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A study on patient experiential quality, patient trust, brand image and its implication towards behavioral intention

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ABSTRACT

Doctor-patient conflict refers to the divergence in cognition and understanding of certain medical behaviors, methods, attitudes and consequences between doctors and patients in the process of diagnosis, treatment and nursing for their own interests, which results in infringement of the legitimate rights and interests of the other side. In China, these violent of doctor-patient conflicts have risen year by year and become an urgent problem to be solved. Some scholars have argued that the aggravated conflict is largely due to the poor quality of patients' experience, which leads to patients' distrust of hospitals. The study aims to examine patient experiential quality, patient trust, brand image and its implication towards patient behavior intention in the hospital. In this study, 600 patients were selected from three public hospitals and one private hospital in China for research using the cluster sampling method and questionnaire. The 492 valid questionnaires were analyzed by the SPSS software. The study has three findings: experiential quality has a positive effect on patient behavioral intention in the hospital; patient trust as a partial mediator between experiential quality and patient behavioral intention and the mediation effect value is 23.20%, and Brand image has not the moderating effect on

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the relationship between patient trust and patient behavior intention.

Keywords: *patient experiential quality, patient trust, brand image, patient behavior intention*

Introduction

In recent years, the conflict between doctors and patients in China has become a serious topic for public and scholars in China. Since China's medical reform in the 1980s, the doctor-patient relationship has begun to change the originally harmonious relationship to the increasingly tense relationship (He & Qian, 2016). With the reform of hospital system, some hospitals pay more attention to profit income and neglect the basic quality of medical service. Therefore, patients' dissatisfaction with this phenomenon is becoming increasingly strong. Numerous studies indicated that the doctor-patient relationship in China is facing serious challenges. Apparently, doctor-patient conflict has become the most concerned issue in Chinese society (Sun et al., 2018). Based on the Chinese Academy of Physicians' report, doctor-patient conflict is represented by three types in China: doctor-patient conflicts, doctor-patient disputes, and violence. In recent years, frequent conflicts between doctors and patients have deepened the misunderstanding of patients to the hospital, which not only affected the normal relationship between doctors and patients and the long-term development of hospitals, but also seriously affected social stability. In 2006, the Chinese Ministry of Health reported that it has a total of 9,831 "major events" medical disputes in the whole country, the injured paramedics reached to 5,519 people, property losses of 200 million Yuan. Between 2006 and 2008, the total number of medical arguments doubled to more than 1 million per year, and each of China's medical institutions faced an average of 40 disputes (Liebman, 2013). The violence has risen year by year from 2010 to 2014, and the rate increased to 30% by 2014 (Yao et al., 2014). Medical staff in several localities reportedly went on strike

to condemn violence and appeal for a safe work environment(He & Qian, 2016).

Faced with this urgent social problem--doctor-patient conflict, numerous studies have shown that lack of trust leads to the patients' negative intentions toward hospital, resulting in extreme tension between doctors and patients(Senot, Ward, & Tucker, n.d.). Trust as the core role of doctor-patient relationship is consistently recognized by the hospital industry(Tang et al., 2018). However, this atmosphere of distrust permeates the doctor-patient relationship in China (Chan, 2018; Nie et al., 2018;Zeng, Zhou, Yan, Yang, & Jin, 2018). Medical service belongs to the intangible service product about diagnosis and treatment of personal health, so medical service providers must establish a high degree of trust with patients (Ching-Sheng Chang, Su-Yueh Chen, & Yi-Ting Lan, 2013). Trust is the fundamental guarantee of good medical outcomes and patient positive behavioral intention in medical service. Further, an abundant of previous research have discussed that patient felt poor treatment experiential quality in hospital so that cause the dissatisfaction and distrust of patients(Senot et al., n.d.).

In the addition, brand image is regarded as the combination of product perception accumulation in consumers' mind (Lin & Ching Yuh, 2010). Kolade and Ogunnaike (2017) indicated that hospital brand image was the total of patient perception about the impression of the hospital. (H. C. Wu, Li, & Li, 2016) stated that the Hospital Brand image can affect the patient behavioral intention, for example, willing to visit. Sirisha and Babu(2014) discussed that hospital brand image affect the patient loyalty directly and improve patient satisfaction and patient trust. Based on Torlak et al. (2014) recommended that the further direction of study should be examining the relationship between hospital image and patient behavioral intention in the hospital. However, lack of research on the relationship of brand image and behavioral intention in the

medical service field.

Therefore, the objective of research is to investigate how to enhance the patient trust in the hospital by improving the patient experiential quality in the current background of the poor doctor-patient relationship, so as to encourage patient generate the positive behavioral intention to the hospital and ease the conflict between doctors and patients. At the same time, the role of brand image in this framework and its influence on the relationship between trust and behavioral intention is further discussed.

Literature Review

Experiential Quality

Lemon and Verhoef (2016) thought that experiential quality as a consumer's overall evaluation and feeling in the process of customer experience(Bintarti & Kurniawan, 2017). Experience quality has become an important research concept in the field of consumer behavior research. Experiential quality is different from service quality: the perception of experiential quality is subjective, ethnologtve and psychological (Smith, Kyle, & Sutton, 2011) .Therefore, experiential quality has different definitions in different industries(Chen & Chen, 2010). In academia, the most of the research on experience quality focuses on other industries rarely related to the medical industry, for example ,tourists (Chen & Chen, 2010), restaurants(Jin, Lee, & Lee, 2015), hotel(Carrasco, Sánchez-Fernández, Muñoz-Leiva, Francisca Blasco, & Herrera-Viedma, 2017), wine(H. C. Wu & Cheng, 2018), education (Tan, Muskat, & Zehrer, 2016). Therefore, the research on the definition of experiential quality and the dimension of experiential quality in the hospital industry fills in the blank of current research.

Compare to the different industries, the hospital industry has its unique characteristic. Patients concern the following aspects of the

comprehensive of patient's experience: environment and facilities, professional competence, hospital reputation and medical staff's morality, caring attitude and emotional support, medical expenses, communication and information, nursing efficiency and coordination, and health outcomes(Hefele, Li, Campbell, Barooah, & Wang, 2018). The research of Chen and Chen(2010) and Wu, Li, and Li(2016) were adopted as the definition of experiential quality in the study that includes five components: interaction quality (attitude, behavior, problem-solving, expertise), physical environment quality (environment, physical facility, design), outcome quality (valence, venue, sociability) , access quality (convenience, information) and administration quality (H. C. Wu & Li, 2017).

Trust

Trust as one party believes in the other party(Fatima & Di Mascio, 2018). Trust is a key factor in ensuring long-term relationships between consumers and service providers (Chiu, Bool, & Chiu, 2017;H. C. Wu, Ai, Yang, & Li, 2015;Wuenderlich et al., 2015). Sirdeshmukh, Singh, and Sabol (2002)defined that the trust is the act or service that a service provider can fulfill its promises. In health care industry, the patient trust is that patient believes hospital supply the appropriate treatment and medical care to them (Anderson & Dedrick, 2011). The benefits of customer trust were manifold: customer trust led to repurchase, customer loyalty, customer satisfactions, positive behavioral intention, good brand image (Nilashi, Ibrahim, Reza Mirabi, Ebrahimi, & Zare, 2015). Especially in the management of the hospital, Patient trust their doctor and hospital that are honest and competent, then patients would be able to comply with the treatment and improve their health. As the result, patient would choose to revisit or express the positive word of mouth to others. These positive behavioral intention helps hospitals get more profits(Fiscella et al., 2004). Therefore, Schoenthaler et al.(2014) argued that patient trust should

be mentioned in a full range of management in hospital.

Brand Image

Brand image is the brand perception held in the customer's memory, reflecting the customer's overall impression. It is the external clue for the consumer to evaluate product/service (Zeithaml, 1988). Brand image help customers to find the necessary companies from other competitors (Song, Wang, & Han, 2019). Chien-Hsiung, 2011 and Wu (2015) have argued that the brand image was used to raise the awareness of potential customers and attract new customers. In the competitive market, the brand image belongs to the company's valuable intangible assets. The brand plays an important role on account of the positive brand enable the customer to better visualized and understood the product and reduced the customer perceived risk of purchasing the service (Konuk, 2018). In other words, Brand image helps the company to establish good customer awareness, customer recognition, and customer loyalty. A positive brand image can be seen as a key competency for the company to hold market position (Omer Torlak, Behcet Yalin Ozkara, Muhammet Ali Tiltay, Hakan Cengiz, 2014). The brand image of the hospital as patient perception about the overall impression of the hospital is based on the interaction between the patient and the overall of the hospital, including service, doctor behavior, nurse care, publicity and promotion of others, and so on (H. C. Wu et al., 2016). Medical service industry emphasizes the importance of patient-oriented marketing. Hospital efforts to establish its brand image, in order to improve patient satisfaction and patient loyalty (Huei, 2016). A good brand image was one of the major competitive advantages of the hospital, helping to attract and retain patients, and achieve overall performance (C.-C. Wu, 2011). Otherwise, Wu (2011) stated that the Hospital Brand image can affect the patient behavioral intention, for example, willing to visit, WOM and loyalty.

Behavioral Intention

Ajzen and Driver(1991) has suggested that a behavioral intention is the subjective probability of an individual taking a particular act, which reflected the intention of the individual to achieve a particular act , and it is the driving force of practical action. Some studies divided that behavioral intent includes five categories: loyalty, pay more, convert, internal and external responses(Zeithaml, Berry, & Parasuraman, 1996). Han et al. (2009) stated that the customer satisfied with the service or product, based on their own experience they would have several positive sense of behavior, word-of-mouth,the customer's revisit intention and loyalty. Therefore, the positive word-of-mouth ,the revisit intention and loyalty intention are defined as the patient behavior intention in the study. Behavioral intention is used to measure the future behavior of indicators. Qin, Prybutok, Peak, and Boakye(2014) indicated that the service quality affected the patient behavior intention in the hospital. Aliman and Mohamad(2016) thought that according to enhance the patient quality of service gained the patient satisfaction and effect the positive of patient behavioral intentions.

Hypotheses development

Chen and Chen (2010) thought that customer experience and revisit intention had the positive relationship. Plenty of academic studies illustrated that experiential quality impacted on the customer positive behavioral intention in the tourism industry(Jin et al., 2015). The experiential quality as the overall perception of the company, experiential quality has an independent variable impact on the behavioral intentions of visitors, which has been confirmed in previous studies. The researchers explored the impact of experience quality on the positive behavioral intention of tourists in the context of cultural heritage tourism. They believed that the quality of experience is related to the psychological consequences (feelings, emotional reactions) of tourists participating in tourism activities. A good experiential quality attracts visitors to revisit and recommend

cultural relics to other tourists(Mansour & Ariffin, 2017;Li, Shen, & Wen, 2016). Sotiriadis(2017) discussed that experiential quality positively influence the behavioral intention like ‘WOM’ (Dedeoglu, Bilgihan, Ye, Buonincontri, & Okumus, 2018), the behavioral intention ‘customer loyalty’, revisit and repurchase, unless the better opportunities (in terms of value for money) are available on the market. Wu, Cheng, and Hong(2017) has examined that the interrelationships among experiential quality, affective commitment, image, novelty seeking, experiential satisfaction, and revisit intentions perceived by zoo visitors.

Experience quality plays an important role in today's business, researchers should begin to pay attention to the relationship between experience quality and the behavioral intentions of various industries(Mansour & Ariffin, 2017). Managers understand the relationship between behavioral intent and their explanatory variables, which will enable managers to build an attractive image and improve their marketing efforts to maximize resources. Based on these past studies' perspectives, this study proposes the following hypothesis in the study:

H1: There is a relationship between experiential quality and patient behavioral intention.

Sultan and Wong (2018) demonstrated that the mediating effect of student satisfaction and student trust between perceived service quality and behavioral intentions in higher education. Huang(2017) indicated that these mediating roles of brand love and brand trust on the brand experience and brand loyalty relationships. Behavioral intention represents an individual's efforts to achieve some desired goal such as loyalty intention, WOM , that means , trust as a mediator of the relationship of experiential quality and positive behavioral intention (Lerbin & Aritonang, 2017). Otherwise, Chou, Chen, and Lin(2015) discussed that the online shopping

experience influences the behavioral intention of customer in the e-commerce field by the mediation of trust .Therefore, based on these literature review, the researcher proposes the following hypothesis in the study:

H2: There is the mediating effect of patient trust on the relationship between experiential quality and patient behavioral intention.

H2a: There is a relationship between experiential quality and patient trust.

H2b: There is a relationship between patient trust and patient behavioral intention.

H2c: Does patient trust is a mediator between experiential quality and patient behavioral intentions?

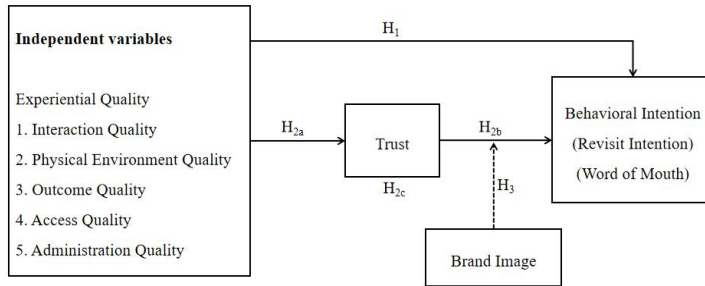
Moon and Han(2018) has explored the relationships among tourist experience quality, perceived value, perceived price reasonableness, tourist satisfaction with tour experience, and loyalty to an island destination by considering the moderating effect of destination image. The moderating effect of island image is also uncovered in the study. The brand is the manner of denominating a product or service from which a customer perceives distinctive benefits, beyond its price and functional characteristics (Authors, 2013). Firms construct their brand identity and transmit it to consumers, who interpret, by means of processes of perception, the signals from products and services (Yang & Lee, 2016). Forgas-Coll, Palau-Saumell, Sánchez-García, and María Caplliure-Giner (2014) argued that the cruise line brand had some moderating effects on the relationships of trust and behavioral intention in the structural model. In most of the existing research the direct effect of brand relationship on loyalty is implied and studied. However, to this moment, researchers have not tested the effect of brand image on

the link between the trust and satisfaction in the formation of behavioral intention. The link between the trust, satisfaction, loyalty and behavioral intention are not necessarily direct. One could assume that brand image may act as moderator, it might change the link between trust and behavioral intention and affect the strength or/and the direction of this link. According to study on pervious researches, the final hypothesis was developing as follow:

H3: There is the moderating effect of brand image on the relationship between experiential quality and patient behavioral intention.

Propose Framework and Underpinning Theory/Model

In the study, there are four variables in the framework, namely experiential quality (independent variable), behavioral intention (dependent variable), trust (mediator variable), brand image (moderator variable). Experience quality has the five primary dimensions: interaction quality, outcome quality, physical environment quality, access quality, and administration quality (see the figure 1). The main structure of variables derives from H. C. Wu et al.(2016) on the medical tourism industry and H. C. Wu and Ai (2016) focus on the festival industry. The relationship model between with brand image, trust and behavior intention is derived from the research of H.-C. Wu, Cheng, and Hsu(2014) and Wu et al.(2016). The researcher supports two theories in the research, namely Theory of Reasoned Action and the Simmel's Theory of Trust.



Source: Wu and Li (2014); Wu et al.(2016); Wu et al. (2016)

Figure 1 the Framework

Methodology

The study extracted the Chinese patient as the concerned population and supported the cluster sampling to obtain the sample by the application of the quantitative research method. In addition to, the researcher conducted a pilot test to examine the questionnaire's reliability and validity.

Questionnaire development

The questionnaires were designed to two sections: section A is self-administering questionnaires of the independent variables and dependent variables. The questions were intended to be close-ended questions. Moreover; the study applied the 5 Likert scale to scale in current survey research. Section B indicates the target population information namely demographic information. The English questionnaire was translated into Chinese and verified by bilingual editors. The original questionnaire was in English. The questionnaire is determined that all the items and expressions ensured the consistency of the correct expression and the questionnaire in the two languages.

There are 26 questions with variables in the study; the most questions were designed base on the study of om H. C. Wu et

al.(2016). Except some questions are derived from several research. For example, the question 15 about access quality was the developed from the study of Zarei, Daneshkohan, Pouragha, Marzban, and Arab(2014). As suggestion from Huei (2016) three questions of behavioral intentions scale was utilized. Otherwise, the one question of the image was designed from the study of Cham (2016).

Sample and data collection

In this study, 600 questionnaires were distributed to four hospitals, and 545 questionnaires were actually recovered, and 55 questionnaires were discarded. In the 545 collected questionnaires, the researcher discarded 53 invalid questionnaires. The 492 valid questionnaires accounted for 82% of the total questionnaire.

Data Analysis

Based on the research objective, the data of demographic profile was collected and analyzed from the following seven aspects: gender, age, education level, occupation, hospital type, the frequency of hospital visit and type of patient. The describes a total of 492 respondents in the study. According to the analysis, the gender ratio is basically balanced. Respondents is concentrated in respondents with college education and the 26-45 age groups. The 40.9% of the respondents (201 persons)are other occupations. The figure shows that the majority of respondents come from the patient of the public hospitals, and outpatients are the majority. The ratio of hospital visits of this survey is close to the balance between first-time visitors and regular visitors.

Table 1 Details of Respondents

Item	Frequency	Rate
Gender		
Male	243	49.4%
Female	249	50.6%

Age (years old)		
Below25	62	12.6%
26-35	111	22.6%
36-45	139	28.3%
46-55	78	15.9%
56-65	62	12.6%
Up 65	40	8.1%
Hospital type		
Public	355	72.2%
Private	137	27.8%
Type of patient		
Outpatient	344	69.9%
Inpatient	148	30.1%
Education level		
Junior secondary school	91	18.5%
High school	93	18.9%
Undergraduate	253	51.4%
Postgraduate	55	11.2%
Occupation		
Civil servant	57	11.6%
Private enterprise staff	125	25.4%
State-owned enterprises employees	109	22.2%
Other	201	40.9%
Frequency of Hospital visit		
First time	220	44.7%
Regular	272	55.3%

In order to ensure the validity and reliability of the data, the researcher screened the data and did a normal analysis, credibility analysis, KMO and Bartlett's Test, Communities Test, Common method variance (CMV). These analysis results showed that the collected data is normally distributed, effective and reliable, and

meet the requirements of the main analysis, and can perform the mediator analysis, and the moderator analysis.

Mediator Analysis

This research investigated the patient trust as a mediator variable to explain the impact of experiential quality on behavioral intentions. This study combined the causal steps approach and bootstrapping method into mediation analysis of patient trust.

Causal steps approach analysis

The first step is to examine the coefficient C , which is to examine the total effect of experiential quality on behavioral intention. The significance of the coefficient C is tested by the first equation $y=cx+e1$. According to the table 2, the result is that the coefficient $C=0.1561$, $p=0.000$. It shows that the coefficient C is signification, indicating that experiential quality and patient behavioral intention have the causal relationship.

The second step is to examine the coefficient a that is to examine the effect of experiential quality on patient trust. The significance of the coefficient a is tested by the second equation $m=ax+e2$. According to the table 2, the study gains the result is that the coefficient $a=0.1477$, $p=0.000$. These results show that the coefficient a is signification, indicating that experiential quality and patient trust have the causal relationship.

The third step is to examine the coefficient b that is to examine the effect of patient trust on patient behavioral intention. The significance of the coefficient b is tested by the third equation $y=c'+bm+e3$. The table 2 show the result is that the coefficient $b=0.2451$, $p=0.000$. It means that the coefficient b is signification, indicating that examine the effect of patient trust on patient behavioral intention.

At this point, the coefficient a, coefficient b and the coefficient c are not zero and significant. These results show that patient trust plays an intermediary role between experience quality and patient behavioral intention. At the same time, if the C' is not significant, the mediation is completely intermediary. If the C' is significant, it indicates that patient trust is a partial mediator. Causal steps approach analysis into the fourth step.

The fourth step is to examine the coefficient C' that is to examine the direct effect of experiential quality on behavioral intention after the mediation. The significance of the coefficient C' is tested by the first equation $y=c'+bm+e3$. According to the table 2, the coefficient $C' = 0.1198$, $p=0.000$. These results show that the coefficient C' is significant, indicating that patient trust is a partial mediator. These results indicate that patient trust has a partial mediating effect. According to the formula $a*b/(a*b+c) = 0.1477*0.2451/(0.1477*0.2451+0.1198) = 0.2320*100\% = 23.20\%$. Therefore, the analysis indicates that patient trust has the incomplete mediating effect on the experiential quality and the patient behavioral intention, and the mediating effect is 23.20%.

Table 2 Causal Steps Approach

Process	Equation	Coefficient	Sig.(P)
1.Examine the total effect of EQ on BI (coefficient c)	$y=cx+e1$	0.1561	0.000
2.Examine the effect of EQ on PT (coefficient a)	$m=ax+e2$	0.1477	0.000
3.Examine the effect of PT on BI (coefficient b)	$y=c'+bm+e3$	0.2451	0.000
4.Examine the direct effect of EQ on BI (coefficient c')	$y=c'+bm+e3$	0.1198	0.000

Bootstrapping Approach

In the test method, Causal Steps Approach is only a conceptual model does not directly examine the intermediary effect. The principle is that the main effect changes significantly that is test $C-C'=0$ after controlling the mediation variables. Instead of directly testing whether the mediation effect is significant that is test $ab=0$. (Preacher & Hayes 2004).In order to improve the efficacy of the analysis, Bootstrapping Approach was adopted to further verify the results of the study. Base on the study of Zhao et al.,(2010) and Preacher and Hayes (2004) summarized a set of more reasonable and effective mediating effect testing approach and recommended the principles of Bootstrapping Approach. The first step is to examine the axb . It is to examine the indirect effect of experiential quality on behavioral intention after the mediation. The table 3 shows that the effect size is 0.0362, $SE=0.0101$, with the 95% confidence interval ($LLCI=0.0177$ $ULCL=0.0557$) that does not include 0. It indicates that the Indirect effect of EQ on BI was significantly greater than zero at $\alpha = 0.05$. Therefore, patient trust as the mediator that is significant in the framework.

Table 3 the table of Indirect effect of EQ on BI

Item	Effect	Boot SE	BootLLCI	BootULCI
axb	0.0362	0.0101	0.0177	0.0557

Number of bootstrap samples for bias-corrected bootstrap confidence intervals:1000 Level of confidence for all confidence intervals in output:95.00

The second step is to examine the coefficient C' . It is to examine the direct effect of experiential quality on behavioral intention after the mediation. According to the table 4, the effect size is 0.1198, $SE=0.0103$, $P=0.000$,with the 95% confidence interval ($LLCI=0.0996$ $ULCL=0.1400$) that does not include 0. It indicates that is the direct effect of EQ on BI was significantly greater than

zero at $\alpha = 0.05$. These results show that the coefficient C' is signification.

Table 4 the table of direct effect of EQ on BI (the coefficient C')

Item	Effect	SE	P	LLCI	ULCI
The coefficient C'	.1198	.0103	.0000	.0996	0.140

Number of bootstrap samples for bias-connected bootstrap confidence intervals:1000

Level of confidence for all confidence intervals in output: 95.00

The third step is to examine the $axbxc'$. It is necessary to analyze further whether the intermediary variable of the omission. If the figure of $axbxc'$ is greater than 0, it shows that may be have complementary mediator; If the figure of $axbxc'$ is smaller than 0, it shows that may be have a competitive mediator. According to the table 4, the coefficient $a = 0.1477$, the coefficient $b=0.2451$, the coefficient $c'= 0.1198$. $axbxc'=0.1477 \times 0.2451 \times 0.1198=0.0043>0$. These results indicate that the patient trust is a complementary mediator.

In summary, through two approaches (the Causal Steps Approach and Bootstrapping Approach) jointly examine the mediation role of patient trust. Base on the study of Zhao et al.(2010),the researcher describes if the conference c is significant and the product $axbxc'$ is the positive. It shows that the Mediated effect path axb and direct path care the same sign and direction, represent “complementary mediation”(corresponding to Baron and Kenny’s partial mediation). Therefore, patient trust has a partial mediation effect on the quality experience and patient behavior intention, and the mediating effect is 23.20% by the calculation.

Moderator Analysis

The researcher applied the procedure of SPSS and the procedure of

Process to analyze the moderate effects in the study. The researcher still needs to set the code variables before doing the analysis manually. In this study, the researcher set the E_Q represents experiential quality, M represents an experiential quality*brand image, I represents brand image, and BI represents patient behavioral intention. The first step was that applied the normal linear regression to test the signification of brand image as the moderate in SPSS. According to the ANOVA analysis expression in table 4.22, it shows that in the model 1 (without the interaction term) $F(2,489)=387.767$, $p=0.000$, the result shows the model 1 is significant. In model 2 (with the interaction term) $F(3,488)=259.941$, $p=0.000$, it indicated that the model 2 is significant.

Table 5 The ANOVA Analysis

ANOVA ^a					
Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	1517.937	2	758.969	387.767	.000 ^b
Residual	957.109	489	1.957		
Total	2475.047	491			
2 Regression	1522.373	3	507.458	259.941	.000 ^c
Residual	952.674	488	1.952		
Total	2475.047	491			

a. Dependent Variable: B_I

b. Predictors: (Constant), I,E_Q

c. Predictors: (Constant), I,E_Q, M

Based on the table 6, it shows that R square change is 0.002, P is 0.132. The goodness of Fit is the fitting degree of the regression line to the observed values. To measure the goodness of fit statistics is the coefficient of determination (also known as the coefficient of R2. The maximum value of R2 is 1. The value is close to 1, indicating the regression line on the observations of the fitting degree is better; conversely, the smaller of the value that the regression line of the

fitting degree of observation value is worse. R2 is above than 0.4; The Sig value judges the significance of the independent variable after the coefficients of each independent variable. If it is less than 0.05, it can be said that it is significant at 95% significance level (Nagelkerke, 1991). Therefore, these figures indicate that the moderation effect between experiential quality and brand image on patient behavioral intention is non-signification.

Table 6 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.783	.613	.612	1.39903	.613	387.767	2	489	.000
2	.784	.615	.613	1.39721	.002	2.272	1	488	.132

a. Dependent Variable: B_I

b. Predictors: (Constant), I, E_Q

c. Predictors: (Constant), I, E_Q, M

Discussion

Hypotheses H1 and hypotheses H2 are accepted, and one hypothesis H3 is rejected after the analysis in this study through the data analysis.

Firstly, the result confirmed that experiential quality and behavioral intention have the causality relationship in the field of the hospital. Experiential quality has a positive impact on behavioral intention. The H1 hypothesis is supported by the research.

Secondly, the result indicated that patient trust as a partial mediator between experiential quality and patient behavioral intention from the mediation analyses and the adjustment value is 23.20%. This study provides one of perspective in future research. The result of this study supports the contentions of earlier studies and H2a, H2b, H2c. This study validates the argument in Wu and Li (2016) that

experiential quality has a positive effect on patient trust and a higher degree of patient trust leads to a higher patient behavioral intention such as the revisit intention in the medical tourism.

Thirdly, the figures represent that there isn't the moderating effect of brand image on the relationship between experiential quality and patient behavioral intentions in the framework. The research does not support the H3 hypothesis.

Conclusion

In this study, the data were main analyzed by the SPSS and the Process, and the following conclusions are obtained: experiential quality has an impact on patient behavioral intention, patient trust is a partial mediator, and the mediation effect value is 23.20%. Brand image haven't moderating effect between patient trust and patient behavioral intention. These results indicate that the purpose of this study is achieved.

Secondly, this study defines a multi-dimensional and multi-level measurement standard of experiential quality, which provides a basic framework to the hospital's practice management. In addition, it verifies that patient trust is the part mediator. This finding fills the academic gap. However, there are still some limitations in this study, for example, the use of cross-sectional, geographical limitations, and so on. Therefore, in the future research, this study suggests that the longitudinal sampling can verify the structure. Although the study defines five dimensions and fourteen sub-dimensions of experiential quality, it is still possible that some dimensions are ignored in practice. Future research can improve the framework based on the recommendations of this study. In particular, this study emphasizes that brand image may have a positive impact on the patient behavioral intention which could be verified by future studies.

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A Study of Lived Experiences of Parents of Children with Down Syndrome on Activities of Daily Living

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ABSTRACT

Activities of Daily Living (ADL) are often overlooked especially when children are in their beginning years of development. This especially can be a challenge for parents of children with Down syndrome due to the varying levels of progress of their child's development in the areas of: a) socio-emotional, b) communication, c) motor, d) cognitive and e) self-help skills. Thus, Vygotsky's Sociocultural Theory was applied to theoretically study the lived experiences of parents of children with Down syndrome on Activities of Daily Living (ADL). The objectives of the study are: a) to explore how parents teach Activities of Daily Living to their children with Down syndrome, b) to determine how parents perceive the importance of Activities of Daily Living for their children, and c) to identify the challenges parents faced in teaching their children with Down syndrome on Activities of Daily Living. A qualitative approach using semi-structured interviews and journals were adopted and 3 parents participated in this study. For the first research question on how parents teach their children ADL, two themes emerged from the findings; one, modeling via the More Knowledgeable Other (MKO), two, encouragement using tools or signs. For the second research question on how parents perceive the

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importance of ADL, one key theme manifested: important in promoting independence. Finally, for the third research question on the challenges parents face in teaching their children ADL, two major themes were identified; first, behavioral challenges of children and second, parent's emotions. Future researchers may conduct a study by looking at both parents' perspectives to obtain a more rich and in-depth study on their child's ADL.

Keywords: *Activities of Daily Living, Down syndrome, lived experiences, parents*

1. Introduction

The importance of educating functional skills to individuals with disabilities has long been established by scholars and practitioners (Ayers et al. 2011; Brown et al., 1979). These functional skills, otherwise known as Activities of Daily Living (ADL), encompass day-to-day routine such as, brushing teeth, bathing, dressing, grooming, eating, toileting to ambulating as it forms an essential part of our lives. ADL is usually introduced by parents or carers transitioning from dependence to complete independence at a very young age. Typically, parents or carers bring along rich experiences that were amassed from their values, disposition, beliefs, attitude, and knowledge, gained over the years (test, Aspel and Everson, 2006; Volkmar and Wiesner, 2009). This fundamental aspect of daily living activities involves many skills that are essential for the successful execution of tasks. However, due to a genetic disorder that affects children with Down syndrome, many of the skills that are required in accomplishing ADL in the developmental trajectory are delayed by approximately three months (Van Herwegen, Rundblad, Davelaar, and Annaz, 2011; Sugden, and Wade, 2013).

Down syndrome which is one of the most prevalent and readily identifiable chromosomal conditions is an intellectual disability that appears in about 1 in 400 to 1500 newborns (Capone, Grados,

Kaufmann, Bernad- Ripoll, and Jewell, 2005). Due to an extra copy of the 21st chromosome, the genetic mutation results in gene overexpression (Roizen and Patterson, 2003). Among the common phenotypic characteristics that are usually visible in children with Down syndrome are low muscle tone, single deep crease across the centre of their palm, small stature and upward slant of the eyes (Chapman and Hesketh, 2000). Nonetheless, each child is unique in his or her own way and their characteristics would differ from one person to another, or in certain cases, may not even be present (Skallerup, 2008). Most children who are born with Down syndrome tend to develop motor and cognitive skills at a much slower rate as compared to typically developing children (Malak, Kostiukow, Krawczyk-Wasielewska, Mojs, and Samborski, 2015; Moore, Oates, Hobson, and Goodwin, 2002). A task that may appear as simple as holding a cup can a great challenge to children with Down syndrome due to the characteristics that they may possess.

For as long as children rely on parents to carry out ADL for them, the information parents share of their teaching and demonstrating ADL to their children for the benefit of many researchers and parents of children with Down syndrome will be vital.

When it comes to Activities of Daily Living (ADL), children without disabilities are able to grasp the skills that are taught to them with ease. However, due to a slower development in their motor and cognitive development, children with Down syndrome require relatively more time to process the skills that are taught to them (Hallahan, Kauffman, and Pullen, 2012). Children with Down syndrome have shifting degrees of learning and language inability, in addition to poor functioning motor skills, varying from mild to severe. They likewise develop at a slower pace emotionally, socially, and cognitively (Kazemi, Salehi, and Kheirolah, 2016).

Since ADL is a necessity that needs to be carried out by every individual, the researcher intends to look at parents' experiences on carrying out ADL with their children with Down syndrome. ADL which is the basic unit of activities of daily living can be defined skills which covers basic physical areas in a person's everyday life such as "grooming/personal hygiene, dressing, toileting/continence, transferring/ ambulating, and eating" (Mlinac and Feng, 2016). The current study examined the lived experiences of parents of children with Down syndrome on Activities of Daily Living (ADL), namely, of toddlers of the ages 3 years old.

These toddlers who are still in their beginning years are still in the starting stages of learning the fundamentals of ADL. The researcher takes this opportunity to delve into the lives of parents who are carrying out the ADLs on a daily basis and give voice to the experiences through interviews and one-week of journal writing by putting pen to paper of the minute details of the experiences with their child.

2. Literature Review

Concept of Activities of Daily Living (ADL)

King, Okodogbe, Burke, McCarron, McCallion, and O'Donovan, (2016) looked into the areas of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) performance which includes "dressing, walking, moving around the home, bathing and showering, oral hygiene, eating, drinking, bed mobility, toileting, medication management, meal preparation, grocery shopping, telephone use, money management and domestic tasks such as laundry and cleaning." However, the age group chosen for this research was adults with Down syndrome who were 40 years and above. In another study conducted by Green and Carter, (2011), they defined Daily Living Skills (DLS) as an "age-appropriate, self-care activities needed to function at home and in the community, and which includes behaviors such as washing, dressing, following

safety rules and completing household chores.” This study carried out by Green and Carter looked specifically on toddlers with Autism Spectrum Disorder (ASD).

A recent quantitative study conducted in 2018 by Matthews, Allain, Matthews, Mitchell, Santoro, and Cohen (2018) examined the health, social, communication and daily living skills. Matthews et al. looked into everyday tasks such as drinking, moving about in and out of the house, eating, dressing, toileting, grooming, bathing, carrying out domestic activities, managing finances and using technology. The surveys were given out only to parents or legal guardians, grandparents, adult siblings, other family members or caregivers of an adult with Down syndrome who was at least 20 years of age (Bal, Kim, Cheong and Lord, 2015).

Methods parent use to teach ADL

A considerable amount of literature has been published on methods of teaching ADL. Surveys such as that conducted by Shepley, Spriggs, Samudre and Elliot have shown that middle school students with intellectual disability were able to independently initiate and navigate the mobile device during technology training using video activity schedules. Three of the students were able to self-instruct in order to independently prepare a snack (2017).

A study by Hayton, Wall and Dimitriou (2018) examined the development of independent living skills of dressing (ILSD) in two clinical groups. Young children with Visual Impairment (VI) and Down syndrome (DS) were compared to Typically Developing (TD) children. It appeared that comprehensible and structured verbal instructions paired with motor activities were useful in giving support for ILSD.

Previous research findings suggested that instructional video modeling was effective in promoting daily living skills across three

children with autism of the ages 5 years (Shipley-Benamou, Lutzker, and Taubman, 2002). In another study conducted by Cannella-Malone et al. (2011), the researchers compared the effects of video prompting to video modeling to teach seven students with severe intellectual disabilities to do laundry and wash dishes. It was discovered that video prompting appeared to be more effective than video modeling in teaching the two daily living skills (Cannella-Malone et al., 2011).

Findings from a study by Biederman, Fairhall, Raven and Davey (1998) believed that teaching children through passive modeling was more significantly effective than hand-over-hand modeling and with passive response-contingent verbal prompting. According to Will, Caravella, Hahn, Fidler, and Roberts (2018), there was only one study conducted on adaptive behavior in Down syndrome that examined the adaptive skills, which includes daily living skills, of toddlers with Down syndrome.

Perception of parents on ADL

A study conducted by Docherty and Reid (2009) identified that parents often provide assistance in the activities for their children and view themselves as “gatekeepers” during their transition as well as activities. Independence is often the ultimate goal for their children and that in future they would be able to take care of themselves.

A study on exploring parental perspectives of participation in children with Down syndrome carried out by Lyons, Brennan and Carroll (2015) resulted in two main themes and seven sub-themes. The first theme that was identified was the value of participation which promoted their sense belonging and well-being, meanwhile, the second theme, ‘barriers and facilitators of participation’, had more sub-themes such as the child factors, attitudes and perceptions of others, adaptation to the environment and logistics issues.

In the Malaysian context, Chan, Lim, and Ling (2014) examined the experiences of mothers caring for a child with Down syndrome in Sarawak. The major themes that were highlighted in this study were children's health, developmental delays, daily needs and behavioral issues. The age group for this particular study looked at children with Down syndrome aged 18 years and below.

While the Malaysian syllabus for Special Needs Education only contains one chapter on self-management (*pengurusan diri*) (Bahagian Pembangunan Kurikulum, 2011; Bahagian Pendidikan Khas, 2011) it does not contain parents' involvement to work closely with the teachers to teach their child in the best possible way. Working hand-in-hand with the teachers, parents are able to play an active role for further development of ADL.

Challenges faced by parents in teaching their child

A study conducted by Spiker (1982) almost four decades ago on 25 mothers' experiences in early intervention activities with their children with Down syndrome displayed challenges due to the lack of time. Parents appeared to play an active role during their child's infancy which slowed down during their child's preschool years due to time constraints.

In another study by Smith, Maenner, and Seltzer (2012) to examine the changes in the individual's with Autism Spectrum Disorder (ASD) and Down syndrome, it appeared that individuals with Down syndrome were associated with lower initial levels of daily living skills and had a deliberate change gradually. No significant curvature appeared for these individuals although they achieved daily living skills in due course (Smith, Maenner, and Seltzer, 2012).

A recent study on adaptive behavior in infants and toddlers with

Down syndrome and fragile X syndrome revealed the importance of incorporating adaptive behavior which includes daily living skills in children's early years as they have poor motor functioning (Will, Caravella, Hahn, Fidler, and Roberts, 2018). Children with Down syndrome showed more evident impairment in motor functioning from 12 months up to 3 years of age (Will et al., 2018).

While there are other studies on how the areas of development of a child with Down syndrome can be a challenge to the family, not many studies are conducted to specifically determine the challenges parents face when teaching their child ADL. Generally, however, parents of children with Down syndrome appeared to have more stress as compared to parents with children who are typically developing (Sanders and Morgan, 1997). This is due to the greater health care needs that most children with Down syndrome have (Schieve, Boulet, Kogan, Van Naarden-Braun, and Boyle, 2011).

On the other hand, past studies that have been carried out by Chi-Wen, Sylvia, Jodie, Grace and Saitlin (2016) has shown that children who have Sensory Processing Disorder (SPD) have challenges in carrying out daily living skills as children with SPD are unable to process information received in their daily life causing them to be 'extra sensitive' to the processed information. Children with Down syndrome that have SPD are unable to carry out daily living skills as other children with Down syndrome due to the inability of the brain to process the information received from their parents. When this situation arises, children with Down syndrome that has SPD would throw tantrums or would not respond in an appropriate manner when they are being taught ADL (Bar-Shalita, Vatine, Parush, 2008; Engel-Yeger, 2008).

Van Dijk and Lipke-Steenbeek (2018), reported that 80 percent of children with Down syndrome below the age of 7 years have problems with eating. This is due to their physiological and

anatomical irregularity such as small upper jaw, lip tension, and stronger tension of their tongue. Due to this, children with Down syndrome would not be able to chew effectively causing the food to be expelled because of their protrusion of tongue.

Similar study conducted by Spender, et al. (2008) explored the feeding difficulties of oral-motor function and discovered that children with Down syndrome specifically had challenges particularly on the areas of their jaw and tongue resulting in a poor feeding task. Parents appeared to be more controlling and would not immediately disclose about their child's feeding issues unless observed during feeding session.

Theoretical Framework

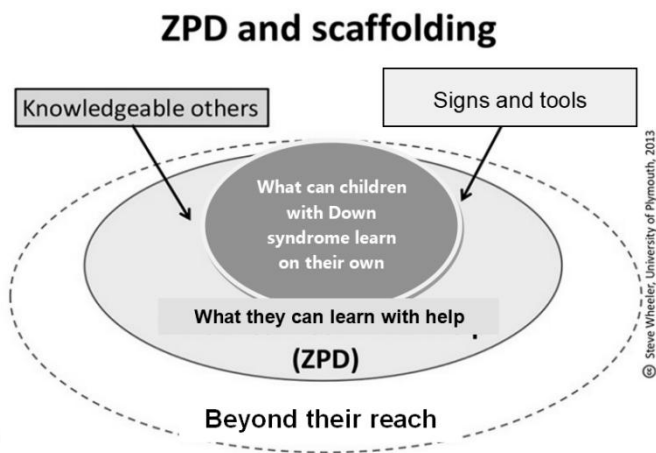


Figure 2.1 Theoretical Framework of Vygotsky's Sociocultural Theory adapted from McLeod, S. A. (2018, Aug 05).

This study will be described within the theoretical context of Vygotsky's Sociocultural Theory of Cognitive Development. The child's cognitive development takes place through social interaction based on two levels; first, through interaction with other individuals

and second, a child's cognitive development is based on the Zone of Proximal Development (ZPD) the child is currently in. The cultural context of this theory is transmitted by parents and other members of society in the child's life. Vygotsky (1978) proposed that a child's cognitive development is shaped by the culture in which the child is brought up (Lalvani, 2008). The environment which the child is brought up is often influenced by cultural beliefs of the child's parents or the individuals that play a role in the child's life and that have a major impact on the child's cognitive development (Vygotsky, 1978). Sociocultural Theory addresses how children are able to develop cognitively from the interactions of the adults around them and together with the cultural aspect determining when, where and how these interactions will take place. In teaching ADL to their children, parents play a role in providing an environment that best suit the child's learning of ADL to take place. The interaction of parents on how ADL is taught to the child is based on the cultural upbringing of the child (Vygotsky, 1978).

ADL is viewed to be most productive within the ZPD. ZPD is understood as the 'distance between the learner's actual development and the learner's potential development' (Wertsch, 1984). It is the zone in which the child is fully prepared cognitively but requires assistance and interactions in order to fully manifest the ability to perform a task (Vygotsky, 1978). In ADL, this zone can be interpreted as the distance between the child's basic knowledge in ADL and the extent to which the learner can advance or reach a higher skill of ADL. It is believed that within this ZPD that effective learning takes place with the assistance of others who acts as mediators, also known as the More Knowledgeable Other (MKO), that are the parents of children with Down syndrome.

The parents of children with Down syndrome who are the MKO will play a huge role in guiding their child in the ZPD to a higher level of ADL. The knowledge imparted to their children through

modeling or scaffolding are some of the examples in which it facilitates the learning of the child (Vygotsky, 1978; Papalia et al., 1998). There are many tools used on imparting knowledge to children in the ZPD, however, the vital role of the MKO is to facilitate the child's learning towards independence in ADL (Bodrova, 1997).

Parents provide children with various methods as well as assistance of teaching their child during parent-child interaction in order to facilitate their child's learning in ADL. This is known as scaffolding which is defined as the ability of an adult to structure the environment and teach them through assistance in order for children to solve skills which are deemed suitable for their level (Robinson, Burns, and Davis, 2009; Vygotsky 1978), in this context, Activities of Daily Living. The process of scaffolding is known to increase the developmental area of a child's cognition (Wood, Bruner & Ross, 1976). When parents scaffold ADL such as toileting, eating, grooming or dressing, children are able to understand the concept of ADL and gradually as they develop and are able solve the activities independently, parents can decrease the scaffolding. The role of the parents then changes from someone who helped them carry out the activities to one who provides encouragement, help and criticism (Wood, Bruner, and Ross, 1976).

Parents may be faced with challenges teaching their child on ADL when they are not able to provide a supportive learning environment for their child or if parents instruct their child to carry out a task beyond their reach. If the environment is not conducive for the child's learning to take place, parents would be faced with challenges on teaching them the daily living skills.

3. Methodology

The data collected through semi-structured interviews and journals were qualitatively analyzed. The data analysis was carried out

through coding for both the pre-interview and post-interview as well as for the journals. That is, the researcher began by establishing a set of categories for the data collected, then refined the categories and organized them in different ways in order to account for the data (Flowerdew, 2002). This was carried out in order to triangulate and validate the results.

The research aimed to answer the following research questions:

- I. How do parents teach Activities of Daily Living to their children with Down syndrome?
- II. How do parents perceive the importance of Activities of Daily Living for their children?
- III. What are the challenges parents faced in teaching their children with Down syndrome on Activities of Daily Living?

Central to this study is the need to select a feasible research paradigm to explore, deconstruct, and understand the multiple realities and lived experiences of the three parents. Husen (1999) offers the view that a “paradigm determines the criteria according to which one selects and defines problems for inquiry and how one approaches them theoretically and methodologically” (p.31). A paradigm theoretically anchors the research by illuminating fundamental assumptions about the nature of reality (Patton, 2002, p.39) based on the researcher’s worldview in terms of ontological and epistemological positions. In this study, an interpretive lens was employed to underpin the methods used and the subsequent analysis of the data. An interpretive paradigm proposes the existence of multiple realities within the social world of the parents. These realities are thus value-laden, multifaceted, subjective, abstract, and contextually-bound (Guba and Lincoln, 1994). Importantly, reality is fluid, “multi-dimensional and ever changing” (Merriam, 1998, p.202) which shapes its interpretation. Therefore, this research is not concerned with the search of a single ‘truth’ that often

characterizes positivist research; rather, it is a quest to understand the lived experiences of parents from the different ethnic, age, and socio-economic groups and how they view ADL.

This concern for an emic point of view, or in other words, for the parents' points of view hinges on the belief that the world of lived and multiple realities is socially and constructed by the individual (Guba and Lincoln, 1994). The approach taken in this study was also grounded on hermeneutical and dialectical principles, in that, conventional hermeneutical techniques were used to elicit and gather data. The interpretations that manifested in the interactions between the researcher and the parents were compared and contrasted through a dialectical interplay while the journal entries permitted a more nuanced and reflective interpretation that were based on the social realities of the parents (Guba and Lincoln, 1994).

4. Data Analysis

RQ 1: The Ways in Which Parents Teach Their Child about ADL Modeling

The first objective of this research was to explore how parents teach ADL to their children with Down syndrome. One of the common themes that were identified from the interviews and journals is modeling. All three parents agreed that modeling was indeed a key method of teaching their children. Parent A, for instance, mentioned;

“It is more of self-help like I am getting him to vacuum, hang clothes and all these additional things because for feeding he has already mastered; he can already be able to feed himself. Dressing is slowly also, you know like we are doing it but not much change as I see, the basic things that are carried out on a day-to-day basis, I will do then try to get him to

see what I am doing. Sometimes it can be slightly frustrating but I try my best." (Parent A, post-interview, November 19th, 2018)

She mentioned how her son, Arthur, was able to carry out other tasks of ADL such as eating and toileting with less to no assistance. However, when it came to 'dressing', there was only a little change and concluded by saying that she will continue using modeling as a method to teach him so that he will be able to reproduce the desired behavior in the future. Another parent mentioned in the journal that modeling was done through Brenda's sister with one of the journal entries stating,

"we will give her breakfast (will follow her sister to eat on her own)" (Parent B, journal entry, November 15th, 2018)

This way, modeling was done without Brenda's sister being aware on how her actions has contributed to Brenda's learning. In this sense, Brenda's sister unwittingly became the More Knowledgeable Other (MKO) to Brenda resulting in learning.

Additionally, Parent C, in her interview added that she would usually model to her child on how to pass motion by doing it in front of her. According to Parent C, her daughter has been said to have a 'defensive behavior' and 'sensory processing disorder of being hypersensitive'. During our first interview, she said,

"so when there's toilet training, it's a problem for her because she feels disgusted at things that are sticky, things that she's not used to or is new to her...she's scared and disgusted. So for instance when she went to the toilet when she was younger, when we taught her toilet training and when the urine accidentally splashed on her feet, she would become disgusted and

scared and so she would squirm and climb on my body” (Parent C, pre-interview, November 14th, 2018)

Her ‘hypersensitivity’ was resolved to a certain extent after continuous modeling paired with immediate hands-on practice. When Parent C sensed that her daughter was about to pass motion, she would immediately bring her to the toilet and make her squat. The toilet at Parent C’s home is a squat toilet which generates fear in her daughter. Parent C would constantly instill positivity in her daughter by modeling and showing her that there are no negative consequences in using the squat toilet to pass motion and would then show her how it is used. After constantly modeling the toileting etiquette, from letting her pass motion in her diapers near the door, to bringing her closer to the toilet each time, her daughter’s fear subsided gradually for both, the squat toilet and to pass motion;

“Previously, she used to run away...I’ll close the door and she’ll run away. When I’m defecating too she’ll be afraid and will start squirming. I’ll have to reassure her and say ‘it’s okay, it’s urine and stool...it’s okay’ and I had to do it many times...like 5 to 10 times...like many times, 5-10 times and now she’s used to it. When she sees me going to urine and defecating and there’s nothing wrong with it, she will be okay.” (Parent C, pre-interview, November 14th, 2018)

According to Vygotsky’s Sociocultural Theory, children who are in the ZPD, require scaffolding from a MKO. Contextualized in this study, it was evident that parents played the role of a MKO (Vygotsky, 1978) in helping their children achieve the desired behaviour. All three parents concurred that they taught ADL through modeling as it was the easier to demonstrate the desired behavior than to verbally explain it to them. Through constant repetition and

hands-on practice, parents were able to notice changes in how the children accepted the new behavior. Parents play the role in bridging the gap between what the children do not know to what the child knows and supposed to know. When children are in the ZPD, they would require scaffolding from a MKO and after the children have begun to understand the concept of ADL for specific tasks, scaffolding can be reduced accordingly (Pratt, Kerig, Cowan, and Cowan, 1988; Sun, and Rao, 2012; Vygotsky, 1978).

Encouragement

Another common theme that emerged from the coding was the use of encouragement in teaching their child ADL. Encouragement took the form of verbal compliments, and rewards for instance, being allowed to watch cartoons or nursery rhymes, dancing. Parent A revealed in the interview,

“I would tell him after you finish eating, I would let you watch TV. They would have some motivation and along the way we would encourage them by praising them.” (Parent A, pre-interview, November 13th, 2018)

When prompted with a question on the types of reward she would give him, parent A believed that encouraging her son through verbal praises would suffice because at this age, they do not require as much material rewards. Encouragement in the form of praises, dancing and singing are viewed as more significant than tangible rewards;

“Yeah basically it would be praises or I would dance for him or get him to sing some song. I think need a little bit more encouragement and it would help a lot for them. Because at this age they don’t really need a lot of rewards, just praises would be enough like

'Good Job!'' (Parent A, pre-interview, November 19th, 2018).

Parent C, on the other hand, faces challenges when getting her child to pass motion as her daughter gets disgusted with her own stool and is afraid to go to the toilet. However, parent C uses encouragement to shift her fear into something positive,

When it's time to wash, I'll remove her diapers and wash her while saying, 'Good Job, Cynthia, you managed to pass motion! See, look, this is your stool. Good job, Cynthia! Next time you pass motion, you won't have to use diapers.' (Parent C, pre-interview, November 14th, 2018)

Parent B, shared similar views on encouraging his child when carrying out ADL,

"as I mentioned is going to be like reinforcing on what she needs to do and telling what to do and all that. So that is the only way I see that we normally would approach her with. I think positive reinforcement will be the first point of our approach rather than wait and seeing or hoping that she will do as she is still young." (Parent B, post-interview, November 18th, 2018)

Past studies have reported that due to the developmental delay in children with down syndrome (Malak, Kostiukow, Krawczyk-Wasielewska, Mojs, and Samborski, 2015), parents opt to other methods such as encouragement in order to promote ADL.

Using Tools or Signs

One of the concepts under Vygotsky's Theory (Vygotsky, 1978,

1997; Luria, 1976) entails using symbolic tools or signs for the development of the child. This was conceptualized from the interview with the parents. Two parents shared similar opinions on using tools, objects or signs in order to provide meaning to the tasks.

Parent A, for instance, is making an effort to teach her son the concept of toileting outside of her home environment by using sign language. By creating the ‘opportunity’, she is providing the platform for her child to internalize and form the ‘familiarity’ of toilets, not specific to her home through sign language.

“Even here, before going for swimming I will sign and tell him to go to toilet, then he will go. But sometimes it is difficult maybe they don’t want to do it. He needs familiarity and encouragement; give them opportunity so that they will do it.” (Parent A, pre-interview, November 13th, 2018)

On the second day of the journal entry by parent A, she stated that,

“Today I’ve also borrowed a tool set from the library which includes hammer, spanna, screwdriver, pliers, a pipe wrench, wire cutters and assortment of fasteners. Tonite we are going to fix things up in the house... Arthur will also learn to master the skills of each tool. This will be important for him to be independently fix things up when he grows.” (Parent A, journal entry, November 14th, 2018)

This extract from the journal entry shows how parent A perceives ADL to be. Her concept of ADL involves carrying out activities that would be useful in future when it involves ‘fixing something up’. Her understanding of ADL when teaching him about the different tools is for him to be a ‘reliable mechanic and contractor’. By

providing him with different avenues to carry out tasks, she is also providing him with choices that he can make in future.

In the post-interview session that was carried out with parent A, she highlighted how she is establishing a connection between what the child has learnt and bringing him to the outside world to teach him the meaning of what he has learnt. In her case, tools that were used to teach him was books and when she brought him to the supermarket,

“The thing I have added in was to reinforce everything we have done. For example, I have shared with you how we have done shopping in the school and when I went back, I reinforced it by reading books to him about supermarket and also bring him out to the real world to start buying and paying stuff.”
(Parent A, post-interview, November 19th, 2018)

Another parent associates signs to carry out a specific task such as going to toilet or to practice combing her hair she would use the mirror and a doll as tools to establish the connection between the doll's hair and her child's hair in order to relate it to the task of combing hair.

“I associate defecating by holding my nose to imply smelly and squat to show her the method of defecating, I'll hold her hand and push together with her.” (Parent C, pre-interview, November 14th, 2018)

“We have a mirror near the stove in the kitchen and I have allocated that space for combing hair; there's also a doll there for her to comb her hair, she can go there which is at her level.” (Parent C, pre-interview, November 14th, 2018)

Due to developmental delay in children's language, parents use other means to communicate with their children. For instance, they use sign language or external tools such as books when communicating with their children. Some children with Down syndrome acquire speech at a delayed period and in order to bridge that communication gap, parents use tools and signs in order to facilitate the understanding of ADL for their child (Caselli, et al. 1998; Chapman, Seung, Schwartz, and Kay-Raining, 1998; Gindis, 2003; Miller, 1999; Sigman, 1999).

RQ 2: Parents' Perception on the Importance of ADL

All the parents expressed their perception towards ADL and they equally felt that ADL is an important aspect in their child's life. They believed that ADL would play a vital role in promoting independence and one of the ways it can be achieved is through a fixed schedule, which two parents concurred on.

Important in Promoting Independence

Three of the parents equally felt that ADL plays an important role in their child's life. This was mainly due to the fact that ADL acts as a means to promote independence to their child. Below are the excerpts from the interview with parent A, B and C when asked their perception on ADL.

"Of course it is very very important, he is doing quite well and is important for them to be independent and to take care of themselves." (Parent A, pre-interview, November 13th, 2018)

"Of course it is important because this will teach her to be independent not to be dependent on us at all. We are growing older and she will need to become more and more independent on her own." (Parent B, pre-interview, November 12th, 2018)

“Yes, it is most definitely important so that they will be independent and able to practice living on their own as well as help others.” (Parent C, pre-interview, November 14th, 2018)

Past studies have shown that parents are intent on teaching their children ADL in order to promote independence to their children from early stages (Resch et al., 2010; Shepley, Spriggs, Samudre, and Elliot, 2017; Van Riper, 1999; Docherty and Reid, 2009).

Schedule

All the parents did express the importance of ADL for their child, however, when it came to having a specific schedule on ADL for their child, two of the parents felt having a fixed schedule would strengthen their daily living skills while another parent who wanted to put ADL as the ‘top priority’ was more lenient on his child’s schedule for ADL as he felt that ‘she is still anyway 3 years old and it was the ‘school holidays’ Parent A and C both felt that having a fixed schedule for their children would further improve their daily living skills.

“Consistency and repetition is the key for ADL... encouraging them a lot and of course a fixed schedule from the very beginning.” (Parent A, pre-interview, November 13th, 2018)

“She knows that when we give instructions, we will be firm with her that no matter what she will still have to complete the task given... she understands instructions and knows her daily schedule.” (Parent C, post-interview, November 20th, 2018)

Parent B mentioned that there was no specific schedule when it came to ADL as she is still young and it is the school holidays and

so his other children would also be around and that they would be occupied playing.

“I would like to prioritize that, I will give it a top priority for it but she is still anyway 3 years old... She tends to go to bed later than usual because the other kids are around playing... routine is a bit here and there for food time and all that because it's the holiday ...” (Parent B, post-interview, November 18th, 2018)

RQ 3: Challenges Faced by Parents when Teaching ADL Degree of Child's Capacity of Learning

Many challenges arise when involving degree of child's learning, namely; lack of concentration, impatient, carrying out many tasks all at once or having one's own way of doing it and finally, the variety of emotions of the child that accompanies when teaching them.

Parent A felt that one of her challenges in teaching her son ADL was how her son would carry out many tasks all at once, being impatient and stubborn.

“He needs constant reminder and sometimes he is not patient, even any other kids would be in the same situation. They would want to find the easy way, we feed them and they eat.... and at times he will be stubborn and even during feeding, sometimes he would not want to eat himself, sometimes he has no problem and can finish on his own.... Sometimes it is not that they cannot do it, they just tend to not do it by throwing tantrum or being ‘manja’” (Parent A, post-interview, November 19th, 2018)

“She gets distracted with other things at times and we would have to remind her. She would tend to want to do it her own way at times...It is either distracted or she would want to do it her own way or if you woke up from the wrong side of the bed, then your mood will be out, same goes for her.” (Parent B, post-interview, November 18th, 2018)

“So I think patience is the key for me, even for anyone if their patience is being tested they would be arghh, you know very angry. But I try to just walk out and do something and then come back to him.” (Parent A, pre-interview, November 13th, 2018)

“Sometimes it can be slightly frustrating but I try my best.” (Parent A, post-interview, November 19th, 2018)

In the pre-interview session with parent A, she describes how she feels when her child ‘tests her patience’ when teaching him ADL. As a result, she leaves momentarily to cool off and then come back to continue where she left off. In the literature on families with children with disabilities, parents resort to making positive meanings to the situation they are in and try to ‘regain a sense of control’ by making the situation seem manageable (King et al. 2006; Summers, Behr, and Turnbull, 1989; Patterson 1991; Barnett, and Boyce, 1995; Resch et al., 2010). During the post-interview session, as shown in the last excerpt, parent A shared her frustration regarding dressing. She revealed how her son is able to accomplish other task at ease, however, when it came to dressing, there seems to be no changes in his progress.

Sensory Processing Disorder

Parent C felt that the main challenge she faced when teaching ADL

was the Sensory Processing Disorder (SPD). According to this parent, she described her daughter as being ‘hypersensitive’ and due to this, she finds it challenging to teach her child feeding, toileting or grooming. For feeding, she mentioned,

“she’s hypersensitive and picky eater, just like sensory so she’s afraid of squishy, hard food, even when she was a baby, she would be afraid to have a taste of anything... She’s still not good in opening and closing her mouth muscles. Also, Cynthia has ‘lip tie’ inside her mouth, so when she wants to close her mouth, it’s difficult for her because it’s painful right?... from small we taught her to use cup, just holding the cup handle can be a huge challenge to her. Because she’s afraid of things that she holds, sensory right, so when we ask her to hold the cup, she would throw it away. New things that she holds would be a challenge.”
(Parent C, pre-interview, November 14th, 2018).

Many challenges arise for this particular parent due to her daughter’s oversensitivity in SPD. Past literatures (Chi-Wen et al., 2016; Koenig and Rudney, 2010; Ahn, Miller, Milberger, and McIntosh, 2004) believe that having Sensory Processing Disorder can affect an individual from carrying out ADL as it involves both fine and gross motor skills for completing a task (Bruni, Cameron, Dua, and Noy, 2010).

Parents’ Feelings

When prompted parent A about her feelings when she is teaching her son dressing, she mentioned,

“Sometimes it can be slightly frustrating but I try my best.” (Parent A, post-interview, November 19th, 2018)

Without elaborating, she moved on to mention on how she would reinforce when teaching her son ADL.

Parent C was prompted on how she feels when teaching her daughter due to the challenges she face. In the interview she said,

“Yes, it can be tiring at times, sometimes I just want to lie down on the bed and take a break but I know she is capable of many things, so if I don’t try to even provide it for her, how will she reach those goals. I want to provide the best...she has to be independent without me when that time comes.” (Parent C, post-interview, November 20th, 2018)

This can be said that due to the many challenges this parent faces due to her daughter’s ‘hypersensitivity’, she remains high-spirited to provide the best for her daughter. In the future, she views her daughter as an independent individual who would not have to rely on anyone and able to carry out tasks on her own.

Overall, for the first research question, the data from the interviews and journals revealed that there were three ways in which parents use to teach their children ADL, namely; through modeling, encouragement and by using real objects and signs.

Whereas for the second research question of how parents perceive the importance of ADL for their children, all the parents felt that ADL played an important role in promoting independence and autonomy for their children. Two parents expressed that they have a fixed schedule for their child to follow while another parent was lenient in the child’s schedule. Despite these marked differences in their scheduling, all three parents concurred with the significance of ADL in their children’s lives as it allowed some form of structure and regime that was essential in reproducing the desired behavior.

Lastly, in relation to the final research question, parents believed that the varying degree of their child's learning and the combination of Sensory Processing Disorder resulted in delayed learning or hindered any real progress, and this was seen as a primary challenge for the parents. Further, all three parents agreed that the children's erratic and often, fluctuating behavior disrupted the teaching of ADL. The frustration from watching their children progress slowly and their unpredictable emotions were also some of the reported challenges that they felt.

5. Conclusions and Recommendations

This study explored the lived experiences of parents of children with Down on ADL and was theoretically analyzed through Vygotsky's Sociocultural Theory. All in all, the findings of this study can be summarized as follow; for the first research question on how parents teach their children ADL, two themes emerged from the findings; one, modeling via the More Knowledgeable Other (MKO), two, encouragement using tools or signs. For the second research question on how parents perceive the importance of ADL, one key theme was evident: important in promoting independence. Finally, for the third research question on the challenges parents face in teaching their children ADL, two major themes were identified; one, behavioral challenges of children and two, parent's emotions.

The findings from this research will be able to benefit other parents of children with Down syndrome, teachers and researchers. Based on the findings, teachers can use the information that have been manifested in many ways. One of it is through Parent-Teacher meetings in the centers. At the end of the year during Parent-Teacher meeting in this particular center, parents will have to attend their child's Progress Report Day. Since this center follows closely with the Robert Deller Curriculum and the Hawaiian Early Learning Profile (HELP), six areas of the child's development will

be discussed on that day. One of the areas of development being self-help skills which covers the child's ADL can be discussed further in a more in-depth manner. Parents and teachers can work closely to provide the best teaching and learning experience for both the parent and the child.

Secondly, the Ministry of Education (MOE) of the Special Education Division can further develop their curriculum to provide a more active parental involvement with the teachers on their child's ADL. Seeing how ADL is a daily task which involves the motor and coordination skills that is required to be carried out by every individual on a daily basis, the Special Education Division of the MOE can further develop their curriculum to involve parents and teachers on their child's development. The government schools can inculcate ADL from beginning years of the child's development which is in the child's National Special Education Pre-school years (*Pra-Sekolah Pendidikan Khas Kebangsaan*).

Future researchers may conduct a study by looking at both parents' perspectives to obtain a more rich and in-depth study on their child's ADL. Researchers can explore perspectives of both parents of the child to get a more unyielding data. Looking at both points of views of the parents can provide information which the other parents may not be able to provide due to many factors such as time spent with the child, various environmental factors, different events in the child's life. By looking at both perspectives of the parents, data obtained from two points of view can provide rich information about the child's everyday routine which will not be the same from both parents. More questions can be prompted from the interviews for the parent who spends more time with the child.

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A Comparative Study of Parental Satisfaction with the Private and Government Special Needs Programs for Children with Learning Disabilities in Malaysia

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ABSTRACT

While many types of special education programs have sprung in Malaysia throughout the recent years - each with its own guarantee of a promising opportunity for education - these settings can be classified by private and government type according to the requirement of fees. This mixed method research study was conducted to answer the question: *'Is quality of the programme simultaneous with the cost it demands?'* whereby quality is measured based on parents' level of satisfaction through surveys and interviews conducted for this study. The level of satisfaction of two groups of parents with children with disability - one enrolled into a private special education programme and the other into a government setting are studied concerning two aspects of quality indicator, namely, curriculum modification, as well as teachers' role effectiveness in conducting the curriculum. The finding shows that there is not a significant difference between the level of satisfaction of parents towards government school ($M = 69.07$, $SD = 11.25$) and private school ($M = 70.50$, $SD = 7.75$); $t(58) = -0.58$, $p > 0.05$, however, the qualitative data has identified a contradiction - showing that the inadequacy of teacher-parent collaboration and parental expectations based on cost are major factors conducted to the quantitative findings.

Keywords: *Parental satisfaction, special education program,*

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Introduction

As individuals who are responsible of bringing life to their children, the roles that parents play in the development of a child is mandatory, exceedingly significant and definitely multifarious. They are the very first educators of the child, as well as prime investors of a child's growth, wellbeing and education, the stakeholders which contribute immediate resources to realize the goals and ends (Landry, 2008). If the field of education is described with an economic concept, parents are also the greatest consumers, who try to make the best schooling decisions for their children by paying for the skill and academic outcomes of their child's learning (Epstein, 2013). It is widely known that the cost of a child's upbringing from birth to tertiary education could go up to millions and it is even more so for parents with a child with special needs to be met. Finance is undoubtedly a major concern for parents (NSO & ORC Macro, 2003; Gobrial, 2018; Resch et al., 2010) and this burden can be substantial to overwhelm a tipping point of the family (Sanjay Reddy & Jan Vandemoortele, 1996; Anderson, Dumont, Jacobs & Azzaria, 2007) in various aspect in order to sustain their lives. Education takes a lion's share of a parents' expenditures as the common understanding of 'you always get what you pay for,' suggests a close correlation between price and quality in the consumer goods market. It is illustrated by researcher Imkamp (2018) that consumers may typically use prices as quality indicators, perceiving that something that is more expensive is better or of higher quality. Hence, a trend of perceiving more costly choice of education, such as, private sector schools has better quality or of the contrary, government sector schools to be lacking in performance parameters contributes to parents' choice and financial burden especially in terms of special education provisions. The Malaysia Education Statistics (Educational Data Sector, 2018) reported that the number of enrolment into special needs education

classes or schools has increased from year 2010 (48,140 students) to 2017 (79,836 students). In correlation to that, based on statistics provided by the Ministry of Education, 20,000 students enrolled in international schools in 2013 compared with the previous year which only reached 15,000 - private sectors in Malaysia has emerged as an essential source of imparting education at all levels over the last few decades (Yaacob, Osman & Bachok, 2014). Though Malaysians with special needs who are enrolled in a national school are entitled to a monthly (Curriculum Development Centre Ministry of Education Malaysia, 2008), and do not have to pay for school fees, parents still opt for private education for their special needs children, in spite of the massive cost, as compared to education in the government sector. This led to a pressing question, *'Is our public programmes failing to provide a quality education, or are the private programmes as good as the price it demands?'* This study emphasizes on analyzing parents' level of satisfaction based on their experience in terms of exploring the strengths and weaknesses of both government and private programs to determine if the quality of the programme is simultaneous with the cost it requires. Given the above and based on the literature review, two main factors are highlighted as elements of quality of indicators, which are: a) *Curriculum Modification* and; b) *Teachers' Role Effectiveness*, whereby qualitative and quantitative methods will be used as discover differences of parental satisfaction towards the respective type of school as well as factors contributing to the results, henceforth discussed in the further sections.

The research objectives are as follows:

1. To examine the level of satisfaction of parents with children with learning disabilities towards the current practices of 2 elements of quality indicators in their child's enrolled government or private special education programs in Malaysia.
2. To compare the differences between level of satisfaction of

parents with children with learning disabilities in government special education programs (Group 1) and parents with children in private special education programs (Group 2) based on the 2 elements of quality indicators.

3. To investigate the factors that contribute to parents' level of satisfaction towards their child's enrolled government or private special education programs in Malaysia.

Theoretical Perspectives

About Government and Private Special Education Programmes in Malaysia

The Persons with Disabilities Act 2008 defined people with disabilities (PWD) as those who have long term physical, mental, intellectual or sensory impairments which full and effective participation in society may be impeded with the various physiological barriers faced (Abdullah, Hanafi & Mohd Hamdi, 2017). The PWD Act mandates the rights of persons with disabilities and imposes obligations on government, private sector or non-government organisations to provide for and ensure children with disabilities are supported in receiving appropriate education. In Malaysia, services to children with disabilities (MBK) of the government sector are the responsibility of three ministries, the Ministry of Health, Ministry of Women, Family and Community Development and the Ministry of Education. The focus of this study would be on the Integrated Special Education Program for MBK whereby it is administered entirely by the State Education Department, and considered the biggest nationwide provider of education for MBK based on the Education (Special Education) Regulations 2013. Given a brief historical timeline of this establishment, the Integrated Special Education Program (PPKI) (Merger Plan) was introduced for primary school children with disabilities since 1962 (Ministry of Education Portal, n.d.), and it is a programme only attended by students with special needs, which

could be categorised with sensory impairments, learning disabilities, physical disabilities or multiple disabilities in a special class within the compound of a government or a government-aided school (Buku Pengoperasian PPKI Ministry of Education Malaysia, n.d.). The programme is conducted using guidelines which are provided in a manual called Buku Pengoperasian PPKI, which consist of comprehensive information that encompasses aspects such as procedure of opening a PPKI class, the administrative, pedagogical as well as management framework that is necessary for execution as well as the type of support provided, and job scope of different stakeholders in a PPKI environment which are set up as consistent standards of procedure for PPKI classes across Malaysia. In terms of fees, there are no fixed monthly cost required for MBK enrolled in a PPKI class, whereas beginning from 2006, all students who are registered with the special education programmes are eligible to receive a monthly allowance (Lay & Hui, 2014).

On the other hand, preschools or programmes established by the private sector are viewed as an alternative from the government setting to provide quality education to parents who are able to afford the cost. Education Act 1996 (Act 550) has defined ‘private school’ or ‘private educational institution’ as a school or an educational institution which is not a government or government-aided school or educational institution. According to the Curriculum Development Centre, Ministry of Education Malaysia, there is also a widespread and expanding system of private preschools (Early Childhood Care and Education Policy Implementation Review 2007), believed to be largely driven by parental demands and expectations (Kanesh Gopal, 2017). Private special education programs are more free and self-supported, mostly run and fully-funded by private individuals, organizations or religious groups (Thanerajah & Razilan, 2017). In addition, method of delivery of a private special education school is decided by the school board. The school administrators also have independent

authority to decide the fees, admission and educational or adaptive curriculum implemented in the classes, whereby the monthly charges can go as low as RM20 or as high as RM3000 or more (Mustafa & Azman, 2013).

Government vs Private: Difference in Curriculum

The content and methodology of instruction can also be referred as the educational curriculum (Borrowman, 1989). It was found that the *modification of teaching methodologies* in an adapted curriculum is crucial to help students with learning disabilities to engage better and succeed in the learning process (Demirdag, 2014). In this context, all special education preschool classes in the government sector conducts the National Preschool Curriculum (Special Education) as stipulated in the manual of PPKI operations (Buku Pengoperasian PPKI Ministry of Education, n.d.) The medium of instruction is in the national language, Bahasa Malaysia, as concurred by the Education Act (1996) (Act 550). Besides, in Chapter 3: Implementation of the PPKI operation manual, has also listed a segment on Individualized Education Plan (Rancangan Pengajaran Individu, RPI) whereby the Education (Special Education) Regulations 2013 has defined it with, ‘RPI is a record of details in the way which it was determined by the Head of Enrolment (Ketua Pendaftar) about the educational plan of each student with disabilities. The RPI is formed based on the students’ specific needs whereby screening instruments and diagnostic tests are used as a guideline to follow, and the plan is consented by parents. A multidisciplinary team of 3PK professionals, namely, audiologists, psychologists, occupational therapists and physiotherapists would be included in the planning of the RPI in order to provide advice or support throughout the implementation progress to meet the students’ developmental growth. However, a study by Ahmad (2013) has sought the lacking of professionals such as speech therapists in the country, and Abdul Nasir and Erman Efendi (2016) has researched about the lack of appropriate teaching

materials, resources and assistive devices in government special education classroom, whereby inherently contributes to lower levels of quality of the setting.

The educational programs has to be deliberately planned and developed in multitudinous ways that will satisfy a diversity of needs which special education should be able to cater to (Eskay & Oboegbulem, 2013). Curriculum in the private sector are very much diverse in comparison to the government sector, as private special education programmes do not have to adhere to any standard of curriculum, instead can freely adapt research-based curriculum and pedagogical methods adapted from different educational beliefs, philosophy or experiences of the founder. The Education Act 1996 (Act 550) has defined these establishments as a school or an educational institution which is not a government or government-aided school or educational institution. stated under Part VII 'Private Educational Institutions' of the same document, it was written that the minister have power to make regulations for supervision and control of the standard of education in these private settings. In addition, the medium of instruction can be the National Language, Chinese, Tamil or English (Masnan, Mustafa & Hosshan, 2017). Additional therapies are typically engaged and attended separately in a private school curricula whereby has a fee of its own.

Government vs Private: Difference in Teacher Quality

Curriculum and teacher quality are interdependent factors in such a way that teachers have to understand the curriculum vision in order to achieve the curriculum goals. This could be illustrated by Khoza (2015), who stated that a vital part of curriculum refers to the implementation, also known as curriculum in action, which is the actual process of inferring knowledge and skills to students, the modus operandi of teaching conducted by a teacher. According to the PPKI operational manual, the government special education

classes is to have a PPKI program teacher (coordinator), teacher and an assistant teacher. The Ministry of Education Malaysia have planned and implemented intervention programmes for the preschool age group since year 2000, however, these programmes were initially conducted without any allocation or training for the preschool teachers (Masnan, Mustafa & Hosshan, 2017). Following up in 2003, a Teacher Training Division of Ministry of Education has started to provide courses to their teachers to attain at least a diploma level of all public and private sectors to acquire a certification (Ministry of Education, Malaysia Education Blueprint 2013 - 2025).

The Economic Transformation Program states that teacher training is now one of the segments in Malaysian private education sector (2010) in order to train more quality teachers to cater to the growing educational needs in Malaysia. However, most teachers in the private programmes are also trained in the private sector, such as completing a professional practice component in the teaching training programme for a minimum of 16 weeks. A study by Devarajoo et al. (2016) has found that the Diploma and Bachelor courses for teaching offered by private universities which fulfills the required regulations is a significant source of training teachers for the private sector. These teachers are trained to meet individualized needs and demands of the private educational programmes.

Government vs Private: Parents' Choice

A few studies will be scrutinized to outline the trend of parents' choice of education setting and the factors that contribute to the choice. A study by Dronkers and Avram (2010) on choice and effectiveness of private and public schools of seven countries has found that that private-dependent schools are appealing in terms of providing educational setting that are aligned with the parents' cultural and religious heritage, as well as discovering that achievement scores of students from private-dependent schools are

outperforming public schools. Besides that, Goldring and Phillips (2008) has found that parents from Nashville, USA, perceive private schools to have a larger pull in terms of providing higher levels of parental collaboration in terms of involvement and communication which are contributing factors to their levels of satisfaction. In addition, a study conducted by Yaacob, Osman and Bachok (2015) on assessment of influencing factors on parents' decision when choosing a educational setting for their children on Selangor, Malaysia has found that the private setting is becoming more apparent as the obvious choice for most parents with eight reasoning factors such as a the school environment, academic performances, demographic factors such as distance, location, social status and income levels, teacher quality, school syllabus. The findings of Mustafa and Azman (2013) has also supported the evidence that private centers are taking the lead against public centers in terms of several aspects such as on teaching and learning, teacher qualifications, curriculum implementations and such. It was found that parents are attracted to the uniqueness of each private centers as well as driven by the flexibility of operating hours. The table below shows a list to illustrate the differences that Mustafa and Azman (2013) has found upon studying the trends and contributing factors of parents who prefer to register their children in a private setting. The discussed items are specifically focused on the management, pedagogy areas such as the curriculum, as well as teacher quality which are quality indicators of this very study. Findings from the aforementioned studies will be cross-referenced with the findings of this study to discuss the reason of the pull towards private educational programmes.

Table 1.

Public vs Private Preschool in Malaysia.

Item Discuss	Public Preschool	Private Preschool
Rules and	● Government	● Each private institution

regulations	authorities	authorities
Teaching and Learning	<ul style="list-style-type: none"> ● Teacher-centered ● Drill technique ● Limited learning materials and facilities 	<ul style="list-style-type: none"> ● Child-centered ● Classroom conducive for learning ● Appropriate learning materials and facilities
Curriculum	<ul style="list-style-type: none"> ● Emphasize social and emotional development ● Follow the government goals and objectives ● Intermediate Language: Malay ● Funded by government ● Program organized and controlled by the government 	<ul style="list-style-type: none"> ● Emphasize cognitive development ● Adjustable goals and objectives by the potential of children ● Intermediate Language: Malay, English, Chinese and Tamil or mix languages. ● Run by NGOs or individuals, for profits or welfare purposes. ● Include enriched programs
Teacher Qualification	<ul style="list-style-type: none"> ● Locally trained 	<ul style="list-style-type: none"> ● Locally and abroad trained

Note. Reprinted from “Preschool education in Malaysia: Emerging trends and implications for the future”, by Mustafa, Lily Muliana & M.N.A, Azman. 2013, *American Journal of Economics*, 3, Pg 350.

Methodology

Research Design

This is a mixed method research study whereby quantitative and qualitative methods are used. Despite the fact that information obtained from interviews with parents is reliable to some extent, the questionnaires can also, promoted additionally validity and reliability when more information from more parents are added (Creswell, 2005). Interviews are conducted to reinforce, support, or

to review the data garnered from the questionnaires survey. secondary data are collected through accredited sources such as online journal references, websites, conference proceedings, official documents and papers to provide a better insight to supporting evidences relevant to the research objective. The strategy of this study is inductive and the outcome is descriptive.

Research Participants and Sampling

According to Professor John Merrifield (2005), parents' output or feedback would be more positive in general if the services and provisions of the school are aligned or suited with the abilities or interests of children. Therefore, the participants for this research is targeted at parents of children with learning disabilities in Malaysia, as the main decision-maker of a child's to-go educational setting. Selection of participants (parents) is regardless of their child's category of learning disability, severity of condition, gender, ethnicity, age, academic qualification, socio-economic status, nationality and location, given that they are parents whose child/ children with disabilities are currently enrolled in a government or private special education program in Malaysia. 60 parents has responded with the survey and 4 parents are interviewed to acquire an insight to their level and reasons of satisfaction towards the respective programmes.

Research Instrument

Questionnaire Survey and Focus Group Protocol and Interview Questions

The questionnaire and interview questions are derived from an ongoing national project in collaboration between the National Child Development and Research Centre (NCDRC), Sultan Idris Education University as well as SEGi University (Kota Damansara) titled, '*Development of a Comprehensive and Integrative Model of Quality Malaysian ECCE*'. The referred research project aims to examine current government policies, regulations and legislation

pertaining to Malaysian Early Childhood Care and Education (ECCE) contextualized in nation-wide policy and practice. The study also intends to identify and discover output of the various governmental and non-governmental bodies for ECCE, whereby it involves a segment on special education. Henceforth, section B of the questionnaire designed for parents of children with learning disabilities, whereby parents' opinion and feedback are required, has been adapted in this research paper pertaining to the research objectives. Responses for this study is tabulated and applied using the Likert scale, commonly known as one of the most basic and frequently-adapted psychometric tools in the field of educational and social sciences research (Joshi, Kale, Chandel & Pal, 2015).

Data Collection Method

Questionnaires survey are distributed in two forms - google online survey links as well as printed copies. Consent of participants are obtained prior to questionnaire distribution. 60 sets of responses from parents of children with learning disability is garnered for the purpose of this study. Interviews are schedule by the researcher and sufficient time is provided for every session.

Data Analysis

60 responses have been obtained through the questionnaire surveys and tabulated using the Statistical Package for the Social Sciences (SPSS) software, version 16 to answer the questions of the study. An inferential statistical test of analyzing the independent variable, Type of School (TOS) with dependent variable, total score for level of satisfaction (sLOS) using an independent t-test for two samples was used to determine possible statistical significant difference between the means of parents' level of satisfaction for the private or government special education programme based on the 2 elements of quality indicators. Thematic analysis is used to analyze the data acquired from the interviews using a Computer Assisted Qualitative Data Analysis Software (CAQDAS), NVivo. Then,

findings from both method will be analyzed, justified and discussed in the upcoming segment.

Findings

Quantitative Data Findings

A: Answering RQ 1 - What are parents’ level of satisfaction (LOS) towards the provisions of 2 elements of quality indicators that their child with learning disabilities receive in the enrolled private or government special education programs in Malaysia?

Table 2.
Parents’ Level of Satisfaction.

	ToS	N	Mean	Std. Deviation	Std. Error Mean
sLoS ent	Government	30	69.0667	11.24625	2.05328
	Private	30	70.5000	7.75375	1.41564

From table 1, it is found that the mean score for parents’ level of satisfaction towards the government special education programme is 69.07 with a standard deviation of 11.25 (M = 69.07, SD = 11.25). On the other hand, the mean score for parents’ level of satisfaction towards the private special education programme is 70.50 with a standard deviation of 7.75 (M = 70.50, SD = 7.75).

B: Answering RQ 2 - Is there a significant difference between the level of satisfaction of parents with children with learning disabilities in government special programmes (Group 1) and parents with children in private programmes (Group 2) based on the 2 elements of quality indicators?

Table 3.
Independent samples T-Test output for sLOS of parents.

Independent Samples Test									
		Levene's		Test for		Equality of Variances t-test for Equality of Means			
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper
sL	Equal	1.108	.297	-.575	58	.568	-1.43333	2.49399	-6.42559 3.55892
oS	variances assumed								
	Equal			-.575	51.489	.568	-1.43333	2.49399	-6.43906 3.57240
	variances not assumed								

From Table 3, an independent t-test was conducted to compare parents' level of satisfaction towards private or government special education programmes in Malaysia. There was not a significant difference in the scores for parents' level of satisfaction towards government school ($M = 69.07$, $SD = 11.25$) and private school ($M = 70.50$, $SD = 7.75$); $t(58) = -0.58$, $p > 0.05$. Hence, the result suggests that the type of programme has no effect on parents' level of satisfaction. In other words, parents of the government setting and private setting have similar levels of satisfaction towards their child's respective programs.

Survey Findings: Thematic Analysis

A: Respondents' Demographic Profile

Table 4. *Interviewees' Information*

Respondent	Career	Child's Diagnosis	Length of Enrolment
Government Parent 1 - Mrs A	Housewife	Down Syndrome	5 years
Government Parent 2 - Mrs B	Housewife	ASD and ADHD	1 year

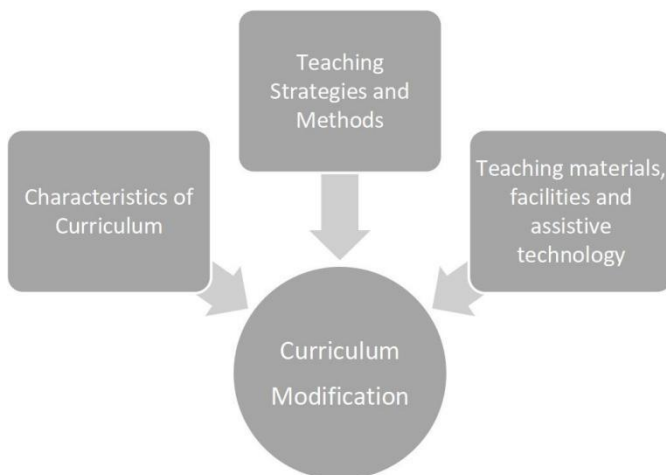
Private Parent 1 - Mrs C	Housewife	ASD	5 years
Private Parent 2 - Mr D	Engineer	ASD (Asperger's Syndrome)	5 years

B: Answering RQ 3 - What are the factors that contribute to parents' level of satisfaction towards their child's enrolled government or private special education program in Malaysia?

Factor 1: Curriculum Modification

Figure 1.

Aspects included under 'Curriculum Modification'.



On Characteristics of Curriculum

A: Government

One interviewee has stated that the curriculum conducted in the government special education programme are described to be homogenous across the same standard - the same textbooks are used for every student in the class. Students are divided according to age group in the same way as the mainstream classroom are placed, and

if one student is unable to follow along the syllabus, he or she will be transferred into the previous standard - however, if he or she still got not move forward academically, the student will still be placed forward regardless of progress. Besides, the same interviewee also stated that the students are grouped according to capability within the class as well, as the ones who are faster will be placed together whereas the slower students will be grouped as another and learn easier content, citing *"Yes - the ones which are slower are even slower, they are just like repeatedly learning kindergarten content."* when the researcher confirmed if there is a separation level within the class.

Both interviewees stated that curriculum in the government school are not conducted using their mother tongue, which is mandarin, and instead are taught in Bahasa Malaysia, citing *"My son speaks English and so it is completely impossible for him to understand what they are saying."* Materials in the school such as story books are printed in Bahasa Malaysia as well, as one of the interviewee replied with, *"Their books are completely in bahasa."* in respond to my question about a kind of story book which allows students to listen to the pronunciation of words using a pen.

On the other hand, there are some positive points from both interviewees who commended on socially-enriching factors of the curriculum environment in the government special education setting - which includes exposure to culture of a different ethnicity, such as learning how to speak the language of Bahasa Malaysia, as well as learning how the students' muslim peers pray. Citing the first interviewee, *"In the SK she learned how to pray like the muslim teachers and peers, will come back and do the same. Her command of language for Bahasa Malaysia is also very good. So her English, Bahasa Malaysia and Mandarin is quite good."* Besides, the second interviewee also commended on the fact that the setting provided an extensive social platform for her child to be part of due to the large

amount of students in the same setting, citing, *“He just got to experience being in a big group and in such an environment.”*

B: Private

It was found through both interviews of parents with children enrolled into private special education programme that the curriculum conducted for their child in the school are individualized and an IEP is designed for their specific learning needs. The second interviewee with his son enrolled in the same school for 5 to 6 years mentioned that, *“it is the syllabus, the tailor-made, it is so individualized.”* to answer to one of the greatest difference of the private special education school compared to public schools. The same parent also mentioned that, *“we are tailoring his courses in (the private school) - less education, and more on independence and social skills so to help him when he goes out to a bigger kind of environment.”* in order to prove his point that the syllabus is individualized to his child’s immediate needs. Besides, in terms of the types of intervention or therapy provided, it is found that the private special education school which child of the second interviewee is studying in provides occupational therapy as well as basic ABA programme followed by home-school programme for the students in advanced levels. One of the interviewees made the decision to enroll 5 years ago, *“because (the private school) also offered basic education things other than OT things”*, whereas transitional schooling is mentioned by the other interviewee, *“They started the home school syllabus, the teachers went for training - I heard there are two students who are currently enrolled in the home school now.”*

On Teaching Strategy and Methods

A: Government

All teaching and communication in the government special education programme are conducted in Bahasa Malaysia, citing one of the interviewees, *“Therefore it is very difficult for my son to*

communicate because the language is different.” Both interviewees also mentioned that there are no adapted methods used to teach their children, one of them saying, “No, they are just like taking care of my child.”, and the other, “Basically this SK does not do that.” when the interviewer asked them if there are any modifications or any special effort made to help the students learn. Besides, one of the interviewee said that she is uninformed of the teaching methods used for teaching literacy skills - the interviewee expressed that, “No.. she does not bring any textbook home, and she does not bring her homework home too.” when the interviewer asked about the interviewee’s awareness of any special methods being used to teach. Besides, when it comes to methods used to teach living skills, the same interviewee laughed and said, “I do not know too”.

B: Private

In terms of the methodologies used to conduct the lesson such as behaviour management in the classroom, both interviewees agreed on the same point that adapted methods are used for their children to learn living skills, literacy skills and communication skills. The first parent’s daughter was unable to use a cup to drink when she first enrolled, and the (private) school got her to, *“put on shoes and then to drink with a cup. As for the process, they first got us to buy a sippy cup, then change different cups, until now she is able to use a normal cup.”* guiding the child in a sequence from simple to complex according to her specific needs. This aspect was also stated with satisfaction as the parent said, *“We do not know the steps - how to start, this is good because ABA can break down the steps from simple to complex.”* to state how helpful was the strategy of breaking down steps into sequence was for their child to learn. The same parent’s child also recently learned how to coordinate both hands to eat with a fork and a spoon, and was very satisfied with the progress shown even at home, citing, *“Last time she when she reaches the end of the bowl she would bring down her mouth to the bowl and scoop the remnants up, but now I realised that she knows*

how to use the spoon to push the food. Although I cannot say she has mastered the skill entirely, but I could see her progress, that she knows the function of the fork now after practicing in school." noting her positive response towards the development of independent skills.

On the other hand, another parent noted on his son's individualized living skills programme of being able to generalize knowledge learned in the classroom by going out into the community such as, *"Bringing them out for shopping is one,"* when being asked what program are used to teach living skills. Moreover, the same parent brought out the programme 'Bubble Talk' as a successful method to teach his son communication skills, whereby the teacher and student got to role-play and communicate appropriately in different situations. The interviewee also mentioned how communication skills and expansion of his son's vocabulary helped him be more sociable and is able to be guidance to the other students in the (private) school, citing, *"(The private school) mix them around, from what I see is that over the years, my son has become some sort of like a guidance for the other students. That he takes lead for the other students that are unable to do things - those who are unable to it he would lend a hand. We are really happy to see him do that. In other words he is willing to guide students who are unable to do things as good as he can."* whereby this parent expressed his satisfaction towards his son's development over the years and also noted on how the school allowed students of varying capability to be participating in activities together. On the same topic, the other interviewee also expressed a positive note that the teachers in the (private) school got her child to do pairing in the classroom, citing, *"Going into pairing is one of it because in the beginning when she is in OT she also did the activities (physical) individually, then now she is moved into a group."* and her positive note was also contributed by the fact that she is very satisfied with her child's positive progress in interacting with other students and making

friends, citing, *"She is very happy because she is starting to make friends, and she like friends. I also think communication is a big part of social skills."* Besides that, she also expressed her satisfaction on the fact that her child could address other people in the family and friend circle as well, citing, *"but I could witness my daughter's progress from being completely empty to now that she is able to call us, therefore I think this is really good."* On the same topic of social skills, this parent brought up the Autistic Movement Therapy (AMT) as a very useful method to get students to interact with one another to build on their social skills.

This interviewee also spoke about the strategy of learning reading from guided to independent practice through, *"For reading skills, he has to read a book or story, and then they try to find a summary of this story, find the main character and what they have learned from here."* When the child is able to answer structured questions, he could understand the story better and now is able to read on his own and answer a variety of questions, citing, *"He now reads by himself a lot. After reading I will ask him whether he understands, and he would say, 'yeah!' and I will ask him some basic questions so I know he is reading from there."* In the same aspect, writing skills was also taught beginning from drawing, proving a point on the application of teaching in sequence - from simple to complex - whereby this interviewee displayed satisfaction about his son progress from drawing to be able to write in paragraphs now, citing, *"Ah, besides travelogue, last time there is a lot of drawings. Last time the travelogues was a lot of drawings to express, and now the drawings become more words - that was quite a leap for him. Because he draw to express his experience, and now he writes."* as well as, *"He can do, still short, but it is okay better than last time. Especially that there is karangan, comprehension things."* in respond to his son's writing for his current school work.

Besides, one of the interviewees has also stated that one of the

strategy used by teachers in the (private) school is to ensure that their methods are interest-appropriate to the individual child. This could apply to ensuring the child's attention during particular programme using interest-appropriate reinforcers, or make use of items that are appealing to the child for less preferred programmes. For example, citing the first interviewee on incorporating items that interest the child into programmes which are less so to allow the child to go through it smoothly, citing, *"She does not like reading at all, she would shout when it is time for reading. The teachers in (the private school) will see which book she likes and then they will choose that book (for reading). Because some books have pictures which interest her, therefore they will use these books,"* Besides, it was also stated that teachers would make use of effective reinforcers which are interest-appropriate to the child, citing, *"Kai likes to eat, she really likes food, so when they use food as a reward, it is very effective. She does not like math in general, any subject which requires her to think. There is a reward when she counts so she would do it."* or when training for certain skills, *"sometimes she could scoop her reward also using the fork and spoon."*

On Teaching materials and School Facilities

A: Government

On questions about facilities to learn other than books, such as toys, one interviewee said that *"I never seen it before, we do not go into the classroom and only drop her off at the gate everyday. They only use books to learn."* suggesting that this interviewee is uninformed of the facilities used in the classroom her child is in. While on the same topic, the other interviewee expressed that, *"If we are talking about proper equipment, I don't think it is available."* The same interviewee also said, *"They have those like we have at home, a board with puzzles where you can fix and put inside (alphabets, car, police station) these are those I saw, there are also blocks, quite a normal selection."* as for teaching, it was mentioned that the teacher in a government setting would talk rather than using

materials, citing *“If it is mathematics, I think teacher talk more rather than using materials. That is the greatest difference between government and private setting.”*

When being asked if there are any facilities used to teach communication skills, as it was mentioned as one of the primary goals of the interviewee, it was stated that *“No. It is just like a normal primary one, two school, the teachers teach and if you do not speak then that’s about it.”* Meanwhile, in terms of materials, three types of materials were mentioned throughout both interviews, one being books, which has already been cited in the aforementioned sub-themes, followed by flashcards, whereby one of the interviewee said, *“I am not sure if they use pictures or flashcards - oh but I know they teach ‘toilet’ then there are pictures of items in the toilet like soap, and if it is ‘kitchen’ then there are plates, wok. That is to get them to learn nouns, in terms of interacting with people, there isn’t anything special.”* Both interviewees spoke about their children watching TV in school, one answering it as part of her response to the question about facilities used to teach communication, and the other interviewer talked about the same facility by saying, *“There is also tv and cd to watch, but feels unhelpful because it is just there for students to be distracted, not for learning.”* mentioning that the TV is used as a facility for behaviour management. On the topic of toys and TV, the same interviewee also said that, *“The time when they give materials is when the students are making a fuss or throwing a tantrum, then they give the toys so the students will play on their own and not disturb others. And if the student still can’t then they will put them in front of the TV.”* Both interviewees also expressed that the students watch TV a lot in school. This point is expressed when one of the interviewee said, *“Generally, I would say they watch tv a lot.”* when the interviewer asked about the subjects the child has in school.

B: Private

The same material mentioned in the findings section for 'Government Parents' was also repeated in this section, as one of the interviewees mentioned flashcards as a commendable material used to teach her child words not just through auditory method but visual method as well, which was helpful for her child's acquisition of vocabulary as well as application of the words through association, citing, *"Card, flashcards. It is because they start with teaching colours, then objects, then now she knows how to use words like 'yellow shoe', she is unable to understand if she only hear the words, she needs to see the pictures too. So after she has mastered a type of flashcard then another, she is able to associate the items together."* Besides, the same parent also mentioned that tactile methods are used and was helpful as well, citing, *"when they draw this kind of things, she likes to touch it too, so she knows."* on the topic that students got to paint, and do hands-on art and crafts.

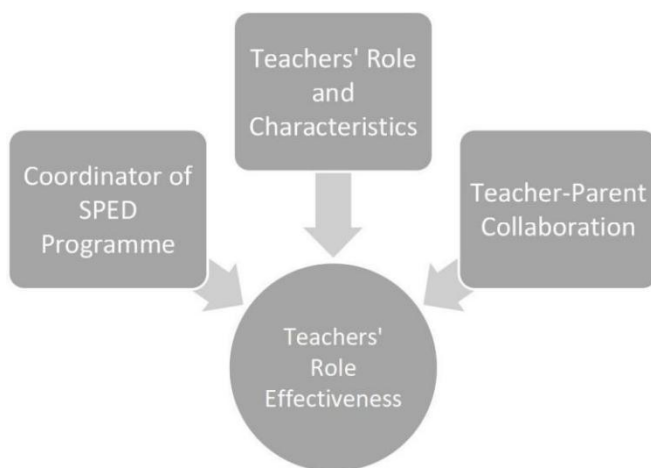
As for materials used to teach writing skills, assistive technology such as the pencil holder is used, citing the first interviewee, *"they use this thing where they put at the pencil to assist with her writing."* In terms of communication skills, the same parent mentioned that a form of stimulation training called 'Talk Tools' is used by the program coordinator to help stimulate her daughter's oral motor muscles in order to produce speech with more clarity, citing, *"Teacher (Programme coordinator) helped my daughter brush the insides of her oral cavity using a cotton bud, that is a type of stimulation. She also used the popsicle stick.."* Some material was also stated by the other interviewee which helped his son overcome sensory issues, such as by using a brush to desensitize his hands and successfully help him get used to these sensory stimulations to react better to his OCD, citing, *"Long time ago, we are told to improve his sensory by having a brush. The brush is used for the sensitive area on his hands, to improve and at the same time minimize his sensitivity, for him to get used to the feelings. He has improved a lot."*

But he still has a bit of OCD on cleanliness.”

Factor 2: Teachers’ Role Effectiveness

Figure 2.

Aspects included under ‘Teachers’ Role Effectiveness’.



On Coordinator of SPED Programme

A: Government

Both interviewees agreed that there is a coordinator for the special needs programme in the government setting which is accessible through phone. In terms of the role of the coordinator, one interviewee mentioned that the coordinator is in charge of coordinating activities and only hears about progress updates during the report card day, citing, *“She (referring to programme coordinator) organizes parties for them, should be thrice a year, January to April once.. she also will get us to sponsor some money or bring food and drinks for potluck. Rarely we talk about academics or what Yen has learned in school, that only happens during the report card day.”* whereas the other interviewee said that the coordinator will call to ask why her child is absent, but also infrequently as she stated, *“I only heard from the teacher after I did*

not send (my child) over for about 3 to 5 months.”

B: Private

Both interviewees representing private special education setting readily agreed that the coordinator of their child’s special education programme can be contacted conveniently and frequently through phone calls or text messaging, besides having a scheduled parent-teacher dialogue every half a year or every few months. One of the interviewees stated that, *“typically we have a parent-teacher meeting, but I do not meet her because we contact one another very frequently.”* while the other interviewee gave similar comments on the same aspect, citing, *“Aside from PTM, we also have very frequent text messages, because off and on, not necessary there is a formal situation that we have dialogues, there are also non-formal situations that we have dialogues. She would update us on what my son is doing.”* demonstrating that parents are satisfied with the accessibility of contact with the programme coordinator which are two-way feedback from school and from home.

Besides, both interviewees also commended that the programme coordinator of their child’s programme is attentive to not just their child’s needs, but also suitable adjustments to be made to the family to better-adapt, and takes the initiative to suggest necessary steps to be taken. One of the interviewees stated that, *“(The programme coordinator) is really attentive, she remembers things we never even thought about”*, referring to a book on acceptance towards siblings with disability that the coordinator introduced to her and encouraged her other daughter to read in order gain awareness and understanding towards her sibling’s condition. This point is further emphasized by the other interviewee when he mentioned how his programme coordinator suggested him and his wife to help their son be more independent by allowing him to sleep with his brother instead of being with them, citing, *“(The programme coordinator) asked if we could get him to move to his own room or to his*

brother's room." which he knows is a contributing factor to how his son is very independent now, as he learns through imitating his brother. The same interviewee also spoke about how his programme coordinator shared findings of studies that may be helpful to them to train their child even at home to bring up his skill level, citing, *"(The programme coordinator) do share a lot of exposure in some findings or new teaching methods that can be applied to (my child). She will share all these things with us, and normally we will take over and see whether the new findings or methods can actually meet our objectives."* While on the same page, one of the interviewees also brought up the fact that her programme coordinator played an important role in recommending supplementary classes for her daughter, and even took initiative to get her enrolled as the place typically refuses children with disabilities, expressing satisfaction towards the progress of her child in the place and thankfulness towards the programme coordinator for the recommendation.

On Teachers' Role and Characteristics

A: Government

A skew towards lower levels of satisfaction in this area concerning the teachers of the government special education programme can be proven through the mutual feedback from both interviewees on the aspects of - Lack of provision of IEP, negative comments on unconcerned attitude of teachers, as well as teaching methodology which includes choice of behaviour management in the classroom and day-to-day lesson conduct. Both interviewees mentioned the lack of provision of IEP, the first interviewee said, *"No, there is no such thing in (my child's) school."* and the other interviewee stated that, *"No, they have one syllabus for everybody - they learn chapter 1, 2, 3 together."*

Regarding the attitude of teachers, both interviewees commented that teachers in the government special education programme seemed unconcerned and was only focused on getting their job done,

citing, *“Whether they do it or not also they get paid so they just do their responsibility - such as the teacher is only in-charge of teaching, so that is what they do.”* whilst the other interviewee gave a similar respond of, *“The mindset of the teachers are just like, ‘you come and I teach’.”*

Besides, a big part of both interviewees’ dissatisfaction towards teachers’ role stemmed from the teachers’ methodology in conducting the lessons in the government school setting. In terms of the day-to-day sessions, one of the interviewees mentioned that classes are very short and lack constructiveness, citing *“I think they do not really have classes, even if they do, it is very brief in a day.”* and she also reasoned with, *“So like my son will jump everywhere and they just talk and talk and talk and it is up to you how much you learn in the class.”* A similar excerpt used prior to this that could be applied in this area is that the same parent mentioned the greatest difference between government and private setting is, *“I think teacher talk more rather than using materials.”* Besides, in terms of behaviour management, it was mentioned in Theme 1: Curriculum Modification that the teachers would mostly give toys to the students who are throwing a tantrum or making a fuss, if the first strategy did not work, they would then put the student in front of the TV.

Both parents provided justification for their dissatisfaction towards the teachers’ role in the government special education programme, as both interviewee mentioned that there is a high number of students in the school in contrast to low numbers of teachers. Citing the first interviewee, *“There are not enough teachers, there is a quota and especially for special needs teachers. They could not care for so many students.”* whereas the second interviewee spoke about an estimation of students registered for the programme, citing, *“The registration number for the school is very high, 200 to 300 students.”* The same interviewee also talked about how administrative

workload is burdening and affects the teachers' performance and quality of teaching as well, citing, *"I think government schools are like that, but I can also understand because the teachers have to teach until the expected level, or the chapter, and they have to write a report for it, so they have no choice but to keep on teaching."*

B: Private

Both interviewees' children are learning in a one-to-one setting whereby teachers conduct their child's ABA programme daily, individualized to specific needs. Therefore, both parents commended mainly on the teachers' character and effort to ensure their child's learning as well as to keep parents informed of teaching methods in order to align lessons at home and in school. Both parents commended on the teachers' effort of sending daily reports through the parent-teacher group in Whatsapp to keep them updated of their child's daily progress in detail - from programme updates to general updates, citing, *"The whatsapp group is a great help, where we get daily reports from teachers."*

When being asked about the parents' thoughts of the teachers in her child's setting, one of the parent responded, *"Love, full of love."* Followed by the elaboration that the teachers treat her child with genuinely love, care and empathy, whereby it was demonstrated through the reaction that was given by the teacher when her daughter was abused in another school back then. The teacher cried when she saw her daughter's photos, and she stated, *"This really shows that the teacher has a relationship with the child and therefore able to have a reaction such as that"* as a response.

Besides that, the teachers also convey tested and successful methods of conducting a skill to the parents so that they could be inform and do the same at home. In addition to that, teachers would take videos of the child's progress and performance in order to allow parents have a better grasp of their child's level and to have their

expectations adjusted too. The first parent spoke about how the teachers taught her daughter to put on shirt and pants, whereby they sent a video of her child doing so for her to know what her child is capable of doing on her own at home, citing, *“So the teachers will tell me that they have tried a few ways and let me know which one works best, so I can use the same way when I get her to take off shirt at home. Kai put on pants while sitting on the floor, she does not know how to do it while standing, so teachers will let me know that they teach her to put on pants seated on the floor. Sometimes they will also take videos so that I know to use the same method while practicing it at home.”* The same parent expressed in a positive note regarding the effort as she is able to practice the same with her child at home, citing, *“Plus they also let me know what she already know, so I do not have to help her anymore”* as the videos helped her have a clear picture of what her child could do.

On Teacher-parent collaboration

A: Government

Both interviewees expressed that there is a lack of school-home collaboration as the information of school-work, methods used to teach and progress of student is not conveyed to them. Aforementioned above, parents are uninformed of school work done during the lessons as the child does not bring their books or home-work home during the course of study. Besides, it was also mentioned that the parents are uninformed of teaching strategies and methods particularly for literacy skills and living skills. The first parent commented that the teachers does not recommend methods of teaching for them to practice at home in order to align the student’s learning as well, citing, *“They don’t tell me methods to teach, they only tell me that she is studying ok. I do not know what methods they use.”* The same interviewee also stated that she meets the teachers infrequently by expressing, *“No.. just meeting once a year, they do not give advice or offer any help for her to learn or improve. They would just tell me how she did for her test.”* The

second interviewee also responded with, *“No, I have no idea.”* when being asked if she was aware what was learned in school. Both parents are mutually uninformed of the learning content, ways of conduct and facilities provided in the programme, except given a hint of notion only through their child’s report card. It could be cited from the second interviewee on this feedback, *“I only know their exam consist of Science, Math, Bahasa Malaysia and English, therefore I know these are the few subjects they have. So when I see his report card I know roughly what he studies.”*

The same interviewee, when speaking about feedback from teachers, also said that the advice given by teachers does not consider the student’s background and are more suited to the teacher’s needs rather than the student’s. When being asked how was the teacher-parent collaboration done in order to help with her child’s learning, she said, *“The teacher will tell me, ‘Oh.. he is not really good in saying this, need to talk more to him at home’ or to speak more to my son in Bahasa Malaysia. But generally we do not use any bahasa at home, and it might be very confusing for him too. So they will give some of these advice, but mostly these advice are according to their needs or their convenience, rarely it is for our needs”*, expressing her exasperation towards the feedback given by the teacher. The same parent also mentioned about the infrequency of feedback or follow-up by the coordinator and the teachers in the government special education setting.

B: Private

In this area, it is clearly seen that both interviewees expressed satisfaction towards how a two-way communication is implemented in their contact with their child’s programme planning, progress updates as well as management of their children’s educational and character-building outcomes whereby they are closely informed and updated about. Some of the methods of collaboration that was mentioned in the prior sub-themes are such as - daily Whatsapp

reports, videos of child's performance, suggested methods to align training at home and at home as well as scheduled parent-coordinator meetings within 4 to 6 months in a year, as well as frequent and accessible contact to teachers and coordinators in the private special education programme. In this sub-theme, a closer look on the successful conduct of home-school collaboration will be looked into, the feedback from parents with children in the private education programme is positive and shows great deal of parental involvement in their child's learning. The first interviewee stated that, *"Oh now they have to borrow a book from school every Wednesday, and then we have to read with them and then sign. She gets to choose the book she likes"* referring to the reading plan implemented both at school and at home, followed by her input of how the (private) school teachers would update her on her child's performance through sending videos. Besides, the same parent also mentioned that the school would collaborate in helping her be aware of her child's bad habits for correction in generalized settings, citing, *"Or they will also let me know her little habits which are not so good, that I have to take note of and stop her from doing at home. Sometimes like she hold her pencil wrongly, so the teachers will mention to me, that if I observe then I will correct her at home too."* and subsequently adding the point that the teachers would tell her what are the tested and successful methods for her daughter to adopt certain living skills as well. The second interviewee also mentioned that the school would collaborate with them to prepare their child for his lessons as they would update them the child's current programs whereby the parents could also let the teachers know what their son knows, citing, *"So it helps for them probably in his coming class to bring this topic to attention, to see what is his reaction to that. That is also I would say make the class less boring for him."*

Table 5.

List of qualitative findings

Quality Indicator/ Parents' Comment	Government	Private
Curriculum		
a) Characteristics of curriculum - Language of conduct	Homogeneous: Standard Not in Mother Tongue Bahasa Malaysia	Individualized: IEP Not in Mother Tongue English
b) Teaching strategies and methods	Uninformed and Unaware	Adapted and Structured Simple to complex approach, effective reinforcers
c) Teaching materials, equipment and resources	Uncertain Books, TV, basic selection of toys	Varied Flashcard, tactile materials, level-appropriate, hands-on activities, pencil holders, talk tools, culturally-appropriate
d) Learning environment and facilities	Acceptable Clean, good ventilation, seating arrangement convenient, basic deco	Comprehensive Library, gym, sensory corner, occasion-appropriate deco
Teachers' Role Effectiveness		
a) Programme coordinator	Infrequent Contact Host events, rare communication	Frequent Contact Takes initiative, accessible, pay attention to child's needs, give recommendations

a) Teachers' role and characteristics	Unconcerned Attitude Lesson lack constructiveness, ineffective behaviour management	Genuine and Helpful Relates to the child, desmontrate empathy and love, resourceful
b) Teacher-parent collaboration	Lacking PTM once a year, advices given suited to teachers' convenience only	Daily Whatsapp reports, update parents about habits or teaching methods

Discussion and Recommendation

Research Question 1 and 2: What are parents' level of satisfaction and are there any significant differences towards the provisions of 2 elements of quality indicators that their child with learning disabilities receive in the enrolled private or government special education programs in Malaysia?

It was found that there are no distinct differences in level of satisfaction between parents with children enrolled in the private and government school, and both groups of parents are almost identical in how satisfied they are towards the provision of curriculum modification and teachers' role effectiveness in their children's school. The results of this study does not support the findings of Rhinesmith (2017) mentioned in the cited literature in chapter 2. The cited study has compared parent satisfaction towards private and public schools in the United States through reviewing literature and found that parents with children in private schools show higher level of satisfaction compared to the differing group, besides, the same results was also generated when compared with the study conducted by Goldring and Phillips (2008) who wrote a similar report which suggested that there is a 'pull' towards private schools, described through how parents perceive better-quality and

higher-value in home-school collaboration in the private school setting compared to the public school setting. There was no significant difference in the scores of parents' satisfaction towards both types of programme, suggesting that the type of programme has no effect on parents' level of satisfaction. However, the contrary of quantitative and qualitative results will be further discussed in the following segment.

Research Question 3: What are the factors that contribute to parents' level of satisfaction towards their child's enrolled government or private special education programs in Malaysia?

It was found in the thematic analysis conducted in chapter four that there is a contrary between parents' satisfaction of both groups which supports the cited literature by Van Pelt, Allison and Allison (2007), Rhinesmith (2017), Goldring and Phillips (2008) that affirms the raise of the private setting as parents' choice of education as they perceive higher quality and potential for their children's future, however, quantitative data shows that there are no significant differences. In this segment, the researcher will highlight two factors which are perceived as core reasons of the contrary between the quantitative and qualitative findings.

Factor 1: Parent-Teacher Collaboration = Involvement and Information of Parents

Effective communication is the bridge of relationships, knowledge and information, and it is the route to organizational success (Hargie, 2016). When ideas and thoughts are communicated, the possible outcomes are that people arrive at a mutual understanding, they receive information that allow them to form their own perception, standards and expectations. On the other hand, if communication is ineffective within any organization, one of more parties of the same group would find it a challenge to understand the specific or urgent needs in order to make a decision (Pozin et.al., 2018). Through the findings of this paper, there is an obvious difference particular to

this aspect. This could be illustrated by the limited feedback given by parents representing the government special education program on their feedback regarding the curriculum modifications provided, such as the strategies and methods implemented to teach their child. Both participants' comments from the government sector could mostly be summarized as being uninvolved and uninformed. On the contrary, feedback of parents with children in the private setting have provided many examples of the same segment, mentioning about adapted methodologies used for their child's learning which are categorized into the main skills, namely, literacy skill, communication and social skills as well as living skills, in addition to that, descriptions of specific devices, strategies or methods was also shared during both interviews.

An explanation of the above phenomena was given when the interviewees describe relationship between the parents, coordinator and teacher in their respective settings. It could be concurred that there is a lacking of communication between parents, coordinators and teachers of the government special education programme, with only an annual parent-teacher meeting and very infrequent contact during the rest of the time. The only other occasion for communication that was mentioned by the same group of parent is when the hosting of class parties requires contribution from parents. A complete opposite for the same aspect was shown in private programme parents - parents express highly positive feedback regarding the frequent interaction between parent, coordinator and teacher, as well as a shared experience of achieving the child's educational and non-academic performance, progress and goals.

It is evident that information, knowledge and understanding are critical ingredients to construct a standard, a belief, a judgement or criticism. Without information, knowledge or understanding towards a particular matter, one would not be able to formulate a perception in order to make a comment or form an expectation.

Information, knowledge and understanding comes from communication, and in this context, communication between the educator and the parent. The lack of communication in the government parent group is the reason that this group of parents have insufficient information, knowledge and understanding of their child's educational programme for them to determine what is satisfying or not. On the contrary, the private parent group does not only receive sufficient and frequent communication with the coordinators and teachers, they are also the higher SES group which are individuals with higher education levels, who could be more exposed to different fields and have better access to information. A comparison of the feedback from both groups of parents displayed a clear picture that supports the findings of Goldring and Phillips (2008) as well as McEwan (2001) which has concluded that parent-teacher collaboration and parental involvement in the child's education programme is an essential factor. Henceforth, the government parent group has rated a considerably satisfied feedback due to the lack of information and involvement, whereas the private parent group who are consistently informed and involved are able to be more critical with their judgement.

Factor 2: Parental Expectation = Consumer Behaviour

Quality refers to the totality of attributes in a product or a service that satisfy the demands of a consumer (Kotler et al., 2002). A customer relationship could be built when their expectations are met for the price that they have paid, and with the demand for quality service as an emerging trend, consumers are more driven and concerned for the value and quality of services provided than ever before (Angelova & Zekiri, 2011). Therefore, it could be inferred that as parents from the private special education programme group are paying a substantial cost for their child's education, therefore, their expectations and standards of judgement would also be high. A study conducted by Shahabadi & Nemati and Hosseinidoust (2018) has also found that level of education of an individual affects the

amount of income. Thereupon, it can be stated that the higher the level of education of the parents, the higher is the average household income and the more likely it is for their child to be enrolled in a private education setting. High levels of education are attributes to more extensive knowledge and higher life-style expectations, which could justify the feedback of parents representing the private special education setting which are not significantly different from the government setting, although other literature suggests otherwise. In addition to the extensive knowledge as well as information gained through parent-teacher collaboration, parents of the private group would have created specific goals, standards and expectations for their child's development, hence raising the bar of satisfaction. On the other hand, the government setting does not require any fixed monthly payment from students, and furthermore, enrolled students could even receive an allowance, parents from the government group would be content, hence considerably satisfied.

To illustrate the contrary of perspectives between these two groups of parents, it is evident in Table [2] that both types of program are not conducted in the child's mother tongue - government programmes only conducted in Bahasa Malaysia and private settings typically in English. Based on the findings, although both programmes are not conducted in the mother tongue, however, it was perceived that the government setting parent consider it a positive aspect because her child could speak varying languages fluently and contribute it as part of being 'culturally-enriching', whereas the same aspect was considered negative to the private setting parent because it was not individualized enough.

Limitation and Recommendation

One of the limitations is such as the sample size of N=60 for quantitative data analysis is a minimal amount and may result in minimal significant differences in the statistical findings. This could

be lacking to ensure a representative distribution of the population, causing a sampling bias and affects the validity of the results to be generalized or transferred across settings. Besides, the responses generated using the questionnaire may be subjected to respondents' personal biasness, self-interpretation, attitude whilst answering the questions, or even level of education, which may affect the understanding of items on the questionnaire. These are factors which could contribute to unconscious responses which are not authentic evaluation towards the given situation.

Parents are the prime investors of a child's education journey, however, are also the most lacking in professional knowledge, understanding and skills within the team of educational stakeholders. It is recommended by the researcher that the district educational offices implement professional services whereby parents could bring their child for a thorough screening and diagnosis in order to formulate a list of necessary, specific services. For example, a child who has mild ASD should be allowed to attend a government special education programme alongside one or two therapies which are focused on his or her needs. Professionals and educators are equipped with the competency to measure what are the only interventions required and could ease the budget and expenditure of the parents with a child with special needs. Moreover, UNESCO estimates that in Malaysia, only 1% of the population has been identified as having special education needs, versus a global estimated average of 10% - this suggests an underestimation of the number of special education needs children in the country and active provision of screening services are urgent needed. Last but not least, further study to discover parents' satisfaction towards diverse types of school which includes those which are set up by non-profit organizations, community rehabilitation centres or even home-schools will be highly encouraged to unearth the feedback from a minority group as well as to perceive the reality of acquired services for realistic improvement in the special education

provisions of Malaysia.

Conclusion

Quantitative findings report that there are no significant difference between parents' satisfaction towards government or private special education setting, which differs from views of a majority. However, qualitative findings has reported that there are indeed a difference of parental satisfaction, and the result can be largely inferred by factors such as parent-teacher collaboration which are interrelated with parents' level of awareness, involvement and information of the respective education programme, supported by studies on collaboration among stakeholders of education which are often linked to effective schools and academic achievement (Reed, 2003; Eaker et al., 2004). Besides, parental expectations also varied with the cost whereby the respective special education programme demands for - higher expectations result in higher level of difficulty to achieve satisfaction and vice versa. Therefore, it is concluded that there is no one-size-fit-all education system - government schools may not have individualized instructions, but the system offers socially and culturally enriching learning environment; whereas private schools may be lacking in social groups or may even be too individualized, but the setting offers a smaller setting for better teacher-student focus. It is up to the stakeholders to decide what the child needs specifically and provide it accordingly to measure cost and outcome to a higher accuracy so that parental satisfaction can be improved and financial burden can be removed.

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**Service Quality and Customer Satisfaction in Fast Food
Industry: Case of Kota Damansara, Selangor**

Uma Devi Krisnan
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ABSTRACT

The purpose of this paper is to identify the service quality elements influencing consumer satisfaction towards the fast food industry in Kota Damansara, Selangor. This paper sets out to extend current knowledge on tangibility, assurance, empathy, reliability responsiveness towards customer satisfaction in fast food industry. This research has employ by using quantitative approach and the data was gathered from 200 respondents. Research was tests the relationship between service quality and customer satisfaction in fast food industry. The questionnaire has been used to collect the information for respondents, and for measurement, quantify the respondent's response with the help of five points Likert scale. Ranging from 1 = strongly disagreed, 5 = strongly agreed was used. Data collected was analyzed using mean and linear regression on the service quality and customer satisfaction in fast food industry. Findings indicate that there is significance relationship between reliability and empathy of service quality elements directly affect the level of customer satisfaction. The main limitation of this research is focused only fast food industry. There was no opportunity to do a comparative study between fast food versus domestic food industry. Future research will benefit from further improvement by using domestic food as a comparison study.

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Implications for fast food industries service quality and customer satisfaction are then provided in this paper.

Keywords: *Service Quality, Customer Satisfaction, Quantitative, Malaysia*

INTRODUCTION

Satisfaction is the amount of fulfilment achieved the customer's expectation or wish. Nowadays, businesses aim to get customer feels satisfied with their products or services. It could be achieved by giving more than what the customer expects from businesses (Tivasuradej, 2019). Customer satisfaction is understood as the emotion where the consumer's portrait after using the particular product or services and then compare their expectation and real product or it could be the outcome that happens solely without contrasting the expectation (Hudson et al., 2015). Hence, satisfaction is the outcome of the disconfirmation of expectations can be said as evaluative satisfaction and satisfaction is a result of non-rational processes should be labelled emotion laden (Singh & Kumar, 2014). Researchers identified that 53.8 percent of buyers would repurchase product from the same business when they're satisfied with the quality of the services (Gandhi, Sachdeva & Gupta, 2019).

Therefore, the question remains how service qualities affects the customer's satisfaction. Researcher stated that service quality is hard to measure for any services. Customers will often have different expectations in service quality and there are many factors influencing customer satisfaction (Lu et al., 2015). In a hotel industry, few factors was identified for services quality such as an empathy and intimacy (Najafi, Saati & Tayana, 2015). Moreover, different customers will have different expectation based on their cultural belief. Other than that, in a hospitality industry such as restaurants and hotel, it is difficult to track the service quality as

these industry combines both products and services.

Good services should have a standard amount of tangibility, reliability, responsiveness, assurance and empathy, but it varies differently among customers. It is nearly impossible for service providers to satisfy everyone seems customers has different needs and wants (Grainer, et al. 2014). Researcher identify that service providers faced a complicated situation to meet customers expectation and demand. Other than that, service providers have an outdated perception on what the customer wants rather than what the customers need recently (Ahmet, et al. 2016).

Subsequently, this research desires to identify the real factors that affecting the service quality and customer satisfaction in fast food industry. This research aims to identify the relationship between service quality and customer satisfaction towards fast food industry, Kota Damansara, Selangor. The rest of the paper is organized as follows: first discussion of the relevant literature is presented; then the methodology is discussed; findings presented, and finally the paper concludes with a discussion of academic implications and areas for future research.

LITERATURE REVIEW

Service quality can be said as an assessment by the customer based on if the services they have reached customer expectations. It is significant to measure the organization's service performance and it can help attract more potential customer. An organization with excellent service quality can bring greater satisfaction for loyalty customers and them willing to recommend the product and services to others. Other than that, customers will also have fewer complaints and it's easier to retain them (Hill, Brierley & MacDougall, 2017). Service quality are also known by the capability of a service provider to influence the consumer's through the execution of the services. Therefore, researchers identified

analysis to measure the service quality through SERVQUAL analysis, which includes empathy, responsiveness, tangibility, reliability, and assurance elements of service quality (Mazumder & Hasan, 2014).

Tangibility and customer satisfaction in fast food industry

Tangible is defined as the equipment used, physical facilities and the appearance of the employees in service industry (Yrimoglu, 2014). The dimension of tangibility is closely linked by the physical look of the business such as design, style, and the layout of the shop. Tangibles also includes the physical look which will attract more customers, hence giving it a higher competitive advantage (Saabir et al., 2014). Moreover, researcher identified that tangible elements in retail shops able to forecast customer satisfaction (Oviedo-Garcia et al. 2016).

Consequently, researchers agreed on tangibility is important for service providers as it supports service industry. Based on customer's point of view, items that are available physically in fast food outlets is an attractive factors for the customers and potential customers (Wu & Mohi, 2015; Azim, at al. 2014). Therefore, the hypotheses was generated as per below:

H₁: There is a positive relationship between tangibility and customer satisfaction in fast food industry

Reliability and customer satisfaction in fast food industry

Reliability is a skills to deliver the mentioned services reliably and perfectly (Santos, et al. 2015). The requirement in order to achieve reliability is higher in business that doesn't have a strong tangible element. Besides that, a service that is bound to be possessed by customers will also need higher reliability. Reliability means that the business can accurately provide the designated service at the first try. Moreover, in the entire dimension mentioned in the

SERVQUAL model, reliability tends to be the dominant dimension.

However, the only way to find the reliability of a service is after the service has taken place, but most of the customer wants the service quality to meet their expectation since the first time. Hence, this has happened to require services that will process information to possess a good reliability impression, such as banking services, financial services and lawyer services (Azim, Shah, Mehmood, Mehmood & Bagram, 2014). Researcher state that, reliability is the best among all of the dimension in terms of getting customer satisfied (Galeeva, 2016). It's also used by most of the researcher as the best indicator of service quality. Therefore, the hypotheses was generated as per below:

H₂: There is a positive relationship between reliability and customer satisfaction in fast food industry

Responsiveness and customer satisfaction in fast food industry

Responsiveness is the elements which will help the customers and elicit services (Chanak, Wijetarne & Achcuthan, 2014). Customer satisfaction can be built by having good responsiveness in the service businesses. For instance, employees that has polite attitude and are willing to assist the customers will earn the title of responsiveness for the company. Generally, the customer judges responsiveness of a business through how they perceive the employee (Bihamta, Jayashree, Rezaei, Okumus & Rahimi, 2017). Researcher discovered that, having a nice and friendly employees to provide services will end up with higher chance in the customer satisfaction towards the business (Ali, Basu, & Ware, 2018).

For service providers like the banking services, it is most important for them to be responsive when engaging with customers in order to keep the good reputation (Noort, Willemsen, Kerkhof, & Verhoeven, 2015; Ro, 2015). Besides that, banking service can earn

responsiveness by having an excellent relationship with the customers, as well as help customers if they have any difficulties (Ro, 2015). Elements of responsiveness earned its place as the dimension that relates to customers the most. It will be the most crucial dimension in people based services (Jiang, Jun & Yang, 2016). Therefore, the hypotheses was generated as per below:

H₃: There is a positive relationship between responsiveness and customer satisfaction in fast food industry

Assurance and customer satisfaction in fast food industry

Awareness and politeness of the employee that can grant confidence and reliable feelings to customers (Ro, 2015). It is crucial for the service providers that aims for individual customers that wants more connection towards the business. Service that aims for customers instead of possessions should have extra assurance towards the customers. In addition, services that are mostly intangible need more assurance to begin with (Azim, Shah, Mehmood, Mehmood & Bagram, 2014).

Employees to have a good knowledge about the products and services that they're about to offer and at the same time to be courteous enough to let their customer feel easy and trustworthy (Chanak, Wijetarne & Achcuthan, 2014). Hence, assurance is shaped during the exchange between the employees and customers. By having a good attitude and respect towards the customers, assurance can take place with no difficulties (Kursunluoglu, 2014). Therefore, the hypotheses was generated as per below:

H₄: There is a positive relationship between assurance and customer satisfaction in fast food industry

Empathy and customer satisfaction in fast food industry

Empathy can be known as the individualised and caring attention

the business provides its customers (Galeeva, 2016). There are a few variations that empathy can be describe. The traditional view of empathy is a bad type of emotion that may spread across. How the person thinks and feel will spread to other people as well (Giovanis, Athanasopoulou, & Tsoukatos, 2015). Researchers identified that, customers shall have their own preferences and level of satisfaction by offering them personalized contact (Ali & Raza, 2017).

However, service providers must present empathy feelings by arranging personal attention to customers and potential customers (Ladhari, Souiden, & Dufour, 2017). Actions such as adjusting the operating hour to make it convenience to customer and knowing them personally so the business can provide a service that is best suit for the customers can boost up empathy for customers. Therefore, the hypotheses was generated as per below:

H₅: There is a positive relationship between empathy and customer satisfaction in fast food industry

Customer satisfaction in fast food industry

Customer satisfaction is the feelings that customer can gain after doing a complete business with a company. It simply means the level of happiness that customer achieved during their entire transaction with the company (Ahmed, Rizwan, Ahmad, & Haq, 2014). Customer satisfaction is a major factors that a business can focus on. The company has to have in depth knowledge of what and how the customer wants their products or services to be delivered. In order to achieve this level, a lot of communication with customers are recommended. Then, the company can proceed to create an inventory of the customer's feedback, preferences, and complaints. All these information helps an organization to improve their ways to deliver their product and services, hence develop customer satisfaction towards the organization (Rahul, & Majhi, 2014).

METHODOLOGY

The target population for this research form the Kota Damansara, Selangor which occupied 516, 666 thousands (Department of Statistics Malaysia, 2018). Sample size was predetermined by the consideration of the pseudo factorial design used. This study uses customer satisfaction (1) x 5 factors (tangibility, reliability, responsiveness, assurance, and empathy) factorial designs. Researcher uses the convenience sampling method in this study (Bobbie, 2007). This study obtained 200 respondents, who were selected from Kota Damasara, Selangor.

The questionnaire was presented in English. The questionnaire had two sections: the first was for demographic; the second covered six propositions which is tangibility, reliability, responsiveness, assurance, empathy and customer satisfaction. The questionnaires chosen for this research used Likert scale questionnaires. The five anchors used in this interval scale are strongly disagree (1) to strongly agree (5). Data was analyzed using mean and multiple linear regression.

FINDINGS

The respondents profile is summarized in Table 1. The mean score for variables tested by service quality and customer satisfaction factors is depicted in Table 2. Linear regression by service quality factors towards customer satisfaction then presented in Table 3.

Table 1: Respondent’s Profile

Variable		Frequency	Percentage
Gender	Male	91	45.5
	Female	109	54.5
Age	Below 20 years old	35	17.5
	21 – 30 years old	147	73.5
	31 – 40 years old	9	4.5

	41 – 50 years old	8	4.0
	50 years old and above	1	0.5
Nationality	Malaysian	162	81.0
	International	38	19.0
Highest Education Level	Diploma	41	20.5
	Bachelor Degree	108	54.0
	Master Degree	12	6.0
	Doctoral Degree	2	1.0
	Others	37	18.5

Respondents profiles show that the highest percentage the respondents categories from 21 - 30 years old. At the same time, there are 109 female and 91 male respondents have participated in this research. This research shows that majority of the respondents can be categories as Malaysian (81 %) and bachelor's degree holder (54 %).

Table 2: Mean for Service Quality in Fast Food Industry

Variable	Overall	
	Mean	S.D.
Tangibility	3.70	0.64
Reliability	3.51	0.74
Responsiveness	3.44	0.73
Assurance	3.55	0.75
Empathy	3.59	0.67
Customer Satisfaction	3.72	0.74

The mean score for all the service quality factors indicates more than 3.00. Results indicate that, the respondents agreed to all the service quality factors influenced customer satisfaction towards fast food industry. Tangibility factors indicate the highest mean score (M: 3.70; S.D.: 0.64). Therefore, respondents agree that they do focus more on physical facilities and the appearance of services

compares to the other factors towards customer satisfaction in fast food industry. Besides, responsiveness indicate the lowest mean score (M: 3.44; S.D.: 0.73). Respondents agree that they do concern on a nice and friendly employees in fast food service provider.

Table 3: Multiple Linear Regression for Service Quality in Fast Food Industry

Variables	Beta	Sig.
Tangibility	0.096	0.105
Reliability	0.369	0.000
Responsiveness	0.118	0.160
Assurance	0.146	0.058
Empathy	0.167	0.020
R	0.783a	
R square	0.614	
Adjusted R square	0.604	
Significant	0.000b	
F-value	61.644	
Durbin Watson	2.119	

- a. Predictors: (Constant), Tangibility, Reliability, Responsiveness, Assurance, Empathy
- b. Dependent Variable: Customer Satisfaction

The R square indicates that 61.4% of the total variance in the customer satisfaction is explained by the total of service quality variables (tangibility, reliability, responsiveness, assurance, empathy). The higher beta value would identified the strengths among service quality variables which contributes to customer satisfaction in fast food industry. The contribution consists of tangibility (B: 0.096; Sig: 0.105), reliability (B: 0.369; Sig: 0.000), responsiveness (B: 0.118; Sig: 0.160); assurance (B: 0.146; Sig: 0.058) and empathy (B: 0.167; Sig: 0.020) towards customer satisfaction.

4.1 Hypothesis Results

H ₁ : There is a positive relationship between tangibility and customer satisfaction in fast food industry	<i>Rejected</i>
H ₂ : There is a positive relationship between reliability and customer satisfaction in fast food industry	<i>Accepted</i>
H ₃ : There is a positive relationship between responsiveness and customer satisfaction in fast food industry	<i>Rejected</i>
H ₄ : There is a positive relationship between assurance and customer satisfaction in fast food industry	<i>Rejected</i>
H ₅ : There is a positive relationship between empathy and customer satisfaction in fast food industry	<i>Accepted</i>

DISCUSSION

The objective of this research is to provide an overview of the perception towards service quality and the factors influence towards customer satisfaction in fast food industry. The findings show that there is significant relationship between reliability and empathy factors and customer satisfaction in fast food industry. Reversely, tangibility, responsiveness and assurance shows there is no significant relationship towards customer satisfaction in fast food industry.

Result shows, there is significant relationship between reliability and customer satisfaction in fast food industry. Therefore, this research identified that consumers concern the reliable and perfect service in a fast food services. Previous research was supported where consumers prefer good impression and reliable services from any service sectors (Azim, Shah, Mehmood, Mehmood & Bagram, 2014). Besides, customer satisfaction influenced by reliability among customers to elect the fast food outlets (Galeeva, 2016).

Empathy has a positive relationship towards customer satisfaction

in fast food industry. Therefore, empathy is influenced customer satisfaction when they elect fast food outlets for services. Similarly, previous research indicates that consumers will refer to the the individualised and caring attention from the business provides for its customers (Galeeva, 2016). Researchers identified that, customers shall have their own preferences and level of satisfaction by offering them personalized contact (Ali & Raza, 2017).

Results shows, there is no significant relationship between assurance and customer satisfaction in fast food industry. Therefore, this research identified that consumers not really concern about the awareness and politeness from the employees when it's related to fast food services. Reversely, previous research indicates that Service that aims for customers instead of possessions should have extra assurance towards the customers (Ro, 2015). Yet, services that are mostly intangible need more assurance to begin with (Azim, Shah, Mehmood, Mehmood & Bagram, 2014).

The outcome of this research indicates that tangibility factors have no significant relationship customer satisfaction in fast food industry. It means customers not really bother on equipment used, physical facilities and the appearance of the employees in fast food outlets (Wu & Mohi, 2015; Azim, at al. 2014). Reversely, previous researcher identified tangibility is closely linked by the physical look of the business such as design, style, and the layout of the shop (Yrimoglu, 2014).

There was stronger evidence shows the responsiveness factors have no significant relationship towards customer satisfaction in fast food industry. Past studies show elements of responsiveness earned its place as the dimension that relates to customers the most. It will be the most crucial dimension in people based services (Chanak, Wijetarne & Achcuthan, 2014). Besides, researchers also identify that different types of service providers will have different level of

responsiveness (Bihamta, Jayashree, Rezaei, Okumus & Rahimi, 2017).

CONCLUSIONS

This research has successfully achieved its objective to identify the relationship between service quality and customer satisfaction in fast food industry. The relationship that was assessed were tangibility, reliability, responsiveness, assurance, empathy and customer satisfaction. The outcome shows that there are significance relationship between reliability and empathy towards customer satisfaction in fast food industry. Findings indicate that there is significance relationship between reliability and empathy of service quality elements directly affect the level of customer satisfaction.

Managerial Implication

The outcome of this research will be beneficial for the fast food industry in Malaysia. The outcome allow the fast food industry to know what is the needs and requirement of the customers. Fast food industry able to understand the major factor that customers will consider before purchasing fast food. Hence, the outcome will be useful for the fast food industry to have a more reliable operation and business to serve their customers, which directly increase the level of customer's satisfaction. In future, fast food industry able to take some action against the tangibility, assurance and responsiveness issues. Customer would be one of the beneficiaries as they will be enjoying with a better services provided by fast food industry.

Limitation

This study focused only on fast food industry and services. There was no opportunity to do a comparative study between fast food versus domestic food industry. This study also an inability to know whether the loyalty and service provider's preferences factors

influence in fast food industry. Aside from that, this study only focused on quantitative method, upgraded to qualitative study to probe more on customer satisfaction in fast food industry.

Future Research

The research only focuses on service quality and customer satisfaction in fast food industry. Therefore, the researcher should have compared with domestic food providers services. Different types of consumers will have different attitude and behaviour towards food selection. Additionally, future academician can concentrate on a specific industry by focusing on the only type of service providers such as banking, food and beverages, professional service providers. Future academician can also study on the factor that influences on the levels of customer satisfaction of the customer by looking into the respondents' attitude and brand loyalty.

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INSTRUCTIONS TO CONTRIBUTORS

General

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The paper should not exceed twenty (20) pages, inclusive of graphs, figures, tables, charts and bibliography. The board has the sole discretion to accept or reject the paper without assigning any reason whatsoever. The board also reserves the right to have the paper reviewed by a third party as well as to edit it in any manner deemed fit.

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Papers done in a collaborative effort must include the names and addresses of all the authors in full, with the main author's name appearing first. All correspondences will be directed to the main author.

All graphs, figures, tables, charts, etc are to be submitted preferably as attachments.

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