# Development and Validation of the Parent Satisfaction Scale for Child Life Services (PSS-CLS): A Pilot Study

**Dr. Sushma Gopalan[1], Elham Subair[2], Shanu Arun[3], Shivangee Gupta[4], Vaishnavi Ravindran[5], Ishika Mittal[6], Dr. Chetan Ginigeri[7]**

**[1]PhD, Psychology, Psychologist/Child Life Specialist, Department of Pediatrics, Aster CMI Hospital, Bengaluru**

**[2,3,4,5]Msc. Clinical Psychology, Psychology Intern, Department of Pediatrics, Aster CMI Hospital, Bengaluru**

**[6]Msc. Counselling Psychology, Psychologist/Child Life Therapist, Department of Pediatrics, Aster CMI Hospital, Bengaluru**

**[7]MD (PGI), Consultant, Pediatrics & Pediatric Intensive Care, Aster CMI Hospital**

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## ABSTRACT

Child Life Services play an important role in supporting the emotional and psychosocial needs of hospitalized children and their families. However, currently there is no validated tool to measure parental satisfaction with CLS. This study describes the development and validation of a Parent Satisfaction with Child Life Services Scale (PSS-CLS).

An initial pool of 31 items was created based on the experience of child life specialists. A panel of five experts reviewed each of these items for their clarity and relevance. Content validity indices (CVI) were calculated and repetitive items were revised. The resultant 24-item scale was pilot tested with a sample of 60 parents in an Indian private hospital. Reliability was assessed using Cronbach's alpha and validity was assessed using face validity and exploratory factor analysis (EFA).

Expert ratings deemed a strong content validity (I-CVI = 0.80-1.00; S-CVI/Ave= 0.974; S-CVI/UA= 0.871). The scale also showed very high internal consistency (Cronbach's α= 0.949). Face validity was supported by parental reports that the items were clear and required no modifications. EFA gave a five-factor structure that explained 70.1% of total variance. The resultant factors represented major domains of CLS: (1) parental empowerment, support, and confidence in medical care (2) emotional health and advocacy of children (3) counselling effectiveness and communication (4) engaging and individualized therapies, and (5) play-based therapies and the restoration of normalcy.

The PSS-CLS is a reliable and valid instrument for evaluating the parental satisfaction with CLS.

**Keywords:** child life services, parental satisfaction, pediatric care, child psychology

## INTRODUCTION

Child Life Services (CLS) is a specialized program within pediatric healthcare that focuses on addressing the psychosocial concerns of children and families (Romito et al., 2021). These services are delivered through trained professionals who use various developmentally appropriate techniques (play, education, psychological preparation, distraction, and relaxation) to help children and their families cope with the medical environment (Bezuidenhout et al., 2021). Their main aim is to minimize the possible trauma that the child and their caregivers could experience due to hospitalization (Bezuidenhout et al., 2021). This is done through the use of therapeutic activities, normalization, and providing specific information about the child's hospitalization (Burns-Nader & Hernandez-Reif, 2015)

CLS professionals address the emotional and psychological needs of hospitalized children, consequently minimizing the anxiety, fear, and trauma that is associated with medical procedures (Burns-Nader & Hernandez-Reif, 2015). These interventions can help in maintaining healthy development by reducing mental and emotional disruptions caused by illness (Committee on Hospital Care, 2000). The care provided by CLS Specialists is family-centered in nature. They support the families along with the patients by improving coping, communication, and overall satisfaction with medical care (Wong et al., 2022). Research evidence shows that CLS interventions can help in reducing need for sedation, improve patient cooperation during procedures, shorten stay, and improve the overall experience of families (Hummel et al., 2023; Kinnebrew et al., 2020; Munshi et al., 2024).

Studies have shown that parents experience more satisfaction when CLS support is involved (Cristal et al., 2018; Day et al., 2024). This is related to them feeling more supported and perceiving less distress in their children (Cristal et al., 2018; Day et al., 2024). CLS is an emerging concept in India and research on the same is very limited. Most studies that are currently available, focus on general pediatric care, not on CLS programs. Parental feedback can help in identifying the areas for improvement and strengthen the case for expansion of CLS programs (Leblanc et al., 2014).

Validated tools like the PROMIS Pediatric Life Satisfaction item banks and other custom assessments have been used to evaluate child and parent experiences with respect to overall hospitalization (Forrest et al., 2017; Leblanc et al., 2014). Several studies have used 5-point Likert scale surveys to examine parental satisfaction, perceived pain in children, and the overall experiences with CLS interventions (Baughn et al., 2022; Day et al., 2024; Tyson et al., 2014).

Child Life Specialists play a very important role in improving healthcare experiences for pediatric populations. Parental satisfaction acts as both: a crucial outcome and a driver for improvement of service. There are currently no universally adopted measures of CLS interventions and parent satisfaction with CLS (Leblanc et al., 2014). Therefore, there is a need or validated satisfaction tools made specifically for CLS to promote continuous evaluation and systematic quality improvement. This paper tries to bridge this gap by developing and validating a Parent Satisfaction with Child Life Services Scale (PSS-CLS).

## MATERIAL AND METHODS

### Tool Development Process and Scoring

Due to the non-existence of a validated Child Life Services scale, the initial items were generated on the basis of the experience of the researchers as existing child life specialists. This resulted in an initial scale consisting of 31 items. Expert feedback was obtained from a panel of five experts (child life specialists, pediatricians, and psychologists). The Content Validity Index (CVI) was calculated and expert feedback to reword and reduce the number of items was incorporated. This led to a revised 24-item scale that was pilot tested with a sample of 60 parents to examine its reliability and validity. The parents reported that the items were clear and the scale was easy to understand. They did not make any suggestions for modification. Therefore, this revised 24-item version of the Parent Satisfaction with Child Life Services Scale was retained as the final version.

The 24 items of the CLS scale are rated on a 5-point Likert scale with the responses being coded as 1 = “Strongly Disagree”, 2 = “Disagree”, 3 = “Neutral”, 4 = “Agree”, and 5 = “Strongly Agree”. A 5-point likert scale was chosen because of its ability to balance sensitivity and simplicity while also providing space for varying levels of agreement (Joshi et al., 2015). The total score is calculated by totalling all the item scores, resulting in a possible score range of 24-120. Higher scores indicate greater parental satisfaction. This scoring system was adapted in line with expert directions and confirmed through pilot testing.

### Content Validity

Content Validity was assessed by using expert reviews. The panel consisted of 5 experts, consistent with recommendations in scientific literature which suggest that 3-10 experts are adequate for the assessment of content validity (Lynn, 1986; Polit & Beck, 2006). The 5 experts consisted of: 2 pediatricians, 2 Certified Child

Life Specialists (CCLS), and 1 pediatric psychologist. Each of these experts had more than 5 years of experience in their fields. They rated the relevance of each item on a 3-point Likert scale (0-Not Relevant, 1-Relevant, 2-Highly Relevant). Their ratings were used to calculate the Content Validity Index (CVI). The Item-Level Content Validity Index (I-CVI) and Scale- Level Content Validity Index (S-CVI) were also calculated. Two measures, S-CVI/Ave (Average of all I-CVIs) and S-CVI/UA (Proportion of items with I-CVI = 1) were used to evaluate the scale level content validity.

### Pilot Testing

Post the expert review and refinement, the preliminary version of the scale was pilot tested with a sample of 60 parents of children who had received CLS support in a private hospital in Bengaluru, India. The pilot study aimed at evaluating the clarity, ease of administration, and relevance of the scale within the target population. It also generated preliminary data for psychometric evaluation of the scale. Informed consent was obtained from the parents and the scale was administered. After completing the tool, parents were asked to provide brief feedback on the clarity and relevance of the items to assess face validity. Data collected from the pilot study was used to examine the internal consistency reliability and construct validity.

### Face Validity

Face Validity was examined by gathering feedback from parents after they completed the assessment. Parents were asked about the understandability, clarity, and relevance of the items as per their experience with CLS. During the pilot testing, the parents found the scale to be clear and relevant to their experiences. The tool was retained in the existing form as the parents did not recommend any modifications.

### Reliability Testing

Internal consistency testing was done by calculating the Cronbach's alpha for the 24-item Parent Satisfaction Scale for Child Life Services. An $\alpha$ value of $\geq 0.70$ is considered to be acceptable for new tools (Nunnally & Bernstein, 1994; Tavakol & Dennick, 2011)

### Construct Validity

Construct validity was examined using Exploratory Factor Analysis (EFA). This was done to understand if the items group into meaningful domains. The suitability of the data for EFA was assessed using the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy (Kaiser, 1974) and Bartlett's Test of Sphericity (Bartlett, 1954). Principal component analysis was applied as the extraction method and Varimax rotation was used to enhance interpretability. Items having factor loadings $\geq 0.40$ were considered to be meaningful for interpretation. Factor retention was determined using the Kaiser criterion (eigenvalues >1) and by inspecting the scree plot (Tabachnick & Fidell, 2018).

## RESULTS

### Content Validity

Table 1 lists the CVI results for the PSS-CLS.

Table 1 Content Validity Indices

| Measure | Value |
|---|---|
| No. of items reviewed | 31 |
| Items retained (after revision) | 24 |
| I-CVI range | 0.80-1.00 |
| S-CVI/Ave (Average of all I-CVIs) | 0.974 |
| S-CVI/UA (Proportion of items with I-CVI=1) | 0.871 |

The initial 31 items were reviewed by 5 experts. I-CVI ranged from 0.80 to 1.00, showing that the expert strongly agreed that each item was relevant. All items were interpreted as being content valid as per the acceptance level of ≥ 0.78 (Lynn, 1986).

Similar to the item-level measures, scale-level measures also showed high content validity. S-CVI/Ave was 0.974 and S-CVI/UA was 0.871. As per the expert recommendations, certain redundant items were removed and wording was refined.

**Sample Characteristics**

A sample of 60 parents participated in the pilot study. The sample included mothers and fathers of children who had received CLS care in a private hospital in Bengaluru, India. The sample consisted of 29 mothers and 31 fathers with a mean age of 37.1.

**Face Validity**

The sample of parents reported that each of the 24 items was clear, understandable and relevant to their experience with CLS in the hospital. They did not suggest any modifications, indicating that the scale had strong face validity.

**Reliability**

Table 2 lists the reliability of the PSS-CLS. The scale demonstrated exceptionally high internal consistency with a Cronbach's alpha of 0.949. This result indicates that the items were highly interrelated. The mean total score was 108.9 while the standard deviation was 9.58.

Table 2 Reliability of the 24-item Parent Satisfaction Scale for Child Life Services

| Scale | Number of Items | Cronbach's α | Mean ± SD of Scale |
|---|---|---|---|
| Overall Scale | 24 | 0.949 | 108.9 ± 9.58 |

SD: Standard Deviation

**Construct Validity**

Construct Validity was examined using Exploratory Factor Analysis (EFA). Table 3 lists the results for the same.

Table 3 Construct Validity of the Scale (EFA Results)

| Test/item | F1 | F2 | F3 | F4 | F5 |
|---|---|---|---|---|---|
| **Sampling Adequacy** | | | | | |
| Kaiser–Meyer–Olkin (KMO) = 0.848 | | | | | |
| Bartlett's Test: $\chi^2 = 1030.3$, $p < 0.001$ | | | | | |
| **Variance Explained** | | | | | |
| Eigen Values | 11.286 | 1.693 | 1.495 | 1.292 | 1.064 |
| % of Variance | 47.026 | 7.055 | 6.229 | 5.382 | 4.435 |
| Cumulative % | 47.026 | 54.081 | 60.311 | 65.692 | 70.127 |
| **Rotated Factor Loadings (abbreviated items ≥0.40)** | | | | | |
| Item 1 | 0.184 | 0.668 | 0.159 | 0.338 | 0.126 |
| Item 2 | 0.262 | 0.478 | 0.433 | 0.306 | 0.36 |
| Item 3 | 0.046 | 0.152 | 0.044 | 0.441 | 0.758 |
| Item 4 | 0.255 | 0.263 | 0.223 | 0.679 | 0.119 |
| Item 5 | 0.057 | 0.388 | 0.325 | 0.591 | 0.231 |

| | | | | | |
|---|---|---|---|---|---|
| Item 6 | 0.313 | 0.073 | 0.07 | 0.731 | 0.375 |
| Item 7 | 0.08 | 0.355 | 0.562 | 0.14 | 0.548 |
| Item 8 | 0.372 | 0.71 | 0.165 | -0.037 | 0.246 |
| Item 9 | 0.192 | 0.293 | 0.711 | 0.283 | -0.122 |
| Item 10 | 0.722 | 0.298 | 0.392 | 0.142 | 0.124 |
| Item 11 | 0.264 | 0.65 | 0.499 | 0.116 | -0.018 |
| Item 12 | 0.217 | 0.122 | 0.827 | 0.039 | 0.146 |
| Item 13 | 0.335 | 0.253 | 0.466 | 0.249 | 0.401 |
| Item 14 | 0.274 | 0.025 | 0.417 | 0.006 | 0.394 |
| Item 15 | 0.45 | 0.476 | 0.245 | 0.523 | -0.108 |
| Item 16 | 0.522 | 0.616 | -0.088 | 0.43 | 0.024 |
| Item 17 | 0.835 | 0.225 | 0.158 | 0.06 | 0.13 |
| Item 18 | 0.499 | 0.524 | 0.012 | 0.282 | 0.156 |
| Item 19 | -0.017 | 0.72 | 0.224 | 0.2 | 0.152 |
| Item 20 | 0.397 | 0.532 | -0.084 | 0.003 | 0.525 |
| Item 21 | 0.483 | 0.192 | 0.276 | 0.251 | 0.353 |
| Item 22 | 0.712 | 0.141 | 0.249 | 0.327 | 0.14 |
| Item 23 | 0.733 | 0.199 | 0.386 | 0.218 | 0.076 |
| Item 24 | 0.468 | -0.022 | 0.545 | 0.271 | 0.082 |

The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was found to be 0.848, while Batlett's test of sphericity gave significant results ($\chi^2$ = 1030.3, $p < 0.0001$). These findings confirmed that the data was suitable for factor analysis.

Principal component analysis and Varimax rotation resulted in a five-factor solution that explained 70.13% of the total variance. Factor loadings ≥0.40 were considered to be meaningful. The 5 factors corresponded to coherent domains: (1) parental empowerment, support, and confidence in medical care (2) emotional health and advocacy of children (3) counselling effectiveness and communication (4) engaging and individualized therapies, and (5) play-based therapies and the restoration of normalcy.

## DISCUSSION

The current study describes the development and initial validation of the Parent Satisfaction Scale for Child Life Services. This is the first tool of its kinds to be developed and tested in an Indian hospital setting. The scale demonstrated excellent reliability, content validity, and clear factor structure. These properties indicate that the tool is highly effective in assessing parental satisfaction with CLS.

A high Cronbach's alpha of 0.949 suggests that there is high internal consistency. This is in line with the recommended threshold for new tools (Nunnally & Bernstein, 1994; Tavakol & Dennick, 2011). Although this result could possibly reflect some overlap among items due to the huge number included, it also suggests that the items are highly interrelated and reliably measure parental satisfaction.

Content Validity Indices show that the panel of experts strongly agreed on the high relevance and clarity of the items (I-CVI ranged from 0.80 to 1.00). All items were deemed to be content valid as per the acceptance criteria of ≥ 0.78 (Lynn, 1986). Some items had a comparatively lower agreement (I-CVI = 0.80) but satisficed the acceptability requirement. Majority of the questions received unanimous approval with an I-CVI = 1.00.

Two measures, S-CVI/Ave and S-CVI/UA were used to evaluate the S-CVI of the 31-item scale. Overall, the experts deemed the items as very relevant. With a S-CVI/Ave of 0.974, the scale exhibited very high content validity. The percentage of items with perfect agreement among the experts (I-CVI = 1.00) was 87.1% (S-CVI/UA = 0.871). Both indices show that the scale has excellent overall content validity even though the S-CVI/UA is slightly lower than the S-CVI/Ave. However, this is expected, given the tighter requirements for reaching 100% agreement among the experts.

Construct validity was evaluated using Exploratory Factor Analysis (EFA). A five-factor model, which aligns with the multidimensional nature of Child Life Services, was identified. These factors were- (1) parental empowerment, support, and confidence in medical care (2) emotional health and advocacy of children (3) counselling effectiveness and communication (4) engaging and individualized therapies, and (5) play-based therapies and the restoration of normalcy. These five domains provide an in-depth overall understanding of parental satisfaction and can be used to guide the evaluation and improvement of services.

This study has several strengths. The items were designed on the basis of both, expert opinion and real experiences of parents, making it practical and reliable. It identified five key factors which aptly reflect what parents truly value in CLS. Finally, the scale is also short, simple and easy to fill, making it suitable for regular use in hospitals.

However, the study also has certain limitations that need to be acknowledged. It involved a relatively small sample (n=60) from a single private hospital, leading to a limited generalizability of results. Moreover, Test - retest Reliabilty and Confirmatory Factor Analysis (CFA) were not conducted. Although EFA suggested 5 domains, domain-level scores and reliability was not checked.

Despite these limitations, the findings indicate that the PSS-CLS is a valid and reliable measure of parent satisfaction with CLS. Future studies can include a larger and more diverse sample for more generalizability. Confirmatory factor analysis (CFA) and Test-Retest Reliability can be checked to strengthen the scale's validity. Domain level scores and reliability can also be calculated in future studies to give a better understanding of the different areas of parent satisfaction.

This scale can help hospitals understand how parents feel about the support their child and family receive from CLS. It can be used for routine evaluation and policy development to improve pediatric psychological and psychosocial care. This tool can help underline the importance of Child Life Services and support the need to include such programs in other hospitals.

## CONCLUSION

This study developed and validated the first scale to measure parent satisfaction with Child Life Services in a hospital context. The tool demonstrated high internal consistency, content validity, construct validity and face validity. A five-factor model was also identified using EFA. These findings suggest that the scale is a reliable and valid measure of parents' experiences with CLS. The study was limited because of its small, single-site sample (n=60), lack of test-retest reliability and Confirmatory Factor Analysis (CFA). However, the results serve as an important base for future research and practice. This scale can be used by hospitals and practitioners to evaluate and improve child life programs.

## AUTHOR NOTE

Correspondence concerning this article should be addressed to Sushma Gopalan, Email: sushmagopalan@gmail.com, Phone: 6362383084, Address: Address: Flat#G1, Sudha Mansion, Narayana Reddy Layout, 1st Cross Horamavu, Bangalore 43

**Keywords:** child life services, parental satisfaction, pediatric care, child psychology

## STATEMENTS AND DECLARATIONS

**Funding:** No funding was received for conducting this study.

**Financial Interests:** The authors declare they have no financial interests

**Conflict of interest of each author or contributor:** There is no known conflict of interest to disclose.

**Ethics Approval:** Ethical clearance was obtained from the Institutional Ethics Committee, Aster CMI

Hospital, Bengaluru (Dated 30/05/2024). A copy of the same is attached in Appendix B.

**Consent to participate:** Written informed consent was obtained from all the participants of the pilot study

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# APPENDIX

## Appendix A

### Parent Satisfaction Scale for Child Life Services (PSS-CLS)

Child Life Services (CLS) plays an important role in reducing stress, promoting emotional well-being, and setting a sense of normalcy during hospitalization. This tool aims to assess parent satisfaction with CLS. Please rate your level of agreement with each statement by selecting one of the following options: Strongly Disagree, Disagree, Neutral, Agree, or Strongly Agree. Your answers will help us to understand your experience better. There are no right or wrong answers. We assure you that all answers are confidential and will be used only for research and feedback.

Name: _____ Date: _____

| SI | Item | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
|---|---|---|---|---|---|---|
| 1. | The involvement of Child Life Services greatly reduced concerns about my child's emotional well-being during their hospital stay | | | | | |
| 2. | Child Life Services effectively addressed my child's emotional needs during their hospital stay. | | | | | |
| 3. | The play based interventions offered by Child Life Services effectively engaged my child during their hospital stay | | | | | |
| 4. | Child Life Services tailored their interventions to meet the specific needs and preferences of my child. | | | | | |
| 5. | The interventions provided by Child Life Services helped my child cope with the challenges of being in the hospital. | | | | | |
| 6. | The materials and techniques used in therapy sessions were accessible and stimulating for my child | | | | | |
| 7 | My child found the sessions led by Child Life Services to be both engaging and beneficial. | | | | | |
| 8. | The interventions provided by Child Life Services allowed my child to creatively express their feelings and experiences. | | | | | |
| 9. | The counseling sessions provided by Child Life Services addressed my child's emotional concerns and helped them express their feelings about their hospitalization | | | | | |
| 10. | Child Life Services offered valuable emotional support and guidance to me as a parent/caregiver during my child's hospitalization. | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 11. | I felt confident in the expertise and competency of Child Life Services to address my child's emotional needs and provide appropriate support during their hospital stay. | | | | | |
| 12. | I appreciated the transparent and communicative approach of Child Life Services in addressing any concerns or questions I had regarding their services. | | | | | |
| 13. | The materials and activities provided by Child Life Services were engaging and age-appropriate for my child. | | | | | |
| 14. | Child Life Services demonstrated a high level of professionalism in their interactions with me and my child throughout the hospitalization process. | | | | | |
| 15. | Child Life Services enhanced your sense of partnership with the hospital staff in your child's care | | | | | |
| 16. | Child Life Services contributed to enhancing the overall quality of care your child received in the pediatric ward. | | | | | |
| 17. | The involvement of Child Life Services increased my confidence in the overall care provided by the medical team for my child | | | | | |
| 18. | The availability of Child Life Services improved my overall experience as a parent/caregiver during my child's hospitalization | | | | | |
| 19. | I would recommend Child Life Services to other parents with children in pediatric wards based on my experience. | | | | | |
| 20. | Child Life Services played a significant role in fostering a sense of normalcy and routine for my child during their hospital stay. | | | | | |
| 21. | Child Life Services had a positive impact on my coping mechanisms and emotional well-being during my child's hospitalization | | | | | |
| 22. | I felt supported and empowered as a parent or a caregiver by the interventions and guidance provided by Child Life Services. | | | | | |
| 23. | Child Life Services empowered me to actively participate in my child’s care and decision-making | | | | | |
| 24. | Child Life Services effectively addressed my concerns and answered any questions I had about my child's condition during counseling sessions | | | | | |

## Appendix B

## Ethics Clearance

Aster
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**Institutional Ethics Committee**
**IEC Regd. No. ECR/1084/Inst/KA/2018/RR-21**
**DHR Regd. No. EC/NEW/INST/2021/2191**

**Ref.No Aster/IEC/IIS/001/2024-25** **Date: 30/05/2024.**

**Dr. Sushma Gopalan**
**Aster CMI Hospital**
No. 43/2, New Airport Road
NH 7, Outer Ring Rd,
Sahakar Nagar,
Bengaluru,
Karnataka 560092

**Dear Dr. Sushma,**

The Institutional Ethics Committee on 24th May 2024 reviewed and discussed your application to conduct the study entitled **"Exploring the Impact of Child Life Services on Parental Satisfaction in Pediatric Wards in Indian Hospital: A Pilot Study"** at Aster CMI Hospital, Bangalore.

The following document(s) were submitted for review:

1. Protocol
2. Informed consent form
3. Questionaries
4. Proforma

After discussion of the proposal and presentation made by you, the Aster IEC has approved the study.

| | |
|---|---|
| Approved | ✓ |
| Provisionally Approved | |
| To be represented | |
| Not Approved with reason | |

The committee recommends that as Principal Investigator of this study you will take full responsibility of the protection of Patient's Privacy of Personal and Health Information. Any breach of such information should be brought to the notice of this committee.

The following members of the Aster Ethics Committee were present at this meeting.

| Members | Designation | Affiliation With Institute | Conflict Of Interest |
|---|---|---|---|
| Dr (Wg Cdr) R Rupnarayan | Chairperson/Basic Medical Scientist | No | No |
| Dr Sujatha Thyagarajan | Member Secretary | Yes | No |

Aster CMI Hospital
#43/2, New Airport Road, NH 7, Sahakara Nagar,
Hebbal, Bangalore, Karnataka 560092, India.

T : 080 4342 0100, 2214 7167
E : customercare.aster@asterhospital.com
www.asterhospitals.in

| | | | |
|---|---|---|---|
| Dr Vaishali Pai | NGO/ Social Member | No | No |
| Dr Sagar Bhattad | Member Secretary/Clinician | Yes | No |
| Ms. Prajwala K H | Legal Expert | No | No |
| Mr Ananthraj G H | Layperson | No | No |
| Dr Afzal Khan | Pharmacologist | No | No |
| Dr Surinder Kher | Regulatory and Clinical Development Expert (Invited) | Yes | No |

As a part of this approval, you need to provideinformation of initiationof the approved study at the site in the following format:

- Date of IEC Approval for the study
- Date of DCGI /CDSCO NOC/Approval of the study if applicable
- CTRI Number for the study if applied for
- Date of initiation of the study at the site

As the Principal Investigator of this study, you should submit a six -monthly review report starting after initiation of the study. A final study report should also be provided to the Aster IEC.

Should you decide to register the study in the Clinical Trial Registry of India, it should be done before the initiation of the study.

In the event of any amendments in protocol or the study and to any other previously approved documents, Aster IEC must be informed and only after approval/ notification as applicable, the amendment(s)/changes should be implemented. Amendments should be highlighted in clear terms, i.e. the exact alteration/amendment should be specified and indicated where the amendments occurred in the original documents of the clinical trial study (Page no., Clause no. etc).

Any deviation/ violation along with supporting documents (Source Notes)/waiver in the protocol must be informed to the Aster Ethics Committee.

Aster IEC confirms that neither **Dr. Sushma Gopalan** (Investigator) nor any other study staff participating in the above stated study was involved in the voting procedure and decision making of this study.

Aster IEC is constituted and operates as per requirements of ICH-GCP, New Drugs and Clinical Trials Rules, 2019 & applicable ICMR guidelines.

Yours sincerely

Member Secretary
Institutional Ethics Committee
ASTER CMI HOSPITAL

**Dr Sujatha Thyagarajan**
Member Secretary
Aster CMI- Institutional Ethics Committee