

ORIGINAL ARTICLE

ASSESSMENT OF PATIENT SATISFACTION WITH MENTAL HEALTH SERVICES IN A TERTIARY CARE SETTING

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Background: Patients' opinion regarding services has acquired great importance. Patient satisfaction is playing an increasingly important role in quality of care reforms and health-care delivery. The study aimed to measure patient satisfaction in a tertiary care hospital in order to know the patients' perspectives and expectations of the services and make appropriate improvements accordingly. **Methods:** This was a cross-sectional study conducted at the Out-patient and Inpatient Departments of the Institute of Psychiatry, Benazir Bhutto Hospital, Rawalpindi, for a period of 8 months from October 2008 till June 2009. Sample size was 246 patients; which included 123 participants from Out-patient and In-patient departments each. Patients aged 18 and above, of both genders, who gave informed written consent, were consecutively recruited for the study. Learning disabled patients, frankly psychotic and those with severe cognitive impairment and severe co-morbid physical illnesses were excluded. Performa was filled in by the participants for their demographic details. The Client Satisfaction Questionnaire-8 was then orally administered in the native language (Urdu/Punjabi) to assess the degree of patient satisfaction. **Results:** Among the participants, 72% were mostly satisfied, 18.7% mildly satisfied and 9.3% dissatisfied with the psychiatric care. Age was significantly associated with satisfaction however no such associations could be found for gender and economic status. **Conclusion:** Majority of the patients were satisfied with the psychiatric services. The younger people were more satisfied. Gender and economic status had no influence on patient satisfaction.

Keywords: Patient satisfaction, Quality of Health Care, Patient compliance, Mental Health Services

INTRODUCTION

Over the last few decades, patient's opinion regarding the assessment of services has acquired great importance. Patient satisfaction is playing an increasingly important role in quality of care reforms and health-care delivery.¹⁻⁴ However, patient satisfaction studies are challenged by the lack of a universally accepted definition and by a dual focus: while some researchers focus on patient satisfaction with the quality of health-care services received others focus on people's satisfaction with the health system. The significance of both perspectives has been demonstrated in the literature.⁵

Satisfied patients are more likely to complete treatment regimens and to be compliant and cooperative.^{5,6} Research on health system satisfaction, which is largely relative, has identified ways and means to improve health, reduce costs and implement reform.⁷ Thus satisfaction is associated with compliance and health outcome and its measurement may raise issues that are often overlooked by the service providers. In order to evaluate the possible influence of therapeutic non-compliance on the clinical outcomes, numerous studies using various methods have been conducted worldwide to evaluate the rate of therapeutic compliance in different diseases and different populations.⁶ Generally the compliance rate for the long-term medication therapies was between 40–50%, though, for short term therapy, it was much

higher at between 70–80% while the compliance with life-style changes was the lowest at between 20–30%.⁸

A few studies in Pakistan have also shed light on this issue.^{9,10} A cross-sectional study conducted at Civil Hospital Karachi, found 18% non-compliance with treatment at outpatient follow-up, the principal reasons being the patient's lack of insight into the illness and inability to afford the cost of the prescribed medications.⁹ Similarly, another study carried out at Abbasi Shaheed Hospital, Karachi, found olanzapine to be very efficacious treatment for Schizophrenia with 61.7% patient compliance.¹⁰

Unfortunately very little is known about the issues considered important to the psychiatric patients from developing countries like Pakistan which, if addressed, would be a great help in improving doctor-patient relationship, patient satisfaction and compliance with treatment. Three most important issues identified in a recent study were that the patients expected their psychiatrist to listen to them, explain the cause of their illness and offer appropriate symptomatic treatment.¹¹

The objective of this study was to assess patients' satisfaction with the mental health services at the in- and out-patient departments of the Institute of Psychiatry, Benazir Bhutto Hospital, Rawalpindi, to have an idea of the necessary improvements to be made in the service delivery, for greater patient satisfaction and improved compliance.

MATERIAL AND METHODS

This cross-sectional study was conducted at the Inpatient and Outpatient Departments of the Institute of Psychiatry, Benazir Bhutto Hospital. The estimated sample size was based on the averaged satisfaction level (expressed as percentage) obtained from previous studies (80%).^{9,12,13} Therefore, 123 patients from inpatient and outpatient departments respectively were enrolled from October 26, 2008 through June 26, 2009 consecutively. The eligible patients were 18–64 years of age, and from both genders. Patients were excluded if they were mentally retarded, had severe cognitive impairment, serious co-morbid physical illnesses like cerebrovascular accident and frank psychosis. The patients were also excluded if they could not understand Urdu or Punjabi language. However some additional help was sought from the caregivers where there was a communication difficulty.

Demographic details of the participants were obtained through a performa. Client Satisfaction Questionnaire 8 was then orally administered in the native language (Urdu/Punjabi) for the administration of the scale in the given population. The scores ranged from 8–32, where minimum score was 8 signifying dissatisfaction and maximum score 32, signifying maximum satisfaction. Twenty was the median score, so the final scores were interpreted as: 8 ‘dissatisfied’; 20 ‘mildly satisfied’ and >20 ‘mostly satisfied’.

Data was entered and analysed using SPSS-10. For continuous variables Mean±SD was calculated. For categorical variables frequencies and percentages were presented. Chi-square (χ^2) test was used to associate age, gender and economic status with the level of satisfaction. The $p < 0.05$ was considered significant.

RESULTS

The total number of participants was 246. The mean age of the sample was 33.94±11.64 years, with range of 18–64 years. Among the participants, 144 (58.5%) were males and 102 (41.5%) females. Majority of the patients were married, educated up to metric and had a monthly income ranging between 5,000–10,000 Pak Rupees.

Table-1 shows the demographic and clinical characteristics of the patients in the study. When Client Satisfaction Questionnaire-8 was administered, it was found that 23 (9.3%) participants were dissatisfied, 46 (18.7%) were mildly satisfied and 177 (72%) were mostly satisfied (Table-2).

Chi-square (χ^2) analyses revealed a significant association of age with patient satisfaction ($p < 0.05$), while there was no association of gender ($p > 0.05$) and economic status ($p > 0.05$) with patient satisfaction. (Table-3)

Table-1: Demographic characteristics of the sample (n=246)

Variable	Frequency (percentage)
Monthly income (Pak Rupees)	
<5,000	45 (18.3%)
5–10,000	120 (48.8%)
>10,000	65 (26.4%)
Education	
Illiterate	49 (19.9%)
Below matric	86 (38.2%)
Matric–graduation	109 (44.3%)
Post-graduation	2 (0.8%)
Gender	
Male	144 (58.5%)
Female	102 (41.5%)
Marital Status	
Single	92 (37.4%)
Married	144 (58.5%)
Widowed	3 (1.2%)
Divorced	7 (2.8%)

Table-2: Frequency of patient satisfaction with psychiatric care (n=246)

Degree of satisfaction	Percentage
Dissatisfied	9.3
Mildly satisfied	18.7
Mostly satisfied	72

Table-3: Factors associated with patient satisfaction

	Chi-square	df*	p-value
Age	18.379	10	0.049†
Gender	1.7	2	0.427
Economic Status	6.612	8	0.579

*df=degree of freedom, †statistically significant

DISCUSSION

This study revealed a high degree of patient satisfaction with psychiatric care. This is a finding of great significance and has important implications. It is comparable with other studies conducted in different parts of the world and also with some local literature available in Pakistan and South East Asia. The survey conducted in Germany by Bramesfeld *et al*³ revealed 91% patients being mostly satisfied with the performance of mental health care, particularly doctor-patient communication and treatment. A study from India reported that 81% of the respondents found the communication by the doctor good, and 97% of the respondents were satisfied about the explanation of the disease by the doctor.¹⁴ Likewise a cross-sectional survey by Danish *et al*¹⁵ showed that 34% patients perceived the care as excellent, 60% good and 6% unsatisfactory. Best aspect of service was the availability of doctors in wards (84% excellent and good) and worst aspect was cleanliness of wards (12% unsatisfactory). A study evaluating satisfaction among the poor, elderly depressed patients found that 72% patients were satisfied with collaborative care¹², yet in another study more than 90% patients were satisfied with the service¹³. Similarly a cross-sectional survey at Teleghani University, Iran, revealed 83% of patients were quite satisfied with their care received.⁴

There are a few studies with contradictory results. Yildrium *et al*¹⁶ and Stengård *et al*¹⁷ have found much higher dissatisfaction rates (56.7% and 34% respectively), the principal reasons being lengthy waiting times and staff attitude. Similarly while assessing the quality of various dimensions of nursing care, Khan *et al*¹⁸ found a much higher dissatisfaction rate of 55%, with most of the patients' demands not being sufficiently met.

This study found a significant association between age of the patient and patient satisfaction. A number of studies are worth mentioning here which support this finding. For example, the study of Blinkeron *et al* (2003)² found the older age to be significantly associated with higher levels of satisfaction. Our study also revealed the younger participants to be more satisfied. However, there is a consistent finding in the literature that older adult patients are more satisfied than younger patients.^{2,5,19-21} Although the absence of such differences has also been reported. Crow *et al*²¹ suggested various explanations for why older people generally report higher satisfaction. For instance, it may reflect that older patients may be more accepting than younger patients. Moreover, older patients may also have lower expectations based on previous experiences when the standards were lower. Alternatively, old age may engender more care and respect from the providers. One possible explanation for this finding is a cohort effect, with younger generations having greater expectations and older patients perceiving a greater sense of duty not to complain about the services offered. Alternatively, a drop out effect may be operating so that those who are happy with their care are tending to remain in contact over time.² In support of this hypothesis, previous research has shown that patients who inappropriately disengage from services are more likely to be younger.²¹

Our study found no significant association between gender of the patient and patient satisfaction. There are no consistent findings in the literature about the relationships between satisfaction and the patient's gender.^{22,23} The small differences between men and women may reflect different patterns of service utilisation, differences in experiences, as well as differing needs and expectations. However a number of studies have identified female gender to be associated with greater satisfaction.^{2,5,24}

Referring to Table-2, we can well appreciate that there is no significant association between economic status and patient satisfaction ($p>0.05$). Although there is little data available addressing this association, a recent study by Areán *et al*¹² also did not find any association between the two and thus corroborates our finding.

The strengths of the study were that it was the first study of its kind conducted in the department of

Psychiatry, measuring effectively the service satisfaction with regard to both out-patient and in-patient departments. The Client Satisfaction Questionnaire was brief, simple and well-worded and easy to administer in our population.

There are a number of limitations. The sample size for this study was small, so the results of the study could not be generalised to the whole population. The Client Satisfaction Questionnaire, although brief and well worded, did not cover specific aspects of general psychiatric care, e.g., information received by the patient on his/her mental disorder or on in-patient care; also the questionnaire made use of a Likert answer scale with only 4 points thus rendering it less sensitive to changes in patients' opinions. The study did not take into account the influence of individual psychiatric diagnosis and the effect of duration of illness on patient satisfaction. Moreover, the investigators were doctors working in the department and it was strongly felt that the participants were too hesitant to criticise the services, thus making the findings more biased in terms of greater patient satisfaction. It also would have been a better idea had the study actually compared the patient satisfaction with in-patient versus out-patient services, and actually looked into and compared the factors affecting patient satisfaction.

CONCLUSION

There is a high level of patient satisfaction with mental health services in our tertiary care settings. Age was found to be significantly associated with patient satisfaction, with younger individuals being more satisfied. Gender and economic status had no influence on patient satisfaction. There is a direction for future research, to identify those specific factors, which this study could not probe into, to help devise plans for improving the service in accordance with expectations and needs of the patients and their care-givers, for better satisfaction with care and improved compliance.

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