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Posted Date: 6 January 2025

doi: 10.20944/preprints202501.0385.v1

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Article

Evaluating Multidisciplinary Team Effectiveness and Parental Satisfaction in Special Education Settings in Jordan: Insights and Areas for Improvement

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Abstract: Background/Objectives: Children with developmental delays encounter many medical and functional obstacles, requiring all-encompassing care from multidisciplinary teams (MDT). In Jordan, these teams are common in special education environments, offering both rehabilitation and education services. It is important to comprehend the factors that impact team effectiveness and parental satisfaction in these settings to improve rehabilitation services in special schools. The study aims to (1) describe health professionals' perceptions of the effectiveness of MDTs in delivering services to children with developmental delays, (2) describe parents of children with DD satisfaction with the performance of the MDTs, (3) compare the effectiveness of MDTs based on professional and setting variables, and (4) compare the parental satisfaction based on parent and setting variables. **Methods**: Ethical approval was obtained. Data were collected through interviews with therapists and special education specialists from seven public and private special education schools in Jordan. Health professionals completed the Team Effectiveness Questionnaire (TEQ), while parents completed the Satisfaction Survey. **Results**: The Team Effectiveness Questionnaire (TEQ) scored an average of 3.85 out of 5, with the "Purpose and Goals" dimension receiving the highest ratings, while "Problem Solving" scored the lowest. Parents expressed the highest satisfaction with the team's respect for their priorities, rating it at 4.66, while communication with physicians received the lowest parental rating at 4.10. Significant associations were found between professionals' income levels and the effectiveness of team relationships and problem-solving capabilities ($p<0.05$). Additionally, satisfaction ratings varied by school type, with parents from private schools reporting higher satisfaction than those from public schools ($p<0.05$). **Conclusions**: Overall, MDTs are effective in establishing clear goals and respecting parents' roles in the process. However, addressing communication and problem-solving weaknesses within the teams could further enhance their effectiveness. The influence of income on team performance and the differences in satisfaction across school types highlight areas for future research and the need for contextual adjustments in team practices.

Keywords: Multidisciplinary team; Developmental delay; Parental satisfaction; Team effectiveness; Special education setting

1. Introduction

Children with developmental delay (DD) face multifaceted health problems that require comprehensive and coordinated medical and rehabilitation services. Children with DD often have

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impairments across multiple developmental domains, including physical, cognitive, linguistic, and behavioral [1]. This highlights the critical importance of early diagnosis and implementation of comprehensive rehabilitation care [2,3]. Comprehensive rehabilitation services tailored to the specific needs of children with DD and their families can be provided through a multidisciplinary team (MDT) approach. MDT coordinates health and care services across various health disciplines, demonstrating significant benefits. These benefits include improved clinical outcomes [4], greater patient satisfaction [5], enhanced family-centered care [6], better communication [6], and improved financial outcomes [5]. MDTs empower parents and families through education and engagement in home-based programs, leading to better health outcomes [7,8].

Current literature underscores the vital role of MDTs in effectively managing pediatric disorders through comprehensive, coordinated care that addresses the diverse needs of children and their families. Studies by McDonald-McGinn et al. (2017) and Carolin Marr et al. (2017) illustrate that MDTs not only focus on individual impairments but also consider broader determinants of health and family priorities, enhancing the quality of life and social participation [4,9]. The need for adaptive care strategies as children age is highlighted by Speybroeck et al. (2020) and Levy et al. (2021), particularly in conditions like spina bifida and neonatal cardiac issues [5,10]. Additionally, the importance of coordinating ongoing assessment and interventions is reinforced in complex disorders such as Duchenne muscular dystrophy [11] and cerebral palsy (Patel et al. 2020). These findings demonstrate that MDTs are crucial for ensuring continuity of care and improving health outcomes for children with developmental disabilities.

In Jordan's special education schools, MDTs typically consist of a physiotherapist (PT), occupational therapist (OT), speech and language pathologist (SLP), special education specialist (SE), and parents. These teams collaborate to create individualized educational plans (IEPs) that support each child's learning and engagement [14]. While professionals may work independently, they align on shared goals within a comprehensive plan, discussed in regular team meetings (Suzan K. Effgen 2013). MDT effectiveness is influenced by determinants such as communication, role clarity, and shared goals, which are essential for cohesive collaboration and directly impact outcomes for children with developmental disabilities (DD) [5,15]. Although MDTs are widely implemented in Jordanian special education schools, no studies have evaluated their effectiveness or the professionals' factors influencing team dynamics.

Some studies suggest that effective MDT communication and collaboration can foster a partnership with parents, enhancing satisfaction by involving them in shared decision-making [3]. However, the relationship between MDT and parents' satisfaction is inconsistently reported and influenced by factors related to professionals and those related to parents. Professional factors include the child's specific needs, available resources, and team dynamics, where limited resources or miscommunication may lead to parental confusion or frustration [3]. On the other hand, parents-related determinants such as education play a role; notably, parents with higher educational levels often report lower satisfaction than those with primary education [16–18]. This study aims to clarify parental satisfaction among caregivers of children with DD by examining the influence of professionals' and parents' characteristics in MDT settings.

In resource-limited settings, assessing MDTs is crucial to ensure children with DD receive optimal support. The Team Effectiveness Questionnaire (TEQ) was used in this study to examine how professional experience, knowledge, and specialties influence the application of MDT strategies, as greater professional experience and knowledge enhance MDT effectiveness [5,15]. The TEQ was chosen for this study due to its comprehensive approach: it promotes alignment around shared goals, clarifies roles to avoid care gaps, and emphasizes interpersonal relationships vital for team collaboration. The TEQ's focus on problem-solving and professional development also equips teams to address the complex needs of diverse settings, ultimately enhancing care quality and outcomes for children and families [19]. Concurrently, parental perspectives will be assessed through satisfaction surveys to understand the impact of socioeconomic factors such as age, ethnicity, and educational attainment on satisfaction levels [16,17]

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Knowledge about the strengths and weaknesses of MDTs in special education schools in Jordan should inform policy changes and training programs to enhance team performance [5]. Ultimately, the study seeks to improve outcomes for children with developmental disabilities by ensuring they receive coordinated care while exploring factors affecting team effectiveness and parental satisfaction, crucial for maintaining high-quality care (Sierchio, 2003). Therefore, the aims of the study are to

1. Describe health professionals' perceptions of the effectiveness of MDTs in delivering services to children with developmental delays.
2. Describe parents of children with DD's satisfaction with the performance of the MDTs.
3. Compare the effectiveness of MDTs based on professional and setting variables.
4. Compare parental satisfaction based on parent and setting variables.

2. Materials and Methods

- *Ethical consideration*

The Institutional Review Board (IRB) of the Deanship of Graduate Studies at the University of Jordan approved the study, decision number (105/2022). All participants in this study provided written detailed informed consent. All data and participants' information were protected and kept private.

- *Design and setting*

This cross-sectional study examined 69 public special education schools in Jordan registered with the Ministry of Social Development. Of these schools, only four met the inclusion criteria. One school declined to participate, while three schools from Ma'an, Karak, and Zarqa agreed to participate. The inclusion criteria were that schools provided education and rehabilitation services by a minimum of three professionals from different specialties and held at least one team meeting per semester, involving parents in the discussion of care plans. Additionally, we contacted seven private special education schools, of which four met the inclusion criteria and agreed to participate in the study two located in the capital city, Amman, and two in Zarqa.

Included professionals from the participating schools were certified PTs, OTs, SLPs, and SEs, each with a minimum of six months of experience working in MDT with children with DD. Participant parents were included if they had only one child enrolled in the school and receiving rehabilitation services from the MDT.

- *Participants*

Seventy health professionals and seventy parents of children with DD participated in this study. Among the health professionals, 89% were females. The ages of the professionals ranged from 22 to 40 years, with a mean age of 28 years. Participants were distributed across four specialties: 23% were PTs, 33% were OTs, 16% were SLPs, and 29% were SEs. Most professionals held bachelor's degrees (90%), and only 3% had postgraduate qualifications. In terms of employment, 81% of participants were full-time employees. Table 1 provides a detailed overview of the demographic characteristics of the professional participants.

The parent participants were mostly mothers (91%), with ages ranging from 20 to 40 and a mean age of 35. The parents had varying levels of education, with 42% holding a bachelor's degree. Most of the children were aged between 8 and 10, and most attended inclusive schools for one to four years. Table 2 presents the demographic characteristics of the parent participants.

Table 1. Demographic characteristics of professional participants.

Demographic characteristic	Categories	Number of participants And percentage
Gender	Male	8 (11%)
	Female	62 (89%)

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Age (year)	20-25	25 (36%)
	26-30	32 (46%)
	More than 31	13 (18%)
Educational level	Diploma	5 (7%)
	Bachelor	63 (90%)
	Postgraduate	2 (3%)
Employment status	Full time	57 (81%)
	Part-time	13 (19%)
Specialty	Physiotherapy	16 (23%)
	Occupational therapy	23 (33%)
	Speech therapist	11 (16%)
	Special education	20 (29%)
Years of experience	0-2 years	20 (29%)
	3-5 years	31 (44%)
	6-10 years	10 (14%)
	More than 10 years	9 (13%)
Income	Less than 300 JD	44 (63%)
	More than 300 JD	26 (37%)
Type of School	Public	24 (34%)
	Private	46 (66%)

Table 2. Demographic characteristics of parent participants.

Demographic characteristic	Categories	Number of participants And percentage
Gender	Male	6 (8%)
	Female	65 (91%)
Age (year)	20-25	11 (16%)
	26-30	13 (18%)
	31-40	29 (41%)
	More than 40	18 (25%)
Marital status	Married	64 (90%)
	Divorced	4 (6%)
	Widow	2 (3%)
Educational level	Less than high school	10 (14%)
	High school	16 (23%)
	Diploma	9 (13%)
	Bachelor	30 (42%)
	Postgraduate	5 (7%)
Employment status	Not Employed	45 (63%)
	Full time	18 (25%)
	Part-time	4 (6%)
	Self-employed	1 (1%)
	Retired	2 (3%)
Child's age	Less than 5 years	31 (44%)
	5-7 years	14 (20%)
	8-10 years	17 (24%)
	More than 10 years	8 (11%)
Child's school experience	Less than one year	39 (55%)
	(2-4) years	25 (35%)
	(5-7) years	4 (6%)

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More than 7 years	2 (3%)

- *Measures*

Demographics form for professionals used to collect data related to professionals' age, sex, educational level, income, specialty, and years of experience.

Demographic form for parents used to collect data about age, sex, marital status, educational level, employment, number of children, child's age, and school experience.

A Team Effective Questionnaire (TEQ) [21] was used to measure the MDT effectiveness comprehensively across eight dimensions: Purpose and Goals, Roles, Team Processes, Team Relationships, Intergroup Relations, Problem Solving, Passion and Commitment, and Skills and Learning. Each dimension is a composite of seven questions with a rating from 1 "strongly disagree" to 5 "strongly agree" which describes the personal view of the team's attributes and behaviors. The sum of all average scores of the eight domains ranges from 0 to 40 with higher scores indicating better team effectiveness. The results are used to identify strengths and areas for improvement and help teams to pinpoint specific areas that need attention and to develop strategies for improvement. The TEQ has excellent internal consistency with 0.97 Cronbach's alpha (Ibrahim El morsi ibrahim, Gouda Metwally Ibrahim, and Mosaad Mohamed Elghabbour 2020).

The **Satisfaction Survey** was developed by researchers to evaluate parental satisfaction with the MDT processes, communication, and overall performance. Our literature review revealed a significant gap in existing satisfaction measures specifically tailored to assess MDT functioning, highlighting the need for a dedicated tool that captures the unique experiences of parents. This survey aims to provide insights that can enhance MDT effectiveness and improve outcomes for children and families.

To construct the survey, we utilized the eight dimensions of the TEQ, which include aspects such as purpose and goals, roles, team processes, and communication. These dimensions guided the formulation of our questions, which assess various facets of parental satisfaction, including respect for priorities, clarity of roles, and the effectiveness of communication among team members. By aligning our questions with these established dimensions, we ensure a comprehensive evaluation of the MDT's performance.

The survey was initially developed in English to maintain fidelity to the TEQ terminology and was subsequently translated into Arabic to ensure cultural and linguistic relevance for Arabs. The WHODAS 2.0 translation process involves several key steps to ensure accurate and culturally appropriate translations. It begins with forming a translation team of bilingual experts who understand both the source and target languages, as well as the subject matter. A representative monolingual group is then identified to provide feedback on the translation. The translation is conducted under expert supervision, followed by a review to identify potential issues. The monolingual group assesses the translation for clarity and cultural relevance, leading to necessary revisions. An independent back-translation is performed by a professional translator to compare with the original text, ensuring conceptual and linguistic equivalence. Any discrepancies were addressed through further revisions by the researchers. Finally, the Arabic Satisfaction Survey was finalized. This translation process enhances the reliability of the survey and ensures that it resonates with the cultural context of the respondents.

The final Arabic version underwent a pre-testing phase with a sample of ten parents who were a subgroup of the participants to establish face validity. The internal consistency reliability of the Satisfaction Survey was assessed using the entire sample data and **Cronbach's alpha** was found to be 0.92, indicating excellent internal consistency.

- *Procedure*

Each professional participant completed both the demographic survey and the Team Evaluation Questionnaire (TEQ) through an interview, with each session lasting approximately 30 minutes. The first author conducted all 70 interviews individually with the professional. After signing the consent form, the first author asked the questions starting with the demographic form and the TEQ. The TEQ

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English version was used as all the professionals are fluent in English. Also, a common explanation in Arabic was prepared and provided to the professionals by the first author for all the TEQ questions.

Direct interviews with the parents were not conducted because the school administrators declined to provide access to parents' contact information to maintain their privacy. Therefore, the school's administrators asked the parents to complete the demographic form and the satisfaction survey in Arabic on their own and return it to the school admin. If parents had any questions, they were instructed to reach out to the school's admin who can contact the researcher.

- *Data analysis*

The reliability of the TEQ and the satisfaction survey was assessed by calculating Cronbach's alpha, with a threshold of 0.70 or higher considered indicative of acceptable internal consistency [22]. Descriptive statistics (mean, SD) were computed for the total scores and each dimension of the TEQ and satisfaction survey. Comparative analyses were conducted using an independent t-test or analysis of variance (ANOVA) as appropriate. Independent t-tests were used to assess the difference in TEQ dimensions, and total scores based on the professionals' income (less than 300 Jordanian dinars, equal or more than 300 Jordanian dinars) and type of school (private, public). ANOVA tests were used to assess the difference in TEQ dimensions, and total scores based on the professionals' specialties (PT, OT, SLP, SE), and years of experience (less than 2 years, 3-5 years, more than 6 years).

Independent t-test was also used to examine the difference in parents' satisfaction score based on the parents' educational level (high school at most, and bachelor's degree and higher education), and the school type (public, private). All statistical analyses were conducted using SPSS Version 29, with an alpha level set at <0.05. The analysis was completed in collaboration with the Center for Tests and Data Analysis at the University of Jordan.

3. Results

Team Effectiveness as reported by professionals.

The mean of the Team Effectiveness Questionnaire (TEQ) is 3.85/5 with a standard deviation of 0.64, representing a moderate "agree-neutral" level of team effectiveness. The dimensions are ranked from highest to lowest as follows: "Purpose and Goals" had the highest score (Mean: 3.94, SD: 0.64), suggesting strong clarity and alignment of team objectives. This was followed by "Passion and Commitment" (Mean: 3.91, SD: 0.70), "Team Relationships" (Mean: 3.91, SD: 0.76), "Skills and Learning" (Mean: 3.91, SD: 0.66), and "Intergroup Relations" (Mean: 3.91, SD: 0.63), indicating solid team motivation, interpersonal communication, learning, and collaboration. "Roles" (Mean: 3.79, SD: 0.73) and "Team Processes" (Mean: 3.70, SD: 0.76) were slightly lower, suggesting potential areas for improvement in role clarity and decision-making processes. Lastly, "Problem-Solving" received the lowest score (Mean: 3.69, SD: 0.62), highlighting a need to strengthen the team's ability to address and resolve challenges effectively. Overall, while the team demonstrates considerable strengths in alignment and motivation, enhancing problem-solving and team processes could further improve their effectiveness.

- *Satisfaction of parents*

The satisfaction survey revealed that the highest-rated aspect was parents' satisfaction with the team respecting their priorities for their child, with a mean score of 4.66 out of 5 and a standard deviation (SD) of 0.61. This indicates that parents highly valued the team's recognition of their priorities. In contrast, the lowest-rated aspect was the team's communication with the child's physician and their ability to follow the physician's recommendations, which had a mean score of 4.10 out of 5 and an SD of 1.13. This suggests a potential area for improvement in interdisciplinary communication and collaboration.

Table 4. Descriptive Statistics for the Satisfaction Survey.

Questions	M	SD
How satisfied are you with the team respecting your priorities for your child?	4.66	0.61

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How satisfied are you with the communication process with the team?	4.56	0.75
How satisfied are you with team cooperation to achieve your child's goals?	4.50	0.83
How satisfied are you with your understanding of the different roles of team members?	4.44	0.69
How satisfied are you with the clarifying and explaining of your child's problems by the team?	4.43	0.93
How satisfied are you with your child's goals as stated by the team?	4.39	0.86
How satisfied are you with the frequency of meetings with the team and the time between them?	4.27	0.95
How satisfied are you with the coordination of overlapping tasks done by different team members?	4.27	0.98
How satisfied are you with the team's implementation of your child's treatment plan?	4.27	0.98
How satisfied are you with your child's services?	4.20	1.06
How satisfied are you with the ability of the team to communicate effectively with your child's physician and follow the physician's recommendations?	4.10	1.13

- *The Effect of Professionals' Variables on TEQ Results*

A one-tailed independent samples t-test yielded significant results on Team relationships t (68) = -1.87, p = 0.03 and Problem-solving dimensions of the TEQ t (68) = -1.75, p = 0.04) indicating that low income has a negative impact on dimensions related to team relationship. Whereas no significant difference was found between professionals working in public schools and those working in private schools t (68) = -0.89, p = 0.37 indicating that the school type does not significantly impact professionals' perception of team effectiveness.

The impact of professionals' variables including specialty and years of experience on multidisciplinary team (MDT) effectiveness was assessed using ANOVA. The results indicated that specialty has no significant effect on TEQ total score (F (3, 66) = 0.27, p = 0.847) nor its eight dimensions. Also, years of experience have no significant effect on the perception of professionals on TEQ total score (F (2, 67) = 0.08, p = 0.93) nor its eight dimensions.

- *The Effect of Parents' Variables on Satisfaction Survey Results*

Independent t-tests revealed non-significant differences in satisfaction between parents who have high school and less education than those who have bachelor's degrees and higher t (68) = -0.037, p = 0.971. However, there was a statistically significant difference in satisfaction between parents whose children attended public versus private schools, t (68) = -1.74, p < 0.05. Parents of children in private schools reported higher satisfaction compared to those in public schools.

4. Discussion

The results of this study indicate that professionals perceive the MDT approach to be effective in managing children with DD in special education schools in Jordan. This outcome aligns with expectations, as the MDT approach addresses complex impairments and the comprehensive needs of children with DD, ultimately aiming to engage caregivers in care and improve the children's quality of life [29]. Furthermore, this finding is in congruence with existing literature that supports the effectiveness of MDTs for children with complex health conditions [9,11,12,23]. For instance, Patel et al. identified the MDT model as the most suitable approach for managing impairments in children with cerebral palsy, while Speybroeck et al. recommended MDTs to meet the needs of children with spina bifida [10,12].

The current study highlights specific dimensions of MDT performance that require improvement. These include roles, team processes, and problem-solving. This suggests gaps in essential team competencies, such as clarity regarding each member's role, organized collaboration through well-defined plans and shared goals, and the ability to address emerging problems effectively and promptly. These weaknesses align with Levy et al., who also found deficiencies in

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team role clarity and problem-solving in MDTs working within neonatal settings [5]. To address these shortcomings, we suggest that regular meetings should be held to clarify the roles and responsibilities of each MDT member when working with children who have DD within the special education schools. Also, joint sessions involving multiple professionals working toward shared goals should be implemented. For example, physical therapists and occupational therapists could collaborate on joint sessions aimed at improving balance, fine motor skills, and hand-eye coordination. Such collaboration can enhance each team member's understanding of others' contributions, ensuring more cohesive goal setting and intervention planning. Moreover, regular training sessions focused on teamwork and communication are essential to improve MDT performance. These trainings can help establish quality standards for team effectiveness and enhance communication within the MDT as well as between the MDT and parents, ultimately promoting the successful implementation of family-centered care [8].

Parents of children with DD reported high levels of satisfaction with MDT performance, as indicated by the satisfaction survey results. This positive perception is likely rooted in parents' active involvement in the MDT process, including their contributions during assessments, collaborative problem identification, and participation in setting goals and implementing care plans. Such involvement aligns with the principles of family-centered care, which emphasizes the importance of including families in decision-making processes [8]. However, the lowest satisfaction score was associated with team processes and coordination between MDT members, mirroring the weaknesses identified by professionals in the TEQ. This suggests that improving teamwork and coordination among MDT members would not only enhance team effectiveness but also boost parental satisfaction. From a clinical perspective, incorporating family-centered care into rehabilitation services for children with DD leads to improved outcomes. This study offers the first quantitative assessment of parental satisfaction with the MDT approach in Jordan, underscoring the importance of involving parents in the care planning process.

Interestingly, our study found no significant difference in the TEQ scores between professionals working in public and private special education schools in Jordan, suggesting that MDTs in both settings operate at a comparable level of effectiveness. This similarity may be due to the comparable competencies among MDT members and the adherence to consistent teamwork standards and processes. In contrast, satisfaction survey scores revealed higher satisfaction among parents of children attending private schools, potentially attributed to enhanced communication and coordination between professionals and parents in these settings. Additionally, parents in private schools might be more engaged and motivated, possibly because the provided services align better with their expectations.

The findings that low income is associated with diminished perceptions of effective team relationships and problem-solving capabilities align with previous studies, which indicate that resource limitations and inadequate social support contribute to these perceptions. For example, teachers in low-income schools face significant challenges in team dynamics [24], while problem-solving teams in high-poverty settings encounter logistical issues that hinder collaboration [25]. However, appropriate interventions can enhance team effectiveness [26]. This supports existing research suggesting that socioeconomic status impacts team dynamics and interpersonal skills [27]. Limited access to resources, increased stress levels, and fewer opportunities for social engagement in lower-income environments can hinder effective communication, trust, and collaboration within teams. Therefore, there is a clear need for activities that enhance team-building skills and provide support in organizational settings

Our study found no significant relationship between MDT effectiveness and the factors associated with either professionals or parents. This finding contrasts sharply with prior research that has linked various factors such as professionals' age, gender, education, specialty, and experience to MDT effectiveness [15]. Similarly, previous studies have associated parents' age, education, satisfaction, and the length of their child's school attendance with MDT effectiveness [17,18]. The lack of correlation in our findings may be attributed to the homogeneity of our sample, which

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predominantly consisted of female participants with similar ages and educational backgrounds, and where most children had attended school for less than a year. This limited diversity may have restricted the range of responses, potentially masking significant relationships. Furthermore, the context of our study differs from previous research, which often focused on hospital or neonatal settings, whereas our study centered on purely educational services. These contextual differences could account for the observed discrepancies in findings.

To enhance our understanding of MDT dynamics, future research should consider narrowing the focus to specific influential factors or exploring these relationships in varied contexts. This approach may yield more nuanced insights into the complexities of MDT effectiveness and help identify the conditions under which these relationships are most pronounced.

- *Implication of Physiotherapy Practice*

The clinical implications of this study suggest that integrating a multidisciplinary approach in managing children with developmental delay can significantly enhance patient outcomes, particularly in terms of quality of life (QoL) and parental satisfaction. To maximize these benefits, policies should be organized to regulate developmental delay (DD) management within a multidisciplinary team (MDT) approach, ensuring that children with developmental delay receive MDT services. This approach ensures comprehensive care, addresses the diverse needs of children with developmental delay, and provides holistic solutions for both the child and their family.

- *Limitation & Recommendation*

This study is innovative in its examination of the effectiveness of MDTs in delivering rehabilitation services for children with DD in special education schools in Jordan. However, the generalizability of the findings is limited due to the participation of only eight schools that met the inclusion criteria. This small sample size restricts the ability to extrapolate results to a broader context. Additionally, obtaining parental feedback proved challenging, as many managers of special education schools did not permit interviews with parents, potentially leading to a lack of diverse perspectives on MDT effectiveness.

For future research, it is recommended to further investigate the effectiveness of MDTs in providing rehabilitation services to children with DD within special education schools. This could involve conducting discussions or interviews with parents and educators to identify areas for improvement and uncover potential limitations of the teams. Engaging with leaders and managers of these teams could yield valuable insights into effective practices and necessary adjustments. Furthermore, exploring the correlation between MDT operations and the implementation of family-centered care would enhance understanding of how these factors interact. Lastly, conducting comparative studies on parental satisfaction with integrated school-based support versus separate assistance could provide critical insights into the effectiveness of different support models, ultimately informing better practices in MDT implementation.

5. Conclusions

This research shows that healthcare professionals generally perceive the MDT as effective, but areas like teamwork, roles, and problem-solving could be improved more. Besides, parents are very happy with how the MDT is being handled, and this highlights the importance of focusing on families in the MDT approach. Although there was no notable correlation found between MDT success and particular variables from professionals or parents, the link between team dynamics and parental satisfaction remains evident. The research underscores the significance of efficient collaboration, communication, and engagement of families. The study proposes additional research on the effectiveness of MDTs through qualitative methods, involving input from team leaders and managers, and examining the relationship with family-centered care.

Author Contributions: Conceptualization, NA and BS; Methodology, NA and BS; Validation, NA and BS; Formal Analysis, NA and BS; Investigation, NA and BS; Resources, NA and BS; Data Curation, NA, BS; Writing

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– Original Draft Preparation, BS, NA and BQ ; Writing – Review & Editing, NA, BS, SA, MA, and HH; Visualization, NA BS, and BQ; Supervision, NA, Project Administration, NA; Funding Acquisition, BS.

Funding: This research received no external funding.

Institutional Review Board Statement: The Institutional Review Board (IRB) of the Deanship of Graduate Studies at the University of Jordan approved the study, decision number (105/2022).

Informed Consent Statement: All participants in this study provided written detailed informed consent. All data and participants' information were protected and kept private.

Data Availability Statement: The datasets generated and analyzed during the current study are available from the corresponding author on reasonable request.

Acknowledgments: The author declares that no external funding or support was received for this research.

Conflicts of Interest: The authors declare no conflicts of interest.

Abbreviations

The following abbreviations are used in this manuscript:

MDT	Multidisciplinary Team
DD	Developmental Delay
TEQ	Team Effectiveness Questionnaire

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