SATISFACTION OF WORKERS, USERS AND FAMILIES OF PSYCHOSOCIAL CARE CENTERS IN ALCOHOL AND OTHER DRUGS

ABSTRACT
Objective: to evaluate the degree of satisfaction of workers, users and family members of the Centers for Psychosocial Care in Alcohol and Other Drugs. Method: descriptive, descriptive, cross-sectional study with 32 workers, 60 users and 28 family members. For the data collection, the Satisfaction Scales (SATIS-BR) were used for each participant group. Results: good levels of global satisfaction were identified for users and family and intermediate levels of satisfaction for workers. Conclusion: despite the good level of satisfaction with the service, improvements are needed in the physical structure and working tools conditions, which can result in a better quality of service offered. Descriptors: Mental Health Services; Evaluation; Job Satisfaction; Satisfaction of Consumers.

RESUMO
Objetivo: avaliar o grau de satisfação dos trabalhadores, usuários e familiares dos Centros de Atenção Psicossocial em Álcool e outras Drogas. Método: estudo quantitativo, descritivo, de corte transversal, com 32 trabalhadores, 60 usuários e 28 familiares. Para a coleta de dados, foram utilizadas as Escalas de Satisfação (SATIS-BR) para cada grupo participante. Resultados: foram identificados bons níveis de satisfação global para os usuários e familiares e níveis intermediários de satisfação para os trabalhadores. Conclusão: apesar do bom nível de satisfação com o serviço, são necessárias melhorias nas condições da estrutura física e de ferramentas de trabalho, o que pode resultar em uma melhor qualidade do serviço ofertado. Descritores: Serviços de Saúde Mental; Avaliação; Satisfação no Emprego; Satisfação dos Consumidores.

RESUMEN
Objetivo: evaluar el grado de satisfacción de los trabajadores, usuarios y familiares de los Centros de Atención Psicosocial en Alcohólico y otras Drogas. Métodos: estudio cuantitativo, descriptivo, de corte transversal, con 32 trabajadores, 60 usuarios y 28 familiares. Para la recolección de datos se utilizaron las Escalas de Satisfacción (SATIS-BR) para cada grupo participante. Resultados: se identificaron buenos niveles de satisfacción global para los usuarios y familiares y niveles intermedios de satisfacción para los trabajadores. Conclusión: a pesar del buen nivel de satisfacción con el servicio, son necesarias mejoras en las condiciones de la estructura física y de herramientas de trabajo, lo que puede resultar en una mejor calidad del servicio ofertado. Descriptores: Servicios de Salud Mental; Evaluación; Satisfacción en el Empleo; Satisfacción de los Consumidores.
INTRODUCTION

The Brazilian Psychiatric Reform has triggered new health services that replace the asylum model, with the Psychosocial Care Centers (PSCC) being the main strategy for this. The purpose of these services is to provide care to the population of its area of coverage, performing clinical follow-up and social reintegration of users through access to work, leisure, civil rights exercises and strengthening of family and community ties.1

From this new format of mental health care, an evaluation of these new health devices, based on the guidance of the World Health Organization (WHO), emphasizes the importance of evaluation and monitoring of the quality of health services aiming at verifying the effectiveness of prevention and treatment programs, based on the results obtained from the perspective of the three actors involved: patients, family members and professionals.2

Three approaches have been suggested to assess the quality of health services3, namely: structure, process and outcome. Among these, the results are related, among other aspects, to satisfaction with the care received in the service. In this way, in the last years, studies have evaluated the satisfaction of the subjects involved, based on the author mentioned above, when affirming that, for health services to be of quality, the results must be congruent with the perspectives of the users, taking consideration of the opinions of the individuals involved who attribute meaning to their experiences, privileging or excluding certain aspects according to their individual and social preferences, needs and expectations.

Therefore, evaluating the quality of mental health services is essential in order to present the daily experiences that involve both professionals, and users and their families, thus, allowing feedback with the objective of reversing and / or minimizing barriers, as well as the assistance provided.4

Although, in recent years, the number of evaluative studies in the field of mental health has increased, this area has no tradition in evaluation when compared with other areas of health.5 In this regard, WHO has suggested evaluations of multiple or integrative perspectives, including the simultaneous participation of all stakeholders: patients, their families and caregivers.2

However, the studies found that use satisfaction as a factor to be evaluated, for the most part, do not use this simultaneous participation. In addition, among the studies found, only one used as a scenario the Psychosocial Care Centers for Alcohol and Other Drugs.

OBJECTIVE

- To evaluate the degree of satisfaction of workers, users and family members of the Centers for Psychosocial Care in Alcohol and Other Drugs.

METHOD

A quantitative, descriptive, cross-sectional study was carried out between 2014 and 2016, with the data collection being carried out in the CAPSad of the State of Amapá, totaling, two CAPSad, one located in the Macapá capital and the other in the municipality of Santana 21 km from the capital).

The sample universe consisted of 36 workers and 372 users, in addition to their respective families. After adopting inclusion criteria, we reached a final sample of 32 workers, 60 users and 28 family members.

Sampling was calculated on the basis of the pilot study data. The SATIS-BR satisfaction scale scores range from one to five. The highest standard deviation of the domains of the SATIS-BR questionnaire was estimated at 0.8, a value from which we estimated the appropriate sample size. We defined the estimation accuracy with a 95% confidence interval at a standard error of 0.0215. Thus, for the estimation of the average satisfaction of the evaluation of the CAPSad services, a sample was calculated 30 users for each service, thus, totaling, 60 users. The formula was based on calculation where the error margin is represented as Z * Default Error.

It should be noted that this study is a cut-off from the research project “Evaluation of Psychosocial Care Centers for Alcohol and Other Drugs in the States of São Paulo, Minas Gerais and Amapá” conducted by the Alcohol and Other Drugs Group of the School of Nursing of São Paulo - Geadusp.

As an inclusion criterion for workers, the minimum length of one year of work in the service was considered, excluding those who were separated by medical leave, maternity, premium and others in the period of data collection. For users, the criterion used was to be over 18 years old; be registered and participating in the activities of CAPSad, for at least six months, and; suffer from severe and persistent mental disorders due to abuse and dependence on alcohol and other drugs.

In order to evaluate the satisfaction of employees, users and family members with
the service, the SATIS-BR Satisfaction Scales were used, which integrate a set of three scales to evaluate Mental Health Services (Satisfaction Scales for users and family members with the Mental Health Services and the Mental Health Services Evaluation Scale, which were elaborated by the Mental Health Division of the World Health Organization (WHO) and, later, validated for Brazil by Bandeira and collaborators between 2000 and 2002 and updated in 2012. 6,7,8.

A descriptive analysis of the data, means tests and calculation of the confidence intervals for each of the quantitative variables through the IBM SPSS program), version 20.0 for Windows®.

The CAPSad Evaluation Project, of the mentioned States was submitted and approved by the CEP - EEUSP, under no. 1.001 / 2011.

RESULTS

♦ Sample description

Among the workers, there was a predominance of females (56.2%); age group of 30 and 39 years old (40.6%); singles (50%); and brown self-reported race / color (68.8%). In terms of schooling, 46.9% have completed graduate studies and the majority (65.6%) have only one year of experience in CAPSad. The data on the functions performed by the professionals in CAPSad do Amapá are distributed as follows: 31.2% perform administrative functions, followed by nurses and technicians / Nursing auxiliaries (12.5% each), psychologists and physicians (9.4% each), educator and social worker (6.2% each); physical educator, pharmacist and massage therapist (3.1% each).

In relation to the users, there was a predominance of males with 83.3%, age group of 31 and 40 years (38.3%); singles (43.3%) and brown race / self-declared color (65%). The users have mostly low education. Only 6.7% have a college degree, and the majority (31.7%) have incomplete elementary education. Regarding whether or not they were first admitted to the service, 58.3% said they were the first admission, and the majority (46.7%) said they attended the service between one and two years.

Among the relatives, the majority were female (85.7%); age group of 61 and 75 years (35.7%), married or living with companions (78.7%). As for the bond, the mothers constituted the majority of the interviewees (42.8%), followed by the spouses (32.1%). The predominant level of schooling among the family members was high school education (28.6%). Regarding user care, 57.1% of family members interviewed reported being the only ones who cared, and 67.6% felt overwhelmed with such care.

♦ Satisfaction of service workers

Table 1 shows the results of the descriptive analysis of the professionals’ satisfaction, evaluated by means and standard deviations of the global score and the subscales.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Average</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Quality of services</td>
<td>3.65</td>
<td>0.50</td>
</tr>
<tr>
<td>2 - Team participation in the service</td>
<td>3.67</td>
<td>0.46</td>
</tr>
<tr>
<td>3 - Working conditions</td>
<td>3.33</td>
<td>0.37</td>
</tr>
<tr>
<td>4 - Relationship in service</td>
<td>3.90</td>
<td>0.48</td>
</tr>
<tr>
<td>Global Satisfaction</td>
<td>3.55</td>
<td>0.37</td>
</tr>
</tbody>
</table>

Factor one of the scale evaluates the satisfaction of the team with regard to the quality of services offered to users, obtaining an average of 3.65 (dp 0.50), this average being similar to that obtained in factor two that evaluates the satisfaction of the team with relation to their participation in the service, 3.67 (od 0.46).

The factor three that evaluates the satisfaction of the team with regard to the working conditions in the service was the one that obtained the lowest average, 3.33 (dp 0.37), and the factor four that evaluates the satisfaction of the team regarding their relationship in the service was the one that obtained the highest average, 3.90 (dp 0.48).

Overall, all items were evaluated as intermediaries, with a general average of 3.55 (dp 0.37), on a likert scale, of one to five.

♦ Satisfaction of users with service

To evaluate the satisfaction of the user with the offered service, the SATIS-BR was used in a Likert scale of one to five. The higher the mean, the scores obtained by the patients, in the application of the scale, the higher is their degree of satisfaction with the service, and the results are presented in the table below.
Table 2. SATIS users (n = 60). Macapá (AP), Brazil, 2014/2016.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Average</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Competence and Understanding</td>
<td>4.14</td>
<td>0.12</td>
</tr>
<tr>
<td>Help received and welcomed by the team</td>
<td>4.14</td>
<td>0.25</td>
</tr>
<tr>
<td>CAPSad Fitness and Comfort</td>
<td>3.14</td>
<td>0.05</td>
</tr>
<tr>
<td>SATISGLOBAL</td>
<td>3.98</td>
<td>0.20</td>
</tr>
</tbody>
</table>

The results show that overall satisfaction received a positive evaluation, with a mean of 3.98 (dp 0.20), and it was repeated in most satisfaction items.

Factor one of the scale evaluated users' satisfaction with the team's competence, as well as the ability to listen to the professionals and their understanding of the problem presented by them. This factor was evaluated with a score of 4.14 (dp 0.12).

Factor two assessed the user's satisfaction with the help received in the service, the quality of the reception of the professionals, and the respect and dignity of the team when dealing with it. The evaluation of this factor also obtained a positive note, with an average of 4.15 (dp 0.25).

Factor three assessed patient satisfaction with the physical conditions of the service, including comfort, appearance and condition of the facility. Although this factor received an intermediate grade, it was the factor that obtained the lowest score in relation to the others, with a mean of 3.14 (dp 0.05).

Factor four sought to compare the results obtained in SATIS-8BR with data from CSQ-8 (Client Satisfaction Questionnaire), which is a standardized scale for evaluating users' satisfaction with mental health services, developed by Larsen, Attkisson, Hargreaves and Nguyen (1979). This comparison between the responses of the scales aims at constantly reassessing the concomitant validity of the scale used in the study. Thus, the said factor obtained a positive note, with a mean of 4.09 (dp0.11)

Despite the good evaluation of the service by the users, 88.3% of them affirm that the CAPSad can be improved. The indicated factors for the improvement of the service were: physical structure, hiring of more professionals; 24 hour service and offer of diversified workshops.

User Family Satisfaction

To evaluate the satisfaction of the family members of the users with the offered service, SATIS-8BR was used on a Likert scale of one to five. The higher the average, the scores obtained by the family members in the application of the scale, the higher their grade satisfaction with the service, and the results are presented in the table below.

Table 3. SATIS Family (n = 28). Macapá (AP), Brazil, 2014/2016.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Average</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SATISGLOBAL</td>
<td>4.00</td>
<td>0.57</td>
</tr>
<tr>
<td>Treatment Results</td>
<td>4.04</td>
<td>0.81</td>
</tr>
<tr>
<td>Welcoming and Competence of the Team</td>
<td>4.00</td>
<td>0.52</td>
</tr>
<tr>
<td>Privacy and Service Confidentiality</td>
<td>3.96</td>
<td>0.57</td>
</tr>
</tbody>
</table>

The data indicate that the family members were satisfied with the offered service, with an overall average of four (dp 0.57).

Factor one referring to “Treatment Results” received the highest mean, with 4.04 (dp 0.81). However, factor three referring to “Privacy and Confidentiality of service” was the one that received the lowest average with 3.96 (dp 0.57). Factor two with an average of four (dp 0.52) refers to "Welcoming and Competence of the Team".

Although the overall evaluation of family members was positive, 78.6% reported that this service could be improved and cited some points such as: enhancement of physical structure improvements, professional qualification of workers; 24-hour attendance and offer of activities for the professional qualification of the users.

DISCUSSION

It was verified the prevalence of female workers, in the age group of 30 to 39 years old, with a higher education level and a full graduate level, which indicates an adult population with a high educational level. Other national studies, that analyzed the socio-demographic profile of mental health workers found similar results.9,10 In addition, the workers, are mostly single, a result similar to other studies.12
One of the indicators of quality of mental health services is the level of satisfaction of the professionals who work in it. A positive evaluation of the professional is related to several aspects of the service such as working conditions, relationships with teammates, quality of treatment offered to users, structural and organizational aspects and participation and involvement in decisions made in the service. A low level of satisfaction can affect the relationship with the patients and interfere with the treatment offered.

The SATIS-BR scale is considered an important indicator of the quality of mental health services, since the quality of the service provided to the user is directly linked to the satisfaction of the staff of the team. Low job satisfaction can lead to increased staff turnover and increased levels of absenteeism, which can reduce the efficiency of health services.

Thus, the score obtained in this study, from SATIS-BR, indicated an intermediate level of global satisfaction, with an average of 3.55. Other factors, such as the quality of care provided to the user, their participation in the service and working conditions also obtained intermediate scores of satisfaction, which corroborate with that of other studies.

The analysis of the results obtained with the factors of the SATIS-BR scale allowed us to identify the factor "Relationship in Service" as the highest score obtained (3.90). This factor evaluates the satisfaction of the professional regarding his / her relationship with co-workers and their superiors, besides evaluating their satisfaction regarding the degree of autonomy in relation to the other persons in the service. The result found for this factor corroborates the findings of other studies that also found in the relationship with colleagues, and in the autonomy they had in the service as the greatest source of satisfaction.

The "Team Participation in Service" factor obtained the second highest score (3.67), which evaluates the satisfaction of the team with regard to the following aspects: participation in the decisions taken in the service, in the implementation of the treatments and in the evaluation of the service, as well as the expression of their opinions about the service; participation in professional discussions with colleagues; expectation of promotion and their degree of responsibility in the service. It is believed that this result could be associated with a lack of direct coordination in CAPSad Macapá (holder of more professionals in the sample of the study), which implied a joint coordination between the service workers.

On the other hand, the factor that evaluated the satisfaction with the "Working Conditions" obtained the lowest score (3.33). This factor evaluates the satisfaction of the staff according to the following aspects: the general conditions of the facilities; the salaries and benefits received; comfort and appearance of the service, the safety and confidentiality measures in force in the service, as well as the environmental job. The result found for this factor corroborates with the findings of other studies, that also obtained the lowest score for the "Working Conditions" factor. However, it contrasts with another study that obtained the highest score for this factor.

Satisfaction with the "Quality of Service" offered, obtained the second worst score (3.65). This factor evaluates the following aspects: the treatment and care offered to the patients, the way the team deals with the patients; the degree of adequacy of the services, the amount of information given to the patient about their illness and about the treatment, the degree of professional competence of the team, the team's understanding of patients' problems, and expectations.

For an institution to achieve its objectives of excellence in service and quality in the services provided, it is necessary to have satisfied professionals who enjoy a good quality of life. Thus, the structure and working conditions are determining factors for professional satisfaction. When a worker feels dissatisfied, it can affect the whole organizational climate of the service, thus inducing other workers to adopt a similar attitude, which consequently causes reflexes in the assistance, impairing the quality of the service provided.

Analyzing the data obtained from the users, it was verified the predominance of men, unmarried, adults (above 30 years) and with low level of education, results similar to those found in other studies that described the sociodemographic profile of ODA users. However, the data from this study related to self-reported race / color contrasted with others that showed the majority of white individuals, being the predominant breed / color in this study.

The predominance of males may be related to the fact that men are the most affected by the problem of ODA dependence, which consequently leads them to seek treatment.
In addition, cultural issues, based on prejudice, cause women to look less for ODA users’ services, for reasons such as social stigma in relation to their role in society, as well as the woman's own profile of being different of man.21

However, in other mental health services, which are not related to alcohol and other drugs, there is a predominance of females. This is due to the fact that women feel ashamed of this disease, which results in their withdrawal from treatment.9,22,27

Mature adults in the age group of 31 to 40 and mean age of 41.9 years were the majority of this study, similar results to other studies.26,28 This result shows that although the trend of drug use is becoming more precocious, the demand for treatment for rehabilitation is characteristic of individuals with more advanced ages. This may be a consequence of the intense suffering they have been through for a long time.

Low schooling and lack of fixed income were issues found in most users. Secondary schooling was not completed by 60% of them, and 31.7% did not even have complete elementary education. In addition, 60% do not have fixed income, because they do not work (30%) or because they work (30%), similar results found in other studies.2,23-4

According to the data obtained, CAPSad users of Amapá have a good degree of global satisfaction, with a mean score of 3.98 (dv 0.20). Studies had similar results regarding the level of satisfaction, however the overall scores were above 4.9,12,26,29

Factors related to “Team Competence and Understanding” and “Team Received and Supported Support” received the best scores, with a mean score of 4.14 each, and the CAPSad “Fitness and Comfort” factor obtained the worse score, 3.14, corroborating with other studies, although these studies still receive scores above four. 4,9,19

Although the service received good evaluation, 88.3% of users reported that CAPSad can be improved, and among the improvements indicated by them, the physical structure was the most pointed. This fact justifies the satisfaction with the service related to “physical condition and comfort” to have received the lowest score.

The result of this good evaluation of the service received by the users can be expressed by the fear of losing the right to the service, even it is of low quality, making the public system user a kind of captive user. In addition, there may be a reluctance to express negative opinions, known as a bias of gratitude.26

Regarding the data of the family members of CAPSad users, female predominance (85.7%) was found, with mothers being the most found link (42.8%), followed by spouses (32.1%). In relation to age, there was a predominance of people over 50 (67.9%), with self-declared race / color of browns (71.45%); married or with partners (78.7%) and with education (28.6%).

These results corroborate with others who evaluated the profile of caregivers of patients suffering from mental illness when presenting that mothers are in most cases the main caregivers.19,30-1 Studies show that caring is still culturally a function of the female sex, especially mothers, who are the ones who feel the most burden compared to the rest of the family.22

The satisfaction of family members of the users has been gaining more relevance each year for the evaluation of mental health services, since they follow the routine of the patient more closely, being able to evaluate the changes that occur. Thus, analyzing the degree of satisfaction of these subjects becomes essential to obtain an evaluation of the treatment offered in the service.

Thus, the overall satisfaction level of the relatives of this study, obtained a mean score of 4.0 (dp 0.57), which shows a good level of satisfaction with the service. Although this indicates a good level of satisfaction with services, other studies that were also evaluated positively by family members, obtained scores higher than those found in this study.12,19,30

The factor that presented the highest satisfaction score was factor one, referring to “treatment results” with a mean of 4.04 (dp 0.81). This factor evaluates whether, in the family’s opinion, the patient benefited from the treatment received at the service, whether this treatment was effective in helping him cope with his problems, and whether the patient received treatment that the family member felt he needed. The data found in this study corroborate with others who obtained the highest mean for this factor.12,19

Factor two, referring to the “reception and competence of the team”, evaluates the degree of satisfaction of the relative with the competence and the capacity of the team to understand the patient’s problem and the type of help he needed. This factor obtained the mean score of 4.0 (dp 0.52).
Factor three concerning “privacy and confidentiality” received the worst evaluation, with a mean score of 3.96 (dp 0.57), in contrast to another study, that obtained the highest score for this factor. This factor evaluates the satisfaction of the relative with the measures taken in the service to guarantee the privacy and confidentiality about the patient’s problem, during the treatment.

**CONCLUSION**

This study sought to evaluate the satisfaction of workers, users and family members of the Centers for Psychosocial Care in Alcohol and Other Drugs of the State of Amapá, where, from the responses of the three subjects involved, good levels of overall satisfaction with the service were found, as well as on the subscales that constitute the instrument used.

With the results obtained, it can be inferred that there is a good acceptability by the users and their relatives in relation to the service offered in the CAPSad of Amapá. This fact gives a positive view about the service to which they are inserted and, possibly, a greater degree of adherence to the treatment.

Among the subjects surveyed, workers are the ones with the lowest level of satisfaction with the service (intermediate level). It should be emphasized that the level of satisfaction of these workers can be indicative of the quality of care offered to patients and their families.

Despite the good level of global satisfaction that the CAPSad obtained, the physical structure, comfort and appearance of these services were the ones that obtained lower marks for both workers and users. These aspects can provide subsidies for the implementation of improvements in the service by the public power, thus improving, the quality of service.

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