



Professionals' Satisfaction with the Available Early Support Services, the Professional Role and the Support Provided to Children with Developmental Disabilities and Their Families

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Key words

Disabled children; psychosocial support systems; professional competence; personal satisfaction

Abstract

Aim: The objective of this research was to determine the satisfaction of professionals with early support services, professional role and support provided to families of children with developmental disabilities in Brod-Posavina and Istria counties. **Subjects and Methods:** The sample included 82 professionals from the fields of healthcare, social welfare, and early and preschool education, and a measuring instrument was designed for the purposes of this research. In the first part of the questionnaire, data on sociodemographic characteristics were collected, and in the second part, data on professionals' satisfaction with early support services, satisfaction with their professional role and satisfaction with the support provided to families of children with disabilities. **Results:** The results show that most professionals are satisfied with the advisory support services of pediatricians from the health center, the inclusion of children with developmental disabilities in kindergarten and the advisory support of kin-

dergarten teachers. A very small number of professionals express their satisfaction with telephone counseling, the service of a social pedagogue in Centre for Social Welfare, and an assistant in a kindergarten. It was identified that only self-assessment of knowledge about children with developmental disabilities is a significant positive predictor of satisfaction with the professional role ($\beta = 0.37$, $p < 0.01$). **Conclusion:** It was also shown that professionals who have more knowledge are more satisfied with their professional role and the support they provide. Findings of this research suggested that quality education and knowledge can be key to achieving a high level of satisfaction with the professional role and the support provided.

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Introduction

Parents of children with developmental disabilities primarily want to meet their children's developmental needs in a timely manner. However, various unwanted events such as divorce in the family, psychosomatic and

neurotic disorders in parents, reduction of work ability and institutionalization of the child, lead to increased stress. This is why an early support system is important [1]. When it comes to the birth of a child with developmental disabilities, the family faces various challenges that depend on the family's abilities and resilience, the strategies they use to cope with stress, the personality characteristics of its members and the adaptation of their roles to the new situation. Professionals involved in working with children with developmental disabilities can be an important stress reliever through social support and the involvement of parents as equal participants in the implementation of support services [2].

Certain authors emphasize the importance of the role of professionals in early intervention programs in supporting families with children with developmental disabilities [3]. According to their findings, professionals play a key role in the early intervention process, providing families with important information, organizing meetings and facilitating communication between different institutions that provide support for the child and family. There are four factors that stand out as characteristics of professionals that influence the level of family involvement in the early intervention program: specialist education, an appropriate early intervention program, an appropriate combination of users and service providers, and supervision [4]. Research shows that depending on the knowledge and experience of professionals in working with children with disabilities, their attitudes towards the inclusion of children in different systems also vary [5,6]. In Croatia, the number of professionals from various fields - including educational rehabilitators, speech therapists, social pedagogues, psychologists, occupational therapists, physiotherapists and educators - who express an interest in training in the field of early intervention and who have various additional education, knowledge and experience is growing [7]. It is assumed that many professionals do not have enough knowledge/will/resources to focus equally on the child's developmental possibilities and the needs of the family. It would also be useful to provide accessible and available support and information services for parents, in order to empower them in their parental roles which is another important challenge faced by professionals who work with children and families [1,8]. Parents may be reluctant to seek support services for various reasons, such as lack of information about the existence of such services, stigma associated with seeking help, lack of understanding of their child's needs, or lack of insight into their own parenting practices [9]. Professionals who do not have sufficient knowledge and skills in working with children with developmental disabilities may feel unprepared to admit these children, which may lead to reduced quality care and support

[10]. On the other hand, professionals who are trained to provide services in a way that respects the specificity of the family will create a successful communication model, and researchers clearly emphasize that the success of all interventions rests on the quality of the relationship between service providers (professionals) and service recipients (families) [11,12]. Professional viewpoints and values and an approach through a family-centered philosophy will improve cooperation and relationships in the context of early intervention [13].

Professional role satisfaction can be viewed through the context of job satisfaction. Job satisfaction is defined as a subjective emotional state resulting from a person's perception of how well their needs and values are fulfilled in the context of their work [14]. Numerous factors related to the workplace, such as the work situation, characteristics of the organization, relationships with superiors, etc., influence job satisfaction and interact with personal variables. However, employees can be satisfied only with cooperation with colleagues and mutual relations, and dissatisfied with other areas, such as salary or place of work [15]. Job satisfaction is considered an important factor in ensuring the quality of services. Personal beliefs play an important role in assessing factors and experiencing job satisfaction. Accordingly, some authors believe that professional identity is one of the factors that will always affect the assessment of job satisfaction. Therefore, it is important that professionals working in the field of early developmental support feel satisfied with their professional role, in order to be motivated and engaged in their work and to provide quality care and support to children and their families [16].

There is very little research in the field of professional satisfaction with the support provided to children with developmental disabilities and their families, and as the most important point in it the professionals point out the quality relationship between professionals and parents, which should be equal, with mutual respect, respect for opinions, standpoints and feelings [17]. A quality relationship between the professional and the parents, including the child, is an important factor in the professional's satisfaction with the support provided. This relationship can be crucial in establishing trust between professionals and families, which can lead to a better understanding of the child's needs and more effective collaboration in the early development support process.

Following all the above, the objective of this research was to examine the satisfaction of professionals with early support services, satisfaction with the professional role and satisfaction with the support provided to families of children with developmental disabilities with regard to sociodemographic characteristics, self-assess-

ment of education for working with children with developmental disabilities and self-assessment of knowledge about children with developmental disabilities.

Based on the results of other research, we expect that sociodemographic characteristics, self-assessment of education for working with children with developmental disabilities and self-assessment of knowledge about children with developmental disabilities will be significant predictors of professionals' satisfaction with early support services, satisfaction with professional role and satisfaction with the support provided to families of children with developmental disabilities.

Subjects and Methods

The research used a convenience sample that includes 82 professionals in the fields of healthcare, social care, and early and preschool education from Brod-Posavina and Istria counties in the Republic of Croatia. At the Republic of Croatia level, the availability and quality of early support services varies, depending on the development of individual regions. When selecting the participants, it was taken into account that they come from two differently developed counties (Brod-Posavina County, which is at a lower level of development and Istria County, which is at a higher level of development) in order to determine

Table 1. Sample description (N = 82)

Characteristics	Category	Number of participants (%) BPC	Number of participants (%) IC	Total
Sex	Male	10 (12.2)	3 (3.7)	13 (15.9)
	Female	33 (40.2)	36 (43.9)	69 (84.1)
Profession	Physician	28 (34.1)	15 (18.3)	43 (52.4)
	Educational rehabilitator	3 (3.7)	5 (6.1)	8 (9.8)
	Social worker	2 (2.4)	5 (6.1)	7 (8.5)
	Pedagogue	2 (2.4)	5 (6.1)	7 (8.5)
	Speech therapist	3 (3.65)	3 (3.65)	6 (7.3)
	Health director	3 (3.7)	2 (2.4)	5 (6.1)
	Psychologist	1 (1.2)	2 (2.4)	3 (3.7)
	Lawyer	1 (1.2)	2 (2.4)	3 (3.7)
	Place of employment	General Hospital	18 (21.9)	8 (9.8)
Kindergarten		7 (8.54)	17 (20.73)	24 (29.3)
Health center		7 (8.54)	6 (7.32)	13 (15.9)
Private clinic		7 (8.54)	2 (2.44)	9 (11.0)
Centre for Social Welfare		2 (2.4)	6 (7.3)	8 (9.7)
Polyclinic		2 (2.4)	0	2 (2.4)
Length of service	from 1 to 5 years	6 (7.3)	14 (17.1)	20 (24.4)
	from 6 to 10 years	6 (7.3)	3 (3.7)	9 (11.0)
	from 11 to 15 years	7 (8.5)	5 (6.1)	12 (14.6)
	from 16 to 20 years	11 (13.4)	6 (7.3)	17 (20.7)
	21 and over	13 (15.9)	11 (13.4)	24 (29.3)
Education	yes	12 (14.6)	10 (12.2)	22 (26.8)
	no	31 (37.8)	29 (35.4)	60 (73.2)
Knowledge	excellent	1 (1.2)	0	1 (1.2)
	very good	16 (19.5)	9 (11.0)	25 (30.5)
	good	15 (18.2)	18 (22.0)	33 (40.2)
	sufficient	2 (2.4)	8 (9.8)	10 (12.2)
	insufficient	9 (11.0)	4 (4.9)	13 (15.9)

whether there is a connection between regional development and the level of satisfaction of professionals. The number of participants was planned based on an insight into the data on the number of professionals in institutions that work with children with developmental disabilities and their families in both counties.

As can be seen from Table 1, out of a total of 82 professionals, 84.1 % are female and 15.9 % are male. 52.4 % are from Brod-Posavina County and 47.6 % of professionals are from Istria County. The largest number of professionals are from the field of healthcare, i.e. physicians (52.4 %) and the least are psychologists and lawyers (3.7 %). According to the place of employment, the majority of professionals work in general hospitals (31.7 %), followed by kindergartens (29.3 %), health centers (15.9 %), private pediatric practices (11.0 %), centers for social care (9.7 %), and the least in the polyclinic (2.4 %). Most professionals (29.3 %) have 21 or more years of service, while the fewest (11%) have 6 to 10 years of service at their current job. Of the total number of professionals, 73.2 % stated that they did not receive additional education related to working with children with developmental disabilities, and 26.8% confirmed that they received additional education. 43.9% of them cited an insufficient number of courses as the reason for not being educated, while the rest individually cited the following reasons: lack of time and space, no opportunities, constant learning, financial reasons and lack of interest in the subject.

In this research Questionnaire on information, satisfaction and expectations of professionals in early support for children with developmental disabilities and their families designed for professionals of various professions (physicians, social workers, social pedagogues, psychologists, lawyers, educational rehabilitators, speech therapists, pedagogues, health manager) employed in the healthcare, social care and early and preschool education systems was used [18]. The first part of the Questionnaire collects data on the sociodemographic characteristics of professionals: sex, profession, place of employment, length of service at the specified workplace, self-assessment of education for working with children with developmental disabilities and self-assessment of knowledge about children with developmental disabilities. The second part of the questionnaire contains three scales: Professional satisfaction with early support services, Satisfaction with the professional role and Satisfaction with the support provided to families of children with disabilities

Professionals' satisfaction was operationalized in 3 ways: professionals' satisfaction with early support services, satisfaction with the professional role and satisfaction with the support provided to families of children with disabilities. The Scale Professionals' Satisfaction with Early Support Services was used to measure professional satisfaction with early support services. It consists of 30 items, with a Likert-type response scale offered from 0 to 2, where 0 means "I don't know the service", 1 means "satisfied with the service" and 2 means "dissatisfied with the service". Cronbach's alpha is 0.850 and indicates that the scale of professional satisfaction with early support services has very good reliability. The Satisfaction with Professional Role scale

was used to measure professionals' satisfaction with their professional role. It consists of five items, with a Likert-type response scale from 1 to 7, where 1 means "strongly disagree" and 7 "strongly agree", with a higher score indicating a higher degree of satisfaction. An example of an item is "I am in regular contact with parents" or "I recognize the child's needs". Cronbach's alpha of this scale is 0.825 and indicates a very good reliability of the scale. The range of results on the scale is from 14 to 35.

To measure the satisfaction of professionals with the support provided, the scale Satisfaction with the Support Provided to Families of Children with Disabilities was used. It consists of four items, with a Likert-type response scale from 1 to 7, where 1 means "strongly disagree" and 7 "strongly agree", with a higher score indicating a higher degree of satisfaction. An example of an item is "I am satisfied with my relationship with parents and children" or "I am satisfied with my ability to provide information to parents". Cronbach's alpha of the aforementioned scale is 0.872 and indicates a very good reliability of the scale. The range of scores on the scale is from 0 to 28. The list of early support services listed in the questionnaire was compiled on the basis of a literature search and personal contacts with employees of institutions that provide early support services.

Data was collected on the number of institutions that provide early support services (health centers, general hospitals, centers for social welfare, early and preschool education institutions (kindergartens), non-governmental organizations, children's polyclinics, day rehabilitation centers) in order to reach potential research participants. Data were collected from various sources such as offices for social activities, websites of institutions and the Ministry of Education. The Ministry of Social Welfare approved the conduct of the research on the recommendation of the Croatian Institute of Public Health (CIPH), which requested the inclusion of employees of social welfare centers in the research. Information on the number of professionals from health institutions, kindergartens and social welfare institutions was collected from different sources, such as CIPH, Administrative Department for Health and Social Welfare of Istria County, Health Centers of Brod-Posavina and Istria Counties, and kindergartens of both counties. The purpose of the research was explained to the research participants before its implementation. The authors of the research sent a request by e-mail to the directors of the institutions with a description of the research, and supporting documents from the Faculty of Education and Rehabilitation of the University of Zagreb, the Ministry of Social Welfare of the Republic of Croatia and CIPH were attached. The ethical commissions of the Faculty of Education and Rehabilitation, the General Hospital in Slavonski Brod and the Istrian health centers gave their consent for the research, while the directors of the Health Center in Slavonski Brod and the General Hospital in Pula gave their written consent. After the approval of the research implementation, survey questionnaires were sent to the participants via e-mail or ground mail, with the request for their written consent to participate in the research, which was prepared as a form of a form with a description of the research. The delivery of the

survey questionnaires was arranged within two weeks, and the completed questionnaires were returned to the author via e-mail or ground mail. All sent questionnaires were filled.

Results

To test the hypothesis about the predictors of professionals' satisfaction, a regression analysis were conducted in which satisfaction with early support services,

Table 2. Number of professionals expressing satisfaction with individual early support services (N = 82)

Support services	Satisfaction with services	
	Frequencies	(%)
Early support in the maternity ward	43	52.4
Pediatric advisory support in the health center	70	85.4
Inclusion of children with developmental disabilities in kindergarten	66	80.5
Psychological advisory support in kindergarten	50	61.0
Speech therapy advisory support in kindergarten	42	51.2
Advisory support of the educational rehabilitator in the kindergarten	46	56.1
Pedagogical advisory support in kindergarten	42	51.2
Advisory support of the health director in the kindergarten	38	46.3
Advisory support of educators in kindergarten	64	78.0
Individual work of an educational rehabilitator and/or speech therapist in a kindergarten	55	67.1
Individual work of psychologists in kindergarten	36	43.9
Kindergarten assistant	18	22.0
Physiotherapy treatment	41	50.0
Occupational therapist treatment	28	34.1
Psychiatric treatment	39	47.6
Educational rehabilitator and/or speech therapist treatment in the hospital	50	61.0
Psychological treatment in hospital	46	56.1
Therapies	51	62.2
Legal services at Centre of social welfare	32	39.0
Social worker services at Centre of social welfare	42	51.2
Psychologist services at Centre of social welfare	28	34.1
Services of social pedagogue in Centre of social welfare	18	22.0
Playrooms for children with developmental disabilities	23	28.0
Workshops for children with developmental disabilities	20	24.4
Professional support with children in the family	33	40.2
Support groups for parents	27	33.0
Counseling center for parents	34	41.5
Education for parents	25	30.5
Telephone consultation	14	17.1
Organized transportation of children from the place of residence to the service provider	26	31.7

Table 3. Correlation of satisfaction (professionals' satisfaction with early support services, satisfaction with professional role and satisfaction with the support provided to families of children with disabilities and self-assessment of education for working with children with developmental disabilities and self-assessment of professionals' knowledge about children with developmental disabilities)

	Professionals' satisfaction with early support services	Satisfaction with professional role	Satisfaction with the support provided families of children with developmental disabilities	Self-assessment of education for working with children with developmental disabilities
Satisfaction with professional role	- 0.09			
Satisfaction with the support provided families of children with developmental disabilities	0.09	0.65**		
Self-assessment of education for working with children with developmental disabilities	0.14	0.38**	0.22*	
Self-assessment of knowledge about children with developmental disabilities	0.01	0.47**	0.34**	0.53**

Remark: * $p < 0.05$ ** $p < 0.01$

satisfaction with the professional role and satisfaction with the support provided to families of children with developmental disabilities were the criteria, and sociodemographic characteristics (length of service at the current workplace, profession and county of employment), self-assessment of education for working with children with disabilities and self-assessment of knowledge about children with disabilities are predictors. Descriptive statistics were used to display the results of the applied questionnaire.

The results showed that the largest number of professionals are satisfied with the advisory support service of pediatricians in the health center, the service of including children with developmental disabilities in kindergarten, and the advisory support of educators in kindergarten (Table 2). A very small number of professionals express their satisfaction with telephone counseling, the service of a social pedagogue in Centre for Social Welfare (CSW), and an assistant in a kindergarten.

We were also interested in the correlation between the satisfaction of professionals and socio-demographic characteristics, as well as self-assessment of education for working with children with developmental disabilities and self-assessment of knowledge about children with developmental disabilities, so we calculated Pearson's correlation coefficients, which are shown in Table 3.

Table 3 shows that there is a statistically significant, high correlation between satisfaction with the support

provided to families of children with disabilities and satisfaction with the professional role ($r = 0.65$, $p < 0.01$). Also, there is a statistically significant but low correlation between the self-assessment of being educated for work and satisfaction with the professional role ($r = 0.38$, $p < 0.01$) and a moderate correlation between the self-assessment of knowledge about children with developmental disabilities ($r = 0.47$, $p < 0.01$) with satisfaction in a professional role. Also, there is a statistically significant but low correlation between the self-assessment of professional knowledge and satisfaction with the support provided ($r = 0.34$, $p < 0.01$) and the self-assessment of education for working with children with disabilities and satisfaction with the support provided ($r = 0.22$, $p < 0.01$). A moderate correlation was found between self-assessment of knowledge and self-assessment of education for working with children with developmental disabilities ($r = 0.53$, $p < 0.01$). In order to determine the predictors of professionals' satisfaction with early support services, we performed a regression analysis, in which the following variables were entered as predictors: length of service at the current workplace, profession, self-assessment of education for working with children with developmental disabilities, self-assessment of knowledge about children with disabilities development and county of employment.

The results showed that on the basis of the included variables, it is possible to explain a modest 5 % of the variance of the criteria, and these variables are not significant predictors of professionals' satisfaction with early

Table 4. Results of regression analysis (predictors: sociodemographic characteristics, self-assessment of education for working with children with developmental disabilities, self-assessment of knowledge about children with developmental disabilities/criteria: satisfaction of professionals with early support services)

Predictors	B	SE B	β	R ²
Length of service at the current workplace	- 0.03	- 0.08	0.08	
Profession*	0.17	0.13	0.13	
Self-assessment of education for working with children with developmental disabilities	0.27	0.20	0.20	0.05
Self-assessment of knowledge about children with developmental disabilities	- 0.05	- 0.08	-0.08	
County of employment	- 0.11	- 0.09	-0.09	

*Profession - Physicians and other professionals (educational rehabilitators, speech therapists, social workers, psychologists, lawyers, pedagogues, kindergarten health managers)

support services. A regression analysis was performed to determine predictors of professionals' satisfaction with their professional role, and the results are shown in Table 5.

Table 5 shows the results of predicting satisfaction with the professional role based on length of service at the current workplace, profession, self-assessment of education for working with children with disabilities, self-assessment of knowledge about children with disabilities and county of employment. The results showed that only the self-assessment of knowledge about children with developmental disabilities is a significant positive predictor of satisfaction with the professional role as an professional ($\beta = 0.37, p < 0.01$). The results indicate that a total of 28 % of the variance in satisfaction with the professional role can be explained on the basis of the mentioned predictors.

The following regression analysis was performed to determine predictors of satisfaction with the support provided to families of children with disabilities and the results are shown in Table 6.

Table 6 shows the results of predicting professionals' satisfaction with the support provided to families of children with disabilities based on length of service at the current workplace, profession, self-assessment of education for working with children with disabilities, self-assessment of knowledge about children with disabilities and county of employment. The results showed that only self-assessment of knowledge about children with developmental disabilities was a significant positive predictor of professionals' satisfaction with the support provided to families of children with disabilities ($\beta = 0.29, p < 0.05$). On the basis of the mentioned predictors, a total of 14 % of the variance of professionals'

Table 5. Results of regression analysis (predictors: sociodemographic characteristics, self-assessment of education for working with children with developmental disabilities, self-assessment of knowledge about children with developmental disabilities/criterion: satisfaction with professional role)

Predictors	B	SE B	β	R ²
Length of service at the current workplace	0.38	0.35	0.12	
Profession*	- 0.37	1.10	-0.04	
Self-assessment of education for working with children with developmental disabilities	2.21	1.32	0.20	0.28**
Self-assessment of knowledge about children with developmental disabilities	1.77	0.58	0.37**	
County of employment	0.82	1.10	0.08	

Remark: N= 75, *p < 0.05 **p < 0.01

Table 6. Results of regression analysis (predictors: sociodemographic characteristics, self-assessment of education for working with children with developmental disabilities, self-assessment of knowledge about children with developmental disabilities/criterion: satisfaction with the support provided to families of children with disabilities) (insert here)

Predictors	B	SE B	β	R ²
Lenght of service at the current workplace	0.47	0.38	0.14	
Profession*	0.59	1.20	0.06	
Self-assessment of education for working with children with developmental disabilities	0.44	1.43	0.04	0.14
Self-assessment of knowledge about children with developmental disabilities	1.39	0.63	0.29*	
County of employment	0.23	1.20	0.02	

Remark: N= 75, *p < 0.05 **p < 0.01

*Profession - Physicians and other professionals (educational rehabilitators, speech therapists, social workers, psychologists, lawyers, pedagogues, kindergarten health managers)

satisfaction with the support provided to families of children with disabilities can be explained.

Discussion

This research is the first research like this in the Republic of Croatia that dealt with predicting professionals' satisfaction with early support services, satisfaction with the professional role and satisfaction with the support provided to families of children with developmental disabilities with regard to sociodemographic characteristics, self-assessment of education for working with children with developmental disabilities and self-assessment of knowledge about children with developmental disabilities. The results showed that self-assessment of knowledge about children with developmental disabilities is a significant predictor of satisfaction with the professional role of professionals and of professionals' satisfaction with the support provided. It has been shown that professionals, who evaluate their knowledge as greater, are more satisfied with their professional role and the support they provide. Also, the results showed that the greater the satisfaction with the support provided, the greater the satisfaction with the professional role.

At the same time, the results showed that professionals who are more educated also have more knowledge, and this research shows that self-assessment of education and knowledge are associated with greater satisfaction with the professional role and satisfaction with the support provided. The results of the research that evaluated the competencies of early intervention professionals, according to the professionals themselves and the

parents of service users, show that both groups of participants rated the professionals' competencies the lowest in the area of knowledge of the development and needs of the family. Also, the research established that professionals with higher professional experience had more positive assessments of their competences in the field of knowledge about child development and needs [19].

Many factors obviously influence a higher level of satisfaction with a professional role, and in this research, self-assessment of knowledge proved to be one of those factors. Also, the results show that there is a statistically significant but low correlation between self-assessment of professional knowledge and the support provided ($r = 0.34$, $p < 0.01$). Professionals who rate their knowledge as higher are more satisfied with the support they provide.

One of the aspects of satisfaction with support is measured by the quality of the relationship between parents and professionals involved in early child development. If a quality relationship develops between professionals and parents, it is expected that the support will be better and that both parties will be more satisfied. Numerous studies investigating the quality of early intervention services, as well as studies dealing with the provision of health care in neonatal intensive care units, also confirm that relationships between professionals and parents are key factors in service users' satisfaction. Parents want information about their child's condition and needs, continuous and accessible support from specialists who are sensitive to their needs [20,21]. A quality relationship with parents and children can provide professionals with a sense of fulfillment and meaning in

their work, which can increase their satisfaction and motivation. In addition, satisfied professionals can provide better quality support and assistance to families of children with developmental disabilities in achieving their goals.

This research shows that professionals who are more educated have more knowledge, and self-assessment of education and knowledge are associated with greater satisfaction with the professional role and satisfaction with the support provided. The more educated and knowledgeable the professionals are, the more satisfied they will be with themselves as professionals and with the support they provide to parents and children with developmental disabilities.

The results showed that the largest number of professionals were satisfied with the advisory support service of pediatricians and the service of including children with developmental disabilities in kindergarten, and then with the advisory support of educators. The majority of responses were in favor of familiarity with the services of pediatricians at the health center and specialists from kindergartens (educators), and slightly more than half of the participants were satisfied with the services of educational rehabilitators, speech therapists, and psychologists. This is in accordance with expectations, since physicians in primary health care are the first to notice developmental deviations, discover health or social conditions that can cause them, or receive information from parents about worrisome peculiarities in the child's development, and then refer the child to further comprehensive diagnostics and, in parallel with that, into the system of early support services for the child and parents [22].

In kindergartens, children are in regular contact with educators and are also involved in work with an educational rehabilitator and a speech therapist as agreed, if these professionals are employed in the kindergarten. Accordingly, the professionals in this research are familiar with the work of kindergarten professionals.

The high satisfaction of professionals with the inclusion of children with disabilities in kindergarten is probably related to generally positive attitudes towards inclusion and a reflection of the fact that this is a much more common practice today, which has positive consequences for the satisfaction of parents, and thus their better cooperation, which leads to greater satisfaction of professionals.

Low satisfaction with telephone counseling and kindergarten assistants is certainly related to the very availability of these services and lack of familiarity with them. Namely, only 18 professionals (22 %) mention the service of kindergarten assistants, which can be connected to the fact that this service has not yet fully taken root in early and preschool education and is not legally regulat-

ed. The new Early Childhood Education and Care Preschool Education Act introduces this service from 2022.

In the Brod-Posavina County, the service of kindergarten assistants did not exist for many years, only a few years ago this service was introduced in the form of trainee educators or in the last year as assistants for care and accompaniment. In addition to the aforementioned services, professionals also marked the service of organized transportation from the place of residence to the service provider, and 31.7% of them marked satisfaction with the service, which indicates that a slightly smaller number of professionals are familiar with this service. One of the reasons may be that this service is not sufficiently visible on the websites of institutions that offer this service. Certain studies emphasize this problem because parents in most cases have to travel to the service provider [9]. Regarding services from the social welfare system, most professionals indicated their satisfaction with the services provided by the social worker, but of all the services examined, only slightly more than half of the participants (51.2 %) were satisfied with that service. It is the social worker who plays an important role in informing parents and families about the rights and services available to them, so that they can provide adequate support for a child with developmental disabilities. In addition, the social worker is crucial for providing advice and support to parents in relation to exercising the right to formal support, such as therapy, rehabilitation, education and the like [23]. It is known that parents often transfer their dissatisfaction with the system to social workers, justifying it by the fact that they are not timely informed about their rights, so they are forced to seek support and early support services for the child themselves. Parents' lack of information about their rights often leads to fear of being labeled, which can result in parents refusing to register their child in the social welfare system [23]. It is clear from these data that at least half of the professionals have objections to the work of social workers, which may be related to the lack of systematic solutions to support parents of children with disabilities and reduced communication between different professionals. Each Center for Social Welfare has a competent social worker for this area, but the number of children with developmental disabilities, especially at an early age, is increasing. The small number of professionals who express their satisfaction with the services of social pedagogues from the Center for Social Welfare is particularly striking, which is probably related to the fact that a small number of these professionals are involved in support services for children with developmental disabilities.

The results of this research, although this was not their primary goal, can serve as a guide for planning services in the community for children with developmen-

tal disabilities. Problems related to the dissatisfaction of professionals (and then probably also parents) with services such as kindergarten assistants and the organization of transportation to various early support services can be clearly articulated, which points to the need to solve these problems.

A unique and comprehensive system of early development support that would cover the national, regional and local area has not yet been established in Croatia. At the national level, the priority is to create policies that, through the realization of binding cooperation between ministries, regional and local administrations and the non-governmental sector, would solve the issues of fair and sustainable financing of the system. At the regional level, it is necessary to enable a comprehensive and effective implementation of the early development support system, and at the local level, it is very important that all early development support services are operationalized in such a way that they are accessible, coordinated (establish mechanisms for coordinating the work of various professionals who provide support to children with developmental disabilities and their families), evidence-based (they use the best practices in working with children with developmental disabilities), adapted to the needs of users (adapted to the individual needs of each child and family) and inclusive (available to all children, regardless of their differences). Furthermore, it is necessary to strengthen and encourage a transdisciplinary approach in early development support, taking into account the complexity of the needs of children with developmental disabilities and their families, and the involvement of professionals of various profiles.

Accordingly, it is very important to pay attention to the formal education and lifelong learning of professionals. One of the possibilities is the introduction of courses in the field of early development support at the undergraduate and graduate levels of study. It is also necessary to enable a greater choice and continuous high-quality and scientifically based education on work and access to children with developmental disabilities and their families. It is important to ensure adequate education of professional and develop their specialized skills for working with children with developmental disabilities and their families. In addition, it is necessary to educate parents and the general public about the importance of early detection of a child's developmental disabilities and the available early support services, especially in the local community, in order to increase information and awareness of the needs of families of children with developmental disabilities. By providing support to the families of children with developmental disabilities, support is not only provided to them, but also affects society as a whole.

This research has its methodological limitations, which we will try to avoid in future research. The possibility of generalizing the results is limited by the convenience sample - sample size and type. The limitation is visible in the sample of professionals in which physicians were the most represented, and the number of research participants is relatively small. Also, in future research, the measuring instrument for examining the satisfaction of professionals with early support services should be modified. The scale of professionals' satisfaction with early support services should contain a wider range of answers. Since the research covers only two counties, we cannot speak of the representation of different areas of the Republic of Croatia.

Having stated the limitations, this research could also become a stimulus for future research conducted at the national and international level to obtain more comprehensive data on the system of early support services from the perspective of different professionals, including nurses, educators and teachers who work with children with developmental disabilities. Furthermore, future research could focus on examining the satisfaction of professionals in specific areas of knowledge about children with developmental disabilities, such as identifying the type of disability in a child, working with children with a specific type of disability, and adapting work to the child's disabilities. Also, the role of continuous professional development in professionals' satisfaction with the support provided, as well as the influence of the work environment on professionals' satisfaction, could be investigated.

Also, it would be interesting to examine the impact of the satisfaction of professionals on the quality of the support provided and on the satisfaction of the parents of service users. Research could be conducted using quantitative and qualitative methods in order to better understand the satisfaction of professionals with the support provided and to obtain guidelines for improving the system of early support services.

The results of this research showed that most professionals are satisfied with the services: the advisory support of pediatricians in the health center and the inclusion of children with developmental disabilities in kindergarten, and then with the advisory support of educators. Furthermore, professionals who self-assess their knowledge as higher are more satisfied with their professional role and the support they provide to children with developmental disabilities and their parents. There is also a moderate connection between education and professional knowledge, which implies that the more professionals are educated, the more knowledge they have about a particular field.

Everything stated above provides a valuable insight into how professionals who work with children with de-

velopmental disabilities and their families should continue to improve their skills in early development support and work with children and families even after formal education. Also, it can be concluded that professionals need to be provided with continuous training in order to increase their self-assessment of knowledge and competence and thus the quality of the support provided. These results can also be useful in creating guidelines for further education and training of professionals in the field of early development support.

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Conflict of interest

None to declare.

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