ORIGINAL ARTICLE

Patient-reported Satisfaction Among Psychiatry Admission In A Tertiary-Care Teaching Hospital In Nepal: A Descriptive Cross-Sectional Study

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Abstract

Introduction: *Satisfaction among the patients reflects the quality of care provided. Patient demographics, diagnosis, and chronicity of illness, institutional, and/or medical factors have been found as contributing factors in different studies.This study aims to evaluate the satisfactionamong psychiatric inpatients in a tertiary care center.*

Material And Method: *This was a descriptive cross-sectional study on the inpatients at the Department of Psychiatry of a tertiary care` teaching hospital in Nepal during a one-year study period from May 2015 to June 2016. We interviewed the inpatients at the time of discharge and collected data on the demographic and clinical characteristics, the satisfaction of treatment received, and sought any suggestions to improve the services. We summarized the numerical variables with the median and inter-quartile range (IQR) and the categorical variables as proportion.*

Results: *Of the 286 patients admitted during the study period, 122 patients responded (42.6%). The median age was 32 years (IQR 22-43) and the majority were male (73, 59.8%), married (78, 63.9%), skilled labor or student (26, 21.3%) by occupation, and had secondary level education (31, 25.4%). Most of the patients reported satisfaction (115, 94.2%) with the care received. Among the different domains of satisfaction, most positive responses were seen in the treatment (116, 95.08%) and the least in the treatment cost (57, 46.7%). Suggestions on the improvement of infrastructure of the ward and subsidy in the treatment cost were received.*

Conclusion*: Most of the inpatients reported satisfaction with the care they received. Further exploration into different domains of satisfaction is needed.*

Keywords: Psychiatric Inpatients, Satisfaction, Treatment, Mental Illness

INTRODUCTION

Patient satisfaction reflects the extent to which the health care services meet the patient's expectation and is one of the markers of quality of care.[1] It is an important construct and influences multiple areas including treatment adherence and outcome which, in turn, informs about the quality of life and the severity of illness.[2,3] Patient demographics, diagnosis, and chronicity of illness, institutional, and/or medical factors have been found as contributing factors in different studies.[2,4] However, the conceptualization of patient satisfaction as a measuring tool is poorly defined and its use as a measure of outcome quality has been limited.[1,2,4] Studies have shown a varied level of satisfaction on different components of treatment in different countries' inpatient psychiatry services.[5–10]

Generally, psychiatry inpatients have reported high satisfaction but compared to the patients admitted with physical illnesses, they are found to report lower satisfaction.[2,8,10–12] It is difficult to pinpoint the factors that contribute to high satisfaction in these patients. Studies suggest high satisfaction with better-personalized care, better therapeutic relationships with the medical personnel's less coercive treatment, clear discharge plan whereas age, gender, education, treatment duration had mixed reports.[10,12] With a few studies available on patient satisfaction with psychiatric services from Nepal,

particularly from the perspective of patients, this study aims to evaluate the satisfaction of psychiatric inpatients in a tertiary care center.

MATERIAL AND METHOD

This was a descriptive cross-sectional study carried out in the Department of Psychiatry, Patan Academy of Health Sciences (PAHS), a 450 bedded tertiary care teaching hospital, over 12 months from May 2015 to June 2016. The inpatient services at the Department of Psychiatry, PAHS commenced its services in 2013 with 10 general beds and 5 private cabin beds. The inpatient services are housed in an open unit with attendant(s) required to accompany the patients during the hospital stay. Patients are received from the Psychiatry Outpatient, Emergency as well as from other Departments. All the consecutive patients receiving inpatient care during the study period were interviewed at the time of discharge. We obtained approval from the Department to conduct this study. The confidentiality and privacy of the patients were maintained following the principles of ethics as stated by the Declaration of Helsinki. Informed written consent was obtained before data collection. The patients who were too ill to give valid responses or had cognitive impairment or those who left against medical advice were excluded from the study.

The study patients were interviewed using a semi-structured data collection tool. The data collection tool collected information on the demographics including age, gender, marital status, education, occupation, the relevant clinical details including diagnosis, comorbidity, and duration of hospital stay. A psychiatric inpatient satisfaction questionnaire was developed based on a literature review and assessed patient satisfaction in five domains: quality of care, interpersonal relations, costs of care, non-medical services, and global satisfaction.[13] The patient's responses were obtained in these domains as satisfied, neutral, or dissatisfied. Additional questions captured patients' expectations and suggestions for improvements.

Data were entered and analyzed in Microsoft Excel (Office 365, Microsoft Corporation, Washington, United States). The numerical variables were summarized using median and Inter-Quartile Range (IQR) and the categorical variables were summarized with proportions.

RESULT

Table 1: Demographic and clinical characteristics of study patients

Characteristics		Number (n)	Percentage (%)
Gender			
	Male	73	59.84
	Female	49	40.16
Marital status			
	Married	78	63.93
	Single	39	31.97
	Divorced	3	2.46
	Separated	1	0.82
	Widow	1	0.82
Occupation			
	Skilled labor	26	21.31
	Student	26	21.31
	Housewife	25	20.49
	Farming	14	11.48
	Unemployed	6	4.92
	Business	5	4.10
	Uniformed services	2	1.64
	Unskilled labor	3	2.46
Education			
	Secondary School	31	25.41
	Higher Secondary	21	17.21
	Primary School	20	16.39
	Illiterate	13	10.66
	Bachelors	13	10.66
	Literate	3	2.46
	Masters	2	1.64
Diagnosis			
	Dual psychiatric disorder	28	23
	Substance use disorder	27	22.1
	Mood disorder	25	20.5
	Psychotic disorder	23	18.9
	Stress-related disorder	10	8.2
	Organic psychiatric disorder	5	4.1
	Catatonia	3	2.5
	Anxiety disorder	1	0.8
Comorbidity			
	Present	23	18.85
	Absent	99	81.15

Of the 286 eligible patients, 122 (42.6%) responded. The demographic and clinical characteristics are presented in Table 1. The median age was 32 (IQR 22 – 43) years and the median duration of hospital stay was 7(IQR 5-11.75) days. Most patients reported satisfaction with the treatment provided and the overall satisfaction with the service(Table 2).

The patients' responses on the suggestions for the services and their expectations during the hospital stay are shown in Table 3. On enquiring if the patients would recommend our services to other people, 75.4% responded positively and but 17.2% remained neutral. Also, nine of them expressed negatively directly or indirectly.

Table 2: Distribution of patient satisfaction ratings on different aspects of health care (n = 122)

Domains of satisfaction	Dissatisfied		Neutral		Satisfied	
	N	%	n	%	n	%
Treatment	4	3.28	2	1.64	116	95.08
Behaviour/ Attitude of doctors	0	0.00	9	7.38	113	92.62
Behaviour/ Attitude of nurses	3	2.46	10	8.20	109	89.34
Treatment cost	49	40.16	16	13.11	57	46.72
Ward setting	14	11.48	34	27.87	74	60.66
Global satisfaction	1	0.82	6	4.92	115	94.26

Table 3: Suggestions and expectations of study patients

Characteristics	Number	Percentage
Response to suggestions		
No response	12	9.8%
No suggestions	50	41.0%
Suggestions*	60	49.2%
Ward/Infrastructure	52	
Behaviors	6	
Treatment cost	14	
Treatment	8	
Response on treatment expectations		
No response	0	0.00%
No expectations	43	35.25%
Treatment expectations	79	64.75%
Response on cost expectations		
No response	41	33.61%
No expectations	35	28.69%
Cost expectations	32	26.23%
*Multiple responses were recorded		

DISCUSSION:

Our study aimed to evaluate the satisfaction of psychiatric inpatients in a tertiary care center in Nepal. To the best of our knowledge, this is the first study in Nepal assessing patient-reported satisfaction in psychiatry inpatients. The response rate was less than 50% which was expected considering the nature of the study. The impact of low responses are not understood completely and if any, they are considered relatively low.[6,9]

Our findings showed that on most of the domains, the global satisfaction among psychiatric inpatients in our center was high with 94.26% for the services, 95.08% for the treatment satisfaction, 92.62% for the behavior of doctors, 89.34% for the behavior of nurses, 46.72% for the cost satisfaction, 60.65% for the ward setting. Treatment satisfaction and gobal satisfaction domain ratings appeared similar in our study. A multicentric study and a study from a national sample in China have also reported comparable findings.[12,14] Possible explanations for these findings include low expectations from the service itself and minimal expression of the expectations. The high satisfaction recorded could be because the responses were given at haste to return home. It may also be for the sake of being nice while leaving the hospital, socially desirable answers, use of single-item questions, positive answers to questions of being satisfied.[9] Studies have shown that expectations vary according to the ethnic groups, health needs, and health system.[15,16] It has also been shown that the majority of psychiatric patients express satisfaction with their care and few respond negatively to any given item of satisfaction. This could be because of fear of antagonizing staff and experiencing even worse service in the future.[17] High satisfaction ratings could have been contributed by other patient factors as well. Though previous studies have reported inconsistent findings on the association between patient satisfaction and socio-clinicodemographic factors, further exploration in this area could improve our understanding.[18]

Comparing different domains of satisfaction in our study, a majority were satisfied with the treatment in line with the similar findings reported elsewhere.[9,14,19–22] Treatment satisfaction is the most important aspect of patient satisfaction and is directly related to the overall satisfaction and behavior of doctors and nurses.[14] The majority of our patients have rated the behaviors of doctors and nurses as excellent, similar to prior studies.[5,23,24] In general, patients

expect a good rapport with the doctor and expect care, concern, and courtesy in addition to good professionalism.[25] Studies have highlighted the importance of communication between patients and nurses and many have found communication with the nursing team more important to patients possibly because they experience more contact with nurses.[21] This could be the reason for our patients to suggest in having nurses speaking the local languages, maintaining privacy, telling the truth about their illness, making provisions in the ward setup for maintaining the privacy, and dissatisfied with few nurses' behaviors. These suggestions obtained are supported by the findings of a study from India where more personal approaches by the medical team were preferred and had higher satisfaction responses.[4] The study found treatment cost as the domain with the highest dissatisfaction (49,40.16%) among all the domains of patient satisfaction. However, most of the patients in our study had been satisfied and neutral to the treatment cost which is similar to the study in China.[14] This could be explained by the fact that services were cheap and few patients had financial burden which then contributed to the overall high satisfaction. This is further explained by the suggestions provided by a few of them on the need for charity and discounts. The treatment cost positively relate to education, satisfaction, adherence to treatment.[14] The responses to the ward environment were mixed similar to the findings reported from Finland.[5] This highlights the need for appropriate considerations by the concerned authorities. Various suggestions provided by our patients on the improvement of ward settings implicating the importance of physical milieu further support this argument.

The expectations ranged from good treatment and behavior by the treating staff to round the clock availability of treating doctors, additional rounds at evenings, succinct information about their illnesses in an understandable way, and more time to the patient. Some expected additional services like neurology services and provision of admission without an attendant. Furthermore, many patients had expected that the costs of care would be cheaper or would receive a subsidy to cover such costs. All these expectations reflected the patients' understanding of good service and their viewpoints can be used to improve the service.[18,26]

All the suggestions given reflected their met and unmet expectations. These suggestions related to ward setup could be due to the current condition of the ward with limited spaces of five male and female beds each in general psychiatry ward without any dedicated place for attendants to rest. Also, there is no provision of separate catering services for the patients and their attendants. The suggestions on treatment practices include the timely administration of medications and time management for doing investigations. This suggestion might have implied the presence of only one nurse and or adequate resources in the nursing team in a shift and lack of dedicated ward assistant for carrying out the tasks decided by the treating team. Suggestion on the improvement in the behavior of a few staff and guard to having nurses who could speak their local language and maintain privacy could be related to relationship between the medical personnel and patients as well as patients' comfort and trust in confiding their issues in their local language.

Limitation

This study was based on the patients from a single center in one year and has therefore, limited generalizability of the findings. Because there is no validated and standardized tool to assess patient satisfaction, we formulated our tool which has not been pre-tested and validated. This could have introduced some amount of measurement bias. The patient's expression differs from one occasion to another occasion and so the findings may not be the representative.

CONCLUSION:

The patient satisfaction of the psychiatry inpatients was high but added efforts are needed to address and improve certain areas for a better patient experience and satisfaction. Further studies exploring the factors contributing to different domains of satisfaction could help improve the services in the future. Simple ratings of patient satisfaction may be useful indicators of quality of psychiatric care which could be a more frequent activity.

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