

Satisfaction of Outpatients and Inpatients with Psychiatric Services at Allama Iqbal Memorial Hospital, Sialkot

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ABSTRACT

Objective: The objective of the current study was to assess satisfaction of outpatients and inpatients with psychiatric services and to compare the satisfaction level of both groups of patients to understand areas to be improved in delivery of psychiatric care.

Study Design: Observational / descriptive / cross sectional study.

Place & duration of study: This study was conducted at the Department of Psychiatry & Behavioural Sciences, Government Allama Iqbal Memorial Teaching Hospital affiliated to Khawaja Muhammad Safdar Medical College Sialkot, Pakistan from August 2015 to July 2016.

Material and methods: Sample size was 600 patients; including 300 outpatients and 300 inpatients. Patients aged 18 years or above, from both genders, who gave written informed consent, were consecutively included in the study. Excluded from the study were the patients with mental retardation, delirium, impairment of cognition, severe medical illness and severe psychotic symptoms. Demographic information of the patients was taken on a pre-designed proforma. Urdu version of the Client Satisfaction Questionnaire 8 (CSQ-8) was administered to assess patient satisfaction. The results were analyzed using SPSS version 21.

Results: Among the outpatients there were 67.7% patients mostly satisfied, 22% mildly satisfied and 10.3% dissatisfied. While in the inpatients there were 68% mostly satisfied, 22.3% mildly satisfied and 9.7% dissatisfied with the psychiatric services. Only age was significantly associated with satisfaction.

Conclusion: Most of the outpatients and inpatients were satisfied with the psychiatric services. The outpatients and inpatients were almost equally satisfied. Older patients were more satisfied than the younger patients. Other demographic variables like gender, marital status, education and economic status did not influence the satisfaction.

Key Words: Quality of health care, Patient satisfaction, Patient compliance, Psychiatric Services

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INTRODUCTION

For many years now, opinions of the patients about the services they are getting from hospitals are becoming more important. Satisfaction of patients plays a pivotal role in improving the delivery of care by the health services and to bring new reforms in the system.¹⁻⁴ Many studies have been done in various parts of the world about this subject. These studies have identified challenges in this area of research. There is lack of definitions which have universal acceptance and a focus which is dual.

Satisfaction of patients with the quality of care they receive from health services is focused in many studies. Other studies look into satisfaction of people as a whole with the system of health care. Both views are significant and importance has been highlighted in research.⁵

Patients who are satisfied tend to be cooperative, show adherence to treatment and complete their treatment schedules.^{5,6} Input from studies on satisfaction with health system have shown methods for improvement of health, reform implementation and reducing the costs.⁷ There is association of satisfaction of patients with adherence to treatment and better outcomes of health but its assessment may be ignored by health providers which may result in raising issues in care. For many diseases in different samples of populations, many studies have been conducted to assess the effect of non-adherence to outcome of treatment.⁶ A compliance of 40 to 50% was observed in patients receiving treatments for longer duration and 70 to 80% in patients receiving treatment for shorter duration. Compliance to changes in life-style was very low at 20 to 30%.⁸ There is some research carried out in Pakistan on this subject. 18% of the patients with psychiatric illnesses did not comply with treatment during follow up as out-

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patients in a study in Karachi. The researchers found lack of insight along with cost of medicines as reason for non-compliance.⁹ Literature from Pakistan is scarce in identifying and addressing issues of patients having psychiatric diseases, their needs, non-compliance and satisfaction. Understanding and then addressing these issues can improve the relationship between patients and doctors. A study found that listening to patients by their psychiatrist, explaining causation of illness and offering symptomatic treatment were the three main issues in psychiatric patients.¹⁰

No such data collection and its analysis has been done in our hospital, so we wanted to study and assess satisfaction of outpatients and inpatients with psychiatric services and to compare the satisfaction level of both groups of patients to understand areas to be improved in delivery of psychiatric care, and better satisfaction of patients.

MATERIALS AND METHODS

The study was conducted in outpatients and inpatient units of the department of Psychiatry & Behavioural Sciences, Government Allama Iqbal Memorial Teaching Hospital Sialkot Pakistan from August 2015 to July 2016. It was a cross sectional study. Formal approval was taken from head of the institution and guidelines in the declaration of Helsinki were followed. Written informed consent was taken. Title and purpose of the study were explained to patients. A total of 600 patients of both genders and aged 18 years or above were included. They were divided into two groups. "Group 1" included outpatients while "Group 2" included inpatients. 300 patients were included in each group respectively. Patients not giving written informed consent were not included. Excluded from the study were the patients with mental retardation, delirium, impairment of cognition, severe medical illness and severe psychotic symptoms.

Demographic information of the patients was taken on a pre-designed proforma. Urdu version of the Client Satisfaction Questionnaire 8 (CSQ-8) was administered.¹¹ For illiterate patients, the researchers read out each statement and its possible responses to individual patients and marked the responses according to patient's will. CSQ-8 is an 8 item questionnaire with 4 responses to each question. Range of score is from 1 to 4 for each item. Its total minimum score is 8 and maximum score is 32. Its median score is 20. A total score of 8 was taken as dissatisfied, 9 to 20 as mildly satisfied and more than 20 as mostly satisfied.

Collected data was analyzed by SPSS version 21 calculating Mean+SD for continuous variables while frequencies and percentages for categorical variables. Pearson correlation was applied to analyze satisfaction with demographic variables like economic status, gender, age, marital status and education. A p value of less than 0.05 was taken as significant.

RESULTS

There were a total of 600 patients. 300 outpatients in group 1 and 300 inpatients in group 2. The mean age of group 1 was 33.18 ± 11.32 years with range from 18-70 years. The mean age of group 2 was 32.89 ± 11.14 years with age range of 18-67 years. There were 133 (44.3%) males and 167 (55.7%) females in group 1 while 124 (41.3%) males and 176 (58.7%) females in group 2. Most of the patients earned 10000-20000 Pakistani Rupees per month had an education till matric i.e. 10 years of education and married.

Demographic variables of both patient groups are shown in table 1.

Table No.1: Demographic details of the patients

	Group 1 (Outpatients)	Group 2 (Inpatients)
Variable	Frequency (percentage)	Frequency (percentage)
Gender		
Male	133 (44.3%)	124 (41.3%)
Female	167 (55.7%)	176 (58.7%)
Age in years		
18-29	98 (32.7%)	103 (34.3%)
30-45	92 (30.7%)	97 (32.3%)
46-60	70 (23.3%)	65 (21.7%)
> 60	40 (13.3%)	35 (11.7%)
Marital status		
Single	107 (35.7%)	101 (33.7%)
Married	157 (52.3%)	167 (55.7%)
Widowed	22 (7.3%)	19 (6.3%)
Divorced	14 (4.7%)	13 (4.3%)
Monthly income in Pak Rupees		
<10000	61 (20.3%)	67 (22.3%)
10000-20000	142 (47.3%)	157 (52.3%)
>20000	97 (32.3%)	76 (25.3%)
Years of Education		
Illiterate	56 (18.7%)	63 (21%)
Upto 10 years	116 (38.3%)	112 (37.3%)
11-14 years	106 (35.7%)	109 (36.3%)
>14 years	22 (7.3%)	16 (5.3%)

Table No.2: Patient satisfaction of both groups (n=600)

	Outpatients (Group 1) (n=300) (100%)	Inpatients (Group 2) (n=300) (100%)
Level of satisfaction	n (%)	n (%)
Dissatisfied	31 (10.3%)	29 (9.7%)
Mildly satisfied	64 (22%)	67 (22.3%)
Mostly satisfied	205 (67.7%)	204 (68%)

Administration of client satisfaction questionnaire (CSQ-8) revealed that in group 1 out-patients 31 (10.3 %) were dissatisfied, 64 (22%) as mildly satisfied and 205 (67.7%) mostly satisfied. In group 2 in-patients 29 (9.7%) dissatisfied, 67 (22.3%) mildly satisfied while 204 (68%) mostly satisfied. Results of the client satisfaction questionnaire (CSQ-8) in both groups are shown in table 2.

Pearson correlation was applied that showed a significant association of age ($p < 0.05$) with satisfaction of patients. There was no significant association of gender ($p > 0.05$) marital status ($p > 0.05$) economic status ($p > 0.05$) and education ($p > 0.05$) with satisfaction of patients, table 3.

Table No.3: Variables associated with patient satisfaction

Sr. No.	Demo-graphics	1	2	3	4	5	6
1	Gender	-	.06	-	.09	.06	-.23
2	Age		-	.29	.20	.07	.03**
3	Marital Status			-	.37	.15	.19
4	Education				-	.22	.19
5	Economic status					-	.29
6	Patient Satis-faction						-

**significant

DISCUSSION

Our study shows a high level of satisfaction among out-patients and in-patients with psychiatric services. Both outpatients and inpatients were almost equally satisfied. (Table 2) Findings of this study are important and can have practical applications.

Literature from developed and developing countries can be compared with our findings. A German study reported 91% of the patients as mostly satisfied with care they received from mental health care, especially communication of doctor with patient and treatment.³ Berghofer G et al. reported better perception of psychiatric services by patients coming for longer time than patients coming for first time to psychiatric outpatients and inpatients.¹² In a meta-analysis, chronic patients were found to be less satisfied than non-chronic patients with their treatment. There were no differences in rates of satisfaction between outpatients and inpatients. This meta-analysis corroborates with the findings from our research.¹³ 97% of the outpatients were satisfied with the doctor explaining their disease and 81% rated doctor communication as good in Mangalore, India.¹⁴ In a satisfaction study of a drug-dependence center in India, 90% of the patients along

with their attendants gave positive feedback about the treatment provided. Cleanliness, clinical care and supply of medicine were appreciated by 90-94% of the respondents.¹⁵ A study showed that patients who were elderly and depressed and with lower income, 72% out of them were satisfied.¹⁶

Some studies also show that patients are not satisfied with services. In a study in emergency department in Turkey 56.7% of the patients was dissatisfied.¹⁷ While a Finnish study reported dissatisfaction rate of 34%.¹⁸ The main reasons for dissatisfaction were very long waiting time and attitude of the staff.

In a study in a university hospital in Tehran, 83% of the patients reported as quite satisfied while only 1% as dissatisfied.⁴ The study also reported that the demographic variables like gender, age, formal education and economic status had no relationship with satisfaction as also reported in other studies. Our study reports older patients to be more satisfied. There are mixed results in literature about the association of age with satisfaction. In a study by Japipal et al. the impact of age on satisfaction was not significant, only showing that 15 to 24 years old patients were more satisfied than other age groups.¹⁹ Gani N et al. also reported younger patients to be more satisfied.¹¹

A study from Finland found that psychiatric inpatients were mostly satisfied. Relationship between staff and patients was viewed by patients as very satisfying. However patients were dissatisfied with lack of information, restrictions being imposed, compulsory detention and atmosphere of the ward. Patients with younger age and female gender were more dissatisfied with staff than patients with older age and male gender.²⁰ Bojrngaard et al. in study of association of treatment outcomes with patient satisfaction found that better health on HoNOS scale, female gender, older age and having lesser severity of psychiatric illness assessed by GAF score were associated with better satisfaction. Higher satisfaction was observed in patients having schizophrenia spectrum disorders who were inpatients or day patients rather than outpatients. The authors noted that patients having other disorders were not satisfied in day care treatment.²¹ Finding from our study also show no significant relationship between education level and satisfaction. The same was reported by Hajifathali A et. al.⁴ On the contrary a study by Ayatollahi SMT found inverse correlation of education level with satisfaction.²² A study from Qatar revealed most of the psychiatric patients were satisfied from the services they received. Younger male and female patients were more satisfied. Patients from lower socio-economic status and having less education were less satisfied.²³

In a meta-analysis by Crow et al. it was found that in 70.7% of the studies respondents with older age were more satisfied while in 6.9% of the studies respondents with younger age were more satisfied. 22.4% of the

studies showed insignificant relationship. There were different explanations in the studies for higher satisfaction rate in older people and it was suggested further research using rigorous methodology may be conducted in this area to elaborate the observed differences. Younger patients may be less accepting than the older patients. Lower expectations, getting more respect from health care providers and past experience of care when standards were not high may be factors in higher satisfaction of older patients.²⁴

The study has its strengths and limitations. It was first study in our department to measure and compare satisfaction of outpatients and inpatients. The CSQ-8 was a simple instrument, being brief and easy to understand and respond by the patients. Cross sectional rather than longitudinal data was presented in the study, which is a limitation. Another limitation was that size of the sample. It was small so results could not be generalized to whole population. It did not cover specific psychiatric disorders and their comparison. Different diagnostic categories might have different needs and satisfaction scores. Patients had to respond to a Likert scale with only 4 options to choose from. Data collectors were doctors working in the same department so patients were familiar with them and might have responded in affirmative even when they might have to criticize the services. Some the data collectors might have better communication skills so they elicited more positive responses.

CONCLUSION

Most of the outpatients and inpatients were satisfied with the psychiatric services in our teaching hospital. The outpatients and inpatients were almost equally satisfied. Older patients were more satisfied than the younger patients. Other demographic variables like gender, marital status, education and economic status did not influence the satisfaction of the patients. Future research using rigorous methodology to address the specific areas of satisfaction of patients and their relatives is needed to improve the delivery of psychiatric services.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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