

## Evaluating Psychiatric Patients' Awareness Of and Satisfaction with Psychiatric Outpatient Services

Zebeda Abd El Gawad Elsherif<sup>1</sup>, Hala ahmed elsayes<sup>2</sup> and Sabah Abo El Fetouh Mohamed<sup>3</sup>

<sup>1</sup>Lecturer of psychiatric nursing, Faculty of Nursing, Tanta University, Tanta, Egypt

<sup>2</sup>Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Tanta University

<sup>3</sup>Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Kafer El Sheik University.

**Abstract:** Psychiatric patients' awareness regarding importance of outpatient's 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 evaluate patients' awareness of and satisfaction with psychiatric outpatient service. This study followed quasi experimental design. The present study was conducted at psychiatric outpatient clinic at Tanta Mental Health Hospital. The target population, 60 of psychiatric patients attended to outpatient's clinic for six month. Two tools were used to collect data for the study, tool(I); Structured Interview Questionnaire for patients' awareness of outpatient services and tool(II) ; Client Satisfaction Questionnaire, to assess client satisfaction with treatment. Results of the study indicated that 78.3% the patients had low level awareness related to the importance of outpatient's services before educational program while, (76.7%) of them had good level after educational program. There was a significant relation between the patient's level of satisfaction with outpatient's services before and after education program( $X^2=34.133$ ,  $p < 0.001$ ). It was concluded that the implementation of educational program about importance of outpatient services and follow up lead to improve the patient's level of awareness and satisfaction with these services. The study recommended that educational program about importance of outpatient follow up compliance should be a routine during rehabilitation phase. Also, yearly survey of patient satisfaction to evaluate stander of outpatients' services need to be applied as a policy in the outpatients area.

**Key words:** psychiatric patient, satisfaction, awareness and outpatient services.

### I. Introduction

Patient's participation in the delivery and evaluation of mental health services has become an important policy element in the development of these services. An important area where user involvement could be especially useful concerns satisfaction with care, which has become considered an important indicator of service excellence. 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.<sup>(1,2)</sup>

Individuals with severe mental illness do not generally access out-patient services by direct referral from the general practitioner but are seen as follow-up patients, usually after an in-patient admission. It also suggests that the majority of psychiatrists assess patients with common mental disorders but do not necessarily offer ongoing follow-up appointments to them.<sup>(3,4)</sup> Outpatient mental health care after a psychiatric hospitalization has been associated with reduced incidence of hospital readmission and could potentially reduce the risk of adverse outcomes. Transitions between inpatient and outpatient health care settings are associated with elevated risks of adverse events and, therefore, are a focus of quality improvement initiatives.<sup>(5)</sup>

There are a number of challenges in the area of mental health and psychiatric services in Egypt. Most resources are allocated to a few large centralized psychiatric hospitals. However, the number of beds available for psychiatric patients is still inadequate for provision of acute inpatient care, particularly as 60% of the beds are occupied by long stay patients.. The WHO country office supports the Ministry of Health and Population in integrating mental health services into primary health care and raising awareness in schools and universities to reduce the stigma of mental health illnesses.<sup>(6)</sup>

Psychiatric out-patient services have recently come under close scrutiny. Non attendance rates at first appointments were one of the performance indicators used by the Commission for Healthcare Improvement (now the Health Care Commission) in awarding 'star ratings' to National Health Service (NHS) trusts for service efficiency. This attention has allowed some creative thinking about the role of the out-patient clinic in modern mental health services. To understand why outpatient services have been such a mainstay of mental health services, it is important to understand a little about their origins.<sup>(7)</sup>

Adherence in mental disorders is a bit different from that in other medical conditions because of some peculiarities; most mental conditions are chronic with periods of exacerbation and relapse, poor insight in conditions like schizophrenia and associated cognitive problems.<sup>(8)</sup>

Very little is known about the issues considered important to the psychiatric patients from developing countries 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<sup>(8,9)</sup>

The concept of patient satisfaction defined as the extent to which health care services meet predefined standards of acceptable or adequate care. Psychiatric Patient satisfaction regarding outpatient services is playing an increasingly important role in quality of care reforms and health-care delivery. Patients' opinion regarding services has acquired great importance. 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.<sup>(2,10)</sup>

Satisfied patients are more likely to complete treatment regimens and to be compliant and cooperative. Research on health system satisfaction, which is largely relative, has identified ways and means to improve health, reduce costs and implement reform. Thus satisfaction is associated with compliance and health outcome and its measurement may raise issues that are often overlooked by the service providers.<sup>(11)</sup> Assessing clients' satisfaction with services is an important component of quality assurance procedures in the health field. Such quality assurance programs have only recently been developed and implemented in the mental health service system.<sup>(12)</sup>

Patient satisfaction is a factor in the care process, influencing intervention efficacy and consumer behavior such as compliance and service utilization. Patient satisfaction is influenced by many factors, including patients' clinical and socioeconomic characteristics, expectations, living conditions, and previous service experiences. In addition, satisfaction appears to depend on the quality of care, as indicated by waiting time for appointments, support and service organization; and the outcome of care (that is, problem improvement as identified by patients).<sup>(11)</sup>

Studies that have investigated the reasons patients give for non-attendance have found differences between psychiatric and non-psychiatric clinics. Patients who miss appointments at non-psychiatric clinics are more likely to report that they were unwell with symptoms unrelated to the condition for which they were due to attend or that they were away on holiday.<sup>(13,7,14)</sup>

So, the measurement of patient satisfaction and effectiveness of psychiatric outpatient services allow easy identification of areas of service delivery that can be improved.

### **The aim**

- 1- To evaluate patients' awareness and satisfaction with psychiatric outpatient service they were receiving
- 2- Enhancing patients' awareness regarding importance of treatment compliance and follow up

## **II. Research hypothesis**

Patient's awareness of and satisfaction with outpatient psychiatric service are enhanced after an implementation of the educational session regarding importance of treatment compliance and follow up

## **II. Materials and method**

### **Materials:**

**Study design:** Quasi experimental design was used in this study

**Setting:** Outpatients clinic in Tanta mental health hospital which is affiliated to the Ministry of Health and population and provides health care services to Gharbya, Menofia, and kafr Elsheikh governorates

**Subjects:** The target population of this study consisted of 60 Psychiatric patients attended outpatient clinic for six month. They were fulfilling the following **inclusion criteria**; Age at least 18 years old ,both sexes , able to communicate relevantly , willing and agreement to participate in the study.

**Exclusion criteria:-**Having physical disability, chronic physical disease and mental retardation

A convenient sample of 60 psychiatric patients

**Tools of the study:** Two tools were used in this study:

**Tool I: Structured Interview Questionnaire for patients' awareness of outpatient services.** It consisted of two parts;

**The first part** contained **Socio-demographic and clinical data** to the patients age, sex, marital status, level of education, occupation, residency, income and Cohabitation as well as clinical data which include duration of illness and number of previous admission

**The second part** included **Structured Interview Questionnaire:**

This part was developed by the researchers after review of recent and relevant literatures<sup>(15-18)</sup> to assess patients' awareness of psychiatric outpatient service they were receiving. It composed of 22 items which consists of 4 sub items; First, 7 questions about the patient's follow up for psychiatric outpatient clinic. Second; 2 questions about the information that the hospital giving for patients in psychiatric outpatient clinic. Third; 4 questions about the availability of drugs in psychiatric outpatient clinic. Fourth; 9 questions about the interaction, relation and the caring that patients receive in psychiatric outpatient clinic.

Each measurement was answered on categories (Yes or No) with NO scored "1" and Yes scored "2". The score ranged from 22 to 44. Evaluation of this questions will be as follow: < 50% = low awareness, 50 – 75% = good and > 75% indicate high level awareness.

## **Tool II: Client Satisfaction Questionnaire**

It developed by *Larsen, D.L., Attkisson, C.C., Hargreaves, W.A., and Nguyen, T.D.* (1979)<sup>(19)</sup> To assess client satisfaction with treatment The Client Satisfaction Questionnaire (CSQ-8) is composed of 8 item scored from 1 to 4 (1="Quite dissatisfied", 2="Indifferent or mildly dissatisfied", 3="Mostly satisfied", 4="Very satisfied"). It is easily scored by summing the individual item scores to produce a range of 8 to 32, with high scores indicating greater satisfaction.

## **Method**

- Official permission for data collection was obtained from the director of Tanta mental health hospital. The tool was developed by the researcher, after a review of related literatures.
- Ethical considerations: - Informed consent to participate in the study was obtained from the study subject after explanation the purpose of the study. They were also assured about the confidentiality of the obtained data. As well, the patient privacy always respected. The study subjects were also informed that they have the right to withdraw from the study at any time if they wanted to.
- The tools of the study were translated by the researchers to Arabic language and presented to a jury composed of five experts in the psychiatric nursing to test their content validity.
- Before embarking on the actual study a pilot study was carried out on 10 patients were selected and excluded from the study subjects to ensure the clarity of the questionnaire, to test the visibility and applicability of the study tools and to determine obstacles may be encountered during the period of data collection. In addition it serves to estimate the approximate time required for interviewing the study subjects. After its implementation and according to the result of the pilot study, the statements are suitable to ensure understanding of the studied patients

Reliability ; Internal consistency and reliability was excellent for tool I 0.94 and tool II 0.8802 with alpha Cronbach's test

The study was conducted during the period April 2015 through October 2015.

An actual study was divided into four phases:

### **Assessment Phase:-**

The selected patients who meet the inclusion criteria were asked to participate in the study after establishing rapport and trusting relationship and explaining the aim of the study. The researcher continued to select from patients who visit outpatient clinical till reaching the desired subjects' number.

The selected patients were undergoing a pre-test using Socio-demographic and clinical data sheet, Structured Interview questioners and Client Satisfaction Questionnaire, it was applied on an individual basis by the researchers.

Each interview lasted for 15- 25 minutes, according to concentration, willingness to co-operate or talk

### **Program development phase**

The program was developed by the researchers based on data from the assessment phase and literature review<sup>(4,8,10,13)</sup>. Priorities goals and expected outcome criteria were formulated

**-Expected Outcomes:** Enhancing patients' awareness regarding importance of treatment compliance and for encouraging them for follow-up

-The researchers prepared essential materials for conducting the implementation such as the colored pictures for different types of anti-psychotic, anti-depressant, mood stabilized and anti epileptic medication according to patient medication and presentations to be used in the implementation.

- The booklets were developed to be distributed to every patient. For illiterate patient, researchers illustrate and distributed it for family care giver the distributed for enforcement

### **Implementation Phase:-**

- The contents of the Program were organized in 2 sessions provided for the studied subjects (in each follow up visit).

**-First Session:** Was an introductory session that emphasizes acquaintance between the group patients as well as the researchers and also an explanation of the educational session's purpose and importance of treatment, signs and symptoms of relapse and encouraging them for follow-up

**Second sessions:** focused on the importance of drug compliance, side effect and how to manage it . After each session, the researchers summarized the content of the session in group discussions and distributed the booklet with helping the patients and his/her family to focus on the important points that should be reviewed at home

**-Evaluation phase**

Two time assessments were done to the study subjects in order to evaluate their level of satisfaction and patient awareness regarding importance of treatment compliance and follow up

First time (pre assessment) was done before implementation of the Program using the two study Tools.

Second time: post assessment, was done three months after educational program using Tool I second part and Tool II

**III. Statistical Analysis**

The collected data were organized, tabulated and statistically analyzed using SPSS version 20 (Statistical Package for Social Studies) created by IBM, Illinois, Chicago, USA. For numerical values the range mean and standard deviations were calculated. The differences between mean values of total satisfaction score in relation to studied socio-demographic variables were tested using student's t test except for differences in relation to gender where the Mann-Whitney test was used due to small sample size of females. For categorical variable the number and percentage were calculated. The differences in each item of evaluation before and after the intervention were tested using Wilcoxon signed ranks test (Z). The relations between total satisfaction score and studied variables were tested by Pearson's correlation coefficient. The level of significant was adopted at  $p < 0.05$ .

**Table 1: Socio-demographic and clinical characteristics of studied patients**

Socio-demographic characteristics	Number (n=60)	%
<b>Age in years:</b>		
<20	1	1.7
20-	9	15.0
30-	22	36.7
40-	20	33.3
50-60	7	11.7
Range	17-60	
Mean+SD	39.37+9.20	
<b>Gender:</b>		
Males	57	95.0
Females	3	5.0
<b>marital status</b>		
Single	12	20.0
Married	30	50.0
Divorced	18	30
<b>Residency</b>		
Urban	42	70.0
Rural	18	30.0
<b>Co-habitation</b>		
Alone	2	3.3
With family	58	96.7
<b>Educational level</b>		
Illiterate	20	33.3
Primary	24	40.0
Secondary	6	10.0
University	10	16.7
<b>Occupation:</b>		
Employed	26	43.3
Unemployed	34	56.7
<b>Income</b>		
Enough	18	30
Not enough	42	70

**Table (2): Distribution of studied patients in relation to clinical data**

Clinical data	Number (n=60)	%
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<b>Diagnosis:</b>		
Depression	5	8.3
Epilepsy	24	40
Schizophrenic	31	51.7
<b>Onset of illness in years:</b>		
1-	10	16.7
5-	32	53.3
10-	11	18.3
15±	7	11.7
<b>Duration of use of drugs in months:</b>		
<1	1	1.7
1-6	36	60.0
>6	23	38.3
<b>Number of follow up visits</b>		
1	2	3.3
2	4	6.7
3	10	16.7
4	26	43.3
5	6	10.0
6±	12	20.0
<b>Family history of psychiatric disease</b>		
Yes	47	78.3
No	13	21.7
<b>Number of consultations in last three months:</b>		
Once	54	90.0
Twice	5	8.3
Thrice	1	1.7

**Table 3: Comparison of Patients level of awareness about outpatient services before and after educational program**

Level of patients awareness about outpatient services	Before		After		Total		Chi-square		
	N	%	N	%	N	%	X <sup>2</sup>	P-value	
Awareness of patient about follow up for psychiatric outpatient clinic	Low	41	68.3	2	3.3	43	35.8	55.150	<0.001*
	Good	17	28.3	51	85.0	68	56.7		
	High	2	3.3	7	11.7	9	7.5		
Awareness of patient about information that the hospital giving for them in psychiatric outpatient clinic	Low	59	98.3	0	0.0	59	49.2	117.000	<0.001*
	Good	1	1.7	3	5.0	4	3.3		
	High	0	0.0	57	95.0	57	47.5		
Awareness of patient about the availability of drugs in psychiatric outpatient clinic	Low	9	15.0	6	10.0	15	12.5	8.121	0.017*
	Good	5	8.3	17	28.3	22	18.3		
	High	46	76.7	37	61.7	83	69.2		
Awareness of patient about the interaction, relation and caring in psychiatric outpatient clinic.	Low	2	3.3	1	1.7	3	2.5	1.391	0.499
	Good	12	20.0	8	13.3	20	16.7		
	High	46	76.7	51	85.0	97	80.8		
Total level of patients' awareness about outpatient services	Low	47	78.3	1	1.7	48	40.0	73.774	<0.001*
	Good	12	20.0	50	83.3	62	51.7		
	High	1	1.7	9	15	10	8.3		

\*Significant

**Table 4 : Total score of patient's level satisfaction with outpatient's services before and after education program**

patient's level satisfaction	Before		After		Total		Chi-square	
	N	%	N	%	N	%	X <sup>2</sup>	P-value
Low	46	76.7	14	23.3	60	50.0	34.133	<0.001*
High	14	23.3	46	76.7	60	50.0		
Total	60	100.0	60	100.0	120	100.0		

**Table 5: Relationship between socio-demographic data of studied patients and total satisfaction score**

Variables	Mean±SD	T	P
<b>Gender :</b>		0.424	0.773
Males	19.49±1.15		
Females	19.33±1.15		
<b>Residency:</b>		3.093	0.006*
Urban	19.83±0.70		
Rural	18.67±1.53		
<b>Marital status:</b>		2.216	0.031*
Single	1.2819.00±		

Married	19.69±1.02		
<b>Employment:</b>		0.582	0.563
Employed	19.38±1.33		
Unemployed	19.56±0.99		

\*Significant

**Table (6): Correlation between total satisfaction score, age, and onset of illness, duration of illness, total number of follow up visits and number of consultations at last three months**

Variables	Total satisfaction score	
	R	P
Age in years	0.131	0.317
onset of illness	0.390	0.002*
Duration of illness	-0.275	0.033*
Total number of follow up visits	-0.080	0.545
Total number of consultations at last three months	-0.055	0.676

\*Significant

**Table 1; shows the socio-demographic characteristics of the studied subjects.** Regarding the range of patient's age in years was 17-60 and the mean age was 39.37±9.20 years. 36.7% of patients had age ranging between 30 to 40 years old and (33.3%) of them between 40 to 50 years old. In relation to gender 95% of studied subjects were male. Regarding marital status, 70% of patients were married and only (30%) were single. In relation to their residency (70%) of them live in urban. and most of them (96.7%) of them live with their family. Regarding to the educational level of patients, 33.3 % of the studied subjects were illiterate, and 56.7% were unemployed.

**Table 2; represents the distribution of studied patients in relation to clinical data;** regarding to the patient diagnosis most of them (76.7%) had diagnosed with schizophrenia, 20% diagnosed with epilepsy and 8.3% them were diagnosed with depression. In relation to the onset of illness, 53.3% of patient said that the onset of disease start at 5 years ago, but 18% of them said that the onset of disease start at 10 years ago. Regarding duration of use of drugs in months 60% of patients had used drugs from 6 months and 38% of them had used drugs for more than 6 months.

In relation to the number of follow up visits for psychiatric outpatient clinic, less (43.3% of patients said that they had visited the psychiatric outpatient clinic four times for follow up, and 20% of them said that they had visited the psychiatric outpatient clinic six times or more for follow up. the majority of patients 78.3% had positive past history of disease but only 21.7% of them had no positive past history of disease.

**Table 3; shows the Comparison of Patients' level of knowledge and awareness about outpatient services before and after educational program.** Significant difference was observed between patients' knowledge and awareness in relation to; follow up services, the information that the hospital giving them and the availability of drugs in outpatient clinic were ( $X^2 = 55.150$  ,  $p < 0.001$ ;  $X^2 = 117.00$  ,  $p < 0.001$  &  $X^2 = 8.121$  and  $p < 0.017$  ) respectively.

**Table 4; presents the total score of patient's level of satisfaction with outpatient's services before and after education program,** as there was a significant difference in the level of patients' satisfaction with the outpatient's services before and after the educational program as  $X^2 = 34.133$  and  $p < 0.001$ . As the patient's level of satisfaction had improved after the educational program.

**Table 5 shows the factors affecting total satisfaction score of studied patients with provided medical services** in which there was a significant difference between the total satisfaction score of patients and their residence at  $p = 0.006$ . Also there was a significant difference between the total satisfaction score of patients and their marital status at  $p = 0.031$

**Table (6): Correlation between total satisfaction score, age in years, and onset of illness, duration of illness, total number of follow up visits and number of consultations at last three month** as there was a significant Correlation between the total satisfaction score of patients and the onset of illness in years at  $p = 0.002$ , and also there was a significant Correlation between the total satisfaction score of patients and duration of illness at  $p = 0.033$

#### IV. Discussion

Outpatient mental health care after a psychiatric hospitalization has been associated with reduced incidence of hospital readmission and could potentially reduce the risk of adverse outcomes. Transitions between inpatient and outpatient health care settings are associated with elevated risks of adverse events and,

therefore, are a focus of quality improvement initiatives. Measurement of patients' satisfaction in psychiatric clinics is important because patients satisfaction has been correlated with improved clinical outcomes and administrative measures of high-quality care for example, fewer readmissions. In addition, measurement of patients' satisfaction allows organizations to identify areas of service delivery that can be improved. Ongoing improvement of service delivery and clinical outcomes is essential if a psychiatric clinic is to become and remain competitive in the current mental health care environment<sup>(20)</sup>.

The results of the present study indicated that the majority of psychiatric patient had low level of awareness and low level of satisfaction with outpatient's psychiatric services. These results improved after implementation of educational program about importance of outpatient, where the majority of patients had good level of knowledge and most of the studies patients had high level of satisfaction.

Regarding the level of patient's awareness with outpatient's psychiatric services, the present study revealed that there are improvements of outpatient awareness regarding all sub items. after educational sessions as, the majority of patients had good level of knowledge after educational program, this may be explained by, the patient don't have source of accurate information so, they responded well to the education. Also it is very difficult to the patient to meet their psychiatrist because of overcrowded of patient and limited number of psychiatrist in outpatient clinic. And about one half of studied patients were primary educated and majority of them aged more than 40 years so, it's difficult for them to search about knowledge about importance of compliance of outpatients follow up.

Regarding the awareness of patient about follow up and adherence for psychiatric outpatient clinic, These results agreed with **Lucilene Cardoso**<sup>(21)</sup> who applied research among discharged patients permitted the identification of important aspects regarding adherence to psychopharmacological treatment in outpatient services, he stated patients' low knowledge levels and low adherence level in the most of patients. Similarly, **Miasso AI**<sup>(22)</sup> studies on medication treatment adherence among chronic patients, most patients discharged from psychiatric internment present low treatment adherence levels, to psychopharmacological treatment in this case he demonstrated that the fact that these patients feel good or bad, due to medication use, influences their decision making regarding treatment adherence. On the other hand, **Fadare et al 2014**<sup>(23)</sup> who disagreed with this result as 50% of their patients scored high level of satisfaction for adherence for medication and for follow up.

As regards to awareness of patient about information that the hospital giving for them in psychiatric outpatient clinic, and awareness of patient about the interaction, relation and caring in psychiatric outpatient clinic) on the other hand **Olsen et al 2010**<sup>(24)</sup> who disagreed with this result in their study as their patients reported that they are given time to talk with their clinicians and also high level of appraisal are relevant to positive evaluation of the quality of the information provided. Also **Davy B et al 2009**<sup>(9)</sup> disagreed with study in their study as the majority of positive comments was obtained with respect to the quality of the relationships between patients and staff, and positive comment about being listened to , understood, respected ,and also positive comments about giving information. .

Also there were significant association between level of patient's satisfaction and onset of disease and their duration of psychiatric disease, on the other hand , **Blenkiron P , Hammill CA**<sup>(13)</sup> asserted that the duration of an individual's mental health problems was not related to their service satisfaction scores. However, those patients whose mental disorder had lasted more than five years (45 cases, 52%) were more satisfied with their quality of life than those with more acute disorders.

Regarding level of psychiatric patient's satisfaction with outpatient services, this study revealed low degree of patient satisfaction with outpatient's psychiatric care. This is a finding of great significance and has important implications, but this level improve after educational session. The present study illustrate that the total satisfaction score of patients had affected by patient's residence although most of them live in urban. And also the total satisfaction score of patients had affected by patient's marital status as about 50% of them were married and burned by family life. This low degree of patient satisfaction may be explained by a lot of factors; the patient cant seen their consultant easily, poor communication, lack of prescribed medication, lack of knowledge about their disease and lack of psychiatric services near of patients residence. Similarly, **Davy B et al**<sup>(9)</sup> also agreed with this study as they approved that there was a week association between the higher satisfaction and female living with spouse, and also their study showed significantly lower satisfaction in male single, thus living conditions and family environment have a significant impact on patient's evaluation of psychiatric services.

This results agreed with **Yildrium et al**<sup>(25)</sup> and **Stengård et al**<sup>(26)</sup> 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**<sup>(27)</sup> found a much higher dissatisfaction rate of 55%, with most of the patients' demands not being sufficiently met.

There are a some studies with contradictory results; The survey conducted in Germany by **Bramesfeld et al**<sup>(14)</sup> revealed 91% patients being mostly satisfied with the performance of mental health care, particularly doctor patient communication and treatment. A study for **Prasanna K**<sup>(28)</sup> in 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. Likewise a cross-sectional survey by **Danish et al** <sup>(29)</sup> 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 care<sup>12</sup>, Similarly a cross-sectional survey at **Teleghani University, Iran**, revealed 83% of patients were quite satisfied with their care received <sup>(4)</sup>. Similarly **Lally J et al 2013** <sup>(30)</sup> in their study that demonstrated high levels of satisfaction for patients with psychiatric outpatient care delivered in a university hospital setting. There was almost universal dissatisfaction with out-patient clinics. The doctor is isolated from the team and patients frequently do not attend. Patients may present very differently in the artificial environment, leading to differences with staff who see the patient at home. Patients are brought back routinely so as not to lose touch with them rather than out of necessity<sup>(7)</sup>.

### **Limitation of the study**

There are a number of limitations. The sample size for this study was small, so the results of the study could not be generalized to the whole population.

### **V. Conclusion**

The results of the present study indicated that the majority of psychiatric patient had low level of awareness and low level of satisfaction with outpatient's psychiatric services. These results were improved after implementation of educational program about importance of outpatient, where the majority of patients had good level of knowledge and most of the studies patients had high level of satisfaction.

### **Recommendation**

The following are the main recommendations pertaining to this study:

- Educational program about importance of outpatient follow up compliance should be a routine during rehabilitation phase .
- Yearly survey of patient satisfaction to evaluate stander of outpatients' services need to be applied as a policy in the outpatients area
- 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.
- Further longitudinal studies are required to assess how satisfaction varies with changes in the severity of mental illness.
- Further studies that assess the patient –clinicians in different mental health services may give further insights into potential service improvement

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