

# Survey on Parental Attitude Towards Ethical Considerations of Involving their Children in Physiotherapy Care

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## Abstract

**BACKGROUND:** Ethical considerations around Physiotherapy treatment on Children are more complex than discussions about adult involvement. The interrelation between the ethical values and its involvement in practice is a challenging one. The accountability of clinical decision making by the therapists differ for children and adults. The implications of ethical values in practice provide quality good care for the patient. The purpose of this study was to explore the parental attitudes towards ethical considerations of involving their children in Physiotherapy care. **METHODS:** Total of 38 parents whose children undergoing Physiotherapy session at present were participated in the survey. Participants were chosen using convenient sampling technique. The instrument used in the study was a self-descriptive questionnaire. The data were analysed using descriptive statistics. **CONCLUSION:** The result revealed that there is no marked evidence of ethical misconduct seen among Physiotherapists handling the Children and it was found that there is a bias in some of the ethical norms like getting written informed consent before treatment, documentation of the records. Efforts to focus on the elements which has a bias and if rectified will have a positive effect on quality Physiotherapy treatment for the children.

**Keywords:** Ethical considerations, Parental attitude, Parental care, Physiotherapy care, Quality of treatment.

## Introduction

Quality of care combines both the care provided as well as the criteria for what constitutes good care. Patient satisfaction is an indicator of quality of care <sup>(1)</sup>. Number of studies is been evolving which says about patient satisfaction with the medical care of their children <sup>(2,4,16)</sup>.

Every child is special to a parent. Parental care and treatment services are determined based on the special needs of some children <sup>(3)</sup>. In the Physiotherapy care for children, Physiotherapists normally view Children and their families in intervention services and treatment plan and set goals to provide the Child with better quality of life to be best extent and with more opportunities to acquire motor abilities and longevity.

Ethical considerations around Physiotherapy treatment on Children are more complex than discussions about adult involvement <sup>(5)</sup>.

Children are the highly susceptible population as they depend on their parents or caregivers for care and protection. The liability for autonomy in decision making for this group of population is always influenced by their authority figures <sup>(7)</sup>.

Professional competencies which include ethical knowledge, ethical problems and the skills to handle the problems play a major role and are much needed in the modern healthcare area. To develop the betterment of quality of care for the child, there is a need to determine how widespread the use of ethical guidelines in the practice of Physiotherapy was.

The purpose of this study was to rule out the parental attitude towards the use of ethical guidelines in Physiotherapy session where their Children are being rehabilitated.

As parental care is an important aspect in the Physiotherapy rehabilitation, their attitude towards the knowledge of ethical guidelines to be followed

by the physiotherapists handling their child must be encountered. This set the base to know how quality Physiotherapy is been achieved for their child.

### Materials and Methods

This was a study conducted in order to explore the attitude of parents towards quality treatment taken by their children in Physiotherapy care. This study was carried out in two rehabilitation centers in Chennai, Tamil nadu. Participants were selected through convenient sampling. Questionnaires were administered to 38 parents who had brought their children for Physiotherapy treatment. There were four non respondents. Data analyses were therefore based on 38 questionnaires.

The questionnaire used in this study was a self-descriptive questionnaire for which content validity and reliability was taken.

#### 1. Demographic data survey instrument:

The demographic data form consists of items to elicit information regarding age, gender, education and presence of the children undergoing Physiotherapy at present. Also it consists of details of parents.

#### 2. Questionnaire:

The questionnaire comprised of a 19 questions of a likert-type scale which serves as a measuring tool for this study. This questionnaire was developed using statements from ethical principles stated by World

Confederation of Physical therapy. Questions were designed to provide information on parent attitude towards quality Physiotherapy care for their children, respect, level of remuneration, etc. parents has to indicate to which degree they agree (or not) with each statement by encircling the statement corresponding to one of four statement categories varying from “strongly agree” to “strongly disagree”. Content validity was found for the questionnaire and has been established. It was found out through examination of the questionnaire by health care staffs.

Data was collected by explaining briefly about the aims and method of the study to all the parents participating in the study. Parents who were willing to participate were asked to complete the questionnaire. Table 1 shows the demographic data of the parents who participated in the study and it also shows the characteristics of the children who are involved in physiotherapy care. The time taken to complete the questionnaire was 15 to 20 minutes. Participants were assured that the information given by them will be protected and remain confidential. Study participant was chosen as parents to complete the questionnaire since in the pyramid of Child rehabilitation, Physiotherapist and the parent accompanying the Child, only the parent can be able provide the absolute and correct information on how ethically was the treatment carrying during the session. And the misconducts in the Physiotherapy session can also be identified from the data obtained from the parents.

**Table 1: Demographic data**

Characteristics of participants participated in the study	Participants (n=34)
Parents	
Female gender (Mother who participated in the study)	7
Male gender (Father who participated in the study)	27

**Cont... Table 1: Demographic data**

<b>Children</b>	21
Male gender who are involved in Physiotherapy care	13
Female gender who are involved in Physiotherapy care	
Medical diagnosis:	
Cerebral palsy	11
Down syndrome	10
Developmental delay	8
ADHD	2
Autism	1
Encephalitis	1
Dyspraxia	1

### Results and Discussion

The result of this study shows that, according to parent’s attitude, there is no marked evidence of ethical misconduct seen among Physiotherapist during the Physiotherapy session. From the data available, it was shown that the physiotherapists handling the Children are highly following all the ethical guidelines except some one or two considerations. As per the guidelines given by World Confederation for Physical therapy (WCPT), it expects Physiotherapists to Respect the rights and dignity of all individual, the physical therapist should act in accordance with the laws and regulations ruling the practice of physical therapy in the country in which they practice, Physical therapists must have a knowledge to make independent judgement, Physical therapist should provide honest, competent and quality services, physical therapist must give a legal right to a just and fair level of remuneration for their services, Physical therapists must provide accurate information to patients/clients about physical therapy treatment. Based on these ethical principles, the questionnaire was made and data were collected from the parents.

**Table 2: Parent’s response to the items or domains in the questionnaire (Number of respondents n=34)**

S.NO	ITEMS/DOMAINS IN THE QUESTIONNAIRE WHICH ASKS QUESTIONS TO THE PARENTS TO KNOW THEIR ATTITUDE ON.,	NEGATIVE RESPONSE Rating of 1 & 2	POSITIVE RESPONSE Rating of 3 & 4
1	Satisfactory physiotherapy care given to the child	0	34
2	receiving sufficient information concerning child’s condition/course of illness	2	32
3	understanding the information they received about their child’s condition	1	33
4	Probability of getting opportunity to discuss the goals of child’s treatment with the physiotherapist	1	33
5	Probability of getting opportunity to participate in discussions concerning their child’s treatment	1	33

**Cont... Table 2: Parent's response to the items or domains in the questionnaire (Number of respondents n=34)**

6	Possibility to ask questions about their child's condition	2	32
7	Written informed consent	15	19
8	Respect for the child by the physiotherapist during physiotherapy session	0	34
9	Have you been asked about your opinion on satisfaction about physiotherapy service for your child	1	33
10	Probability of understanding the nature of the physiotherapy service being provided especially on time and financial basis	0	34
11	physiotherapy care with regards to the cooperation by the physiotherapist	0	34
12	Opinion on efficient physiotherapy care given to their child	0	34
13	Opinion on whether physiotherapist handling their child work towards goal – good care for their child	0	34
14	Opinion on Physiotherapist maintaining adequate records to allow for the evaluation of the child's care	2	32
15	Confidentiality about child's information	1	33
16	Opinion on how physiotherapist who handle their child allow their service in a proper way	4	30
17	Child receiving satisfactory treatment within in a reasonable period of time	0	34
18	Confidence in their physiotherapist skill	0	34
19	Opinion on physiotherapist's responsiveness to their child's needs/requests	0	34

The main aim of this study is to find out how quality physiotherapy treatment is given to the child involved in physiotherapy care. The connection between the ethical values and its involvement in practice is a challenging one and every physiotherapist must pay attention to the implication of ethics in their practice to provide quality

good care. This saying goes in hand with one study by *Kati kulju et al*, where the authors in that study found the ethical problems faced by the therapist in their practice and there is a state that with moral conduct and moral sensitivity by the physiotherapist, the quality good care can be achieved<sup>(11)</sup>.

The professional relationship between therapist and patient plays a major role to carry out goal directed treatment approach where both the need of the patient and the goal of the therapists should be achieved without any conflicts. In a study by *Andrew A. Guiccione* stated and found this issue of conflicts arising in professional practice with regards to professional relationship between therapist and patient <sup>(9)</sup>. In case of paediatric treatment approach, the goal directed treatment by the therapist is as important as achieving the needs of the patient (both parent and child). This conflict can be solved out when the therapist handling children educate the parents about the diagnosis and prognosis of the child and if the treatment goal is carried out by giving opportunity to the parents to tell their opinion regarding their needs for their children. This study focused these issues and questions were asked to the parents accordingly. It shows positive response that physiotherapists handling the children are educating the parents about their child's condition and prognosis and they are following a goal directed treatment by keeping parents view on the need for the child.

From the obtained data (Table 2), there was a positive response from the parents for most ethical considerations like respecting the Child's needs, about satisfactory Physiotherapy care based on the money paid and time spent. There was 97.1% positive response towards domains like confidentiality, setting the treatment goals with parents. 94.1% of positive response was found for parent's opportunity to participate in discussions concerning Child's condition and treatment. Also, it was found that there is a bias only in the domain like maintaining documentation of records which showed 88.2% of positive response and getting written informed consent which only showed 55.9% of positive response. Getting written informed consent should be followed by physiotherapist handling children before starting the treatment and it will have a positive impact and confidence in the therapist skills by the parents and it also ensures therapists safety and precautions measures before handling the patient. Next point to focus is, documentation of records in the Physiotherapy session should be an important one which should be focused and followed in future as that would provide the information of prognosis of the child.

## Conclusion

The study shows that the physiotherapists handling the children are highly following all the ethical guidelines during the Physiotherapy session. Hence the study concludes that there is no marked evidence of ethical misconduct seen among the physiotherapists handling the children in Physiotherapy care. In order to make betterment in the quality of Physiotherapy care for children and for the development of the profession, the practicing physiotherapists must follow all the ethical guidelines in their practice.

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**Ethical Clearance:** Departmental ethical committee clearance was obtained before conducting the study.

**Conflict of Interest:** Nil

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## References

1. Cleary PD, McNeil BJ. Patient satisfaction as an indicator of quality care. *Inquiry*. 1988 Apr 1;25:36.
2. Ygge BM, Arnetz JE. Quality of paediatric care: application and validation of an instrument for measuring parent satisfaction with hospital care. *International Journal for Quality in Health Care*. 2001 Feb 1;13(1):33-43.
3. Hazarika M, Das S, Choudhury S. Parents' attitude towards children and adolescents with intellectual developmental disorder. *International journal of child development and mental health*. 2017 Jan 30;5(1):11.
4. Scopelliti M, Musatti T. Parents' view of child care quality: Values, evaluations, and satisfaction. *Journal of Child and Family Studies*. 2013 Nov 1;22(8):1025-38.
5. Kelly B, MacKay-Lyons MJ. Ethics of involving children in health-related research: applying a decision-making framework to a clinical trial. *Physiotherapy Canada*. 2010 Oct;62(4):338-46.
6. World Confederation for Physical therapy: Ethical Principles. London, UK: WCPT; 2011.
7. Kipnis K. Seven vulnerabilities in the pediatric

- research subject. *Theoretical medicine and bioethics*. 2003 Mar 1;24(2):107-20.
8. Lillo-Navarro C, Medina-Mirapeix F, Escolar-Reina P, Montilla-Herrador J, Gomez-Arnaldos F, Oliveira-Sousa SL. Parents of children with physical disabilities perceive that characteristics of home exercise programs and physiotherapists' teaching styles influence adherence: a qualitative study. *Journal of physiotherapy*. 2015 Apr 1;61(2):81-6.
  9. Guccione AA. Ethical issues in physical therapy practice: a survey of physical therapists in New England. *Physical Therapy*. 1980 Oct 1;60(10):1264-72.
  10. Moon M, Taylor HA, McDonald EL, Hughes MT, Carrese JA. Everyday ethics issues in the outpatient clinical practice of pediatric residents. *Archives of pediatrics & adolescent medicine*. 2009 Sep 7;163(9):838-43.
  11. Kulju K, Suhonen R, Leino-Kilpi H. Ethical problems and moral sensitivity in physiotherapy: a descriptive study. *Nursing Ethics*. 2013 Aug;20(5):568-77.
  12. Kirk S. Methodological and ethical issues in conducting qualitative research with children and young people: A literature review. *International journal of nursing studies*. 2007 Sep 1;44(7):1250-60.
  13. Bittles AH, Glasson EJ. Clinical, social, and ethical implications of changing life expectancy in Down syndrome. *Developmental medicine and child neurology*. 2004 Apr 1;46(4):282.
  14. Coy JA. Autonomy-based informed consent: ethical implications for patient noncompliance. *Physical Therapy*. 1989 Oct 1;69(10):826-33.
  15. Marshall E, Sheppard JL. Parent participation in paediatric physiotherapy home programmes. *The Australian journal of physiotherapy*. 1981 Dec 1;27(6):179-83.
  16. Saloojee GM, Rosenbaum PL, Stewart AV. Using caregivers' perceptions of rehabilitation services for children with Cerebral Palsy at public sector hospitals to identify the components of an appropriate service. *South African Journal of Physiotherapy*. 2011 Jan 6;67(3):35-40.
  17. Eaves L, Ho H, Laird B, Dickson S. Raising a child with Down syndrome: parents' evaluations of health information and support. *Down Syndrome research and practice*. 1996 Jan 1;4(2):65-9.