



Relationship between perceived improvement and treatment satisfaction among clients of a methadone maintenance program

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ABSTRACT

Purpose: The objective of this study was to evaluate the relationship between perceived improvement and client satisfaction in a methadone maintenance treatment population. A secondary objective was to evaluate the psychometric properties of the Perceived Improvement Questionnaire (PIQ).

Data sources/study setting: Two hundred and thirty-two clients of a methadone maintenance treatment program filled out self-reported questionnaires and two open-ended questions measuring their perceived improvement and their level of satisfaction with the services received.

Principal findings: Correlation analyses revealed a significant relationship between participants' perceived improvement and their level of satisfaction with services received throughout their treatment. A factor analysis identified 3 sub-scales of the PIQ: emotional health, social relations and physical health. The PIQ's internal consistency and construct validity supported the adequacy of the metric properties of the questionnaire.

Conclusion: Further research is needed to investigate the link between clients' input and treatment satisfaction in different substance abuse populations. The scale's potential to provide valuable information such as clinical assessment and program evaluation should be explored.

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1. Introduction

Client perception is an important aspect to consider in the assessment of treatments in health-related fields. It is recommended by the World Health Organization (WHO) to take into account the client's input in studies measuring the quality of service in the domain of health (WHO, 2000a,b). As such, in the past twenty years, numerous studies have focused on client satisfaction with respect to various aspects of mental health and substance abuse treatment services. Several multidimensional scales, specifically those referring to outpatient services, have enabled

researchers to study different facets of client perception. The dimensions most often identified in satisfaction studies included the general satisfaction of clients (Author & Lechner, 1990; Author, Lechner, Sabourin, & Gendreau, 1992; Damkot, Pandiani, & Gordon, 1983; Larsen, Atkinson, Hargreaves, & Nguyen, 1979), the quality of the client–therapist relationship (Gerber & Prince, 1999; Love, Caid, & Davis, 1979; Ruggeri, Dall'Agnola, Bisoffi, & Greenfield, 1995; Tanner, 1982), types of intervention (Greenfield & Attkisson, 1989; Love et al., 1979; Ruggeri & Dall'Agnola, 1993; Ruggeri et al., 1995; Tanner, 1982), staff competence (Greenfield & Attkisson, 1989; Love et al., 1979; Ruggeri & Dall'Agnola, 1993), accessibility of services (Carlson & Gabriel, 2001), administrative procedures (Greenfield & Attkisson, 1989; Love et al., 1979; Ruggeri & Dall'Agnola, 1993; Tanner, 1982), information on services (Author & Katerelos, 2003; Author, Katerelos, Sabourin, Lechner, & Desmarais, 2001; Author, Pawliuk, Veilleux, & Rousseau, 2006), service accessibility, and physical environment (Pellegrin, Stuart, Maree, Frueh, & Ballenger, 2001).

Recently, research has been conducted on certain dimensions linked to client perspective, namely client expectations (Hudak,

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Hogg-Johnson, Bombardier, McKeever, & Wright, 2004) and client preferences relating to specific aspects of services, such as the involvement of relatives or the discharge procedures following hospitalization (Author, Paquin, Kennedy, Desmarais, & Tardif, 1999; Author, Tardif, Provencher, Paquin, Desmarais, & Pawliuk, 2005). Other studies have focused on the clinical outcome of treatment as perceived by clients (Garland, Saltzman, & Aarons, 2000; Holcomb, Parker, & Leong, 1997; Holcomb, Parker, Leong, Thiele, & Higdon, 1998; Mercier, Landry, Corbière, & Author, 2004; Srebnik et al., 1997). However, it is rare that the methods used enable the examination of links between client satisfaction and clinical outcome, as in the study of Chan, Sorensen, Guydish, Tajima, & Acampora (1997).

The assessment of client satisfaction for methadone programs has followed a pattern similar to other treatment domains, as most satisfaction studies have focused on different program characteristics. Significant progress was made in this area with the development of an adapted version of the Verona Service Satisfaction Scale (VSSS), a multidimensional questionnaire which had been developed for the assessment of psychiatric services (De los Cobos et al., 2002, 2004). With more than 500 participants from 20 selected Spanish sites offering methadone treatment, De los Cobos et al. were able to determine satisfaction based on three aspects of service: (1) effectiveness of treatment, (2) perceived competence of the staff, and (3) treatment environment. In other studies on methadone treatment evaluation, specific modalities closely linked to methadone treatment were assessed, such as how methadone is prescribed, and information on safe drug use (Kumar & Rajwal, 2006; Sell & Zador, 2004).

The relationship between satisfaction with treatment and clinical outcome has not yet been explored systematically in methadone treatment studies. However, it is worth reporting here a significant study conducted within the wider domain of substance abuse treatment. Holcomb et al. (1997) analysed clinical improvement among two groups: a psychiatric unit ($n = 66$) and a substance abuse rehabilitation center ($n = 88$). As a result, clinical improvement and high rates of satisfaction were reported in both cohorts. In addition, significant correlations were found between satisfaction and self-reported overall improvement. Despite findings suggesting that perceived improvement is linked to client satisfaction, this relationship is rarely addressed in satisfaction studies on substance abuse treatment (Holcomb et al., 1997, 1998; Mercier et al., 2004). However, when assessing treatment progress in a rehabilitation context, both the client's and the independent observers' perspectives on treatment outcome should be given equal importance (Anthony, Rogers, & Farkas, 2003; Campbell, 1998). For example, a study evaluating clients' views of treatment by contrasting a methadone and a buprenorphine treatment revealed that clients found methadone to be more dangerous and harmful in terms of overdose and withdrawal symptoms, but more helpful in reducing drug consumption (White et al., 2007). Also, the development of recovery-oriented services required adapted measurement scales to convey the input of clients. For instance, studies assessing clients' beliefs and attitudes about a methadone clinic revealed that participants shared negative beliefs about methadone maintenance treatment (MMT) and felt pressured to discontinue the treatment despite the vast majority agreeing that it had a positive impact on their lives (Kayman, Goldstein, Deren, & Rosenblum, 2006; Stancliff, Myers, Steiner, & Drucker, 2002).

In summary, perceived improvement appeared to be an important dimension of clients' assessment of treatment. Accordingly, the main goal of this study was to examine the link between perceived improvement and client satisfaction. A secondary objective was to investigate the psychometric properties of the instrument developed to measure perceived improvement.

2. Method

2.1. Participants

Participants in this study consisted of clients admitted to the "Centre de Recherche et d'Aide pour Narcomanes" (CRAN), a methadone maintenance program treating individuals addicted to heroin. This centre, located in Montreal (Canada), has been in operation since 1986. Sixty-one percent of the 232 participants were male ($n = 130$) and 38.7% were female ($n = 102$). The age of participants ranged from 26 to 45 years old. Twenty-one percent of the sample utilized CRAN services for less than 2 years, 25% of the sample was enrolled for more than 5 years, and 40% of the participants used CRAN services for 2–5 years. As for the services received, 92.5% ($n = 185$) reported receiving medical services, 88.6% ($n = 164$) required nursing assistance, 66% ($n = 107$) received psychosocial services and 45.3% ($n = 58$) received computerized prescriptions.

2.2. Measures

2.2.1. Methadone maintenance outpatient services

Methadone maintenance outpatient services were evaluated using the *Methadone Maintenance Outpatient Services Questionnaire* (MMOSQ). This questionnaire is a modified version of the *Opinion Questionnaire on Outpatient Services* (OQOS) adapted to CRAN services (Author et al., 2001; Author, Tempier, et al., 1999). The OQOS has been used in numerous studies to assess the multidimensional scales of satisfaction in a psychiatric setting and has good internal consistency, with a Cronbach's alpha of .88 for the overall questionnaire (Author et al., 2001; Tempier, 2001; Tempier, Pawliuk, Author, & Steiner, 2002). The OQOS is also correlated with the *Client Satisfaction Questionnaire*, a global satisfaction scale widely used to evaluate health services ($r = .77$ with the CSQ-8, Author et al., 2001). The MMOSQ is a 24-item questionnaire used to rate service satisfaction on a 3-point Likert scale. This questionnaire has good internal consistency as well (Cronbach's alpha = .84).

2.2.2. Open-ended questions

Participants were asked to answer two open-ended questions to evaluate their level of satisfaction with services received at the CRAN: "What do you like best at CRAN?" and "What do you think could be improved at CRAN?" (Author et al., 2006). Transcribed responses were divided into "concept units", groupings of words or sentences corresponding to one concept (L'Écuyer, 1988), and then classified according to a content analysis grid developed by Author, Leichner, Sabourin, & Gendreau (1993). The grid included five content categories: clinical environment, clinicians, interventions, service organization, and general comments about the clinic such as, "I hate it here". These categories were based on clients' responses in personal interviews. Each concept unit was then assigned to a trichotomized score, with 1 = dissatisfaction, 2 = mixed satisfaction and dissatisfaction, and 3 = satisfaction (Author et al., 1993). Afterwards, an average score was computed to rate the overall satisfaction based on the comments written by the participants. The inter-judge agreement was high, with only 30 of the 604 comments requiring a third independent judgement, and 20 needing corrections.

2.2.3. Perceived improvement

The *Perceived Improvement Questionnaire* (PIQ) was used to measure clients' perception of improvement for undergoing treatment at a methadone maintenance facility. The PIQ is a standardized, adapted version of a questionnaire evaluating clients' perceived improvement while receiving outpatient psychiatric services (Author et al., 2003).

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