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Original Research

Satisfaction of Mothers with a Short Program of Telerehabilitation for Premature Infants: A Quantitative Study

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ABSTRACT

Objective: This study aims to determine the satisfaction of mothers with a short telerehabilitation program for premature infants and to determine the relationship between satisfaction and characteristics of infants and their mothers.

Methods: Sixty-two mothers who had previously received telerehabilitation for motor development support were interviewed by telephone. Information was collected on maternal and infant characteristics, willingness to continue telerehabilitation, and whether participants preferred the intervention to be implemented by themselves or by a professional. Mothers scored their satisfaction with telerehabilitation on a 10-point analog scale.

Results: The mean (sd) satisfaction score was 9.8 (0.7) out of 10. Satisfaction decreased with longer infant hospitalization and more children, but increased with maternal age. Overall, 61.3% preferred to continue telerehabilitation, and same percentage preferred to carry out intervention themselves.

Conclusion: Telerehabilitation can be a satisfactory service delivery model for mothers of premature infants, and this satisfaction may be affected by the characteristics of mothers and infants. It is important that telerehabilitation services are customized to meet the specific needs of each family.

Keywords: mother, physiotherapy, prematurity, satisfaction, telerehabilitation

INTRODUCTION

Telerehabilitation is defined as the application of information and communication technologies to deliver rehabilitation services over a distance by linking a healthcare provider with a beneficiary, caregiver, or other individual responsible for delivering care, for the purposes of screening, assessment, intervention, consultation or coaching, and supervision or monitoring [1]. When face-to-face care is limited, telerehabilitation can be a promising alternative or complement [2]. It provides novel opportunities to increase cost-effectiveness, family-centredness, accessibility and flexible scheduling options for caregivers, families and professionals [3,4]. Telerehabilitation can be delivered in synchronous, asynchronous, and hybrid formats, with the hybrid format involving the combined use of the two methods [1].

In pediatric telerehabilitation, parents bear much of the responsibility for implementing programs, making their satisfaction crucial, as it influences engagement and overall well-being [5-7]. Evidence shows that families generally report moderate to high satisfaction, yet satisfaction is a complex, multidimensional outcome shaped by child, family, and service factors [8-10]. Child characteristics, including age, attention span, developmental profile, diagnosis, and therapy needs, can affect parental perceptions, with children aged 0–3 years often presenting participation challenges [10]. Therapies requiring intensive physical interaction tend to yield lower satisfaction [8]. Therapist–family communication is also key: clear explanations, collaboration, and availability enhance satisfaction, as does involving families in goal-setting and ensuring transparency [9]. Parents' digital literacy and familiarity with technology further influence their experience [10]. Overall, parental satisfaction reflects the interaction of child characteristics, family capacities, therapist support, technical infrastructure, and the home environment.

Having a premature infant is a traumatic experience that presents multiple challenges for parents, with mothers facing additional difficulties in feeding, care, and monitoring [11,12]. Fatigue and sleep problems may be accompanied by anxiety, worry, or depression [12,13]. Telerehabilitation can add further responsibilities, such as managing technical issues and coping with nontraditional approaches, potentially affecting parents' perceptions of the intervention. Although previous studies have examined parents' satisfaction with telerehabilitation in general pediatric populations, research specifically involving preterm infants and their parents remains limited [5-10]. Therefore, further studies are needed to better understand their unique needs, particularly the factors influencing effective participation in telerehabilitation. This study aimed to (a) determine mothers' satisfaction with a short telerehabilitation program supporting motor development of premature infants, and (b) examine the relationship between satisfaction and both infant and maternal characteristics.

Main Points

- Telerehabilitation may increase access to rehabilitation services for preterm infants.
- Satisfaction may be affected by the characteristics of mothers and infants.
- It is important to customize telerehabilitation to meet each family's specific needs.

MATERIALS AND METHODS

Study Design

This quantitative study was approved by the Non-interventional Clinical Research Ethics Committee of Hacettepe University (Approval No: 2022/05-10, Date: 2022-03-15) and the parents of the infants included in the study signed an informed consent form. This study, conducted between March 2022 and March 2023 is part of a project funded by the Scientific and Technological Research Council of Türkiye (TUBITAK) and continued in collaboration with Hacettepe University and On Dokuz Mayıs University.

Participants

Preterm infants under one year of age and their mothers who had previously participated in a physical therapy telerehabilitation program under the 221S456 TUBITAK 1001 project were invited by e-mail. Of the 84 infants (20 twins) and 74 mothers invited, four mothers did not receive the e-mail, five did not respond, and three responded too late; therefore, 62 mothers and 69 infants (14 twins) were included in the study.

Details of Telerehabilitation

In this study, a hybrid telerehabilitation program was implemented entirely remotely. Infants with a corrected aged 9–17 weeks were assessed via videos recorded by parents and sent to the clinic. Researchers evaluated the videos using the Motor Optimality Score-Revised 2019 (MOS-R) and the Alberta Infant Motor Scale (AIMS). Within a week, an experienced pediatric physiotherapist conducted a video call with the parents to provide an individualized home program and family training based on the evaluations, family expectations, and goals. The program included positioning, motor exercises, and environmental enrichment, and a video recording was shared with the parents, who were asked to perform it daily for 30 minutes.

The additional videos were requested for infants with neurological concerns (e.g., absent fidgety movements, MOS-R $\leq$ 14, or AIMS < 5th percentile) or if parents noted motor issues. The additional videos were evaluated, results communicated, and the home program revised if necessary. Parents also had access to a dedicated phone line for questions.

Three or four weeks later, parents were contacted to discuss implementation and any difficulties. Areas of challenge were addressed.

When infants reached the motor development targets established with the parents, the program was reviewed via another video call. The final video call occurred three months after the program began, during which infants were evaluated with AIMS and provided with future instructions and recommendations. The overall duration of the telerehabilitation program was 14 weeks, including a pre-intervention assessment and teaching the program to families within the first week, 12 weeks of intervention, and a post-intervention assessment conducted within one week after the intervention.

Procedure

Mothers of infants who completed the telerehabilitation program were contacted by e-mail and invited to participate; those who consented signed and submitted the informed consent form. The mothers were then contacted by phone by a researcher who had not provided the home program and family education, to collect infant and maternal characteristics (Table 1) and to answer the four questions described below.

- Were you able to follow the home program as often as you were told? (yes: practiced the program on average four days per week and followed all instructions; no: practiced less than four days per week or followed only some of the instructions.)
- Rate on a scale of 1-10 how overall satisfied you are with all services of the telerehabilitation program your infant receives (0 being not at all satisfied, 10 being very satisfied).
- Which would you prefer for the rest of the intervention program: face-to-face or telerehabilitation?
- Who would you prefer to perform the rest of the intervention program: yourself or a professional?

All statistical analyses were performed in 69 infants and 62 mothers of these infants.

Statistical Analysis

Statistical analyses were performed using the "IBM® SPSS© 25" software. The conformity of the numerical variables to the normal distribution was determined using visual and analytical methods. Mean, standard deviation, minimum, maximum, number, and percentage values were calculated for descriptive statistics. Birth weight was not included in the model because of the multicollinearity problem between gestational age and birth weight. Multiple logistic regression analyses were performed to determine the relationship between the examined variables and the preference of mothers. The significance of the model was evaluated by the Hosmer and Lemeshow (HL) test. The relationship between examined variables and telerehabilitation satisfaction of mothers was analyzed by the Quantile regression method. Statistical significance level was accepted as $p<0.050$.

RESULTS

Sixty-two mothers and 69 infants (27 girls, 42 boys) participated in the study (Table 1). The mothers were the primary caregivers for all infants. Among the mothers, 2 were under 20 years old, 29 were 20–29 years old, 30 were 30–39 years old, and 1 was over 40 years old. All used smartphones and computers daily.

Three infants (4.3%) were unable to complete the telerehabilitation program. Two of them were twins with five siblings, and their mother reported a lack of time to carry out the program. The remaining infant could not complete the program due to hospitalization for surgery.

Mothers' satisfaction with the telerehabilitation program and their preferences for the rest of the intervention are presented in Table 2.

Quantile regression analysis showed that satisfaction decreased with longer hospitalization and a greater number of siblings, while it increased with higher maternal age (Table 3).

For the first model, the HL test yielded a p-value of 0.592, indicating good model fit, and the correct classification rate was 71%. Higher maternal age increased the likelihood of preference for telerehabilitation (Table 3).

For the second model, the HL test yielded a p-value of 0.079, indicating an acceptable model fit, and the correct classification rate was 75.5%. Lower gestational age, longer hospitalization, a higher number of children, and lower economic status increased the likelihood of preferring self-administered intervention (Table 3).

DISCUSSION

This study aimed to determine maternal satisfaction with a short telerehabilitation program supporting motor development in premature infants and its relationship with maternal and infant

Table 1. Characteristics of infants and mothers

Variable	$n_{children}$ = 69, n_{mother} = 62		
Gender, female, n (%)	27 (39.1)		
Gestational age, week: mean±sd	30.6 ± 3.2		
Birth weight, gram: mean±sd	1632.2 ± 616.5		
Respiratory distress syndrome, n (%)	38 (55.1)		
Hypoxic ischemic encephalopathy, n (%)	1 (1.4)		
Preeclampsia, n (%)	18 (26.1)		
Sepsis, n (%)	8 (11.6)		
Intracranial hemorrhage, n (%)	16 (23.2)		
Multiple pregnancy, twin, n (%)	14 (20.3)		
Duration of hospital, day, mean±sd (min-max)	41.6 ± 30.1 (3-150)		
Maternal age, year, mean±sd (min-max)	29.9 ± 5.1 (18-43)		
Number of mother's children, mean±sd (min-max)	1.9 ± 1.0 (1-5)		
Maternal education, n (%)	Primary school	High school	Higher education
	15 (24.2)	21 (33.9)	26 (41.9)
Economic status, n (%)	Low	Middle	High
	10 (14.5)	50 (72.5)	2 (2.9)

Table 2. Satisfaction of mothers on the telerehabilitation program

The infant who completed the telerehabilitation program, n (%)	66 (95.7)
Satisfaction, mean±sd (min-max)	9.8 ± 0.7 (6-10)
Preferred telerehabilitation for later, n (%)	38 (61.3)
Preferred to perform the interventions by themselves, n (%)	38 (61.3)

Table 3. Relationship between perspective of mothers with characteristics of infants and mothers

Variable	Satisfaction[a]				Face to face or telerehabilitation[b]					Professional or family[b]				
	B value	SE	t	P value	B value	SE	Wald	P value	Exp (B)	B value	SE	Wald	P value	Exp (B)
Gender	4.89	2.79	0.17	0.86	-1.09	0.63	3.07	0.08	0.33	0.64	0.62	1.05	0.31	1.89
Gestational age	-4.63	0.73	-0.63	0.53	0.28	0.16	2.93	0.09	1.32	**-0.41**	**0.19**	**4.77**	**0.029***	**0.66**
Multiple pregnancy	8.32	3.56	0.23	0.82	0.21	0.76	0.07	0.78	1.23	-0.48	0.84	0.32	0.57	0.62
Duration of hospitalization	**-3.72**	**0.08**	**-4.66**	**<0.000***	0.03	0.02	2.39	0.12	1.03	**-0.04**	**0.02**	**3.9**	**0.048***	**0.96**
Maternal age	**1.36**	**0.02**	**4.55**	**<0.000***	**0.19**	**0.08**	**5.33**	**0.02***	**1.21**	0.11	0.07	2.61	0.10	1.12
Number of children	**-5.38**	**0.02**	**-3.02**	**0.004***	-0.38	0.41	0.83	0.36	0.69	**-1.09**	**0.45**	**5.69**	**0.017***	**0.34**
Maternal education	-0.49	0.08	-1.27	0.21	-1.62	0.86	3.5	0.15	0.19	-2.27	1.09	4.32	0.09	0.10
Economic status	0.53	0.24	0.64	0.52	-0.07	0.83	0.01	0.99	0.93	**-4.41**	**2.07**	**4.51**	**0.03***	**0.01**

[a]Quantile regression method, [b]Multiple logistic regression analyses, *Statistical significance p<0.05

characteristics. Mothers reported high satisfaction; however, satisfaction decreased with longer infant hospitalization and a higher number of children, and increased with maternal age.

In this study, parents received home-based telerehabilitation program to support their infants' motor development. Consistent with studies during the COVID-19 pandemic showing high satisfaction with telerehabilitation among professionals and caregivers, mothers of premature infants in our study also reported high satisfaction [8,9]. These results suggest that telerehabilitation is a feasible and positively perceived support model for parents of premature infants.

In this study, maternal satisfaction with telerehabilitation decreased as infants' hospitalization duration increased. Longer hospital stays in premature infants are associated with adverse factors such as low gestational age, small for gestational age, low five-minute Apgar scores, and surfactant use [14]. Observing these conditions may heighten parents' perceived risk of disability or death, leading them to prefer more direct, hands-on intervention [15]. Consequently, parents may report higher satisfaction with face-to-face interventions, which are more familiar and traditionally standard.

A study on children with cerebral palsy showed that having siblings for the child increases caregiver burden [16]. Another study with parents of children with disabilities reported lower telehealth satisfaction with a higher number of children [17]. In line with these findings, our study found that a greater number of children was associated with lower maternal satisfaction. Managing telerehabilitation alongside the demands of multiple children may increase the need for additional support. Accordingly, mothers with more children preferred a professional to perform the program on their behalf**,** and in two cases, infants could not complete the program due to time constraints related to caring for five children. This may represent an important barrier to telerehabilitation that should be considered for each family.

Assenza et al. reported lower telerehabilitation satisfaction among caregivers over 40 years of age, whereas our study found that satisfaction increased with maternal age [10]. In our sample, all primary caregivers were mothers aged 18–43 years, with only one over 40, making the findings mainly applicable to mothers under 40. Differences in familiarity with the internet and electronic devices across age groups may influence satisfaction and warrant further investigation.

Despite overall high maternal satisfaction with telerehabilitation, 38.7% of mothers preferred a face-to-face program for the future. Several factors may explain this. First, satisfaction was based on a short, twelve-week program, and mothers' circumstances may change over time, such as returning to work, which could make telerehabilitation more challenging. Second, consistent with Bican et al., families with children under one year are more likely to prefer face-to-face visits; all participants in our study were mothers with infants under one year old [18]. Third, 38.7% of mothers preferred a professional to perform the intervention, which requires face-to-face delivery, suggesting that satisfaction may be influenced by whether the intervention is parent- or professional-performed. Overall, program duration, child age, and changing parental circumstances may affect satisfaction with telerehabilitation.

Limitations

The lack of a standardised and culturally adapted tool to assess satisfaction, and the fact that satisfaction was evaluated in a general manner rather than across specific domains (mother-provider relationship, technology suitability, etc.) may be considered limitations of the present study. Additionally, as a single-center survey, the findings may not be generalizable to all telerehabilitation programs. Nevertheless, this preliminary study provides a framework for determining maternal satisfaction with telerehabilitation and its associated factors.

The telerehabilitation method in this study combined video and phone calls, unlike the standard model that relies solely on video [4,19]. While this approach may lead to reduced motivation or emotional support due to fewer video calls, it also had advantages. It eased internet access difficulties during the pandemic, provided parents with a dedicated phone line, offered video recordings of the program, and allowed additional video calls upon request. These measures likely helped mitigate potential drawbacks and supported implementation.

Since the study was conducted during the COVID-19 pandemic, results may not fully reflect mothers' objective views, as telerehabilitation was the only way to continue infant interventions safely. Whether satisfaction remains at the same level post-pandemic requires further investigation. Future studies should include mothers and children of different ages, diverse telerehabilitation models, and larger samples to better understand maternal satisfaction.

CONCLUSION

This study highlights barriers to and needs for telerehabilitation in premature infants. Overall, mothers were satisfied with the short-term program supporting their infants' motor development. Potential barriers include longer infant hospitalization, more children, and younger maternal age. Maternal satisfaction appears influenced by both maternal and infant characteristics, emphasizing the need to consider each family's unique circumstances to optimize telerehabilitation.

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Conflict of Interest: None.

Informed Consent: The parents of the infants included in the study signed an informed consent form.

Data Availability Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

Ethical Approval: This study was approved by the Non-interventional Clinical Research Ethics Committee of Hacettepe University (Approval No: 2022/05-10, Date: 2022-03-15). This study was conducted in accordance with the principles of the Declaration of Helsinki.

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