



A systematic review of factors associated with service user satisfaction with psychiatric inpatient services



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ABSTRACT

Background: Satisfaction is seen as an indicator of the quality of mental health services and has been related to outcomes and compliance with treatment. The current review seeks to examine the factors relating to satisfaction with inpatient services.

Method: A search was conducted of PsycInfo, Web of Science, Cinahl, Embase and Medline databases. Screening resulted in 32 papers being included in the review. Papers were subject to quality assessment using the Mixed Methods Appraisal Tool (MMAT).

Results: Review of the included papers suggested factors relating to satisfaction could be broadly classified as either service user or service/ward related. Service user related factors included findings that satisfaction was higher when service users were admitted voluntarily. Service related factors included findings that satisfaction was negatively associated with experiences of coercion and positively associated with being on an open ward.

Conclusion: It appears that coercion has a key role in ratings of satisfaction. Additionally, service users reported an impact of staff relationships, and the ward environment. Satisfaction is associated with a range of factors, an awareness of which will allow for the development of quality services that meet the needs of service users.

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1. Introduction

Public attention has increasingly been directed to concerns regarding the quality of psychiatric inpatient provision, with headlines such as 'Mental health patients forced to travel miles for care' (BBC News, 2014) and 'Cost of not caring: nowhere to go – the financial and human toll for neglecting the mentally ill' (USA Today, 2014) becoming increasingly common. The Kings Fund have reported widespread evidence of failures in quality of care in inpatient mental health services in England (Gilbert, 2015). Satisfaction with health care services is increasingly seen as an important indicator of quality of care not only in mental health services (Al-Abri and Al-Balushi, 2014; Bleich et al., 2009; Shipley et al., 2000; Williams and Wilkinson, 1995) but also within physical health services, such as cancer treatment (Harrison et al., 2009), cardiovascular care (Greco et al., 2015), pain management (Stang et al., 2014) and primary care (Paddison et al., 2015). Service users have a unique perspective on services, and their views can be used to ensure that services are of high quality (Larsen et al., 1979; Smith et al., 2014). Without this perspective, service evaluations are naturally biased towards provider and clinician views (Larsen et al., 1979). Indeed, service user-rated satisfaction has been shown to be a more reliable indicator of service quality than referrer or clinician rating, when ratings from the three groups were compared in relation to five distinct service sectors (Shipley et al., 2000). Satisfaction can also be seen as an important outcome indicator, with evidence suggesting that high satisfaction is linked with increased compliance with treatment, and an increased likelihood of completing treatment regimens (Bleich et al., 2009; Henderson et al., 1999; Williams and Wilkinson, 1995). Dissatisfaction has been found to increase the likelihood of service users disengaging from, and failing to complete, treatment programmes (Henderson et al., 1999). This is particularly problematic in inpatient services, especially in the case of those who are involuntarily detained. Disengagement and non-compliance with treatment in inpatient settings can lead to coercion (Fiorillo et al., 2012), and therefore has wide ranging implications for service user and staff welfare. In order to develop satisfactory services, it is necessary to understand the factors that affect service users' satisfaction with services.

The literature relating to satisfaction with health care has historically been subject to methodological concerns (Bleich et al., 2009; Druss et al., 1999; Henderson et al., 1999; Larsen et al., 1979; Nguyen et al., 1983; Williams and Wilkinson, 1995). Factors thought to be related to service user satisfaction have been inconsistently linked, to the extent that some have dismissed the possibility of links between service user satisfaction and socio-demographic characteristics as these links are perceived to be unreliable (Carr-Hill, 1992). Many researchers have commented on the lack of a unified concept of satisfaction and the challenges this has

created in developing an evidence base around related factors (Bleich et al., 2009; Williams and Wilkinson, 1995). Historically, the views of mental health service users have been disregarded due to a belief that they lack the insight and ability to evaluate mental health services (Ruggeri et al., 2003; Williams and Wilkinson, 1995). Evidence that service users' satisfaction is a more accurate predictor of the quality of services than other measures has contributed to a shift in this view (Shipley et al., 2000). In recent decades there has been a move towards examining the levels of satisfaction in users of psychiatric services (Zendjidian et al., 2014). Corrigan (1990) conducted a review relating to satisfaction with inpatient and community psychiatric services, finding that age and time in education were both positively correlated with satisfaction (Corrigan, 1990). However, Corrigan noted that the majority of research conducted was qualitative, which may have accounted for the consistently high ratings of satisfaction. In the time since Corrigan's review, health services have changed significantly. There has been a move towards increased community care, with reduced capacity in inpatient services. It is likely that these changes have impacted on the experiences of service users.

1.1. Aims of the study

The current study aims to provide an up-to-date review examining the factors associated with satisfaction with inpatient services. In doing so it will generate a model about the processes and mechanisms involved in influencing satisfaction in these settings. Inpatient admissions for mental health problems are essentially complex interventions and as such it is important to utilise empirical research to generate theories about the processes which determine how these interventions work with a view to maximising future effectiveness in terms of patient outcomes including patient satisfaction (Medical Research Council, 2000, 2008).

2. Method

2.1. Eligibility criteria

A full list of inclusion criteria can be seen in Table 1. Studies were excluded if they related specifically to the development or psychometric properties of a measure, if the inpatient experience was related to physical health, learning disability, child and adolescent, or older adult services, in order to ensure a homogenous sample, and if the views of inpatients were inseparable from those of another group (e.g. staff, carers).

2.2. Search strategy

The review was conducted in accordance with the Preferred

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