

Evaluation of family caregiver satisfaction with a mental health inpatient service

Avaliação da satisfação dos familiares com um serviço de internação em saúde mental

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Abstract

Objective: To evaluate the satisfaction of family caregivers with a mental health inpatient service in Brazil.

Methods: This was a cross-sectional study with a quantitative approach. A sample of 80 caretaking family members answered the abbreviated version of the Brazilian Mental Health Services' Family Satisfaction scale (SATIS-BR) and a sociodemographic questionnaire. Categorical variables were expressed as frequencies and percentages and quantitative variables as means and standard deviations. Interactions among variables and indexes of the scale were analyzed using the Student's *t* test, Pearson correlation coefficient and analysis of variance.

Results: The results showed a high mean overall satisfaction score when considering the categorization of the items of the scale, with higher satisfaction indexes in the 'Treatment results' subscale and lower ones in the 'Reception and competence of staff' and 'Privacy and confidentiality' subscales. In the comparison of the samples studied, greater scores were observed in general satisfaction and in factors in the medical residency care model than in the attending psychiatrist model. There were no significant differences in terms of family member satisfaction in relation to sociodemographic variables.

Conclusion: Family member satisfaction was high. The need for improvement in aspects related to the infrastructure of services was evident. This paper underlines the importance of continuous and regular evaluations of the services provided, focusing on the satisfaction of users and family members in order to better understand the factors that contribute towards the quality of care provided.

Keywords: Health service evaluation, scales, psychiatric hospitals, family caregivers, mental health services.

Resumo

Objetivo: Avaliar a satisfação de familiares cuidadores com um serviço de internação em saúde mental no Brasil.

Métodos: Trata-se de um estudo transversal, com abordagem quantitativa. Uma amostra de 80 familiares cuidadores respondeu à Escala de Avaliação da Satisfação de Familiares com os Serviços de Saúde Mental (SATIS-BR), além de questionário sociodemográfico. As variáveis categóricas foram expressas como frequências e porcentagens, e as variáveis quantitativas, como médias e desvios padrão. As interações entre variáveis e índices da escala foram analisadas utilizando o test *t* de Student, correlação de Pearson e análise de variância.

Resultados: Os resultados indicaram escore médio de satisfação geral elevado quando considerada a categorização dos itens da escala, tendo ocorrido maiores índices de satisfação no fator 'Resultados do tratamento' e menores índices nos fatores 'Acolhida e competência da equipe' e 'Privacidade e confidencialidade'. Na comparação das amostras estudadas, foram observados maiores escores de satisfação geral e por fator no modelo de atendimento residência médica em relação ao modelo psiquiatra assistente. Não houve diferenças significativas quanto à satisfação dos familiares em relação às variáveis sociodemográficas.

Conclusão: A satisfação dos familiares foi elevada. Foram evidenciadas necessidades de melhoria nos aspectos relacionados à infraestrutura dos serviços. Esta pesquisa aponta para a importância de serem realizadas avaliações contínuas e regulares dos serviços, tendo como foco a satisfação dos usuários e familiares para uma melhor compreensão dos fatores que contribuem para a qualidade do atendimento.

Descritores: Pesquisa sobre serviços de saúde, escalas, hospitalização, cuidadores, serviços de saúde mental.

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Introduction

Psychiatric hospitalization is a thorough procedure of great importance. Currently, it is indicated in severe cases that characterize situations of risk for the patient or third parties and when the resources for out-of-hospital treatment have been used.¹ The treatment offered in all services should aim, as a permanent purpose, for the social reintegration of patients in their environment.^{1,2}

Although an important part of the care provided to patients with mental disorders continues to be carried out in psychiatric hospitals, it is possible to observe, in the last decades, a consistent transformation in mental health care in Brazil, as a result of the psychiatric reform.² With the implementation of the new model of care, there was a severe reduction of hospital beds and the creation of substitute services to the asylum model, in addition to national programs of care provided to patients with mental disorders. Initially, the experience of the new service was not evaluated, making it difficult to analyze the processes and the results of implementations.^{3,4}

Community services for mental health care have brought about many benefits, but have also showed difficulties in providing continuous and satisfactory care to patients in Brazil and other countries.⁵⁻⁷ Besides the fact that services lack resources, there is also the possibility of reproduction of some negative characteristics of the psychiatric hospital context (institutionalism, segregation, abandonment) in the substitute services, justifying the need for supervision through evaluation of the quality of care.⁸

The World Health Organization (WHO)⁶ makes relevant recommendations regarding the mental health reform process, highlighting the importance of greater investment in resources for this sector, in the quality of services, with a progressive reduction in the need of hospitalization and improvement of the attention given to patients with mental disorders. In this context, the current period is characterized by two simultaneous movements: the construction of a mental health care network to replace the model centered on hospital admission; and the evaluation and supervision of existing psychiatric services.²

The importance of an adequate evaluation of the quality of care is related to a greater approval of the treatment provided and reduction of both dropout rates⁹⁻¹² and number of hospitalizations.^{13,14} In this way, the evaluation of services must be a continuous activity, carried out periodically. Among the recommended actions are the monitoring of

services, with indicators reflecting the quality of access, the adequacy of care, the quality of preventive and therapeutic interventions, in addition to the assessment of user satisfaction.⁶

In the 1970s, the first studies of health quality assessment appeared, making the user's judgment of services become an object of investigation.¹⁵ Despite the recommendations of the health regulatory agencies, most studies have evaluated mental health services focusing on patient satisfaction and placing little emphasis on the opinion and satisfaction assessment of other groups involved in the health context, such as family members and professionals.

In the WHO Report on Mental Health in the World,⁶ 10 recommendations were set forth for mental health planning and practice. The involvement of family members in the treatment of psychiatric patients is one of them, emphasizing that the participation of the family improves the treatment of mental disorders and that family participation is of utmost importance in the evaluation process proposed by the services.^{16,17}

As well as family participation, assessment of the quality of mental health services by the users' families was also neglected in studies conducted before the psychiatric reform; rather, pre-reform research was limited to investigating the influence of the family in the determination of mental illness.^{17,18} Currently, the impact of mental disorders on the family has become an important area of research.

In the Brazilian context, there are still few studies that evaluate the satisfaction of family caregivers with mental health services using valid measures of scales to gauge satisfaction.¹⁹⁻²⁵ In particular, only one study has been found that evaluates the satisfaction of family members in the context of inpatient units,²² and it was conducted in community services. Therefore, this study aims to evaluate the satisfaction of family caregivers with a mental health inpatient service in Brazil.

Methods

Sample and design

This was a cross-sectional, descriptive, analytical study, carried out from June to October 2016, with the application of multifactorial measures of family satisfaction.

The study included 80 family caregivers of psychiatric patients admitted to inpatient units at Hospital de Saúde Mental Professor Frota Pinto (HSM), in Fortaleza, state of Ceará, Brazil. Only one family member per patient participated.

A non-probabilistic sample of family members was selected using data from the patient's medical records. The following inclusion criteria had to be met: being a family caregiver of a patient admitted for full hospitalization for at least 7 days; being 18 years or older. Family members presenting any of the following characteristics were excluded: illiteracy; no contact with the service; no conditions to understand the questions of the instrument used (i.e., when it was necessary to use more words than allowed by the scale to explain the questions).

The service that participated in this research is part of the hospital network of the Brazilian Unified Health System (Sistema Único de Saúde - SUS), a reference for psychiatric care in the state of Ceará, with four hospitalization units (two for men and two for women), with 40 beds each. The sample of relatives who participated in the study was collected in the four hospitalization units of the service.

Instruments

Family caregiver satisfaction with the mental health service was evaluated by means of the abbreviated version of the Brazilian Mental Health Services' Family Satisfaction scale (Escala de Avaliação da Satisfação dos Familiares com Serviços de Saúde Mental - SATIS-BR). The SATIS-BR includes a set of scales for the assessment of mental health services, developed by the Mental Health Division of WHO and validated for use in Brazil by Bandeira et al.^{26,27} and Bandeira & Silva.²⁸

The scale comprises eight quantitative questions with answers arranged on a 5-point Likert-type ordinal scale, where 1 = very dissatisfied, 2 = unsatisfied, 3 = indifferent, 4 = satisfied, and 5 = very satisfied. The abbreviated version of SATIS-BR/Family is distributed into three subscales: 1) satisfaction with treatment results; 2) satisfaction with reception and staff competence; and 3) satisfaction with privacy and confidentiality. There are also three qualitative questions regarding the perception of family members about various aspects of the services received.

A sociodemographic questionnaire was also applied to evaluate the characteristics of family members, including the following variables: gender, age, marital status, educational level and degree of kinship with the patient. The characteristics related to the care received by the evaluated patients included hospitalization time and care modality (divided into 1 - medical residency, represented by a team of physicians attending a first-year residency program and supervisors; and 2 - attending psychiatrists).

Procedures

The data were collected through structured interviews that lasted approximately 20 minutes and were performed at the units of the mental health service after certifying that all the inclusion criteria were met. Contact with the participants was made through an appointment scheduled by phone or through personal contact with the researcher or previously trained workers (medical students), during patient visiting hours, established in two alternating weekly shifts, until the sample size was complete. Family member understanding of the questions contained in the satisfaction scale was verified by means of a pilot test performed with 10 family members prior to the beginning of data collection.

Data analysis

The data were input and analyzed using the Statistical Package for the Social Sciences (SPSS) version 15.0. To describe the characteristics of the sample, absolute and relative frequencies were used for categorical variables, and means and standard deviations (SD) for continuous variables. The mean and respective SD of the overall satisfaction scores (all scale items) and of each subscale score were also calculated based on the validation study performed by Bandeira et al.²⁷

In the inferential analysis, the following tests were performed for situations of comparison of means between groups: Student's *t* test for independent samples in situations where the independent variable had two categories; analysis of variance (ANOVA) in situations where the independent variable had more than two categories.

For the comparison of the indexes of the scale (OS - overall satisfaction; F1 - treatment results; F2 - reception and staff competence; and F3 - privacy and confidentiality), repeated measures ANOVA was used followed by Bonferroni post-hoc test in the presence of statistical significance. Pearson correlation coefficient was used to analyze the continuous variables. In all the inferential analyses, significance was set at $p < 0.05$.

The treatment of qualitative information used the technique of thematic or categorical analysis. According to Bardin,²⁹ this technique is based on operations of breaking up the text into registration units and, later, regrouping it into classes or categories.

Ethical considerations

This study was approved by the research ethics committee of Escola de Saúde Pública do Ceará (protocol 1.481.613/2016). All caregivers signed an informed consent form before they were interviewed.

Results

Sample description

Table 1 represents the main descriptive data of the sample of family members evaluated. Most of the family members were female (73.75%), lived with a stable partner (51.25%), and had a high school education level (55.0%). Mean age was 43.18 years (SD = 13.90), with a minimum age of 18 and a maximum of 85 years. With respect to the degree of kinship with the patient, the majority were siblings (38.75%), followed by mothers (27.5%), spouses (13.75%), children (12.5%), and others (7.5%).

When the characteristics related to the care received by the patients were evaluated, 31.25% of the patients were seen by medical residents, and 68.75% by attending psychiatrists. Patient hospitalization time ranged from 7 to 110 days, with a mean of 21.13 days (SD = 15.86).

Family satisfaction with the service

Table 2 presents the mean family satisfaction scores for the global scale and for the three subscales of SATIS-BR and the corresponding p-values. The mean overall satisfaction score was 4.05 (SD = 0.66), ranging from 1.12 to 5, indicating that, in general, the patients' caregivers were satisfied with the service.

Table 1 - Sociodemographic characteristics of family members according to inpatient units at Hospital de Saúde Mental Professor Frota Pinto, Fortaleza, Brazil

Variables	Unit 1	Unit 2	Unit 3	Unit 4	Total
Gender					
Male	4 (5.00)	1 (1.25)	9 (11.25)	7 (8.75)	21 (26.25)
Female	19 (23.75)	19 (23.75)	11 (13.75)	10 (12.50)	59 (73.75)
Age (years)					
18-29	3 (3.75)	2 (2.50)	5 (6.25)	4 (5.00)	14 (17.50)
30-59	14 (17.50)	17 (21.25)	12 (15.00)	12 (15.00)	55 (68.75)
≥ 60	6 (7.50)	1 (1.25)	3 (3.75)	1 (1.25)	11 (13.75)
Marital status					
Single	4 (5.00)	12 (15.0)	7 (8.75)	7 (8.75)	30 (37.5)
Married	12 (15.00)	8 (10.0)	12 (15.00)	9 (11.25)	41 (51.25)
Separated or divorced	3 (3.75)	0 (0.0)	1 (1.25)	0 (0.0)	4 (5.00)
Widow(er)	4 (5.00)	0 (0.0)	0 (0.0)	1 (1.25)	5 (6.25)
Educational level					
Elementary school incomplete	9 (11.25)	3 (3.75)	7 (8.75)	6 (7.50)	25 (31.25)
Elementary school complete	3 (3.75)	2 (2.50)	2 (2.50)	2 (2.50)	9 (11.25)
High school incomplete	0 (0.0)	2 (2.50)	0 (0.0)	0 (0.0)	2 (2.50)
High school complete	6 (7.50)	9 (11.25)	10 (12.50)	6 (7.50)	31 (38.75)
Certificate program	2 (2.50)	1 (1.25)	1 (1.25)	0 (0.0)	4 (5.00)
Higher education	3 (3.75)	3 (3.75)	0 (0.0)	3 (3.75)	9 (11.25)
Kinship degree					
Parents	9 (11.25)	4 (5.00)	4 (5.00)	5 (6.25)	22 (27.5)
Brother or sister	6 (7.50)	10 (12.50)	9 (11.25)	6 (7.50)	31 (38.75)
Spouse	5 (6.25)	1 (1.25)	1 (1.25)	4 (5.00)	11 (13.75)
Son or daughter	2 (2.50)	3 (3.75)	5 (6.25)	0 (0.0)	10 (12.50)
Others	1 (1.25)	2 (2.50)	1 (1.25)	2 (2.50)	6 (7.50)
Modality of care					
Medical residency	9	12	0	4	25 (31.25)
Attending psychiatrists	14	8	20	13	55 (68.75)
Total	23 (28.75)	20 (25.00)	20 (25.00)	17 (21.25)	80 (100)

Data presented as n (%).

The highest satisfaction factor was obtained in the 'Treatment results' subscale, with a mean score of 4.25. Lower satisfaction indexes were found for the subscales 'Reception and staff competence' (3.95) and 'Privacy and confidentiality' (3.91). These data sets were submitted to a comparative analysis using repeated measures ANOVA. Multiple comparisons indicated a significant difference between overall satisfaction and the 'Treatment results' factor and between this factor and the 'Reception and staff competence' and 'Privacy and confidentiality' factors.

Regarding the data with percentages for each specific item of the scale, most of the relatives reported being satisfied (score 4) or very satisfied (score 5) with the service. The data showed that 81.25% of the relatives had high satisfaction scores in relation to the benefit of patients with the care received. Likewise, most of the family members considered themselves satisfied or very satisfied in relation to the other seven items on the scale. The variables of the scale that obtained the highest scores were: benefit with care (item 8), help the patient to deal more effectively with the problem (item 3), and satisfaction with professional competence (item 7) (Table 3).

Regarding satisfaction scores, the items with the lowest indexes were privacy (item 5), understanding of the type of help that the patient needed (item 2), and understanding of the professional who admitted the patient (item 1).

Table 4 presents the overall and by-factor satisfaction scores according to medical care modality. Higher satisfaction scores (between satisfied and very satisfied according to the categorization of the scale items) were observed for the medical residency modality compared to the attending psychiatrist model, which presented high satisfaction scores for the 'Treatment results' factor (4.13) and intermediate scores for overall satisfaction (3.94) and for the factors 'Reception and staff competence' (3.86) and 'Privacy and confidentiality' (3.76).

In the comparison between satisfaction scores according to the different care models, the research group found statistically significant differences with higher satisfaction scores in the medical residency modality in relation to overall satisfaction and to the factors 'Treatment results' and 'Privacy and confidentiality.' No statistically significant differences were found when overall satisfaction and by-factor scores were compared among the hospitalization units of the service.

Table 2 - Overall satisfaction and factor scores of family members from inpatient units at Hospital de Saúde Mental Professor Frota Pinto, Fortaleza, Brazil, according to the SATIS-BR scale

SATIS-BR scores	Mean	SD	p
Overall satisfaction (OS)	4.05 ^A	0.66	
Treatment results (F1)	4.25 ^{ABC}	0.80	
Reception and staff competence (F2)	3.95 ^B	0.64	
Privacy and confidentiality (F3)	3.91 ^C	0.90	0.001*

SATIS-BR = Brazilian Mental Health Services' Family Satisfaction scale.

* p < 0.05 in repeated measures analysis of variance.

Multiple comparisons in the Bonferroni Post-hoc test: A - significant difference between OS-F1; B - significant difference between F1-F2; C - significant difference between F1-F3.

Table 3 - Percentages of response and mean satisfaction for each item on the SATIS-BR scale of family members from inpatient units at Hospital de Saúde Mental Professor Frota Pinto, Fortaleza, Brazil

Items	Satisfied*	Mean
Understanding of the professional who admitted the patient	57 (71.25)	3.86
Understanding the type of help that the patient needed	52 (65.0)	3.76
Help the patient to deal more effectively with the problem	62 (77.5)	4.28
Obtaining the type of help the patient needed	57 (71.25)	4.12
Measures to ensure privacy	58 (72.5)	3.75
Privacy and confidentiality	68 (85.0)	4.07
Professional competence	65 (81.25)	4.22
Benefit with care	65 (81.25)	4.35

SATIS-BR = Brazilian Mental Health Services' Family Satisfaction scale.

* Answers 4 and 5. Data presented as n (%).

Factors associated with family satisfaction

For the analysis of factors associated with family satisfaction, some categories of variables were grouped according to the answers given to subjective questions. Only seven participants did not respond or answered "I do not know" to one or more qualitative items of the scale after being told that answering was optional. The main factors that contributed to a high level of family satisfaction were patient care and improvement observed with treatment, especially professional care, in addition to services offered such as food and cleaning of the units.

As for the aspects that the subjects disliked in the service, the predominant contents were issues related to security in the units, infrastructure, comfort and appearance of the service, and insufficient number of professionals.

In the analysis of sociodemographic variables of family members related to satisfaction (Tables 5 and 6), only gender presented statistically significant differences in the subfactor 'Treatment results,' demonstrating that male relatives were more satisfied with the improvement observed in the patients. In the study of the variables

Table 4 - Overall satisfaction of family members from inpatient units at Hospital de Saúde Mental Professor Frota Pinto, Fortaleza, Brazil, according to care modality

Variable/modality	Mean	SD	p
Overall satisfaction (OS)			0.016*
Medical residency	4.32	0.53	
Attending psychiatrists	3.94	0.68	
Treatment results (F1)			0.034*
Medical residency	4.53	0.68	
Attending psychiatrists	4.13	0.82	
Reception and staff competence (F2)			0.064
Medical residency	4.15	0.52	
Attending psychiatrists	3.86	0.67	
Privacy and confidentiality (F3)			0.028*
Medical residency	4.24	0.72	
Attending psychiatrists	3.76	0.94	

SD = standard deviation.

* Significant difference in the Student's *t* test for independent samples ($p < 0.05$).

Table 5 - Comparison of overall satisfaction scores of family members from inpatient units at Hospital de Saúde Mental Professor Frota Pinto, Fortaleza, Brazil, according to gender

Variable/gender	Mean	SD	p
Overall satisfaction (OS)			0.150
Male	4.23	0.47	
Female	3.99	0.70	
Treatment results (F1)			0.038*
Male	4.51	0.53	
Female	4.16	0.86	
Reception and staff competence (F2)			0.420
Male	4.05	0.53	
Female	3.92	0.68	
Privacy and confidentiality (F3)			0.283
Male	4.10	0.77	
Female	3.85	0.94	

SD = standard deviation.

* Significant difference in the Student's *t* test for independent samples ($p < 0.05$).

age, marital status, kinship degree, and educational level in relation to satisfaction scores, no significant statistical differences were found with ANOVA. Pearson coefficient showed a negative correlation between age and 'Overall satisfaction' ($r = -0.57$, $p = 0.614$) and between age and subfactors 'Treatment results' ($r = -0.66$, $p = 0.56$) and 'Privacy and confidentiality' ($r = -0.118$, $p = 0.297$); and a positive correlation with 'Reception and staff competence' ($r = 0.038$, $p = 0.741$). However, age did not present statistically significant correlations with the subfactors of the scale.

Discussion

The results of this study made it possible to evaluate a mental health service from the perspective of family caregivers and to highlight the importance of assessing the quality of service from the point of view of satisfaction.

The overall mean satisfaction score among the family members participating in this study was 4.05, a value that can be considered high. These results are in line with those previously reported in Brazilian studies that evaluated the satisfaction of family members

through the SATIS-BR questionnaire and investigated the satisfaction of caregivers of patients assisted in outpatient mental health services.¹⁹⁻²⁵ The results also corroborate those found by the National Program of Hospital and Psychiatry Assessment (Programa Nacional de Avaliação dos Serviços Hospitalares - PNASH 2012/2014), in which the hospital where this study was performed received high scores after being evaluated for technical requirements and user satisfaction.³⁰

Some international studies, however, have found lower rates of family satisfaction.³¹⁻³³ Several theories are proposed to explain the differences observed in the assessment of user satisfaction with health services. Among them, social acceptability stands out, which emphasizes the importance of the agreement between what is offered by the services and the preference of the users, being an important factor for the quality of the service.³⁴ Another example is the contrast that holds in the expectation model, which suggests that subjects evaluate a given service based on a comparison made between a current experience and previous experiences, which could point to advantages of some of the services analyzed.³⁵ Furthermore, in some situations, the satisfaction levels observed are not only related to the quality of services, since high

Table 6 - Comparison of overall satisfaction scores of family members from inpatient units at Hospital de Saúde Mental Professor Frota Pinto, Fortaleza, Brazil, according to sociodemographic variables

Variables	Overall satisfaction (mean)	SD	p*
Age (years)			0.863
18-29	3.99	0.47	
30-59	4.08	0.70	
≥ 60	4.00	0.68	
Marital status			0.698
Single	3.99	0.80	
Married	4.10	0.53	
Divorced/Widow(er)	4.07	0.66	
Educational level			0.508
Elementary school incomplete	3.91	0.79	
Elementary school complete	3.97	0.73	
High school/certificate program	4.14	0.56	
Higher education	4.19	0.53	
Kinship degree			0.843
Parents	4.00	0.89	
Brother or sister	4.07	0.54	
Spouse	4.27	0.66	
Son or daughter	4.47	0.56	
Others	3.96	0.44	

SD = standard deviation.

* ANOVA.

levels of satisfaction have been found in the studies even when expectations regarding the service were negative, an effect known in the literature as elevation of satisfaction rates.³⁶

Differences in satisfaction indexes may also be related to the structure and organization of the services, cultural characteristics of the location and participants, as well as the model of data collection used for the study.

The analysis of the factors of the SATIS-BR scale allowed to identify 'Treatment results' as the factor that brought greatest satisfaction to the family, with levels between satisfied and very satisfied. The subscales 'Reception and staff competence' and 'Privacy and confidentiality' had lower indexes of satisfaction (mean satisfaction scores of 3.95 and 3.91, respectively); both were categorized as intermediate levels of satisfaction.

These data suggest that the relatives studied found greater satisfaction regarding the treatment given to the patients, considering that this treatment was necessary to the patient and was helping them to deal more efficiently with their problems.¹⁹⁻²⁵ These aspects were also widely cited in qualitative data as factors of higher family satisfaction. However, the 'Privacy and confidentiality' factor, associated with physical conditions and comfort of the service, showed lower levels of satisfaction, and these factors were more often reported when the participants were asked about the aspects that would need to be improved in the units. These results resemble those found by Gigantesco et al.³⁷ and Perreault et al.³¹

It is worth mentioning the result that evidenced the difference in relation to overall and by-factor satisfaction in the medical residency modality when compared to attending psychiatrists, with higher satisfaction indexes associated with the former. These data, to the present date, had not been evaluated in satisfaction studies. One of the factors that may have contributed to the differences found is the greater frequency of care offered to the patients by resident physicians, a fact cited in the subjective answers regarding the aspects that the family member liked the most.

This result may also reflect the quality of care, as attending psychiatrists bear a greater workload in terms of number of patients assisted as compared to medical residents, which reduces the number of weekly evaluations, does not allow for adequate contact between family members and the medical team to answer questions, and limits treatment results, thereby decreasing satisfaction scores.

The family members presented a sociodemographic profile with predominance of the female gender, married,

and aged 30 to 59 years. These results are similar to those found in the Brazilian studies that evaluated family satisfaction.^{19-21,23,25}

With regard to education level, high school education was slightly predominant, a result that is higher than that found in most studies. It is worth noting that all illiterate family members were excluded from the present study, a fact not observed in other investigations and that has contributed to increase the educational level in our sample.

Regarding the degree of kinship of relatives with patients, siblings were predominant in this sample, differing from other national and international studies, in which parents were the main caregivers. This divergence can perhaps be explained by the likely higher age of the users (not assessed by this study), making siblings the primary caregivers.^{19-25,32,38}

As observed by Bandeira et al.,¹⁹ who evaluated family member satisfaction in three mental health services in Belo Horizonte, Brazil (mental health outpatient clinics), none of the sociodemographic variables investigated in the relatives were associated with overall satisfaction with mental health services; only the male gender, in this study, correlated with higher satisfaction scores in the 'Treatment results' factor.

The qualitative data collected allowed to add information and to provide suggestions of what aspects could improve satisfaction with the service. A low rate of response abstention was observed, indicating the family members' desire to participate. Among the factors mentioned in the subjective questions, professional care was highlighted, characterized as a quality by some interviewees, and at the same time, recognized as insufficient in relation to the number of professionals and the service offered. Lack of qualified professionals can compromise care and treatment outcomes. Another aspect widely remembered by the family members were failures related to the security of the service. These situations could be minimized by reducing the number of patients per unit, making adjustments to the professional staff (number and workload) and the qualifying mental health workers.

The present study has some limitations. The results have a reduced potential for generalization because they refer to a single service, with its peculiarities. The sociodemographic and clinical characteristics of the patients were not evaluated, which may have had an influence on family satisfaction. In addition, it is worth mentioning the inclusion of a non-random sample of family members. Non-randomized samples may influence the results in favor of a higher degree of family satisfaction with services.

Conclusion

The data highlighted a high percentage of family member satisfaction with the mental health service, reflecting a positive view of family members regarding the service at which the patients are being treated. Among all the factors associated with satisfaction, those related to results of the treatment stood out, reflecting the benefits related to the care provided and improvements observed.

The results point to the need for improvements in the service regarding aspects related to professional care and infrastructure of the units. In this way, the importance of greater investments in these areas becomes evident, since these deficiencies can compromise the quality of the service and its results.

There were no differences in the overall satisfaction between hospitalization units or in relation to sociodemographic variables. As far as care is concerned, the greatest overall and by-factor satisfaction was observed in the medical residency care model vs. the attending psychiatrist model, which may reflect the greater overload of the latter group, thereby compromising satisfaction with care.

Family members did not show resistance to participate in this research, which translates as a stimulus to promote their involvement in the treatment of patients and the evaluation of mental health services.

Although widely recommended by the WHO, so far only few national studies have been conducted to assess mental health services from the perspective of the family. The present investigation points to the need to carry out continuous and regular assessments of services and to extend these studies, focusing on the satisfaction of users and their families, for a better understanding of the factors that contribute towards the quality of care.

Disclosure

No conflicts of interest declared concerning the publication of this article.

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