)	13 (8.6)
I am dissatisfied with certain aspects of the inpatient therapy services I receive	1 (0.7)	18 (11.8)	7 (4.6)	118 (77.6)	8 (5.3)
Technical Quality					
I believe CRP's inpatient unit has everything necessary to provide complete therapy services	0 (0.0)	4 (2.6)	23 (15.1)	114 (75.0)	11 (7.2)
Inpatient therapists sometimes make me think about their diagnostic process	0 (0.0)	3 (2.0)	7 (4.6)	139 (91.4)	3 (2.0)

When I go for inpatient therapy, they carefully assess everything during therapy and evaluation	0 (0.0)	2 (1.3)	3 (2.0)	134 (88.2)	13 (8.6)
When I go for inpatient therapy, they carefully assess everything during therapy and evaluation	0 (0.0)	1 (0.7)	5 (3.3)	138 (90.8)	8 (5.3)
Interpersonal Manner					
The inpatient therapists behave too commercially and indifferently toward me	0 (0.0)	7 (4.6)	8 (5.3)	124 (81.6)	13 (8.6)
My inpatient therapists are very friendly and polite toward me	0 (0.0)	4 (2.6)	4 (2.6)	112 (73.7)	32 (21.1)
Communication					
The inpatient therapists are good at explaining diagnostic test..	0 (0.0)	3 (2.0)	4 (2.6)	128 (84.2)	17 (11.2)
Inpatient therapists sometimes ignore what I say	1 (0.7)	8 (5.3)	2 (1.3)	135 (88.8)	6 (3.9)
Financial Aspects					
I am confident that I can access the necessary inpatient services without facing financial difficulties	7 (4.6)	65 (42.8)	1 (0.7)	75 (49.3)	4 (2.6)

I find it difficult to afford the costs of inpatient therapy services	5 (3.3)	85 (55.9)	3 (2.0)	58 (38.2)	1 (0.7)
Time Spent with Doctor					
Those providing therapy to my child sometimes seem to rush through sessions	0 (0.0)	10 (6.6)	6 (3.9)	131 (86.2)	5 (3.3)
Inpatient therapists usually give me enough time	0 (0.0)	10 (6.6)	4 (2.6)	129 (84.9)	9 (5.9)
Accessibility and Convenience					
I can easily access inpatient therapists when needed	0 (0.0)	5 (3.3)	7 (4.6)	134 (88.2)	6 (3.9)
In inpatient therapy services, people often have to wait a long time for urgent care	1 (0.7)	15 (9.9)	43 (28.3)	90 (59.2)	3 (2.0)
It is difficult for me to get an appointment for immediate inpatient therapy services	2 (1..3)	32 (21.1)	28 (18.4)	89 (58.6)	1 (0.7)
I can access inpatient therapy services whenever I need them	0 (0.0)	21 (13.8)	6 (3.9)	121 (79.6)	4 (2.6)

Table 4.4 presents the distribution of caregiver responses across the five Likert categories- Strongly Agree, Agree, Uncertain, Disagree and Strongly Disagree for all 18 items of the Patient Satisfaction Questionnaire (PSQ-18). Overall, the findings indicate that most caregivers expressed dissatisfaction across several domains of service quality. In General Satisfaction domain the majority of respondents showed Disagree with 71.7% (n=109) and 77. 6% (n=118). In Technical Quality domain responses similarly showed high levels of dissatisfaction. Most caregivers selected Disagree for all four items ranging from 75.0% to 91.4%, indicating concerns regarding the quality and effectiveness of the care provided. In Interpersonal Manner domain showed 81.6% (n=124) disagreed while 73.7% (n=112) disagreed and 21.1% (n=32) strongly disagreed, showing concerns about the attitudes and behavior of service providers. In Communication domain dissatisfaction was dominant (84.2%) n=128 disagreed with and (88.8%) n=135 disagreed indicating that caregivers felt communication was not clear. Financial Aspects domain were more mixed compared to other domains. While agreed with (42.8%) n=65 and (55.9%) n=85 but some percentage still disagreed (49.3% and 38.2%) indicating divided perceptions regarding financial burden or cost-related issues. Time Spent with Doctor domain majority again selected Disagree with (86.2%) n=131 and (84.9%) n=129 for suggesting that caregivers felt the consultation time was insufficient. The Accessibility and Convenience domain dissatisfaction was also prominent (88.2%), (58.6%) and (79.6%) had high Disagree responses. It showed a more varied distribution with 28.3% uncertain and 59.2% disagreeing indicating moderate concerns about accessibility and convenience of service. Overall, the results suggest that caregivers were predominantly dissatisfied across most domains of the PSQ-18 particularly in general satisfaction, technical quality, communication, and time spent with the doctor.

4.5 Overall Satisfaction Level

Table- 4.5

Level of satisfaction in 7 domains of PSQ-18 and overall satisfaction level

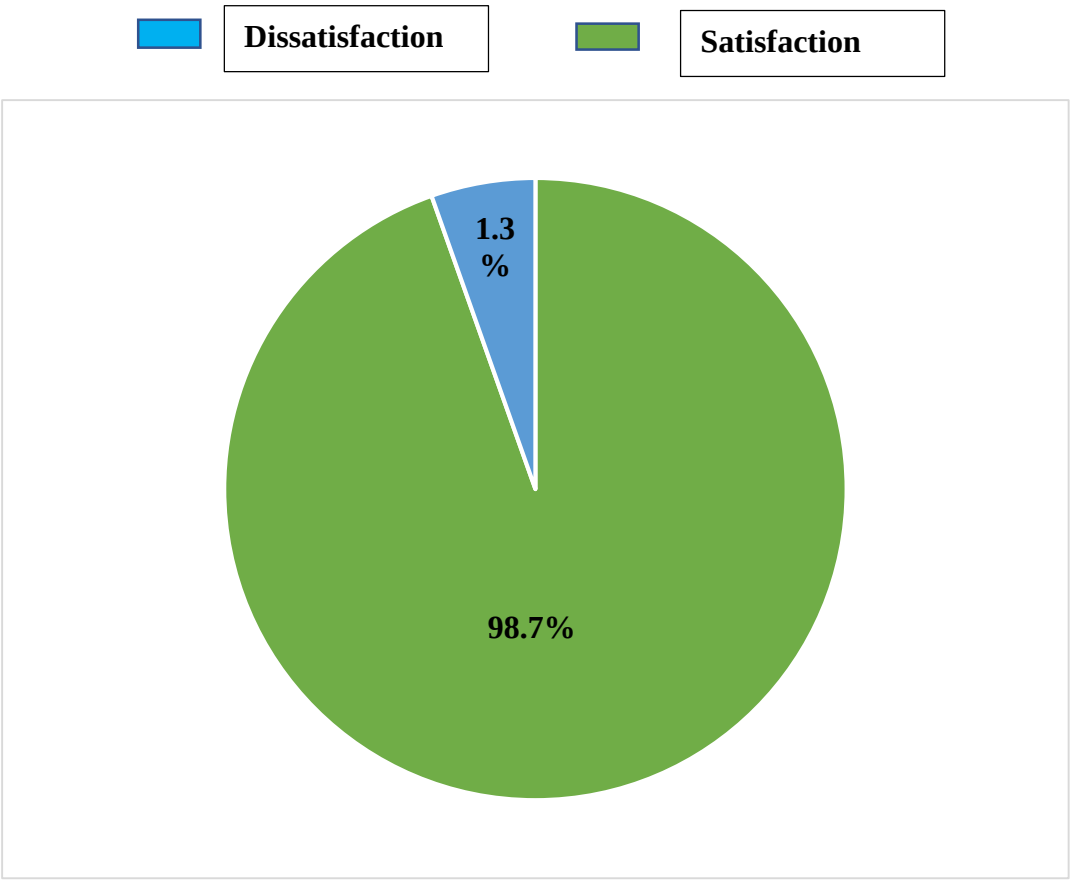
Domain	Category	Frequency n(%)	Mean	SD(±)
General Satisfaction	Dissatisfaction	10(6.6)	3.80	.567
	Satisfaction	142(93.4)		
Technical Quality	Dissatisfaction	0(0)	3.962	.263
	Satisfaction	152(100.0)		
Interpersonal Manner	Dissatisfaction	2(1.3)	4.036	.485
	Satisfaction	150(98.7)		
Communication	Dissatisfaction	2(1.3)	3.974	.422
	Satisfaction	150(98.7)		
Financial Aspect	Dissatisfaction	67(44.1)	2.898	.930
	Satisfaction	85(55.9)		
Time Spent with Doctor	Dissatisfaction	8(5.3)	3.881	.517
	Satisfaction	144(94.7)		
Accessibility and Convenience	Dissatisfaction	12(7.9)	3.629	.496
	Satisfaction	140(92.1)		
Total Satisfaction	Dissatisfaction	2(1.3)	3.75	.295
	Satisfaction	150(98.7)		

Table 4.5 present caregiver satisfaction across PSQ-18 domains, categorizing responses into satisfaction and dissatisfaction groups. Results show that satisfaction was high in most domains. General Satisfaction had 93.4% (n=142) satisfied, with a mean score of 3.80 (SD± =.567). Technical Quality showed complete satisfaction with 100% satisfied and a perfect mean score of 3.962 (SD± =.263). Regarding very high satisfaction was found in Interpersonal Manner **(**98.7%, M =4.036, SD± =.485) and Communication **(**98.7%, M =3.974, SD± =.422). The only domain that showed dissatisfaction was

Financial Aspect, where 44.1%(n=67) were dissatisfied and 55.9% satisfied with a mean of 2.898 (SD± =.932). Regarding Time Spent with Doctor, 94.7% were satisfied (M =3.881, SD± =.517) while Accessibility and Convenience also showed high satisfaction (92.1%, M =3.629, SD± =.496). Overall, Total Satisfaction was high, with 98.7% (n=150) satisfied (M =3.75, SD± =.295). Overall, the findings indicate very high caregiver satisfaction in most domains, except for the Financial Aspect, where dissatisfaction was comparatively higher.

Figure 4.2

Overview of PSQ-18 overall level of satisfaction



4.6 Association between Sociodemographic variable, Technical Quality, Interpersonal Manner, Communication and Accessibility and Convenience

Table- 4.6

Association between Sociodemographic variable and Domains (Mann Whitney U Test)

Variable		n=152	Mean Rank	Z	*P*-value
Technical Quality					
First inpatient admission at CRP	Yes	146	75.02	-2.506	**0.012**
	No	6	112.58		
Interpersonal Manner					
Childs Gender	Boy	80	70.19	-2.233	**0.026**
	Girl	72	83.51		
First inpatient admission at CRP	Yes	146	74.48	-3.348	**0.001**
	No	6	125.67		
Communication					
Childs Gender	Boy	80	71.29	-2.161	**0.031**
	Girl	72	82.29		
First inpatient admission at CRP	Yes	146	74.70	-3.495	**0.001**
	No	6	120.33		
Accessibility and Convenience					
Mother's Health	Yes	26	60.48	-2.112	**0.035**
	No	126	79.81		

Table 4.6 to find out if technical quality scores varied according on whether this was the caregiver's first inpatient stay at CRP, a Mann-Whitney U test was used. The two groups differed significantly, according to the data ($Z = –2.506$, $p = 0.012$).

The mean rank of caregivers who experienced their first admission was lower n=146 (75.02) than that of caregivers who had previously been admitted n=6 (112.58) suggesting that caregivers who had previously been admitted reported greater perceived technical quality. A significant difference on the child's gender ($Z = –2.233$, $p = 0.026$), where girls reported higher interpersonal manner scores (Mean Rank = 83.51) than boys (Mean Rank = 70.19). Similarly, a significant difference showed on whether this was the first inpatient admission at CRP ($Z = -3.348$, $p = 0.001$). Caregivers with previous admissions showed higher interpersonal manner scores (Mean Rank = 125.67) compared to those experiencing their first admission (Mean Rank = 74.48). The child's gender ($Z = –2.161$, $p = 0.031$), where girls reported higher communication scores (Mean Rank = 82.29) than boys (Mean Rank = 71.29). Similarly, a significant difference showed on whether this was the first inpatient admission at CRP ($Z = -3.495$, $p = 0.001$). Caregivers with previous admissions showed higher communication scores (Mean Rank = 120.33) compared to those experiencing their first admission (Mean Rank = 74.70). Mothers who had a health condition showed lower accessibility and convenience scores, with a mean rank of 60.48, compared to those without health issues (mean rank = 79.81). The Mann–Whitney U test showed a significant difference between the groups ($Z = –2.112$, $p = 0.035$) and showed that mothers with health problems experienced reduced accessibility and convenience in service use.

4.7 Linear Regression of the sociodemographic, Technical quality and Accessibility and Convenience

Table- 4.7

Linear Regression Model of the association between sociodemographic and domains of PSQ-18

Predictor	**Technical Quality**	
	Unadjusted	
First inpatient admission	**B (95% CI)**	***P* Value**
Yes	Reference	-
No	.426 (-.004,.855)	.052
Predictor	**Accessibility and Convenience**	
Mother's Health	**B (95% CI)**	***P* Value**
Yes	Reference	-
No	.383(-.037, .803)	.073

In regression caregivers with no previous inpatient admission showed 0.426 times higher technical quality scores than those with a first admission with a 95% confidence interval ranging from (-0.004 to 0.855) which is not statistically significant (p = 0.052). Mothers who had no health issues showed .383 times higher accessibility and convenience scores than those who had health issues with a 95% confidence interval ranging from (.803-.146) which is not statistically significant (p = 0.073)

4.8 Linear Regression between Sociodemographic, Interpersonal Manner and Communication

Table- 4.8

Linear Regression Model of the association between sociodemographic and domains

Predictor	**Interpersonal Manner**			
	Unadjusted		**Adjusted**	
	B (95% CI)	***P* Value**	**B (95% CI)**	***P* Value**
Childs Gender				
Boy	Reference	-	-	-
Girl	.129(-.026,.289)	.101	-.216(-.558,.127)	.215
First inpatient admission				
Yes	Reference	-	-	-
No	.570 (.180, .960)	**.004**	.970 (.092, 1.847)	**.031**
Predictor	**Communication**			
	Unadjusted		**Adjusted**	
	B (95% CI)	***P* Value**	**B (95% CI)**	***P* Value**
Childs Gender				
Boy	Reference	-	-	-
Girl	.142(.008, .276)	**.037**	.218(-.053,.488)	.114
First inpatient admission				
Yes	Reference	-	-	-
No	.461(.121, .802)	**.008**	.803(.109,,1.497)	**.024**

Interpersonal Manner domain, child's gender was not significantly associated with satisfaction in either the unadjusted (p = .101) or adjusted model (p = .215). However, children who were not in their first inpatient admission showed significantly higher interpersonal manner scores compared to first-time admissions in both the unadjusted (B = 0.570, p = .004) and adjusted model (B = 0.970, p = .031).

Communication domain, gender showed a significant association in the unadjusted model (B = 0.142, p = .037) but lost significance after adjustment (p = .114). In contrast, children who were not first-time inpatient admissions had significantly better communication scores in both unadjusted (B = 0.461, p = .008) and adjusted analyses (B = 0.803, p = .024).

4.9 Association between Sociodemographic, Communication, Financial Aspect and Time spent with Doctor

Table- 4.9

Association between Sociodemographic variables and Domain of PSQ-18 Kruskal Wallis Test

Variables		**Communication**				
		N=152	**Mean Rank**	**x^2**	**df**	***P* value**
Types of Cerebral Palsy	Spastic	81	78.06	11.233	3	**0.011**
	Dyskinetic	59	78.22			
	Ataxic	4	25.00			
	Unknown	8	73.81			
Variables		**Financial Aspect**				
		N=152	**Mean Rank**	**x^2**	**df**	***P* value**
Monthly Income	1000-70000 Thousands	141	73.45	12.057	2	**0.002**
	71000-140000 Thousands	6	111.50			
	141000-210000 Thousands	4	132.13			
Variables		**Time Spent with Doctor**				
		N=152	**Mean**	**x^2**	**df**	***P***

			Rank			value
Monthly Income	1000-70000 Thousands	141	77.72			
	71000-140000 Thousands	6	45.58	6.234	2	**0.044**
	141000-210000 Thousands	4	79.50			

Table 4.9 represent the Kruskal Wallis H test showed 11.233 is the chi square value (df = 3, p = 0.011). The communication scores of children with dyskinetic CP (78.22) and spastic CP (78.06) were significantly higher than those of children with ataxic CP (mean rank = 25.00). Additionally, the unknown type displayed a moderately high mean rank (73.81) which indicating that communication satisfaction varied significantly depending on the type of cerebral palsy. In Financial aspect 12.057 is the chi square value, (df = 2, p = 0.002). The highest income group (141000–210000 thousand) had the highest financial satisfaction (mean rank = 132.13) followed by those earning 71000–140000 thousand (mean rank = 111.50). The lowest income group (1000–70000 thousand) showed the lowest financial satisfaction (mean rank = 73.45) which indicates that higher-income caregivers experienced significantly better financial satisfaction than lower-income caregivers. Time spent with doctor chi-square value of 6.234 (df = 2, p = 0.044). The monthly income of 141000–210000 thousand had the highest mean rank (79.50) followed by those earning 1000–70000 thousand (mean rank = 77.72). The lowest income group 71000–140000 Thousand had **mean** rank (45.58). Which indicates higher and lower income brackets reported greater time spent with the doctor, whereas those in the middle-income group reported comparatively less time, indicating significant variation based on income level**.**

4.10 Linear regression model between Sociodemographic, Communication, Financial Aspect and Time spent with Doctor

Table- 4.10

Linear Regression Model of the association between sociodemographic and domains

Predictor	**Communication**	
	Unadjusted	
Types of Cerebral Palsy	**B(95% CI)**	***P* value**
Spastic	**Reference**	
Dyskynetic	4.62e-16(-.138,.138)	1.000
Ataxic	-.500(-.775,-.225)	**.001**
Unknown	-.050(-.169,.069)	.410
Predictor	**Financial Aspect**	
Monthly Income	**B(95% CI)**	***P* value**
1000-70000 Thousands	Reference	-
71000-140000 Thousands	.839(.103,1.576)	**.026**
141000-210000 Thousands	.948(.351,1.545)	**.002**
Predictor	**Time Spent With Doctor**	
Monthly Income	**B(95% CI)**	***P* value**
1000-70000 Thousands	Reference	-
71000-140000 Thousands	-.575(-.993,-.157)	**.007**
141000-210000 Thousands	-.106(-.445,.233)	.539

In regression dyskinetic CP had no difference (0.000) times in communication scores than spastic group with a 95% confidence interval of (-0.138 to 0.138), which is not statistically significant (p = 1.000). But children with ataxic cerebral palsy had 0.500 times lower communication scores than those with spastic CP with a 95% confidence interval of (-0.775 to -0.225), which is statistically significant (p = 0.001). And the unknown type, communication scores were 0.050 times lower, with a 95% confidence interval of (-0.169 to 0.069) which is not statistically significant (p = 0.41. Participants

with higher income (71,000–140,000 Thousand) had 0.839 times higher financial aspect scores than those in the lowest income group, with a 95% confidence interval ranging from (0.103 to 1.576), which is statistically significant (p=0.026). Similarly, those earning 141,000–210,000 thousand showed 0.948 times higher financial aspect scores with a 95% confidence interval of (0.351 to 1.545), which is also statistically significant (p = 0.002). Participants with monthly income of 71,000–140,000 Thousand had 0.575 times lower time spent with doctor scores compared with the lowest income group, with a 95% confidence interval ranging from (-0.993 to -0.157) which is statistically significant (p = 0.007). And those earning 141,000–210,000 Thousand had 0.106 times lower scores with a 95% confidence interval of (-0.445 to 0.233), which is not statistically significant (p = 0.539).

4.11 Spearman's Correlation of PSQ-18 scale

Table- 4.11

Spearman's Correlation of PSQ-18 scale domains and socio-demographic variables

	Correlation			
Variables	Monthly Family Income	Duration Since Diagnosis	General Satisfaction	Financial Aspect
Monthly Family Income	1	-	-	-
Duration Since Diagnosis	.049	1	-	-
General Satisfaction	.001	**-.180***	1	-
Financial Aspect	.469**	.104	.087	1

**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

Table 4.11 shows Spearman correlation among the caregiver age, monthly family income, child age, duration of diagnosis, general satisfaction, technical quality, interpersonal manner, communication, financial aspect, time spent with doctor, accessibility and convenience. The result indicates a monthly family income significantly correlate with financial aspect (r= .469, p< .01) and a negative correlation between duration since diagnosis and general satisfaction (r = -.180, p< .05).

4.12 Linear Regression models of duration since diagnosis and general satisfaction

Table- 4.12

Linear Regression models of the association between duration since diagnosis and general satisfaction

Predictor	General Satisfaction			
	Unadjusted			
	B(CI)	**Std. Error**	***P*-value**	**R square**
Duration Since Diagnosis	-.008 (-.016 - .001)	.004	.083	.020

Note: Unstandardized Coefficients (B), Confidence Interval (CI)

The regression result showed a non-significant negative relationship between duration since diagnosis and general satisfaction (B = -0.008, SE=0.004, p=.083). This indicates that for each additional year since the child's diagnosis, general satisfaction slightly decreases by 0.008 points. which is not statistically significant as the confidence interval (-0.016 to 0.001) includes zero.

CHAPTER V: DISCUSSION

This research was aimed at determining the degree of caregiver satisfaction with inpatient services to children with cerebral palsy (CP) in the Centre for the Rehabilitation of the Paralysed (CRP). The general question that was aimed to be answered in this research is- What is the present state of caregiver satisfaction in this specialized inpatient setting in Bangladesh? The overview of the main findings shows that the overall rate of caregiver satisfaction is extremely high 98.7%. The greatest degree of satisfaction was measured in the Technical Quality (100%) and Interpersonal Manner (98.7) domains indicating the great confidence in the competence and behavior of the staff. Nevertheless, one of the most important things was that the Financial Aspect domain was the most dissatisfied with and 44.1% of caregivers experienced difficulties with expenses. In the current literature this research has a very critical gap as most of the prior studies have concentrated on outpatient or community-based models in high income countries, leaving a gap in evidence on inpatient models of neurological rehabilitation satisfaction in low and middle income countries (LMICs) like Bangladesh.

The results indicate that the caregivers at CRP are usually highly content with the fundamental clinical and relationship components of services offered. The maximum score in Technical Quality (100%) and the almost maximum score in Interpersonal Manner (98.7) are consistent with the topic of the current study, which is the emphasis on professional competencies and staff-caregiver relationships. This is in line with past studies that reported that customer satisfaction and caregiver satisfaction will be high when the healthcare providers engage in friendly interactions and also take time to explain the diagnosis (Fatudimu, 2025). It also mirrors a Brazilian study that

found high satisfaction (mean 4.05) with mental health inpatient services (Dourado et al., 2018). The 44.1% dissatisfaction in the financial domain is a significant indicator of the economic strain on families in Bangladesh. This aligns with broader research in LMICs, where financial constraints are identified as a major barrier to accessing and sustaining long-term rehabilitation (Khandaker et al., 2019). Interestingly, the high overall satisfaction found in this study diverges from research in Australia, where parents of children with CP reported significantly less satisfaction with inpatient care compared to parents of children without disabilities (Iannelli et al., 2015). One reason for this divergence may be CRP's unique holistic two-week intensive care model, which explicitly aims to empower caregivers through education and skill training. The study found that first-time inpatient caregivers reported lower satisfaction in Technical Quality, Interpersonal Manner and Communication. This adds to existing research by highlighting the vulnerability of families during their initial service experience, often feeling overwhelmed by a new diagnosis (Eloreidi et al., 2021).Furthermore, the finding that mothers with existing health conditions reported lower accessibility satisfaction ($p = 0.035$) highlights the double burden faced by caregivers who are physically unwell themselves.

One unexpected finding was the very high overall satisfaction rate (98.7%) despite the substantial financial dissatisfaction (44.1%). Typically, high financial stress might be expected to lower overall perceptions of service quality (Elslemy et al., 2023). This may be explained by a phenomenon known as the elevation of satisfaction rates where high levels of satisfaction are reported even when certain expectations are negative or personal burdens are high. Furthermore, caregivers can value the perceived life-changing value of clinical interventions and support offered by the staff more than financial burden they have to incur to obtain them (Dourado et al., 2018). The second

surprising finding was that caregivers of children with ataxic CP were much less satisfied with communication than caregivers of children with spastic CP ($p = 0.011$). Less frequent, ataxic CP is worse balance and coordination which can have more complicated clinical explanations which caregivers can have more difficulty understanding or it can indicate a more specialized training requirement on the part of the staff to better explain to the family the specifics of this type (Geyer et al., 2023). The thesis has a distinctly important contribution to the body of study in the area of paediatric rehabilitation because of various reasons - It is the first to examine caregiver satisfaction with inpatient CP care in Bangladesh and most of the studies in this area focus on outpatient care or in high-income nations. While confirming CRP's strengths in staff behavior and technical skill the study provides hard evidence for the need to improve financial accessibility and admission-period support.

In this study, caregivers of female children reported higher satisfaction than those of male children. While boys made up 52.6% of the sample, the higher satisfaction found among girls' caregivers suggests that CRP provides equitable and high-quality care regardless of traditional gender biases often seen in regional healthcare. However, the specific reasons for this difference were not explored. This presents a key area for future research, where qualitative studies could investigate if this stems from differing caregiver expectations or children’s behavioral responses to therapy. The research emphasizes the family-centered care model, demonstrating how caregiver perceptions can serve as a key quality indicator for improving long-term adherence and clinical outcomes for children with permanent neurodevelopmental disabilities.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strength

- As this study was the first one in the Bangladesh context, it filled a major gap in locally relevant evidence by being the first of its type to measure caregiver satisfaction with inpatient Cerebral Palsy (CP) services at the Centre for the Rehabilitation of the Paralysed (CRP) in Bangladesh.
- A quantitative cross-sectional study design was chosen to measure the satisfaction level among the caregiver of CP.
- The study was conducted through a face-to-face survey and interviews that maintained the quality of data and decreased potential biases.
- The study measured satisfaction in seven standardized domains using the globally renowned and validated Patient Satisfaction Questionnaire-18 (PSQ-18) (Nelson et al., 2014).

6.1.2 Limitations

- The student researcher couldn't meet the actual sample size. Collect 152 data where the actual sample size was 384.
- The study was about a specific condition as nowadays inpatient service also include other condition.
- The study used convenience sampling, a non-probability method which introduces selection bias.
- The study sample was homogenous consisting entirely of female caregivers (100%) primarily mothers (97.4%) failing to capture the perspectives of male or other family caregivers

- The caregiver was feeling little bit of hesitate as they provide information staying at inpatient unit.

6.1.3 Impact of Limitations

- Smaller sample size (152 instead of 384)
- Study limited to a specific condition (Cerebral Palsy inpatient only)
- Convenience sampling (non-probability sampling)
- Homogenous sample (100% female caregivers, mostly mothers)
- Participants hesitated to respond inside inpatient setting

6.2 Practice Implication (recommendation for future practice and research)

6.2.1 Recommendation for Future Practice

Future research should look more closely at how to reduce the financial pressure many caregivers face. Since a large number of families struggle with the cost of inpatient care future studies could explore practical ways to strengthen financial support-such as expanding others, making service costs clearer or creating partnerships that connect low-income families with external assistance. Understanding what truly helps families manage these expenses could make a meaningful difference in their overall experience. Research is also needed to find better ways to communicate with caregivers of children who have more complex or less common types of CP like Ataxic CP. These families often need extra clarity and reassurance. So future studies could examine how emphasize communication or specialized staff training might improve their confidence and satisfaction. Another important area is the experience of caregivers during their first admission. Many first-time caregivers feel overwhelmed or unsure which affects their satisfaction with communication and interpersonal interactions. Future research could explore how improved pre-admission guidance, early peer support and more intentional relationship-building can help families feel more supported from the very

beginning. Finally, caregivers who are dealing with their own health problems-such as hypertension or diabetes-face added challenges. Research should examine how service providers can better accommodate these caregivers by considering their health needs in scheduling, mobility support, or training processes. Understanding their lived experiences can help shape more compassionate, accessible services.

6.2.2 Recommendation for Future Research

After conducting the research, the student researcher would like to provide some recommendations. These are-

- A mixed-method study with a large sample size should be conducted on this topic.
- Expand the study by using larger and more geographically diverse samples and apply probability sampling where possible to improve the generalizability of the findings.
- Further researcher should include other condition which taking inpatient service.
- Longitudinal studies examine how caregiver satisfaction changes after discharge and to determine whether early inpatient satisfaction influences long-term adherence to home programs and later child outcomes supporting better service continuity.

6.3 Conclusion

Assessments of caregiver satisfaction were conducted to determine satisfaction with inpatient rehabilitation services provided to children with Cerebral Palsy by CRP and to explore variables that might influence that satisfaction based on the PSQ-18 domains. In general, satisfied caregivers expressed a high level of satisfaction with many measures; satisfaction with technical quality, staff interpersonal manner,

communication with the staff, accessibility to the staff, and amount of time spent with the doctor were all high (indicating a great degree of confidence in the rehabilitation team). Comparatively low satisfaction was reported regarding the financial dimension of services, with many caregivers indicating that the expense was a primary concern. In addition to the financial dimension, caregiver demographics such as first-time users, income level, and caregiver health status were also correlated to satisfaction. Although overall caregiver satisfaction appears high, data from this study need to be cautiously interpreted relative to the effects of responder bias and the limitations of sampling. While caregivers appreciate being treated professionally and communicating well, decreasing financial hardship would enhance the delivery of these services. This study provides preliminary evidence for enhancing family-centered inpatient rehabilitation care, as well as indicating the need for more broad research in future studies.

CHAPTER V: LIST OF REFERENCE

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APPENDICES

Appendix A: Approval / Permission Letter

Ethical Approval Letter from IRB

BANGLADESH HEALTH PROFESSIONS INSTITUTE

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/07/2025/1110 Date: 21.07.2025

To
Mostaria Rahman Ano
4th Year B.Sc. in Occupational Therapy
Session: 2020-2021, Student ID: **122200443**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **Level of Caregiver Satisfaction regarding Inpatient Services for Children with Cerebral Palsy at CRP** by ethics committee.

Dear Mostaria Rahman Ano
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned dissertation, with yourself, as the principal investigator Prof. Sk. Moniruzzaman, Professor& Head, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

SL No.	Name of the Documents
1	Research Proposal
2	Patient Satisfaction Questionnaire (PSQ-18) (English & Bangla)
3	Information sheet & consent form

The purpose of the study is to assess the level of satisfaction among caregivers of children with cerebral palsy receiving inpatient services at the pediatric unit of CRP. The study involves use of Patient Satisfaction Questionnaire to assess the level of satisfaction among caregivers of children with cerebral palsy receiving inpatient services at the pediatric unit of CRP that may take 5-10 minutes to answer the Interview Guide and there is no likelihood of any harm to the participants. There is no benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on, 17 June, 2025 at BHPI (50th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Associate Professor, Project and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Data Collection Permission Letter from Mirpur, CRP

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date:02/08/2025
To
The In-Charge of Paediatric Department,
Centre for the Rehabilitation of Paralyzed (CRP)-Mirpur
Plot A/5; Block A, Mirpur 14,
Dhaka-1206

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Level of Caregiver Satisfaction Regarding Inpatient Services for Children with Cerebral Palsy at CRP"** with myself, Prof. Sk. Moniruzzaman as my thesis supervisor & Amena Rahman as my thesis co-supervisor. The aim of my study is to assess the level of satisfaction among caregivers of children with cerebral palsy receiving inpatient services at the paediatric unit of CRP. In order to fulfill the objectives of this study, I would like to collect data from Paediatric Department -CRP- Mirpur and the data collection period is from 02/08/2025 to 15/09/2025.I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,
Ano
Mostaria Rahman Ano
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200443
Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343

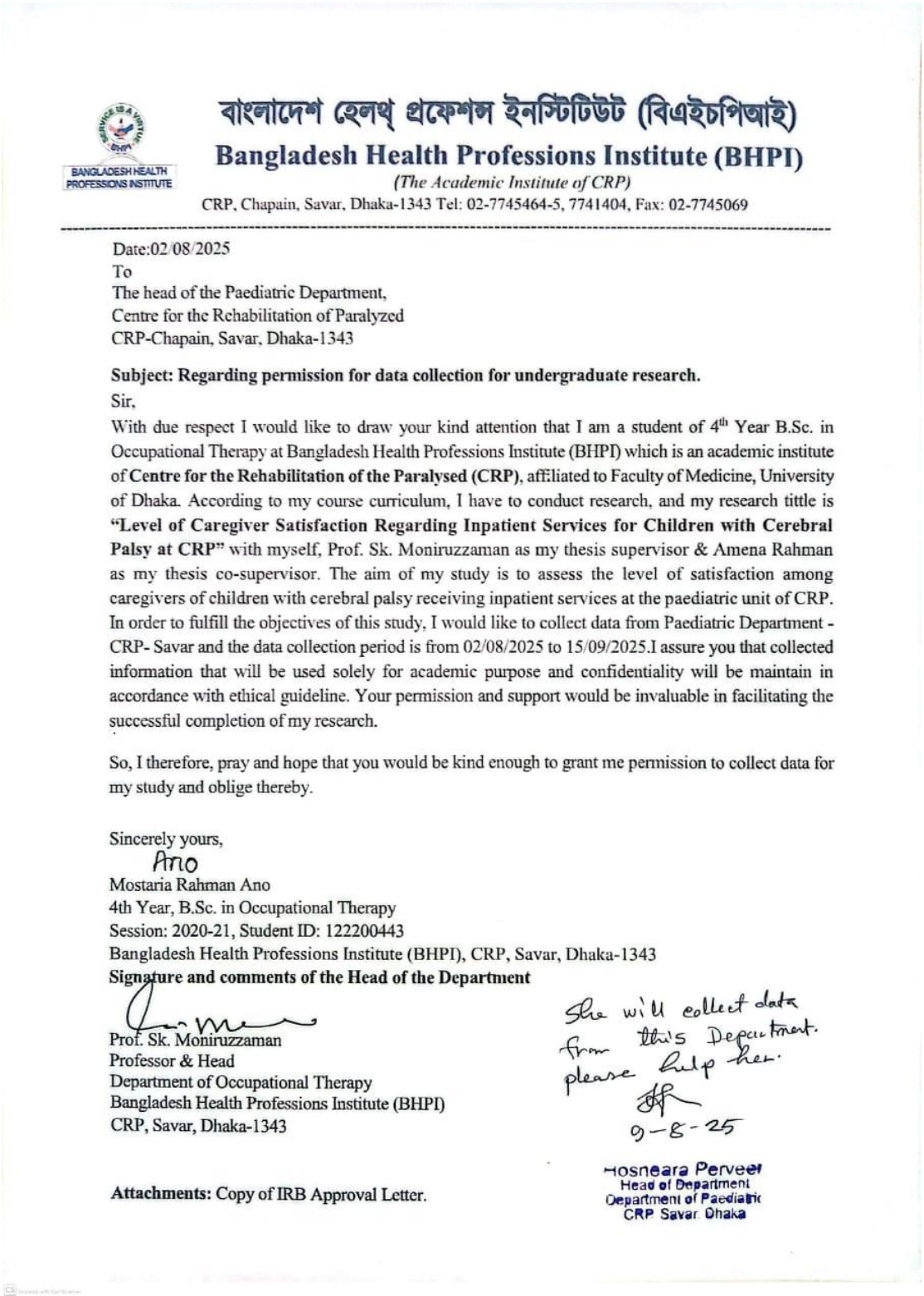
Signature and comments of the Head of the Department

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Sultana Razia
Consultant (Occupational Therapy)
In-Charge, Paediatric Unit
CRP, Mirpur

Attachments: Copy of IRB Approval Letter.

Data Collection Permission Letter from Savar, CRP



বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date:02/08/2025

To

The head of the Paediatric Department,
Centre for the Rehabilitation of Paralyzed
CRP-Chapain, Savar, Dhaka-1343

Subject: Regarding permission for data collection for undergraduate research.

Sir,

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Ano

Mostaria Rahman Ano
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200443
Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343

Signature and comments of the Head of the Department

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

She will collect data from this Department. please help her.

9-8-25

Hosneara Perveen
Head of Department
Department of Paediatric
CRP Savar Dhaka

Attachments: Copy of IRB Approval Letter.

Appendix B: Information Sheet & Consent Form

Explanatory statement, Information Sheet, Consent and Withdrawal Consent Form (English Version)

Explanatory statement (English)

Title: The Status of satisfaction level of the occupational therapy service among the caregiver with ADHD in Bangladesh

Student Investigator	**Mostaria Rahman Ano** 4th Year, B.Sc. in Occupational Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka-1343 Contact number: 01629995790 Email: ano24thot@gmail.com
Principal Investigator	**Prof SK Moniruzzaman** Professor & Head Department of Occupational Therapy BHPI Contact number: 01716358212 Email: skmonirot@gmail.com
Co-supervisor:	**Amena Rahman** Lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI) CRP,Savar,Dhaka. Contact number: 01716229391 E-mail: aminarupaot21@gmail.com

This information sheet is for you to keep.

What is the purpose of this research?

The purpose of this study is to assess the level of caregiver satisfaction with the inpatient services provided for children with cerebral palsy at the Centre for the

Rehabilitation of the Paralysed (CRP). By identifying key factors influencing caregiver satisfaction-such as quality of care, communication, staff behavior, facility environment, and accessibility-this research aims to highlight strengths and areas for improvement within the inpatient rehabilitation services. The findings will help inform service enhancement strategies to ensure more effective, family-centered care for children with cerebral palsy.

What does the research involve?

- Completing a structured questionnaire with two sections is required for participation.
    i. a sociodemographic part that includes basic details on the child and the caregiver.
    ii. eighteen brief items make up the validated Patient Satisfaction Questionnaire (PSQ-18), which gauges patient satisfaction with therapeutic services
- It will take ten to fifteen minutes to finish the questionnaire.
- All replies will be kept private and used exclusively for research; participation is entirely voluntary.
- There are no physical procedures, medical testing, or therapies included in this study. There are no expenses or hazards involved with taking part.
- Participants are free to leave at any moment, for any reason, and without facing any repercussions.

Why were you chosen for this research?

You have been invited to participate because you have a son/daughter diagnosed with CP. Your participation is valuable because you firsthand experiencing Occupational Therapy services for CP child.

Source of funding

This research is part of an academic requirement and is not funded by any external organization.

Consenting to participate in the project and withdrawing from the research

Participation is voluntary. You may withdraw at any time before or during the interview without giving a reason, and your data will not be used. However, once data has been anonymized and included in the analysis, withdrawal may no longer be possible.

Possible benefits and risks to participants

Participation in this research may not yield direct benefits, but the survey gathers the status of satisfaction level of the Occupational Therapy service among the caregiver with CP in Bangladesh. The research is designed with low risk, but potential psychological discomfort may occur due to sharing experiences. If it arises during the interview, the student researcher will minimize it in the following way:

- You will be given a reminder that the participation is voluntary, you can withdraw from it anytime you want.
- The researcher will offer break during interview if the discomforts impact the interview. Additionally, the researcher will discuss about re-scheduling the interview if you prefer to continue later

Confidentiality

All information provided will be kept strictly confidential. No identifying details will appear in any reports or publications. Pseudonyms will be used to protect your identity.

Storage of data

Data will be securely stored on a password-protected computer, and hard copies will be kept in a locked cabinet accessible only to the research team. Data will be retained for five years after publication and then securely destroyed.

Results

The findings will be used for academic purposes, including publications and presentations. You may request a summary of the results once the study is complete.

Complaints

If you have any concerns or complaints about the study, please contact the research supervisor. For further questions, you may contact the researcher directly.

Thank you for your time and consideration

Mostaria Rahman Ano

Consent form(English)

Project title: Level of Caregiver Satisfaction Regarding Inpatient Services for Children with Cerebral Palsy at CRP

Student investigator: Mostaria Rahman Ano

Please tick into the right side of the box-

I confirm that I have read and understand the information sheet for the above study	
I have had the opportunity to consider the information, ask question and have had these answered satisfactorily	
I understand that participation is voluntary and that I am free to withdraw my child at any time, without giving any reason, without his her medical or legal rights being affected	
I understand that relevant sections of any medical notes and data collected during the study may be reviewed by other individuals for the purposes of the study	
I agree to provide information to the researcher (s) on the understanding that my name will not use without my permission.	
I agree to participate in this study under the conditions set out in the information sheet	

Name of the participant:

Sign/thumb impression:

Sign of the researcher:

Date:

Withdrawal form(English)

Withdrawal of consent form

Student investigator: Mostaria Rahman Ano

I, _____ (the participant), wish to WITHDRAW my consent to the use of data arising from my participation. Data arising from my participation must NOT be used in this research project as described in the Information and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within four weeks of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided
specifically, for this research project.

Name of participant: _____

Signature of participant/ thumb print: _____

Date:

Explanatory Statement Sheet, Information Sheet, Consent and Withdrawal Consent Form (Bangla Version)

অংশগ্রহনকারীর তথ্য এবং সম্মতি পত্র

গবেষনার বিষয়ঃ সিআরপি-তে সেরিব্রাল পালসি আক্রান্ত শিশুদের জন্য প্রদত্ত ইনপেশেন্ট সেবাসমূহ নিয়ে অভিভাবকদের সন্তুষ্টির লেভেল	
গবেষক	**মোস্তারিয়া রহমান অনু** চতুর্থ বর্ষ, বিএসসি. ইন. অকুপেশনাল থেরাপি বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট সি আর পি,সাভার ফোন: ০১৬২৯৯৯৫৭৯০ ইমেইল: ano24thot@gmail.com
তত্ত্বাবধায়ক	**অধ্যাপক এস. কে. মনিরুজ্জামান** অধ্যাপক ও বিভাগীয় প্রধান,অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই ফোন: ০১৭১৬৩৫৮২১২ ইমেইল: skmonirot@gmail.com
সহ-তত্ত্বাবধায়ক:	**আমেনা্ রহমান** প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই ফোন: ০১৭১৬২২৯৩৯১ ইমেইল: aminarupaot21@gmail.com

গবেষণার উদ্দেশ্য:

এই গবেষণার উদ্দেশ্য হলো সেন্টার ফর দ্য রিহ্যাবিলিটেশন অব দ্য প্যারালাইজড (সিআরপি)- এ শিশুকালীন সেরিব্রাল পালসিযুক্ত রোগীদের জন্য প্রদানকৃত ইনপেশেন্ট (ভর্তিকৃত) সেবাসমূহ নিয়ে অভিভাবকদের সন্তুষ্টির মাত্রা মূল্যায়ন করা। সেবার মান, যোগাযোগ ব্যবস্থা, কর্মীদের আচরণ, প্রতিষ্ঠানিক পরিবেশ এবং সেবা গ্রহণের সহজলভ্যতা—এইসব বিষয় caregiver সন্তুষ্টির উপর কীভাবে

প্রভাব ফেলে, তা চিহ্নিত করার মাধ্যমে এই গবেষণা ইনপেশেন্ট পুনর্বাসন সেবার শক্তিশালী দিক এবং উন্নয়নযোগ্য ক্ষেত্রগুলো তুলে ধরবে। গবেষণার ফলাফল ভবিষ্যতে শিশুদের জন্য আরও কার্যকর ও পরিবার-কেন্দ্রিক সেবা প্রদানের কৌশল নির্ধারণে সহায়তা করবে।

গবেষণায় কী কী বিষয় জড়িত?

• অংশগ্রহণের জন্য দুটি বিভাগ বিশিষ্ট একটি কাঠামোগত প্রশ্নাবলী পূরণ করা প্রয়োজন।

i. একটি সমাজ-জনসংখ্যাতাত্ত্বিক অংশ যাতে শিশু এবং যত্নশীল সম্পর্কে মৌলিক তথ্য অন্তর্ভুক্ত থাকে।

ii. আঠার টি সংক্ষিপ্ত আইটেম যাচাইকৃত রোগী সন্তুষ্টি প্রশ্নাবলী (PSQ-18) তৈরি করে, যা থেরাপিউটিক পরিষেবার সাথে রোগী সন্তুষ্টি পরিমাপ করে।

• প্রশ্নাবলীটি শেষ করতে দশ থেকে পনের মিনিট সময় লাগবে।

• সমস্ত উত্তর গোপন রাখা হবে এবং একচেটিয়াভাবে গবেষণার জন্য ব্যবহার করা হবে; অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাসেবী।

• এই গবেষণায় কোনও শারীরিক প্রক্রিয়া, চিকিৎসা পরীক্ষা বা থেরাপি অন্তর্ভুক্ত করা হয়নি। অংশগ্রহণের সাথে কোনও খরচ বা ঝুঁকি জড়িত নেই।

• অংশগ্রহণকারীরা যে কোনও মুহূর্তে, যে কোনও কারণে এবং কোনও প্রতিক্রিয়ার মুখোমুখি না হয়ে চলে যেতে পারেন।

এই গবেষণার জন্য আপনাকে কেন বেছে নেওয়া হল?

আপনার একটি ছেলে/মেয়ের CP রোগ ধরা পড়ায় আপনাকে অংশগ্রহণের জন্য আমন্ত্রণ জানানো হয়েছে। আপনার অংশগ্রহণ মূল্যবান কারণ আপনি CP শিশুর জন্য অকুপেশনাল থেরাপি পরিষেবাগুলি সরাসরি অভিজ্ঞতা অর্জন করছেন।

অর্থায়নের উৎস

এই গবেষণা একটি একাডেমিক প্রয়োজনীয়তা পূরণে পরিচালিত হচ্ছে এবং এটি কোনো বাহ্যিক উৎস থেকে অর্থায়নপ্রাপ্ত নয়

গবেষণায় অংশগ্রহণে সম্মতি এবং অংশগ্রহণ প্রত্যাহার

এই গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাসেবামূলক। আপনি চাইলে যেকোনো সময়, এমনকি সাক্ষাৎকার চলাকালীনও, কোনো কারণ না দেখিয়ে অংশগ্রহণ প্রত্যাহার করতে পারেন এবং আপনার তথ্য ব্যবহার করা হবে না। তবে একবার আপনার তথ্য গোপনীয়ভাবে বিশ্লেষণে অন্তর্ভুক্ত হয়ে গেলে, সেগুলো প্রত্যাহার সম্ভব নাও হতে পারে।

অংশগ্রহণকারীদের জন্য সম্ভাব্য সুবিধা এবং ঝুঁকি

এই গবেষণায় অংশগ্রহণ সরাসরি সুবিধা নাও দিতে পারে, তবে জরিপটি বাংলাদেশে ADHD আক্রান্ত যত্নশীলদের মধ্যে অকুপেশনাল থেরাপি পরিষেবার সন্তুষ্টির স্তরের অবস্থা সংগ্রহ করে। গবেষণাটি কম ঝুঁকি নিয়ে তৈরি করা হয়েছে, তবে অভিজ্ঞতা ভাগ করে নেওয়ার কারণে সম্ভাব্য মানসিক অস্বস্তি হতে পারে। সাক্ষাৎকারের সময় যদি এটি দেখা দেয়, তাহলে শিক্ষার্থী গবেষক নিম্নলিখিত উপায়ে এটি কমিয়ে আনবেন:

• আপনাকে একটি স্মরণ করিয়ে দেওয়া হবে যে অংশগ্রহণ স্বেচ্ছাসেবী, আপনি যে কোনও সময় এটি থেকে সরে আসতে পারেন।

• যদি অস্বস্তি সাক্ষাৎকারের উপর প্রভাব ফেলে তবে গবেষক সাক্ষাৎকারের সময় বিরতি দেবেন।

এছাড়াও, আপনি যদি পরে চালিয়ে যেতে চান তবে গবেষক সাক্ষাৎকারটি পুনঃনির্ধারণ সম্পর্কে আলোচনা করবেন।

গোপনীয়তা

আপনার প্রদত্ত সকল তথ্য কঠোর গোপনীয়তার সঙ্গে সংরক্ষণ করা হবে। কোনো প্রতিবেদনে বা প্রকাশনায় আপনার নাম বা পরিচিতি প্রকাশ করা হবে না। আপনার পরিচয় গোপন রাখতে ছদ্মনাম (pseudonym) ব্যবহার করা হবে।

তথ্য সংরক্ষণ

সংগ্রহ করা সব তথ্য পাসওয়ার্ড-সংরক্ষিত কম্পিউটারে সংরক্ষিত থাকবে। মুদ্রিত কপি লক করা ক্যাবিনেটে রাখা হবে, যা শুধুমাত্র গবেষণা দলের জন্যই প্রবেশযোগ্য। গবেষণা প্রকাশের পর তথ্য ৫ বছর পর্যন্ত সংরক্ষিত থাকবে এবং তারপর নিরাপদভাবে ধ্বংস করে ফেলা হবে।

গবেষণার ফলাফল

এই গবেষণার ফলাফল একাডেমিক কাজে, যেমন প্রকাশনা ও উপস্থাপনায় ব্যবহার করা হবে। আপনি চাইলে গবেষণা শেষ হলে একটি সংক্ষিপ্ত সারাংশ চাইতে পারেন।

অভিযোগ

যদি এই গবেষণা সম্পর্কে আপনার কোনো উদ্বেগ বা অভিযোগ থাকে, তবে আপনি গবেষণা তত্ত্বাবধায়কের সঙ্গে যোগাযোগ করতে পারেন। কোনো প্রশ্ন থাকলে আপনি সরাসরি গবেষকের সঙ্গে যোগাযোগ করতে পারেন।

আপনার সময় এবং সহযোগিতার জন্য আন্তরিক

(মোস্তারিয়া রহমান অনু)

সম্মতি পত্র

গবেষণার শিরোনাম: সিআরপি-তে সেরিব্রাল পালসি আক্রান্ত শিশুদের জন্য প্রদত্ত ইনপেশেন্ট সেবাসমূহ নিয়ে অভিভাবকদের সন্তুষ্টির লেভেল

ছাত্রী গবেষক -মোস্তারিয়া রহমান অনু

ডান পাশে টিক চিহ্ন দিন-

আমি নিশ্চিত করছি যে আমি উপরের গবেষণার তথ্যপত্র পড়েছি এবং বুঝেছি	
আমি তথ্যটি বিবেচনা করার সুযোগ পেয়েছি, প্রশ্ন করার সুযোগ পেয়েছি এবং সেগুলোর সন্তোষজনক উত্তর পেয়েছি	
আমি বুঝতে পেরেছি যে এই গবেষণায় অংশগ্রহণ স্বেচ্ছামূলক এবং আমি যেকোনো সময় প্রত্যাহার করতে পারি, কোনো কারণ না জানিয়েও, এবং এতে চিকিৎসা বা আইনগত অধিকার প্রভাবিত হবে না	
আমি বুঝতে পেরেছি যে এই গবেষণার উদ্দেশ্যে আমার চিকিৎসা নোট এবং সংগৃহীত তথ্যের প্রাসঙ্গিক অংশ অন্যান্য ব্যক্তি পর্যালোচনা করতে পারেন	
আমি সম্মত হচ্ছি যে গবেষক/ গবেষকগণকে তথ্য প্রদান করব এই শর্তে যে আমার নাম আমার অনুমতি ছাড়া ব্যবহার করা হবে না	
তথ্যপত্রে বর্ণিত শর্তাবলীর অধীনে আমি এই গবেষণায় অংশগ্রহণ করতে সম্মত	

অংশগ্রহণকারীর নাম: _____

স্বাক্ষর/আঙুলের ছাপ: _____

গবেষকের স্বাক্ষর: _____

তারিখ: _____

সম্মতি প্রত্যাহার পত্র

ছাত্রী গবেষক -মোস্তারিয়া রহমান অনু

আমি,_____

(অংশগ্রহণকারী), আমার অংশগ্রহণ থেকে প্রাপ্ত তথ্য ব্যবহারের জন্য দেওয়া সম্মতি প্রত্যাহার করতে চাই। আমার অংশগ্রহণ থেকে প্রাপ্ত কোনো তথ্য এই গবেষণা প্রকল্পে ব্যবহার করা যাবে না, যেভাবে তথ্যপত্র এবং সম্মতি পত্রে উল্লেখ করা হয়েছে। আমি বুঝতে পেরেছি যে, আমার অংশগ্রহণ শেষ হওয়ার চার সপ্তাহের মধ্যে যদি এই অনুরোধ গ্রহণ করা হয়, তবে আমার অংশগ্রহণ থেকে প্রাপ্ত তথ্য নষ্ট করে ফেলা হবে। আমি বুঝতে পেরেছি যে, এই বিজ্ঞপ্তিটি আমার সম্মতি পত্রের সাথে সংরক্ষিত থাকবে যাতে এই গবেষণা প্রকল্পে আমার প্রদত্ত তথ্য ব্যবহারের সম্মতি প্রত্যাহারের প্রমাণ হিসেবে এটি ব্যবহৃত হতে পারে।

অংশগ্রহণকারীর নাম: _____

স্বাক্ষর/আঙুলের ছাপ: _____

তারিখ: _____

Appendix C: Questionnaire

Socio-demographic Information (English Version)

Section A: Information About the Caregiver

ID/Serial No.: **Date-** _____

1. **Caregivers Name:** _____

   Phone No.:

2. **Age:** _____ years
3. **Gender:**
   ☐ Male ☐ Female ☐ Other
4. **Relationship to the child:**
   ☐ Mother ☐ Father ☐ Grandparent ☐ Other: _____
5. **Mother/Father Health:**
6. **Educational Level:**
   ☐ No formal education
   ☐ Primary
   ☐ Secondary
   ☐ Higher Secondary
   ☐ Graduate or above

   ☐ Post Graduation
   ☐ PhD

7. **Occupation:**
   ☐ Housewife ☐ Service holder ☐ Businessman ☐ Day laborer
   ☐ Other (please specify): _____
8. **Family Income Source: _____**
9. **Monthly Family Income (in BDT): _____**
10. **Marital Status:**
    ☐ Married ☐ Unmarried ☐ Widowed ☐ Divorced
11. **Place of Residence:**
    ☐ Urban ☐ Semi-Urban ☐ Rural

Section B: Information About the Child

1. **Name: _____**
2. **Child's Age:** _____ years
3. **Child's Gender:**
   ☐ Male ☐ Female
4. **Number of Siblings:**

5. **Birth History:** ☐ Pre-term ☐ Term ☐ Post-term
6. **Birth Injury:**
7. **Birth Asphyxia:**
8. **After birth**
   ☐ Jaundice ☐ Pneumonia ☐ Hydrocephalus ☐ Seizures ☐ Oher

9. **Treatment received-**
   ☐ UV Light ☐ Oxygen ☐ Others

10. **Type of Cerebral Palsy (if known):**
    ☐ Spastic ☐ Dyskinetic ☐ Ataxic ☐ Mixed ☐ Unknown
11. **Duration Since Diagnosis: _____** months / years
12. **Is this the first inpatient admission at CRP?**
    ☐ Yes ☐ No (How many times? _____)
13. **Duration of Current Inpatient Stay: _____** days
14. **Services Received at CRP (tick all that apply):**
    ☐ Occupational Therapy
    ☐ Physiotherapy
    ☐ Speech and Language Therapy
    ☐ Other: _____

Socio-demographic Information (Bangla Version)

সামাজিক ও জনসংখ্যাতাত্ত্বিক তথ্যপত্র

অনুচ্ছেদ ক: সেবাদানকারীর তথ্য

১। তারিখ: _____

২। সেবাদানকারীর নাম: _____

ফোন নম্বর: _____

৩। বয়স: _____ বছর

৪। লিঙ্গ:

☐ পুরুষ ☐ নারী ☐ অন্যান্য

৫। শিশুর সাথে সম্পর্ক:

☐ মা ☐ বাবা ☐ দাদা/দাদী/নানা/নানী ☐ অন্যান্য: _____

৬। শিক্ষাগত যোগ্যতা:

☐ কোনো আনুষ্ঠানিক শিক্ষা নেই

☐ প্রাথমিক

☐ মাধ্যমিক

☐ উচ্চ মাধ্যমিক

☐ স্নাতক বা তার বেশি

☐ স্নাতকোত্তর

☐ পিএইচডি

৭। পেশা:

☐ গৃহিণী ☐ চাকরিজীবী ☐ ব্যবসায়ী ☐ দিনমজুর

☐ অন্যান্য (অনুগ্রহ করে উল্লেখ করুন): _____

৮। পারিবারিক আয়ের উৎস: _____

৯। মাসিক পারিবারিক আয় (টাকায়): _____

১০। বৈবাহিক অবস্থা:

☐ বিবাহিত ☐ অবিবাহিত ☐ বিধবা/বিপত্নীক ☐ তালাকপ্রাপ্ত

১১। বাসস্থানের ধরণ:

☐ শহর ☐ আধা-শহর ☐ গ্রাম

অংশ খ: শিশুর তথ্য

১। নাম: _____

২। বয়স: _____ বছর

৩। লিঙ্গ:

☐ ছেলে ☐ মেয়ে

৪। ভাই বোন: সংখ্যা-------

৫। জন্মের ইতিহাস: ☐ প্রি টার্ম ☐ টার্ম ☐ পোস্ট টার্ম

৬। জন্মগত আঘাত:----------

৭। জন্মের সময় শ্বাসরোধ: ----------

৮। জন্মের পর

☐ জন্ডিস ☐ নিউমোনিয়া ☐ হাইড্রোসেফালাস ☐ খিচুনি ☐ অন্যান্য

৯। চিকিৎসা নিয়েছে-

☐ UV রশ্মি ☐ অক্সিজেন ☐ অন্যান্য

১০। সেরিব্রাল পালসির ধরন (যদি জানা থাকে):

☐ স্পাস্টিক ☐ ডিসকাইনেটিক ☐ এটাক্সিক ☐ মিশ্র ☐ জানা নেই

১১। রোগ নির্ণয়ের পর কতো সময় হয়েছে: _____ মাস / বছর

১২। CRP-তে এটি কি প্রথম ভর্তি?

☐ হ্যাঁ ☐ না (এর আগে কতোবার? _____)

১৩। বর্তমানে ভর্তি থাকার সময়কাল: _____ দিন

১৪। CRP-তে যে সেবাগুলো গ্রহণ করা হয়েছে (যেটা প্রযোজ্য তা টিক দিন):

☐ অকুপেশনাল থেরাপি

☐ ফিজিওথেরাপি

☐ স্পিচ ও ল্যাঙ্গুয়েজ থেরাপি

☐ অন্যান্য: _____

Patient Satisfaction Questionnaire PSQ-18 (English Version)

Patient Satisfaction Questionnaire (PSQ-18)

Instructions for participants:

On the following pages are some question about inpatient therapy services. Please help us improve our service by answering some questions about the help that you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much. We appreciate your help.

How Strongly do you AGREE or DISAGREE with each of the following statements?

(Circle One Number on Each Line)

	Strongly Agree	**Agree**	**Uncertain**	**Disagree**	**Strongly Disagree**
1.The inpatient therapists are good at explaining diagnostic test..	1	2	3	4	5
2.I believe CRP's inpatient unit has everything necessary to provide complete therapy services.…	1	2	3	4	5
3.The inpatient services I receive seem appropriate…	1	2	3	4	5
4.Inpatient therapists sometimes make me think about their diagnostic process.…	1	2	3	4	5
5. I am confident that I can access the necessary inpatient services without facing financial difficulties	1	2	3	4	5
6. When I go for inpatient	1	2	3	4	5

therapy, they carefully assess everything during therapy and evaluation…					
7. I find it difficult to afford the costs of inpatient therapy services	1	2	3	4	5
8.I can easily access inpatient therapists when needed	1	2	3	4	5
9. In inpatient therapy services, people often have to wait a long time for urgent care	1	2	3	4	5
	Strongly Agree	**Agree**	**Uncertain**	**Disagree**	**Strongly Disagree**
10. The inpatient therapists behave too commercially and indifferently toward me	1	2	3	4	5
11. My inpatient therapists are very friendly and polite toward me…	1	2	3	4	5
12.Those providing therapy to my child sometimes seem to rush through sessions…	1	2	3	4	5
13. Inpatient therapists sometimes ignore what I say…	1	2	3	4	5
14. I have doubts about the competence of the therapists treating me…	1	2	3	4	5

15. Inpatient therapists usually give me enough time…	1	2	3	4	5
16. It is difficult for me to get an appointment for immediate inpatient therapy services…	1	2	3	4	5
17.I am dissatisfied with certain aspects of the inpatient therapy services I receive…	1	2	3	4	5
18.I can access inpatient therapy services whenever I need them…	1	2	3	4	5

Patient Satisfaction Questionnaire PSQ-18 (Bangla Version)

পেশেন্ট স্যাটিসফেকশন কোশ্চেনেয়ার (PSQ-18)

নিম্নোক্ত পৃষ্ঠাগুলোতে ইনপেশেন্ট থেরাপি সেবাসমূহ সম্পর্কে কিছু প্রশ্ন রয়েছে। অনুগ্রহ করে আপনি যে সহায়তা পেয়েছেন, তা সম্পর্কে কিছু প্রশ্নের উত্তর দিয়ে আমাদের সেবা উন্নয়নে সহযোগিতা করুন। আমরা আপনার সৎ ও ন্যায়সঙ্গত মতামত জানতে আগ্রহী—তা ইতিবাচক হোক বা নেতিবাচক। অনুগ্রহ করে প্রতিটি প্রশ্নের উত্তর দিন। আপনার মন্তব্য ও পরামর্শও আমাদের জন্য গুরুত্বপূর্ণ। আপনার মূল্যবান সময় ও সহযোগিতার জন্য আন্তরিক ধন্যবাদ। আমরা এটি গভীরভাবে মূল্যায়ন করি।

আপনি নিম্নোক্ত প্রতিটি বিবৃতির সাথে কতটা **সম্মতি** বা **অসম্মতি** প্রকাশ করেন?

(প্রতিটি লাইনে একটি সংখ্যা বৃত্তাকার করুন)

	পূর্ণ সম্মতি	**সম্মতি**	**অনিশ্চিত**	**অসম্মতি**	**পূর্ণ অসম্মতি**
১। ইনপেশেন্ট থেরাপিস্টরা রোগ নির্ণয়ের পরীক্ষাগুলো সম্পর্কে ভালোভাবে ব্যাখ্যা করেন	১	২	৩	৪	৫
২। আমি মনে করি, ইনপেশেন্ট থেরাপিস্টের অফিসে সম্পূর্ণ থেরাপি সেবা দেওয়ার জন্য প্রয়োজনীয় সবকিছু রয়েছে	১	২	৩	৪	৫
৩। আমি যে ইনপেশেন্ট থেরাপি সেবা পাচ্ছি, তা যথাযথ বলে মনে হয়	১	২	৩	৪	৫
৪। ইনপেশেন্ট থেরাপিস্টেরা কখনো কখনো আমাকে তাদের সঠিক রোগ নির্ণয় করার পদ্ধতি নিয়ে ভাবায়	১	২	৩	৪	৫
৫। আমি নিশ্চিত যে প্রয়োজনীয় ইনপেশেন্ট থেরাপি সেবা পেতে পারবো, আর এতে আমাকে আর্থিক সমস্যায় পড়তে হবে না	১	২	৩	৪	৫
৬। যখন আমি ইনপেশেন্ট থেরাপি নিতে যাই, তখন তারা থেরাপি এবং মূল্যায়নের সময় সবকিছু যত্ন সহকারে পরীক্ষা করেন	১	২	৩	৪	৫
৭। ইনপেশেন্ট থেরাপি সেবা নেওয়ার জন্য আমাকে যতটা খরচ করতে হয় তা আমি সামলাতে পারি না	১	২	৩	৪	৫

৮। প্রয়োজনের সময় ইনপেশেন্ট থেরাপিস্টদের আমি সহজেই নাগালে পেতে পারি	১	২	৩	৪	৫
৯। ইনপেশেন্ট থেরাপি সার্ভিস এ, জরুরী সেবার জন্য মানুষকে অনেকক্ষণ অপেক্ষা করতে হয়	১	২	৩	৪	৫
	পূর্ণ সম্মতি	**সম্মতি**	**অনিশ্চিত**	**অসম্মতি**	**পূর্ণ অসম্মতি**
১০। ইনপেশেন্ট থেরাপিস্টরা আমার প্রতি খুব বেশি ব্যবসায়ী ছিল ও উদাসীন আচরণ করেন	১	২	৩	৪	৫
১১। আমার ইনপেশেন্ট থেরাপিস্টরা আমার সাথে খুবই বন্ধুত্বপূর্ণ ও ভদ্রভাবে আচরণ করেন	১	২	৩	৪	৫
১২। যারা আমার বাচ্চাকে থেরাপি সেবা দেন তারা কখনো কখনো খুব তাড়াহুড়ো করে থাকেন	১	২	৩	৪	৫
১৩। আমি যা বলি ইনপেশেন্ট থেরাপিস্টরা কখনো কখনো তা উপেক্ষা করেন	১	২	৩	৪	৫
১৪। যারা আমাকে থেরাপি দেন, তাদের দক্ষতা নিয়ে আমার সন্দেহ হয়	১	২	৩	৪	৫
১৫। ইনপেশেন্ট থেরাপিস্টরা সাধারণত আমাকে পর্যাপ্ত সময় দিয়ে থাকেন	১	২	৩	৪	৫
১৬। তৎক্ষণাৎ ইনপেশেন্ট থেরাপি সেবার জন্য অ্যাপয়েন্টমেন্ট পাওয়া আমার জন্য কষ্টকর	১	২	৩	৪	৫
১৭। আমি যে ইনপেশেন্ট থেরাপি সেবা পাই তার কিছু বিষয় নিয়ে আমি অসন্তুষ্ট	১	২	৩	৪	৫
১৮। আমার যখন প্রয়োজন, তখনই আমি ইনপেশেন্ট থেরাপি সেবা পেতে পারি	১	২	৩	৪	৫

Appendix D: Supervision contact schedule

Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: Level of Caregiven Satisfaction Regarding Inpatient Services for Children with Cerebral Palsy at CRP

Name of student: Mostaria Rahman Ano

Name and designation of thesis supervisor: Prof. Sk. Moniruzzaman, Professor and head department of Occupational Therapy, BHPI

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	28.05.25	BHPI Building	Tittle discussion	1.5 hr	Tittle and objectives clarified	Ano	
2	29.05.25	BHPI Building	Tittle and Proposal discussion	1.5 hr	Guidance taken	Ano	
3	14.06.25	Office room	IRB presentation discussion	2 hr	Clear guidance	Ano	
4	18.06.25	Office room	Discussion about scale	1.5hr	Get clear guideline	Ano	
5	1.07.25	Office room	Discussion about sociodemographic question	2 hr	Get clear concept	Ano	
6	23.07.25	Library	Discussion about Literaturereview	2 hr	Effective discussion	Ano	
7	31.7.25	Library	Discussion about Introduction & Justification	1 hr	Effective guideline	Ano	
8	7.08.25	Office room	Discussion about Objective, Literature review, Sample size	1 hr	Get clear concept	Ano	
9	19.08.25	Library	feedback on Literature review	2hr	Effetive guideline	Ano	
10	21.08.25	Office room	Guildline and feedback on data collection	3 hr	Effective feedback	Ano	
11	24.9.25	Office room	Discussion about data collection and entry	2 hr	Proper guideline	Ano	
12	23.9.25	Library	Data variable set	3 hr	Clear concept	Ano	
13	13.11.25	Library	Data analysis guideline	3hr	clear concept	Ano	
14	20.11.25	Library	feedback on descriptive analysis and result writing	3 hr	Proper guideline	Ano	

15	2.12.25	Office room	Feedback on Result	1 hr	Clear concept	Ano	
16	10.12.25	Office room	Feedback on First Draft	1 hr	Effective guideline	Ano	
17	3.1.26	Office room	Discussion about first Draft Connection	2 hr	Clear discussion	Ano	
18	2.2.26	Office room	Pre-submission checking	1.5 hr	Effective discussion	Ano	
19	7.2.26	Office room	Submission guidence	2 hr	Effective feedback	Ano	
20	17.2.26	Office room	Final Supervision consultation	2 hr	Ready for Submission	Ano	

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.