



## Gender and the relative importance of mental health satisfaction domains



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### ABSTRACT

Consumer-reported satisfaction data is a tool used for measuring and targeting areas for quality improvement in mental healthcare. In this study, we investigated the relationship between gender and the relative importance of mental health service satisfaction domains to overall satisfaction, in addition to gender differences in satisfaction across domains. People receiving mental health services (1765 males and 1950 females) completed questionnaires regarding their overall service satisfaction and satisfaction along six domains: Access to Services, Quality and Appropriateness, Participation in Treatment Planning, Outcome of Services, Social Connectedness, and Functioning. While all were important to overall satisfaction across genders, women reported slightly higher overall satisfaction. Linear regression analyses were used to determine the relative importance of these subscales to overall satisfaction for each gender. While the correlations between each subscale and overall satisfaction were significant for both, gender was found to moderate the relationship between some subscales and overall satisfaction. Although predictive of overall service satisfaction across the sample, we found Functioning, Outcome of Services, Social Connectedness, and Access to Services were relatively more important to overall satisfaction for men than women. Consistent feedback of results and improved access to services may be particularly effective for engaging both men and women in treatment.

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Consumer-reported satisfaction data is a tool used for measuring and targeting areas for quality improvement in mental healthcare (Bramesfeld, Wedegärtner, Elgeti, & Bisson, 2007; Edlund, Young, Kung, Sherbourne, & Wells, 2003; Powell, Holloway, Lee, & Sitzia, 2004; Ruggeri et al., 2007). Although the relationship is small, there is evidence that satisfaction with mental health services is related to successful treatment outcomes (Rey, O'Brien, & Walter, 2002; Turchik, Karpenko, Ogles, Demireva, & Probst, 2010). Patient reported satisfaction with their healthcare has been identified as an important factor related to treatment compliance among medical populations (Jin, Sklar, Min Sen Oh, & Chuen Li, 2008). Similarly, Paykel (1995) found that satisfaction was a strong predictor of treatment adherence among individuals with severe mental illness. Thus, knowledge about the determinants of mental health service satisfaction has the potential to benefit both people receiving services and mental healthcare providers.

Moreover, patient satisfaction may be related to the underutilization of mental health services in some populations. Gender

appears to be an indicator of mental health service utilization with men being less willing to utilize mental health services than women (Gonzalez, Alegría, Prihoda, Copeland, & Zeber, 2011; Mackenzie, Gekoski, & Knox, 2006). This disparity may be attributed to differences in mental healthcare satisfaction between men and women. However, literature in this area has indicated inconsistent findings regarding gender differences in satisfaction with mental healthcare services. In a study examining satisfaction among adults receiving outpatient psychiatric services, Bjørngaard, Ruud, Garratt, and Hatling (2007) found that women reported having better experiences with services than men. However, among a sample of adolescents in treatment for mental health problems, Godley, Hedges, and Hunter (2011) found that boys reported significantly higher rates of treatment satisfaction than girls. Other studies have found that gender was unrelated to mental health service satisfaction (Blenkiron & Hammill, 2003; Edlund et al., 2003; Gani et al., 2011). Thus, questions remain about the relationship between gender and satisfaction.

When mental healthcare systems use client-reported satisfaction data to target improvements, they might be tempted to limit their analysis to identifying which satisfaction domains received the lowest scores, and target those domains for program improvement projects. However, this method does not take into account how important each individual domain is to the overall

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satisfaction of people receiving mental health services. For example, a smaller improvement in quality for a domain that is very important to people receiving mental health services might result in a greater increase in overall satisfaction with services, when compared to a larger and perhaps more expensive improvement in an area that is not as important to people receiving mental health services (Sohn, 2011).

One explanation for these mixed findings is that previous researchers have only examined gender differences in overall service satisfaction. Examining differences in satisfaction among multiple satisfaction domains, and how those domains relate to overall satisfaction within groups, has the potential to provide a richer understanding of the determinants of overall satisfaction with mental health services. For example, men are thought to be more mistrusting of therapists, ambivalent about therapy, and are likely to have lower expectations of therapy than women (Good & Roberts, 2010). These different expectations entering therapy may lead to differences in the perceived value of various treatment aspects. For example, entering treatment with lower expectations may lead men to value the process of therapy less than women, but perhaps to value the direct results of therapy more than women. If this were true, we would expect that satisfaction scale items relating to the direct results of treatment may be more important to overall satisfaction for men than women. Alternatively, we might predict that satisfaction scale items relating to the treatment process will be more important to overall satisfaction for women than men, if women are more receptive to those aspects of treatment.

Given these considerations, the current study had two primary aims. First, we sought to examine which components of mental health services are most related to overall service satisfaction in a large community sample of people receiving mental health services in San Diego County. The second purpose of this study was to uncover gender similarities and differences in mental health service satisfaction. Specifically, we sought to compare overall service satisfaction among men and women and, importantly, to determine which components of service are most strongly related to overall service satisfaction in men compared to women.

## 1. Methods

### 1.1. Participants

Participants were 3715 male ( $n = 1765$ ) and female ( $n = 1950$ ) adults actively receiving psychological and behavioral treatment services at one of 128 mental health provider programs in San Diego County. Data were obtained from a large scale assessment of self-reported satisfaction that occurred twice per year (May and November) where all adults receiving mental health treatment services during a two week data collection period complete an anonymous self-report questionnaire at their provider site. For the current study, we used data collected in May 2009, November 2009, May 2010, November 2010, and May 2011. If a person receiving services completed surveys at multiple times, then the most recent survey was used for that participant.

### 1.2. Measures

#### 1.2.1. Mental Health Statistics Improvement Program (MHSIP) consumer survey

The version of the MHSIP Consumer Survey used in this study consists of 36 items designed to assess the care of persons with mental illness and is widely used in public mental health systems (Center for Mental Health Services, 1996). Each item is a declarative statement (e.g., “I like the services I receive here”) and

response options ranged on a 5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). From the 36-items, the following seven domains are assessed: *Overall Service Satisfaction*, *Perception of Access to Services*, *Perception of Quality and Appropriateness of Care*, *Perception of Participation in Treatment Planning*, *Perception of Outcome of Services*, *Perception of Social Connectedness*, and *Perception of Functioning as a Result of Services* (Table 1). As of 2001, thirty-eight states had implemented a version of the MHSIP consumer survey to assess perception of care from those receiving mental health services (NASMHPD Research Inc., 2002). Reliability of the MHSIP was high in a pilot study (Cronbach's alpha = .95; Minsky & Lloyd, 1996) and was high in the current sample (Cronbach's alpha = .97).

### 1.3. Procedure

Program staff collected MHSIP satisfaction survey data from people accessing outpatient or case management services during a two-week period in November and May, 2009, 2010, and 2011. People receiving mental health services who were unable to complete the questionnaire due to mental or physical illness were assisted by non-clinical staff members. Completed questionnaires were placed in a sealed envelope and returned for processing to University of California San Diego (UCSD) Health Services Research Center (HSRC). Participant responses to the MHSIP from May 2009 to May 2011 were merged with demographic data. In the case of duplicate surveys, only the most recent survey was retained. The study was approved by the University of California, San Diego, Institutional Review Board and the San Diego County Mental Health Services Research Committee.

### 1.4. Statistical analyses

Data were analyzed using Statistical Package for the Social Sciences (SPSS), Version 19.0 (IBM Corporation, 2010). *T*-tests were used to determine if mean satisfaction levels differed between males and females. Cohen's *d* values were calculated to determine effect size for the differences. Pearson correlations were used to describe the relationship between each MHSIP subscale and *Overall*

**Table 1**  
MHSIP subscale domains and descriptions adapted from Sohn (2011).

MSHIP subscale	General description
<i>Overall Service Satisfaction</i>	Satisfaction with services in general (i.e., Services were satisfactory, preferable to other choices, and would be recommended to others)
<i>Perception of Access to Services</i>	Staff availability, the range of service options and how quickly and conveniently services were received
<i>Perception of Quality and Appropriateness of Care</i>	Perceived supportiveness of staff, whether services promoted recovery and continuity of care
<i>Perception of Participation in Treatment Planning</i>	People receiving mental health services' participation in planning services
<i>Perception of Outcome of Services</i>	Services directly provided people receiving mental health services with positive outcomes, particularly changes in areas for which treatment is often sought (e.g., social situations, school/work, housing, symptom management)
<i>Perception of Social Connectedness</i>	Services directly contributed to improved social support and social relationships (i.e., from family and friends) and a sense of belonging in the community
<i>Perception of Functioning as a Result of Services</i>	Services directly resulted in an increase in meaningful activities, taking care of personal needs, and coping strategies

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