

SATISFACTION WITH SERVICES
(oral presentations)

THE DEVELOPMENT OF A PATIENT SATISFACTION QUESTIONNAIRE IN SWEDEN. Lars Hansson, Department of Psychiatry, University Hospital, S-221 85 Lund, Sweden. Elisabeth Höglund, Swedish Institute for Development of the Health Services, Postbox 70487, S-107 26 Stockholm, Sweden.

The assessment of patient satisfaction with services has become an issue of increasing interest in the evaluation of mental health services. However, a number of methodological problems concerning, sampling, reliability and validity have been raised. A further problem in the field has been the great number of different instruments and scales used, which has made comparisons between studies cumbersome. In Sweden, a collaborative project has been performed with the aim of developing a patient satisfaction instrument for use in routine clinical quality of care assessments as well as in mental health services evaluation research. Two versions of a patient satisfaction questionnaire have been developed, one for use in inpatient services and one for use in community care services. In this presentation some data concerning the development and use of the instruments as well as a summary of associated reliability and validity studies will be given. Results from two nationwide cohorts of out- and inpatients have shown that reliability coefficients for the instruments were satisfactory. As to the content validity of the instruments, qualitative studies with the aim of investigating what constitutes essential features of inpatient and community care from the patient perspective have been performed. The results showed that the dimensions given the highest priority concerned qualities of the staff-patient relationship and the adjustment of services provided to individual needs of care. These dimensions were found to be well covered in the two instruments. Different modes of administration of the instruments have been tested, generally resulting in somewhat lower response rates when the instrument was used as a postal questionnaire. However the content and way of administration of information from staff also seem to have an influence on response rates. The relationship of patient background characteristics and personality traits with levels of satisfaction have also been investigated, and both seem only to a less extent to influence satisfaction with services. A recurrent finding is, however, that patients admitted for compulsory care show a poorer satisfaction with services.

CLIENT SATISFACTION AS AN INDEX FOR QUALITY OF CARE: THE DEVELOPMENT OF AN INSTRUMENT (OOB). Bob van Wijngaarden and Aart H. Schene, Dept. of Psychiatry, Academic Medical Centre, Tafelbergweg 25, 1105 BC Amsterdam, The Netherlands.

In assessing the quality of care offered in psychiatric settings, the opinion of clients has become more and more important. Therefore, the assessment of client satisfaction has become standard practice. However, using satisfaction as an index of quality has been criticized. Firstly, because of practical and methodological problems. The satisfaction assessed might be too high, theories are lacking, response is low, wording of the items is too abstract, and the influence of social desirability, Hawthorne effect, and reactivity is unknown. Secondly, interviews and questionnaires developed for one study are hardly applicable for other studies, because of the wish to evaluate setting-specific characteristics. On the other hand, general instruments like the Client Satisfaction Questionnaire (CSQ) are considered to be too global. Thirdly, the relationship between the effects of a psychiatric treatment and the evaluation of this treatment is as yet unclear. Highly preferred treatment services might have undesirable consequences in the eyes of care providers.

In developing an instrument for the evaluation of psychiatric day- and inpatient treatment (OOB), the authors have tried to face these problems. The OOB is not a general instrument but offers a standardized method to assess satisfaction in clinical settings. This standardization concerns lay-out, multi-dimensionality, definition of items, and contents. Wording of the items can be adapted to specific settings. The questionnaire consists of 45 items clustered in six dimensions: characteristics of the clinic, general atmosphere, treatment programme, autonomy, contact with professionals, and treatment effect. The OOB seems to be reliable and valid, and a strong relationship between satisfaction and treatment effect is found.

METHODOLOGICAL ASPECTS OF THE EVALUATION OF THE PSYCHIATRIC SERVICE SATISFACTION. V.Evtushenko, M.D., Mental Health Care Dept., Research Mental Health Center of the Russian Academy of the Medical Sciences, Zagorodnoye shosse, 2, 113152, Moscow, Russia

The effectiveness and quality of the psychiatric care, as one of forms of the representable medical services, is evaluated on the basis of satisfactory degree of the consumers by such services. The evaluation requires, firstly, determination of a circle of consumers of the psychiatric services, and, secondly, their appealing for it. The peculiarity of the rendering of care to the mentally ill consists in the fact that the consumers of this care are not only the latter, but also their relatives.

Each of consumers, appealing for the psychiatric services, proceeds from own needs and interests. The difficulties in the evaluations of the quality of care arise usually at the moment, when the inconsistent interests collide: for example, the interests of a patient, considering himself being healthy; the interests of relatives, insisting on the stationary treatment of such a patient; the interests of the mentally ill patient's neighbours, which are afraid of mentally ill and want to put that patient in the psychiatric hospital for the chronically ill.

In such situation satisfaction of the psychiatric care will be unequal for that, who appeals for it, and, correspondingly the evaluation of the quality will be different. Naturally, it is impossible to satisfy the interests and needs of each of consumers. The activities of the psychiatric establishment are directed to such decision of problems of each of the consumers, which as a result must promote avoiding to conflicts of their primary interests and needs. The evaluation of quality of the psychiatric care, rendered in such many-measured and internally inconsistent space should, by our opinion, base on, extent of possible creation of the "harmony of satisfactions". Using the integrated quantitative evaluations the similar approach can open the way for such evaluation of quality of rendering care, which will be in proximity to the reality.

CRISIS INTERVENTION IN A GENERAL HOSPITAL. Tero J. Taiminen, Raimo K.R. Salokangas, Minna Tarmi-Mattsson, Erkki Aärelä, Jarmo Strandberg, Department of Psychiatry, Turku University Central Hospital, Kiinamylyllykatu 4-8, FIN-20520 Turku, Finland.

At the beginnig of February 1993 the Psychiatric Department of Turku University Central Hospital started a research project "Crisis Intervention in a General Hospital". The aim of the first part of the study was to describe the patient population either referred to psychiatric consultation or admitted to our general hospital psychiatric ward during four months. The consultants made first-line assessments for 445 patients. The most frequent diagnoses were major depression (30 %), neurotic disorders (20 %) and adjustment disorders. The mean score of the GAS-scale for the patients was only 48. One fifth of the patients had attempted suicide, and consultants estimated that crisis intervention was appropriate for 40 % of the patients.

The aim of the second part of the project was to investigate the effectiveness of our inpatient care. We followed up in detail those patients who were admitted to our general hospital psychiatric ward, which is specialized in crisis interventions. The severity of various symptoms during the hospitalization was estimated repeatedly with structured instruments, e.g. Hamilton scales, and all the treatment modes were recorded.

The aim of the third part of the project was to evaluate how the hospitalization or out-patient service was experienced by the patients. For this purpose we interviewed the patients one month after the last contact. We asked after their current subjective symptoms and inquired about their opinions on the treatment. In the third part of the study we also evaluated the opinions of the doctors who had referred the patients to our clinic, and interviewed the patients' ongoing treatment units about how they had found our treatment.

Results of the parts two and three of the project are currently analyzed and they will be shortly summarized.

**SATISFACTION OF PATIENTS AND GENERAL PRACTITIONERS
WITH MENTAL HEALTH SERVICES IN NORWAY**

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Measurement of satisfaction with mental health services is carried out in six catchment areas as a part of a comprehensive field testing of methods for evaluation of such services. A questionnaire to a large number of patients treated in March 1994 is combined with a telephone interview of the general practitioners in all the six catchment areas.

The questionnaire is based on a Swedish questionnaire adapted to Norwegian in cooperation with the user organization Mental Health Norway, who also plans to interview some of the patients. The telephone interview is based on a questionnaire used in a study in Oslo.

Results and experiences with the methods are presented, as well as the strategy to relate these results to measures on personnel resources, costs, classification and organization of services, service utilization, type or contents of the services given, philosophy and practice of the treatment units, and patients characteristics.

OPINIONS OF CLIENTS AND GOALS OF SERVICE DELIVERY. Mrs. Pink van Veen, Executive assistant, Psychiatric Hospital De Grote Beek, Dr. Poletlaan 1, 5626 NC Eindhoven, The Netherlands.

In developing a comprehensive community support system for people with severe mental illness, several new programs of mental health care have been developed in the Eindhoven region. In this paper we concentrate on a casemanagement-program for patients with a long history of inpatient care, an intensive casemanagement-program for a group of young severely disturbed clients and a program for day-activities and sheltered and supported employment.

In developing mental health care, a periodical evaluation of services is seen as crucial. The evaluation concentrates not only on the efficiency and methodological quality of the program, but more in particular on the question whether the program is attuned to the wishes and needs of clients. Yearly evaluation has become part of good practice.

The paper focusses not only on the description of the evaluating instruments and its usage but also on the results.

We learned that in applying an instrument on the opinion of clients, we could establish very satisfactory whether services functioned according to their wishes. To concentrate on client opinions appears to be also a good measurement of the question to which amount persued outcomes of services were reached.

**SATISFACTION WITH PSYCHIATRIC CARE USING THE
SPANISH VERSION OF THE VERONA SERVICE SATISFACTION
SCALE OF 54 ITEMS(VSSS)**

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The Verona Service Satisfaction Scale (VSSS) is a reliable and valid instrument for measuring the level of satisfaction with community-based psychiatric services. Its different versions: the VSSS-P, for patients; the VSSS-R, for relatives; and the most reduced VSSS-S for professionals, allow us to develop a multiaxial approach to knowledge about the different levels of satisfaction with mental health care (Ruggieri & Dall'Agnola, 1993). In this communication we will summarize the most relevant aspects of the procedure adopted for translating the patient version of the VSSS-54 into the Spanish language, and of the preliminary testing of its applicability in our culture. For this purpose, a sample of 90 Spanish mental health users of two mental health facilities was randomly selected and studied. All patients included in the sample had more than 18 contacts with mental health services in the last three years.

We will also describe the results of a preliminary study about satisfaction scores focusing in the different dimensions of the instrument and its relation with a serie of sociodemographic, clinical and treatment-related variables.

SATISFACTION WITH SERVICES
(poster presentations)

DO PROFESSIONALS ESTIMATE THEIR CLIENTS' SATISFACTION CORRECTLY?. Alicia E. López*, Manuel Muñoz+, Teresa Rivas* and Carmen Berrocal*. Facultad de Psicología. Univ. de Málaga. Campus de Teatinos s/n. 29071-Málaga.SPAIN.
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As can be seen from the revised literature, there are few studies that directly examine therapists' estimates about their clients' satisfaction (i.e. Distefano et al. 1980; Frank et al., 1977; Jones & Tupell, 1982; Larsen et al., 1978; Ruggeri & Dall'Agola, 1993). In general, most of the investigations focus on the differences in the appraisals of the success of the intervention -insofar as results obtained- between therapists and clients, and not so much on the professionals' capacity to estimate the satisfaction of the people they have attended.

Altogether, the results point in the same direction. Professionals seem to be able to predict whether their clients are satisfied, on the whole, with the services received. However, studies focusing on determining professionals' capacity to appraise specifically which aspects were most and least satisfactory are practically nonexistent.

In our study, the appraisal carried out by professionals of the satisfaction-level of the users of their services is considered an important aspect, insofar as correct estimates will mean higher assistance quality. The investigation was carried out in three Psychosocial Rehabilitation Centers (PRCS) of Madrid, with a sample of 9 professionals who assessed a total of 60 users and 58 users' families. Specifically, the most and least satisfactory aspects of the attention offered by the PRCS were considered. The results show that professionals do not carry out correct estimations when asked to value concrete aspects.

EXPLORING THE LINK BETWEEN ECONOMIC COST AND SATISFACTION

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This presentation is part of a wider evaluation of a sectorised community mental health service in South East London, serving a population of 45000. Comprehensive costs have been calculated for the services used by over 100 clients who have a psychotic disorder. These costs are associated with the direct psychiatric services as well as secondary services received (such as social worker inputs and law and order agencies). In addition the hidden costs of informal care and travelling time borne by clients have been calculated. Service information was collected using the Client Service Receipt Interview (Knapp & Beecham, 1990).

Using a production function technique, commonly employed in economics, we are able to examine which service inputs combine to produce different levels of client service satisfaction. In this study satisfaction has been measured using the Verona Service Satisfaction Scale (Ruggeri and Dall'Agnola, 1992). Multivariate regression techniques were employed to construct the production function.

This approach to examining the link between service costs and satisfaction allows us to determine the optimum combination of resources required to obtain a particular level of output.

THE FUTURE

MENTAL HEALTH CARE SERVICES EVALUATION RESEARCH: NEED FOR INTERNATIONAL COLLABORATION. J.G. Sampaio Faria, Regional Adviser for Mental Health, World Health Organization, Regional Office for Europe, Scherfigsvej 8, 2100 Copenhagen, Denmark.

The future development of community-based systems of mental health care largely depend upon the evaluative data made available to policy and service's decision-making. Particularly in countries of central and eastern Europe facing severe economic and budgetary shortages, this type of evaluative data is important and timely. In this paper a description of the rationale and main initiatives of WHO in fostering international collaboration in Europe in this field is given.