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What do you think of us? Evaluating patient knowledge of and satisfaction with a psychiatric outpatient service.

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Conflict of interest

None

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What do you think of us? Evaluating patient knowledge of and satisfaction with a psychiatric outpatient service.

Abstract

Aims

This survey aimed to measure patient satisfaction with the care they were receiving using an established questionnaire, to examine patients' knowledge of the psychiatric services in general and to identify variables associated with satisfaction.

Methods

Patients attending the Mater Hospital psychiatric outpatient clinics over a 13-week period, and the Mater Hospital clozapine clinic over a 4-week period, were invited to complete the Barker Scale of Patients' Views Towards Care Received From Psychiatrists.

Results

192 patients were invited to participate and there was a response rate of 93.8%. 86% of respondents were satisfied with the care they were receiving; 92.2% stated psychiatrists were caring towards them, 85.5% that psychiatrists know what they are doing, 84.4% that their illness was explained by their psychiatrist and 64.8% that psychiatric care is improving but 64.8% stated that psychiatric services are still not good enough. 86% were, or had been, in receipt of a psychological treatment.

Conclusions:

Patients attending psychiatry outpatient services reported a high degree of satisfaction with the treatment they were receiving, although there were discrepancies between

satisfaction with their own specific service and with the psychiatric services in general.

Introduction

In 2001, Ireland's Department of Health and Children introduced "people-centredness" as a key value in Irish health services [1]. Ireland shares this value with many other countries, including the United States and France [2], where evaluating patient satisfaction has been mandatory since 1996 [3]. In this context, there is a notable paucity of patient satisfaction surveys in the area of mental health. More specifically, while there has been a small number of such studies examining the opinions of psychiatric out-patients [4, 5] the majority of studies have focussed on in-patients [6-7, 8].

Overall, the limited number of studies in the literature show relatively high overall rates of satisfaction, sometimes in excess of 80%, amongst psychiatric outpatient populations [4, 9]. Satisfaction rates are notably less impressive, however, for items measuring communication about the illness itself or about treatment [5, 9]. The present study is a follow-on from our earlier study published in 2005 [4] which revealed high levels of satisfaction, in excess of 90 % for some measures. The present study aimed at assessing continuity of quality of care in this service, and facilitating additional analyses so as to add greater depth to our information on the variables influencing patient satisfaction and dissatisfaction. [10]

Objectives of the study

This survey aimed to:

- (a) Measure patient satisfaction with the care they specifically were receiving, using an established, validated questionnaire
- (b) Examine patients' knowledge of the psychiatric services and care in general.
- (c) Identify variables associated with satisfaction.

Methods

Location and subjects

This study was conducted over a 13-week period at Mater Misericordiae University Hospital psychiatric outpatient clinic and over a 4-week period at the Mater Hospital clozapine clinic. These clinics provide outpatient services to patients from the local psychiatric sector (32,000 adults over 18) and to patients referred to the liaison psychiatrist in this hospital. The hospital itself is the second largest general hospital in Ireland with some 400 beds and is a tertiary referral centre for some specialties.

Exclusion criteria included a diagnosis of dementia, learning disability, having a first language other than English, being acutely ill or suicidal, and being under the age of 18 years.

Each patient was asked to participate at one clinic visit only. Written consent was sought after the purpose of the study was explained. All patients were reassured that

failure to participate would not in any way impact on their treatment. Patients had an opportunity to discuss the study with the researcher before signing the consent form and could withdraw at any time.

Questionnaire

The Barker questionnaire [6] is a valid, reliable, self-rated scale for the assessment of patients' views towards care received from psychiatrists. The questionnaire is divided into two sections: the first comprises 15 questions about the person's own treatment in the specific service they attend, and the second comprises 11 questions about knowledge of the psychiatric services and psychiatrists in general. All statements use a Likert scale (strongly agree/agree/uncertain/disagree/strongly disagree) to measure satisfaction and the questions are free of medical terminology. There is an approximately equal distribution of positive and negative statements. A free comments section is included at the end. One question was modified for the present study as this questionnaire was developed for use in an in-patient setting; the question concerning frequency of contact with the treating doctor was replaced by the statement: "Psychiatrists tell your family doctor about your illness".

Demographic details such as sex, age, marital status, work status, number of episodes of illness, family history of psychiatric illness and treatments received (including psychological interventions) were obtained from case notes.

Data analysis

Data were analyzed by SPSS [11]. The five-point scale was condensed into three points for the purpose of analysis. “Strongly agree” was combined with, “agree” (hereafter termed “agree”) and “strongly disagree” was combined with “disagree” (hereafter termed “disagree”); thus there were three possible responses (agree, disagree and uncertain) to each question. For bivariate analysis, t tests and Chi square tests were used. Owing to the performance of multiple tests, the level for statistical significance was set at 0.01 because of the possibility of significant results occurring by chance.

Results

Demographic and illness characteristics

192 patients were invited to participate of whom 5 refused. The overall response rate was 93.8%. 41.9% of respondents were male; 50.3% were never married; and 31% were in full-time employment (Table 1). The age range was 18-77 years (median 42 years, SD 12.94) and there was no significant difference with regard to age ($t=185$, $p=0.59$) or gender ($\chi^2=2.744$, $df=1$, $p=0.098$) between those agreeing to participate and those refusing.

Insert Table 1 about here

Affective disorders were the most common diagnoses, followed by anxiety disorders, based on both self-reported (Figure 1) and case-notes diagnoses (Figure 2).

Figures 1 and 2 about here

Of the 176 patients for whom the information was available, 22.2% were currently attending a psychological service, while 64% had previously attended a clinical psychologist, a counsellor or a psychotherapist. Overall, 86% of those evaluated were, or had been, in receipt of specific psychological input.

Of the 154 patients on whom the information was available, a community psychiatric nurse (CPN) had attended 18.8% at least once. 48.1% of those evaluated had been treated as in-patients and, of these, 31.2% had attended as out-patients between one and three times; 10.4% between four and six times; and 6.5% more than six times. The majority attended the outpatient clinic once every 1-2 months (55.9%) or every 3-5 months (31.3%). The remainder attended once (or more) every 2 weeks (7.8%) or once (or less) every 6 months (5.0%). Regarding the number of times patients did not attend their appointments during the 13 week period of time, 55.9% had never missed an appointment, 38.4% had missed between one and three appointments, and 5.6% had missed more than three.

Patient satisfaction with their own service

Insert Table 2 around here

Overall, there was a high level of satisfaction with treatment and 86% agreed with the statement: “I am satisfied with the care a get here”; 92.2% agreed with: “Psychiatrists here are caring towards their patients”; and 85.5% agreed with: “The psychiatrists here know what they are doing.” Including those who were uncertain, a significant

minority felt they might not have a psychiatric illness (44.7%), that they should not be attending the clinic (44.1%) or did not need psychiatric treatment (43.5%).

Relationships between satisfaction and other variables

There was a statistically significant inverse relationship between attendance from a CPN and general satisfaction with psychiatric care (as measured by statement 3) (Table 2), with those who were visited by a CPN indicating less satisfaction with the service ($t = -2.672$, $p=0.009$). There was also a trend towards significance between work status and response to statement 3, with students showing a trend towards difficulty in talking to their doctors ($\text{Chi}= 24.298$, $\text{df}=12$, $p=0.019$). There was no relationship between satisfaction with own care (as measured by statement 4, Table 2) and frequency of attending the outpatient clinic ($\text{Chi}=3.092$, $\text{df}=6$, $p=0.797$), number of attendances during the last year ($\text{Chi}=5.821$, $\text{df}=4$, $p=0.213$), attending a psychological services currently ($\text{Chi}=2.084$, $\text{df}=2$, $p=.353$) or in the past ($\text{Chi}=.198$, $\text{df}=2$, $p=.906$), number of times a respondent has been an inpatient ($\text{Chi}=3.246$, $\text{df}=6$, $p=0.777$), self-report diagnosis ($\text{Chi}=15.919$, $\text{df}=24$, $p=0.891$) or case-note diagnosis ($\text{Chi}=6.191$, $\text{df}=16$, $p=0.986$).

Turing to the relationship between communication and satisfaction we analysed the association between the statement “I am satisfied with the care I get here” and each of the following 7 statements from the questionnaire relating to communication:

1. Doctors here have explained my treatment clearly to me
2. Psychiatrists here are caring towards their patients
3. It is difficult to talk with the doctors here about your problems

4. Doctors here use too many technical terms
5. I do have a say in the treatment I receive here
6. In general psychiatrists are not good at communicating with their patients
7. Most psychiatrists do not listen carefully to what patients say to them.

Those who agreed with “I am satisfied with the care I get here” were more likely to agree with “Doctors here have explained my treatment clearly to me” (Chi 83.593, df=4, p=0.000) and “Psychiatrists here are caring towards their patients” (Chi=48.194, df=4, p=0.000). Satisfied subjects were less likely to agree with “Doctors here use too many technical terms” (Chi=17.012, df=4, p=0.002) and to agree with the statement “I do have a say in the treatment that I receive here” (Chi=28.567, df=4, p=0.000), while disagreeing with “Most psychiatrists do not listen carefully to what patients say to them” (Chi=24.422, df=4, p <0.001). There was a trend towards also disagreeing with the statement “It is difficult to talk with the doctors here about your problems” (Chi=12.227, df=4, p=0.016).

Opinion of psychiatric care in general

Overall, participants’ opinions of the psychiatric services in general were more negative than their opinions of their own service. 64.8% agreed that psychiatric care is improving all the time (statement 5, Table 3), although 43.6% were unsure whether psychiatrists are better trained than before (statement 1). Combining those who were uncertain or agreed, 43.6% of participants thought that there were hardly any useful treatments for people with mental health problems (statement 4), while 64.8% were uncertain or agreed that the help for mental health problems is not good enough (statement 2).

Insert Table 3 around here

64.2% disagreed with the statement: “In general psychiatrists are not good at communicating with patients.” A sizeable minority (30.2%) considered that psychiatrists depended on pills and drugs too much for treating patients and this percentage rose to 61.5% if those who were uncertain are included. Concerning whether psychiatrists thought they always know best, 34.1% agreed, 34.6% were uncertain and 31.3% disagreed. There was some evidence of a lack of understanding of the psychiatric services and its personnel. Over 50% were uncertain or thought that psychiatrists and psychologists were essentially the same. Over 70% knew that all psychiatrists are qualified doctors but almost 40% were uncertain about the statement: “All psychiatrists are trained to analyse peoples’ minds.”

Relationship between satisfaction with own service and perceptions about medication use

Since a substantial minority of patients (30.2%) felt that psychiatrists in general depended too much on medication, we explored how this was related to the overall evaluation of their own service.

Those who agreed with “Psychiatrists depend on pills and drugs too much for treating patients” were less likely to agree with “I am satisfied with the care I get here” (Chi=19.029, df=4, p= 0.001), as well as with the statements “Overall we have a good psychiatric service” (Chi=17.823, df=4, p= 0.001) and “The psychiatrists here know what they are doing” (Chi=16.376, df=4, p= 0.003). There was no statistically

significant relationship between having received some form of psychological intervention and agreeing with the statement “Psychiatrists depend on pills and drugs too much for treating the patients” (Chi=3.271, df=2, p=.195).

Free Comment Section

47.5% of respondents wrote comments in the free comment section of the questionnaire, of which 55.3% were favourable, 27.1% were critical and 14.1% contained elements of each. 3.5% were neutral. Of the critical comments, 17.7% concerned the change of junior doctors every six months; 17.7% criticised the absence of other forms of treatment, mainly psychological treatments and social support; 13.3% focussed on matters relating to the running of the clinic; 11.1% commented on a perceived over-reliance on medication; 11.1% were about the general lack of resources/services to treat mental health problems in the country; and 8.8% commented on the waiting time at the clinic.

Discussion

This study is one of a relatively small number of studies examining the opinions of psychiatric out-patients in relation to their treatment and diagnoses [4, 5]; the majority of comparable studies of psychiatric patients have focussed on in-patients [6, 7, 8]. The patient population from which our sample was drawn was large and diverse, and included those attending a local public psychiatric service, those referred to the liaison psychiatry service of a large general hospital, and tertiary referral patients from various other sources.

This study has a number of strengths and weaknesses. The response rate of 95.7% is very high and selection bias is thus unlikely to have had a substantive effect on results. Moreover, this study has the advantage of examining both the subjective evaluation of the out-patient service delivered to these specific patients *and* their opinions of the services generally.

One of weaknesses of our study is that only patients currently attending the outpatient clinic were included and it did not include those who had defaulted due to dissatisfaction with the services. A further source of bias may stem from a desire to please (response bias); in an attempt to reduce this, data was collected by a researcher who was unknown to the patients.

Patient satisfaction with their own service

Overall 86% of outpatients were satisfied with the out-patient service and this is comparable with studies [4, 12]. One explanation for the high level of satisfaction in this study is that a high proportion of patients in this study definitely recalled being seen by their consultant (77.1%), as opposed to 29.1% of inpatients in another study [6] who reported that they had never seen their consultant and had much lower proportions (62%) expressing satisfaction. High levels of satisfaction may also stem from the fact that 84.4% felt the doctors had explained their treatment clearly and had communicated well. However, those that were satisfied with the treatment they received may be more likely to recall such communication (recall bias).positively. It is therefore not possible to study the direction of the association between communication and satisfaction in this study.

In our study, there was a negative association between having been visited by a community mental health nurse and levels of satisfaction. This result contrasts with previous studies which associated community mental health nurses with increased levels of satisfaction [13]. Our finding might reflect the stigma associated with members of the mental health team attending patients in their homes although this putative explanation requires further study.

Another striking feature is the very high proportion who had in the past or were currently in receipt of some form of psychotherapy – a proportion that is 3 times higher than reported in other studies [14] - although surprisingly this was not associated with any significant effect on the evaluation of their own service as compared to those who were not in receipt of psychotherapy. A possible explanation is that the number not receiving this treatment may have been too small to detect a significant impact on satisfaction, resulting in a type 2 error.

There was no relationship between patients' evaluation of their psychiatric service and other variables such as age, sex or marital status, a finding at variance with previous studies of inpatients [7] showing that females and younger patients were most dissatisfied. The lack of association found in this study may reflect differences between out-patients and in-patients.

Opinion of psychiatric care in general

The striking feature of this part of the study is the discrepancies between the level of satisfaction with patients' service and treatment and their opinion of the psychiatric services in general.

A majority of respondents agreed that psychiatric care is improving all the time, although a similar proportion agreed that the services are still not good enough, findings that at first glance seem contradictory but that may also demonstrate nuance and insight into the continuing deficiencies at the same time as matters were perceived as improving.

Relationship between satisfaction with own service and perceptions about medication use

Those who believed that overall doctors depended on medication too much and consistent with previous studies [4], was significantly more likely to be dissatisfied with their own treatment and the quality of this own service on a number of measures [15, 16]. This may be linked to a misunderstanding about the role and effects of medication in treatment and is consistent with a broader perception that psychiatrists depend too much on medication [17, 18]. In this regard it might be expected that those who received psychotherapy might not share this view concerning over reliance on medication - however the results indicate otherwise as we found no significant association between this sentiment and having been a recipient of psychological treatment. This may be explained by the distinction that participants in this study have made between their own experiences and their broader views about the quality of psychiatric services in general, a view that may be based on reality or that may stem from media driven misinformation.

While 85.5% of respondents simultaneously believe that the psychiatrists know what they are doing some 40 % who agreed with (or were unsure about) the statement that

there is hardly any useful treatment for the people with mental health problems, these results may reflect participants' awareness of the known limitations of some treatments.

Free comments

An additional item that emerged was the concern about the regular rotation of doctors and while this was mentioned by less than 20% of those who completed this section, future studies of satisfaction should incorporate specific questions relating to this as it has been identified in other studies [19] and requires further investigation.

Conclusions

This study highlights the usefulness of developing an awareness of the relationships between mental health service-users levels of satisfaction and various variables related to service providers, mental health facilities and relationships with service users. Our findings are likely to be generalizable to most standard, outpatient psychiatric populations.

Our findings support the idea that the nature and quality of the patient-professional relationship is consistently associated with overall patient satisfaction.

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Table 1 Socio-demographic profile of participants

Variable		% (n=179)
Gender	Male	41.9%
	Female	58.1%
Marital status	Never married	50.3%
	Married	36.3%
	Cohabiting	5%
	Divorced/separated	7.3%
	Widowed	1.1%
Employment	Full time	31%
	Part time	10.6%
	House worker	11.2%
	Retired	5.6%
	Students	8.4%

Figure 1 Self reported diagnosis

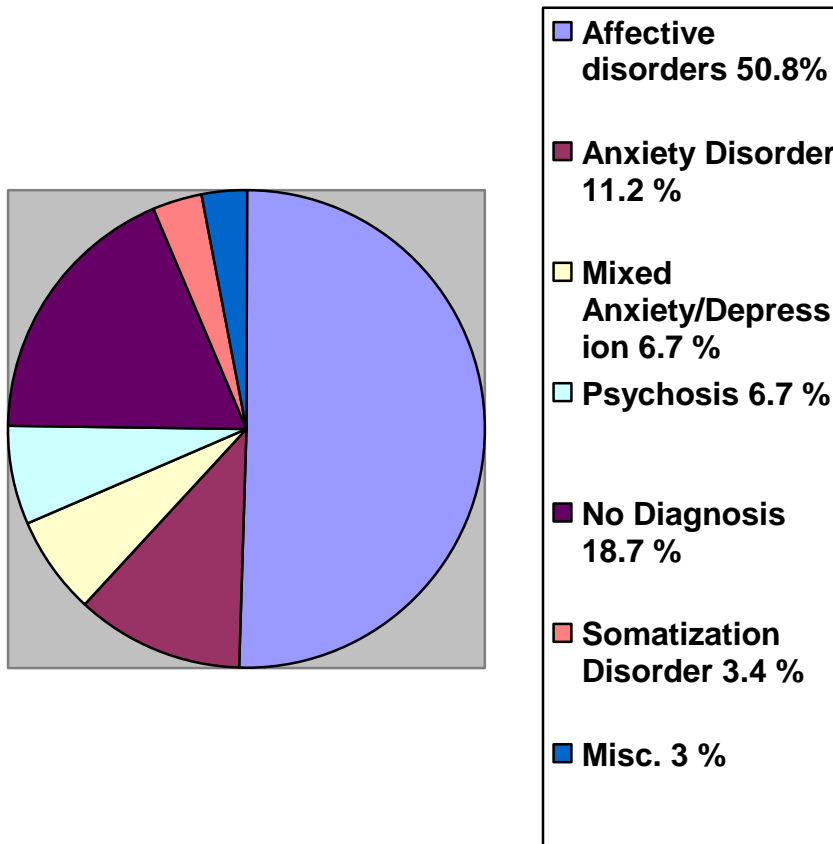


Figure 2 Case-note diagnosis .

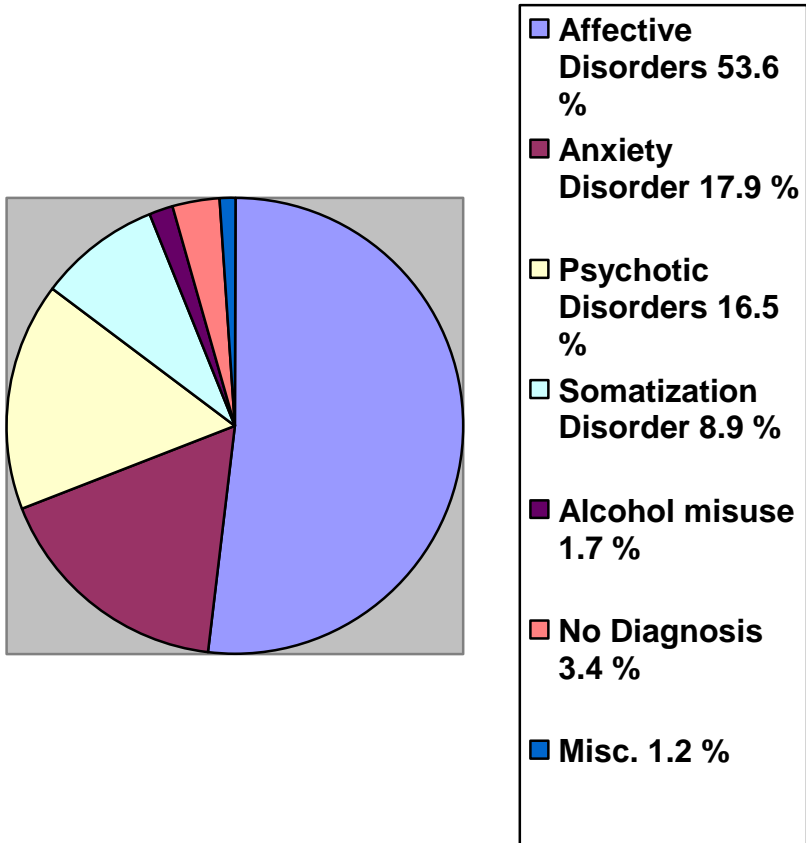


Table 2 Satisfaction with own service

	Agree	Uncertain	Disagree	Total
1. Doctors here have explained my treatment clearly to me	151 84.4%	19 10.6%	9 5%	179 100%
2 Psychiatrists here are caring towards their patients	165 92.2%	13 7.3%	1 0.6%	179 100%
3 It is difficult to talk to the doctors here about your problems	27 15.1%	29 16.2%	123 68.7%	179 100%
4 I am satisfied with the care I get here	154 86%	18 10.1%	7 3.9%	179 100%
5 Overall we have a good psychiatric service	135 75.4%	33 18.4%	11 6.1%	179 100%
6 There are many things about my treatment here which could be improved	39 21.8%	66 36.9%	74 41.3%	179 100%
7 The psychiatrists here know what they are doing	153 85.5%	24 13.4%	2 1.1%	179 100%
8. I do not have a psychiatric illness	31 17.3%	49 27.4%	99 55.3%	179 100%
9 Doctors here use too many technical terms	32 17.9%	29 16.2%	118 65.9%	179 100%
10 I have been seen by my consultant psychiatrist	138 77.1%	22 12.3%	19 10.6%	179 100%
11 I do not need to be at the hospital	40 22.3%	39 21.8%	100 55.9%	179 100%
12 I do have a say in the treatment that I receive here	128 71.5%	31 17.3%	20 11.2%	179 100%
13 It is hard for me to see a doctor when I need to	21 11.7%	30 16.8%	128 71.5%	179 100%
14 I need psychiatric care	101 56.4%	38 21.2%	40 22.3%	179 100%
15 Doctors here tell your GP about your illness	94 52.5%	67 37.4%	18 10.1%	179 100%

Table 3 Opinion of psychiatric care in general

	Agree	Uncertain	Disagree	Total
1 Psychiatrists are better trained than ever before	101 56.4%	78 43.6%	0 0%	179 100%
2 The help for mental health problems is not good enough	54 30.2%	62 34.6%	63 35.2	179 100%
3 Psychiatrists and psychologists are essentially the same	22 12.3%	72 40.2%	85 47.5%	179 100%
4 There are hardly any useful treatments for people with mental health problems	35 19.6%	43 24%	101 56.4%	179 100%
5 Psychiatric care is improving all the time	116 64.8%	57 31.8%	6 3.4%	179 100%
6 All psychiatrists are qualified doctors	126 70.4%	45 25.1%	8 4.5%	179 100%
7 All psychiatrists are trained to analyse peoples minds	94 52.5%	71 39.7%	14 7.8%	179 100%
8 In general Psychiatrists are not good at communicating with patients	30 16.8%	34 19%	115 64.2%	179 100%
9 Most psychiatrists do not listen carefully to what patients say to them	28 15.6%	34 19%	117 65.4%	179 100%
10 Psychiatrists depend on pills and drugs too much for treating patients	54 30.2%	56 31.3%	69 38.5%	179 100%
11 Psychiatrists always think they know best	61 34.1%	62 34.6%	56 31.3%	179 100%