

A mental health home visit service partnership intervention on improving patients' satisfaction

Jui-Fen Cheng^a, Xuan-Yi Huang^{b,*}, Mei-Chu Lin^c, Ya-Hui Wang^c, Tzu-Pei Yeh^d

^a School of Nursing, China Medical University and Hospital, No.91 Hsueh-Shih Road, North District, Taichung 40402, Taiwan, ROC

^b Department of Nursing, National Taipei University of Nursing and Health Sciences, No.365, Ming-te Road, Beitou District, Taipei City 11219, Taiwan, ROC

^c Department of Nursing, Tsaotun Psychiatric Center, Ministry of Health and Welfare, Taichung, 161 Yu-Pin Road, Tsaotun Township, Nantou County 54249, Taiwan, ROC

^d Department of Nursing, China Medical University and Hospital, No.91 Hsueh-Shih Road, North District, Taichung 40402, Taiwan, ROC

ABSTRACT

Aims: To investigate a partnership intervention of the community-based and hospital-based home visit to improve patients' satisfaction.

Methods: A time series quasi-experimental quantitative design was used. The experimental group had “partnership intervention”, while the control group maintained routine home visits. Patient satisfaction was measured pre-intervention, six months and 12 months after the partnership intervention.

Results: Six and 12 months after partnership intervention, in the experimental group, items related to stabilizing disease conditions, improving daily living abilities, enhancing communication ability and providing relevant resources were significantly higher than pre-intervention. However, 12 months after the intervention, the influence of the intervention became weakened.

Conclusions: The partnership intervention can significantly improve patients' satisfaction with home visit service.

Introduction

Mental health problems have been identified as the top burden in the world in terms of years lived with disability (YLDs) (Vigo, Thornicroft, & Atun, 2016). In recent years, it has become a common goal of many countries to provide effective community-based rehabilitation model to stabilize the conditions of mental health problems patients, limit their disabilities, and help them to be employed. Evidence-based research has identified that community-based rehabilitation for schizophrenia is effective in reducing disability (Asher et al., 2016; Nemoto, Niimura, Ryu, Sakuma, & Mizuno, 2014).

Home visits can reduce re-hospitalization rate from 42.1% to 11.6% (Chang & Chou, 2015). Hospital stay duration and medical costs are also significantly decreased (Chang & Chou, 2015; Sharifi et al., 2012). However, it is not easy for patients with severe mental health problems to return to the community successfully; over 75% of such patients found it was difficult to reach this goal (Miyamoto, Hashimoto-Koichi, Akiyama, & Takamura, 2015). In addition to their symptoms, disease recurrence, repeated hospitalization, and multiple disabilities, they also have to experience rejection or discrimination from the public, community and their friends, relatives, and medical staff (Chen & Chang,

2016; Cheng, Huang, Hsu, & Su, 2012; Hsiao, Lu, & Tsai, 2015; Wang, Petrini, & Morisky, 2016b).

Previous studies demonstrated that patients with mental health problems who live in the community had significantly lower quality of life than hospitalized patients (Guan, Xiang, Ma, Wang, & Liang, 2016). It is important to provide patient-centered services to meet individual recovery needs, with the aims of improving their overall quality of life and stabilize mental health conditions (Chan & Mak, 2014; Guan et al., 2016).

Two service systems provide home care for patients with mental health problems in Taiwan: community-based and hospital-based. In the community-based system, Public Health Nurses (PHNs) from 370 Public Health Centers (PHCs) offer home visit service to the majority of patients. In 2016, 700,000 home visits were completed (Ministry of Health and Welfare, 2017). In the hospital-based service, approximately 109 hospitals participated in this service (Ministry of Health and Welfare, 2017). Physicians and Home Health Nurses (HHNs) in psychiatry departments provide services to fewer patients than the community-based service system (Ministry of Health and Welfare, 2017). Previous studies mentioned that PHNs have insufficient competence in offering mental health nursing care (Cheng et al., 2012). It is important

* Corresponding author.

E-mail addresses: feny@mail.cmu.edu.tw (J.-F. Cheng), india.flower@msa.hinet.net (X.-Y. Huang), tzupeiyeh@mail.cmu.edu.tw (T.-P. Yeh).

<https://doi.org/10.1016/j.apnu.2018.03.010>

Received 14 October 2017; Received in revised form 3 January 2018; Accepted 11 March 2018

0883-9417/ © 2018 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

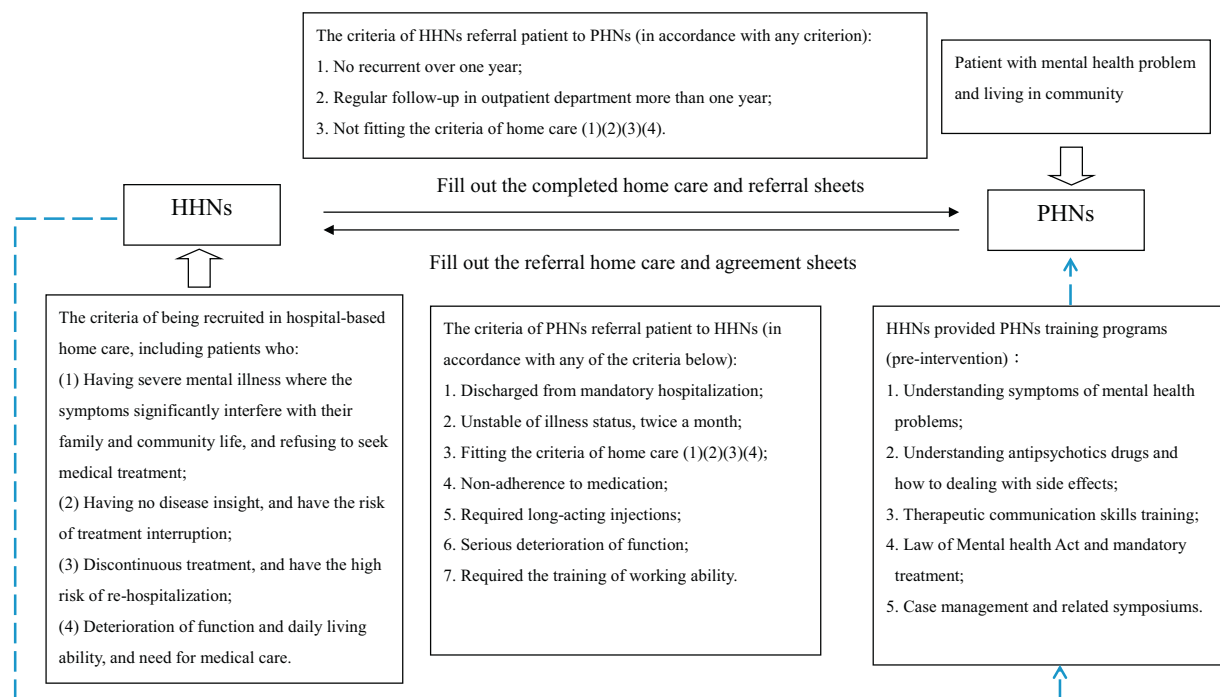


Fig. 1. The model of mental health home visit service partnership intervention.

Table 1
Comparison of demographic and clinical status of the experimental group and control group.

Items	Experimental group (n = 120)			Control group (n = 120)			t/χ ²	p-Value
	n	%	Mean	n	%	Mean		
Age	120		45.75	120		46.82	−0.637 ^a	0.525 ^a
Age at onset	120		27.54	120		29.98	−1.544 ^a	0.124 ^a
Gender							0.269	0.604
Male	68	55.83		64	53.33			
Female	52	44.17		56	46.67			
Marital status							2.031	0.730
Married	44	36.37		51	42.5			
Single	57	47.5		52	43.33			
Divorced	19	15.83		17	14.13			
Employment							0.474	0.789
Never	39	32.5		39	32.5			
Loss job	55	45.83		56	46.67			
Employ	26	21.67		21	17.5			
Retirement	0	0		4	3.33			
Diagnosis							2.694	0.260
Schizophrenia	96	80		91	75.83			
Bipolar	12	10		9	7.5			
Major depression	11	9.17		19	15.83			
Delusion disorder	1	0.83		1	0.83			
Illness status							1.559	0.816
Stable	85	70.84		83	69.16			
Tolerable	21	17.5		20	16.67			
Unstable	14	11.67		17	14.17			
OPD F/U							3.56	0.085
Regular	105	87.5		94	78.33			
Irregular	15	12.5		26	21.67			
Medication							3.709	0.079
Adherence	106	88.33		95	79.17			
Non adherence	14	11.67		25	20.83			

OPD F/U: outpatient department follow-up.

^a t-Test.

to enhance PHNs' ability to provide appropriate nursing care for patients with mental health problems which may improve the patients' satisfaction with the home visit service, and achieve the WHO's Mental Health Action Plan 2013–2020, emphasizing community based care and full respect of the human rights of people with mental health

problems (Saxena, Funk, & Chisholm, 2014). The purpose of this study was to explore the partnership intervention of the community-based and hospital-based home visit in improving patients' satisfaction with home visit service.

Download English Version:

<https://daneshyari.com/en/article/6786698>

Download Persian Version:

<https://daneshyari.com/article/6786698>

[Daneshyari.com](https://daneshyari.com)