European Psychiatry 47 (2018) 60–66

Contents lists available at ScienceDirect

European Psychiatry

journal homepage: http://www.europsy-journal.com

Original article

Satisfaction of psychotic patients with care and its value to predict outcomes

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ARTICLE INFO

Article history:
Received 24 May 2017
Received in revised form 5 October 2017
Accepted 6 October 2017
Available online

Keywords:
Psychosis
Patient satisfaction
Quality of care
Schizophrenia

ABSTRACT

Background: A key indicator of quality of treatment from the patient's perspective is expressed by satisfaction with care. Our aim was to (i) explore satisfaction and its relation to clinical outcome measures; and (ii) explore the predictive value of satisfaction for the course of outcomes over three years.

Methods: Data of 654 patients with a non-affective psychosis included in a naturalistic longitudinal cohort study were analyzed. We included 506 males and 148 females with a mean age of 30.47 (SD 7.24) from The Netherlands. Satisfaction was measured with the self-rating Client Satisfaction Questionnaire-8. A wide range of interviewer-rated (e.g., Positive and Negative Symptom Scale) and self-rated (e.g., World Health Organization Quality of Life); outcomes of low, intermediate and high satisfied patients were compared using ANOVA, Chi^2 or Kruskal–Wallis tests. The predictive value of satisfaction level on clinical outcomes after three years was tested using regression models.

Results: Satisfaction levels were low (19.4%), intermediate (48.9%) or high (31.7%). High satisfied patients showed significantly better interviewer-rated outcomes, e.g., less severe psychotic symptoms, and self-rated outcomes, e.g., better quality of life, compared to patients with intermediate or low satisfaction. Higher levels of satisfaction with care at baseline predicted a reduction of positive symptoms three years later (B = –.09, P-value = .013).

Conclusions: Satisfaction of patients with psychosis is a valuable monitoring measure since high satisfied patients show more favorable outcomes ranging from psychopathological symptoms to quality of life. Further research into explanations of lower levels of satisfaction is commendable in order to improve outcomes.

1. Introduction

Patient-centered care is increasingly acknowledged as a cornerstone of the current health care systems [1]. Care providers therefore are encouraged to engage patients in their own health care, for example by shared decision-making. Patient satisfaction with care is thought to represent a distinctive dimension of quality of care [2,3] and its importance has been acknowledged a long time before today's expansive use. The first statements about patient satisfaction date back to 1966 and we have seen a growing tendency to use it as outcome measure in trials [4,5].

Despite the importance of quality of mental health care, it has been little researched among psychiatric patients so far. An important report entitled 'Can psychiatry cross the quality chasm?' called for large studies to bridge the gap of quality measurement and improvement [6]. A review concluded that self-ratings, such as treatment satisfaction are a valuable measure in psychiatry despite the fact that severe mentally ill patients could have cognitive deficits and severe psychopathological symptoms [7]. Although satisfaction was found to be a major predictor of self-rated quality of life in a general mental health population, no long-term studies have yet demonstrated the predictive value of satisfaction in patients with psychosis [8]. One cross-sectional study by Ruggeri et al. in 404 patients with schizophrenia showed that dissatisfaction was associated with poorer self- or interviewer-rated outcome measures, such as more involuntary admissions, more severe psychopathology, more unmet needs and a lower quality of life

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https://doi.org/10.1016/j.eurpsy.2017.10.003
0924-9338/

[9]. To our knowledge, long-term follow-up studies in large samples of patients with psychosis are lacking.

In this study, therefore, we investigated the role and predictive value of satisfaction with care of patients in a large group of patients with a non-affective psychotic disorder. Our aims were to:

- explore satisfaction with care and related patient characteristics, including treatment history;
- investigate differences between satisfaction levels for self-rated and interviewer-rated outcome measures, such as psychopathological symptoms, level of functioning and quality of life;
- investigate the predictive value of satisfaction with care on the course of interviewer-rated and self-rated outcomes in a longitudinal design.

We expected patients who are highly satisfied with care to be more adherent to treatment. Hence, we hypothesized that satisfied patients have better cross-sectional outcomes and show improved outcomes over time as compared to less satisfied patients.

2. Methods

2.1. Design

Patients included in the present study were part of the Genetic Risk and Outcome of Psychosis (GROUP) study. The procedure and population characteristics of the GROUP study have been described in detail in a separate paper [10]. GROUP is a naturalistic follow-up study in which 1119 patients diagnosed within the psychotic spectrum, 1059 siblings, 920 parents and 586 unrelated control subjects were included at baseline. The main outcome parameter of the current research "patient satisfaction" was only administered at the first follow-up assessment (T1), three years after the start of the GROUP study. The current research therefore consists of a subsample of patients for whom this data was available (n = 654). Patients were identified by clinicians from four study sites and a total of 36 mental health institutes in The Netherlands and the Dutch-speaking area of Belgium. Patients were identified through clinicians working in regional psychosis departments or academic centers, whose caseload was screened for inclusion criteria. Subsequently, a group of patients presenting consecutively at these services either as outpatients or inpatients were recruited for the study. The AMC was the only inpatient center where a specialized first-episode treatment program was implemented. Individuals could participate if diagnosed with a non-affective psychotic disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition [11]. Trained investigators conducted interviews with patients and applied several rating instruments. Interviewers assessed also the history of provided mental health care during the previous three years and sociodemographic variables. We analyzed patients who had complete datasets for satisfaction levels and symptomatology at T1 (three years after inclusion to GROUP). Sociodemographic variables of patients with missing data at T1 were compared with those of patients with complete data at T0. All participants were invited to take part in a final follow-up measurement six years after inclusion (T2). This study has been approved by the Medical Ethical Committee of the Academic Medical Center of Amsterdam and written informed consent was obtained before inclusion.

2.2. Outcome measures

Level of satisfaction with the provided health care was assessed (at T1 only) using the validated Dutch translation of the short version of the Client Satisfaction Questionnaire (CSQ-8) (Table 1) [12]. This consists of eight items scored on a scale from 1 (poor) to 4 (excellent) resulting in a total score between 8 and 32. In line with previous research [13], we classified level of satisfaction as low (8–20), intermediate (21–26) or high (27–32). Symptom severity was measured by administering the Positive And Negative Syndrome Scale (PANSS), which assesses the core symptoms of schizophrenia [14]. Items are rated on a seven-point scale (1 = absent to 7 = extremely severe). The PANSS consists of three subscales: the positive, negative and general psychopathology scale. For each patient, we computed the total score per subscale (range 7–49 for the positive and negative scale and 16–112 for the general scale). According to Andreasen et al. [15], the remission criterion was defined as scores ≤ 3 (mild) on eight items of the PANSS. Functional impairment was assessed with the Global Assessment of Functioning (GAF) scale with the two subscales psychopathology and impairment (American Psychiatric Association, 1992, 2000). Quality of life (QoL) was assessed with the World Health Organization Quality of Life (WHO-QoL) questionnaire that has previously been validated in a Dutch adult psychiatric population [16,17]. This self-report scale assesses QoL on four major domains (physical health, psychological health, social relationships, and environmental conditions). Mean scores of these domains were summed and presented as a total score (range 5–20). Need for care was assessed with the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) [18]. This instrument assesses unmet needs for care on several life domains (range 1–13), for example self-care, money and daily activities. Insight was measured with the Birchwood Insight Scale (BIS) for psychosis [19]. This brief self-rating questionnaire of eight items addresses the core components of insight; awareness of illness, need for treatment and relabeling of symptoms. The total score (range 0–12) was used in the analyses, with higher scores indicating better illness insight. Insight was included in a later phase of the GROUP study and measured at T1 and T2 only as an add-on in a subsample of patients from two specific study sites (n = 290). Add-on instruments, such as the BIS, were selected by GROUP-researchers to explore additional topics after the start of the study.

2.3. Analysis

Analyses were conducted using the Statistical Packages for Social Sciences (SPSS) 23.0. Normality was checked for all numerical variables visually (histograms and Q-Q plots) and with Kolmogorov–Smirnov tests. Differences between groups with high, intermediate and low satisfaction ratings were compared by one-way ANOVA, Chi^2 tests or non-parametric Kruskal–Wallis tests where appropriate. To control for multiple comparisons, we performed Bonferroni correction for post-hoc pairwise comparison tests and all regression analyses with a P-value of $< .017$ (two-sided) considered statistically significant. Reported effect sizes are expressed as η^2, R^2 or Cramer's V (range 0–1).

To analyze the predictive value of treatment satisfaction on the course of outcome measures over time, we calculated change

Table 1
Items of the Client Satisfaction Questionnaire-8 (range 8–32).

1. How would you rate the quality of service received?
2. Did you get the kind of service that you wanted?
3. To what extent has our program met your needs?
4. If a friend were in need of similar help, would you recommend our program to him or her?
5. How satisfied are you with the amount of help you have received?
6. Have the services you received helped you to deal more effectively with your problems?
7. In an overall, general sense, how satisfied are you with the service you have received?
8. If you were to seek help again, would you come back to our program?