

Factors Related to Family Caregivers' Satisfaction With Home Care for Mental Illness in Taiwan

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Abstract:

In Taiwan, family caregivers play a significant role in the treatment of mentally ill patients at home because of cultural obligations. This descriptive, cross-sectional study explored factors affecting family caregivers' satisfaction with home care services for the mentally ill and assessed the possibility of continuous use of home care and recommendation of home care to others based on the level of satisfaction of family caregivers. Data were collected using a questionnaire completed by a convenience sample of 75 primary family caregivers of mentally ill patients. Family caregiver satisfaction was significantly associated with caregiver age, marital status, support from family members to assist the caregiver during weekdays and weekends, the amount of time spent in caregiving per week, and feelings about having a mentally ill family member at home. Caregivers who had a higher level of satisfaction with home care were twice as likely as those with lower satisfaction to use the services again when needed. Home care nurses should pay close attention to the variables that support use of home care.

Keywords:

family caregivers | home health care | mental illness | satisfaction | Taiwan | nursing

Article:

In Taiwan, the prevalence of mental illness is 7.3% (Department of Health, Executive Yuan of Taiwan, 2008). Action was taken in 1989 to promote the rehabilitation of mentally ill patients in the community by subsidizing public and private hospitals to set up community rehabilitation centers, sheltered workshops, half-way houses, and home treatments (National Health Insurance of Taiwan, 2009b). The goals are to assist discharged patients in adjusting to the realities of

social life and to promote home care to avoid recurrence of illness. Prior to the formation of the National Health Insurance (NHI) plan in 1995, only Government Employee Insurance offered nonpsychiatric home care. Coverage was extended to include payments by NHI for home health care and community rehabilitation for mental illness (NHI, 2009b). There are now 99 home care agencies for mental illness with contracts with the Bureau of the NHI to provide home care (NHI, 2009a).

Home care for mental illness can promote independence and provide contact with family members and significant others (Shu, Lung, Lu, Chase, & Pan, 2001; Yang, Hsieh, Wu, Tzung, & Chen, 1999). Financial savings and shorter hospital stays for mental illness are other benefits of home care services (Ford et al., 2001; Tsai, Chen, & Yin, 2005). Yet despite the reported benefits of home care for mental illness, research in Taiwan has found that 61% of families refused home visits, preferring instead to go to an outpatient clinic, and only 10% to 15% of families said they needed home care (Lu, Liu, Chen, Tsou, & Sim, 1995; Tsai, Lin, & Sim, 1993). Several factors may have created strong disincentives to family involvement in home care. Among these factors is the stigma of having a mentally ill family member in the home and a preference for institutional care because the caregiver's burden is reduced when the patient is in an inpatient facility.

We have little information on family caregivers' satisfaction with home care for mental illness, though family caregivers' satisfaction is crucial because of their role in the provision of care for the mentally ill, especially in Chinese/Taiwanese society. In traditional Chinese/Taiwanese culture, the decision to seek mental health care is not usually made by the individual alone but includes the family, because the Chinese/Taiwanese rely on their families when they make important decisions (Chang, 2001; Chiou, Chen, & Wang, 2005). Given the recognition of the benefits of home care for mental illness and family caregiver's crucial role in the provision of care for the mentally ill, this understanding of factors influencing family caregivers' satisfaction with home care will contribute to further research that identifies interventions that support family caregivers. This information could lead to enhancing the development of home care services for family caregivers in the future and allow home health care professionals to define and assure the quality of care. This type of evaluation is particularly important in Taiwan because of changes in the services offered under the NHI plan.

“The framework of client satisfaction” (Westra et al., 1995) was used to guide this study and to explore the factors that affect family caregivers' satisfaction with home care services. Based on this framework, family caregivers' satisfaction is conceptualized as proceeding from (a) the characteristics, experiences, and attitudes of the family caregivers; in interaction with (b) characteristics and behaviors of home care providers/systems; which shape (c) family caregivers' expectations of health services; and further determine (d) the level of family caregivers' satisfaction with home care services. Finally, family caregivers' satisfaction is viewed as an outcome of care and a predictor of continued use of home care services and recommendation of home care services to other people.

The purposes of this study, therefore, explored the factors affecting family caregivers' satisfaction with home care services for mental illness and explored the possibility of continuous usage of home care services and recommendations of home care services to others. The research questions guiding the study were the following:

Research Question 1: Is there a relationship between satisfaction of family caregivers and family caregivers' characteristics, experiences, and attitudes?

Research Question 2: Is there a relationship between the level of satisfaction of family caregivers and continued use of home care services and recommendation of home care services to others?

Method

Design and Sample

Using a descriptive, cross-sectional design, an anonymous self-report questionnaire was administered to obtain data from primary family caregivers caring for a mentally ill family member who received home care within the past year.

The setting for the research was the individual family caregivers' homes. Family caregivers were recruited from a psychiatric hospital in Taiwan. The primary caregiver was the family member who reported spending the most time taking care of the patient at home. Caregivers were included if they were willing to participate in the study, able to communicate verbally in Chinese or Taiwanese, and aged 20 years or older.

Instruments

The self-administered questionnaire consisted of three instruments that took a total of 10 to 15 minutes to complete in the caregiver's home. The instruments used were the following: Demographic Questionnaire, the Family Caregiver's Satisfaction Survey Questionnaire (FCSSQ), and the Family Caregivers' Experience and Attitudes Questionnaire.

The Demographic Questionnaire collected information on age, education, monthly income, gender, marital status, and relationship to patient.

The FCSSQ evaluated satisfaction with home care services. The FCSSQ, developed by Chiu (1994), consists of 19 items on satisfaction with attributes of home care services. Initial psychometric evaluation of the FCSSQ was based on the responses of 110 family caregivers from Taipei, Taiwan, including test-retest reliability and factor analysis (Chiu, 1994). Test-retest reliability was .70 at a 2-week interval. Factor analysis of the 19 questions yielded a five-factor solution. The five subscales were titled based on the major dimensions of satisfaction proposed by Ware, Davies-Avery, and Stewart (1978): art of care, technical quality, availability, cost, and efficacy. For each item, respondents are asked to indicate the level of need for improvement on a

5-point Likert-type scale (5 = needs no improvement, 4 = needs mild improvement, 3 = needs moderate improvement, 2 = needs major improvement, 1 = needs complete improvement). The summed score for the 19 items is calculated with higher scores indicating greater satisfaction. This scale in the current study had Cronbach's α of .95 for the total scale and .70 to .96 for the five subscales, indicating a moderate to high degree of internal consistency.

Family Caregivers' Experience and Attitudes Questionnaire, a 10-item questionnaire, was developed by the researchers. The first five questions asked caregivers to record the length of time that they had received home care services, the number of years they had taken care of their ill family member, the average days per week they provided care to their ill family member, and the amount of support they received from other family members with caregiving during weekdays and on weekends. The next three questions evaluated family caregivers' attitudes, issues with having a mentally ill family member at home, the possibility of curing mental illness, and the possibility that home care services might help mental illness. The final two questions asked about the possibility of family caregivers using home care services when the services were needed again and recommending home care services to others.

Procedures

After approval by the university's institutional review board and hospital administration, a complete list of potential participants' names and telephone numbers was provided to the investigator by the selected psychiatric hospital. The potential caregivers were contacted by phone, given a brief introduction to the study, and were invited to participate in the study. If a caregiver agreed to participate, a convenient time was arranged to meet with each participant to sign the consent form and fill out the questionnaire in the caregiver's home. Participants were assured that participation in the study was voluntary and were assured of confidentiality and anonymity.

Data Analysis

The data were analyzed using SPSS (Statistical Package for the Social Science), Version 15.0, for Windows. Spearman rho was used to examine the relationships between caregivers' satisfaction and age, education, income, and experience (i.e., how much support they receive from other family members for caregiving during weekdays and on weekends). Independent t test was used to examine the difference in the level of satisfaction with home care services between caregivers' gender groups and attitudes (i.e., family caregivers' thinking about having a mentally ill family member at home, the possibility of curing mental illness, the possibility that home care services might help mental illness). One-way analysis of variance (ANOVA) tests were used to examine the difference on their satisfaction with home care between caregivers' marital status and relationship to patients. Pearson correlation was used to examine the relationship between caregivers' satisfaction and experiences (i.e., the number of years they had taken care of their ill family member, the length of time that they had received home care, the

average days per week they provided care to their ill family member). Logistic regression was used to examine the relationship between the level of satisfaction of family caregivers and continued use of home care services (1 = yes, 0 = no) and recommendation of home care services to others (1 = yes, 0 = no). Prior to conducting logistic regression, multicollinearity among the independent variables was examined using multiple regression, and no serious violations were noted. A significance level of $p < .05$ was applied.

Results

Family Caregivers' Demographic Characteristics

Of 83 eligible subjects, 75 completed the survey, for a 90.4% response rate. Most caregivers were aged 50 to 64 years (37.3%), had less than a high school education (62.7%), were female (54.7%), married (73.3%), and patients' parents (56.0%). About two thirds (69.3%) of the caregivers reported that their average monthly incomes were less than NT\$20,001 (US\$ = 625), at a time when the national monthly income average was about NT \$28,584 (US\$ = 893; Department of Accounting of the Executive Yuan of Taiwan, 2007).

Family Caregivers' Experiences

Seventy-two percent of caregivers had received services from home care agencies for less than a year. The average length of taking care of a patient at home was 7.53 years (SD = 81.84), with a range from 2 months to 27 years; about half (50.7%) had cared for the patient for 5 years. The majority (92.0%) spent 7 days a week in patient care. Many had no assistance from other family members for caregiving during weekdays (54.7%) or on weekends (53.3%).

Family Caregivers' Attitudes

Fifty-three percent of the family caregivers felt that having a mentally ill family member at home was a stigma; 46.7% said that it was nothing unusual. Among the caregivers in the study, 61.3% thought that mental illness was curable, 32.0% felt that it was incurable, and the remainder had no idea about the curability of mental illness. About 65.3% of the caregivers indicated that home care services were likely to help mental illness; 34.7% thought otherwise.

Continued Use of Home Care and Recommendation of Home Care to Others

About 68.0% of the family caregivers reported that they would use home care services when the services were needed again; 32.0% said they would reject the services. About half (52.0%) of the family caregivers said they would recommend home care services to others if they needed home care, one third (34.7%) would not recommend home care services to others, and the remainder (13.3%) did not express a view on this issue.

Relationship Between Satisfaction and Caregivers' Characteristics, Experiences, and Attitudes

The mean score on general satisfaction was 4.41 (SD = 0.63) for all caregivers, indicating a high level of satisfaction with home care services. As seen in Table 1, Spearman rho tests indicated that the degree of general satisfaction with home care services was significantly and positively associated with family caregivers' age ($r = .31, p < .01$) and significantly and negatively associated with family support for caregiving during weekdays ($r = -.32, p < .01$) and weekends ($r = -.33, p < .01$). Family caregivers' education and income, however, were not significantly related to their satisfaction with home care services.

One-way ANOVA indicated that caregivers who were never married had lower general satisfaction than those who were married, $M = 3.93, SD = .91$, vs. $M = 4.49, SD = .54, F(2, 72) = 3.28, p = .04$. An independent t test showed that family caregivers with stigmatized feelings about having a mentally ill family member at home had lower satisfaction scores than caregivers with no unusual feelings about having a mentally ill family member at home, $M = 4.26, SD = .68$ vs. $M = 4.58, SD = .52, t(75) = 2.3, p < .02$. There were no significant differences in general satisfaction with home care between different gender groups or based on the caregiver's relationship to the patient, the caregiver's view of the of curing mental illness, or the possibility that home care services might help mental illness.

As shown in Table 2, Pearson's correlation indicated that family caregivers' general satisfaction was positively associated with the amount of time spent in patient care per week ($r = .36, p < .01$): caregivers who spent more time in patient care had more general satisfaction. There was no significant correlation between satisfaction level and the duration of receiving home care and caring for the patient at home.

Table 1. Spearman Rho Correlation Between Caregivers' Demographic Characteristics and Satisfaction With Home Care Services for Mental Illness (N = 75)

	1	2	3	4	5	6
1. Age	—					
2. Education	-.34**	—				
3. Income	-.44**	.47**	—			
4. Weekdays	-.33**	.18	.40**	—		
5. Weekend	-.30**	.16	.39**	.98**	—	
6. Satisfaction	.31**	-.06	-.21	-.32**	-.33**	—

* $p < .05$. ** $p < .01$.

Table 2. Pearson's Correlations Between Caregivers' Experiences and Satisfaction With Home Care Services for Mental Illness (N = 75)

1 2 3 4

1. Duration of receiving home care
2. Caring for the patients at home .26* —
3. Amount of time spent in patient .05 .17 —
care per week
4. Satisfaction .19 .07 .36** —

*p < .05. **p < .01.

Table 3. Logistic Regression Coefficients (N = 75)

B	Wald	df	p	Odds Ratio
.75	9.27	1	.002	2.13

Relationship Between Caregiver Satisfaction and Continued Use of Home Care and Recommendation of Home Care to Others

As seen in Table 3, logistic regression results indicate that a significant association was found between the level of general satisfaction with home care services and possibility to use the home service again ($p < .05$). Wald statistics indicated that the degree of general satisfaction of family caregivers predicted the possibility of family caregivers using home care services when services were needed again. Caregivers who had a higher level of satisfaction with home care services were twice as likely as those who had lower satisfaction to use services again. The level of satisfaction of family caregivers did not, however, predict recommendation of home care services to others.

Discussion

This study was a first attempt to identify the factors that affect family caregivers' satisfaction with home care services for mental illness and explore the possibility of continuous usage of home care services and recommendations of home care services to others. Findings from the study indicate that family caregivers' satisfaction was significantly associated with caregivers' age, marital status, support from family members to assist the caregiver during weekdays and on weekends, the amount of time spent in caregiving per week, and feelings about having a mentally ill family member at home. Also, caregivers who had a higher level of satisfaction with

home care services were twice as likely as those who had lower satisfaction to use services again when needed.

Older caregivers expressed more satisfaction with home care services than did younger caregivers. Additionally, married family caregivers had more general satisfaction with home care than unmarried caregivers. It is possible that home care treatment may risk increasing the burden of family caregivers who live with their mental ill relatives, and older and married caregivers received more support in taking care of mentally ill relatives at home than younger or never married caregivers. Support could come from the original family, the marital family, and the in-law family. Another possible reason may be that younger caregivers were less satisfied with home care for their mentally ill family members because they might have less time for their career, required household tasks, and personal life. Clearly, it is important to educate families about the causes, presentation, and treatment of mental illness to help caregivers to cope with the experience successfully while caring for patients at home (Wynaden, 2007).

It was also found that caregivers who received less support from family members during weekdays and on weekends had less general satisfaction with home care services.

Health care professionals should provide information on how to access support for both patients and their family caregivers, to decrease family caregivers' burden (Huang, Sousa, Tsai, & Hwang, 2008; Kartalova-O'Doherty & Doherty, 2009). Research has identified some ways in which family burden can be alleviated, including counseling and education, and support groups (W. T. Chien, Chan, Morrissey, & Thompson, 2004; W. T. Chien & Norman, 2002; Jeon, Brodaty, & Chesteron, 2004; Li, Lambert, & Lambert, 2007).

Family caregivers with stigmatized feelings about having a mentally ill family member at home also had less general satisfaction with home care than did caregivers who felt there was nothing unusual about having a mentally ill family member at home. In traditional Chinese/Taiwanese beliefs, individuals and families view the etiology of mental illness as punishment by God or ancestors for past bad behavior, inappropriate location of an ancestor's tomb or living houses, invasion of one's body by a supernatural spirit, experience of an unpleasant and enormous shock, or preoccupation with excelling in school (C. B. Chien, Lau, & Chen, 1994; Hsiao & Riper, 2009). Such attitudes toward mental illness affect the utilization and delivery of mental health services, including home care. To avoid feelings of stigma, home care service providers should educate the public and families about mental illness, and build interactions between family caregivers to give family support. Furthermore, the media can play a pivotal role in the destigmatization process. Governments should use the media to increase knowledge and understanding of the mental illness among the general population (Wynaden, 2007).

The findings that caregivers who had higher levels of satisfaction with home care services were twice as likely as those who had lower satisfaction to use the services again when needed shows the importance of caregivers' satisfaction on their continuous usage of home care services.

Hospitals should do periodic evaluations of home care services to avoid premature termination of treatment because of client dissatisfaction (Berghofer, Schmidl, Rudas, Steiner, & Schmitz, 2002).

Limitations

This study was limited by a small, nonrandom sample from one home care agency in Taiwan. The results of this study cannot be generalized to family caregivers from other home care agencies in Taiwan. Also, the study used a self-report method, which may be subject to self-selection, social desirability, and recall bias. Third, this cross-sectional study does not allow for conclusions regarding causal relationships. Finally, using a quantitative design in the study might have limited a more considered response. Qualitative research methods would likely provide additional insights and understanding.

Implications

The study indicates that several factors are associated with the satisfaction of family caregivers of the mentally ill with regard to home care services. Home care professionals need to incorporate this information into strategies aimed at increasing family caregivers' satisfaction. Interventions might include educating family caregivers to access social resources and reduce caregivers' burden in taking care of mentally ill family members at home.

This study used "the framework of client satisfaction" (Westra et al., 1995) as a conceptual framework to clarify the factors associated with family caregivers' satisfaction regarding home care services. Completion of this research suggests this framework could provide a model that can be implemented in home care nursing practice. However, when home care services in Taiwan are still relatively new and lacking research on home care services, more research is needed to find out if there are other interactive relationships in this framework. Such studies will enable researchers to address questions about care satisfaction and the relationship of this framework to other variables. This knowledge would be important to identify the most effective theory-based home care interventions for this population, to improve the quality of home care, and finally, to increase the satisfaction level of family caregivers.

Declaration of Conflicting Interests

The author(s) declared no conflicts of interest with respect to the authorship and/or publication of this article.

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