

Influence of Sociodemographic and Clinical Factors on Consumers' Satisfaction with Outpatient Mental Health Services in a Nigerian Multidisciplinary Treatment Centre

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Abstract

Background: Patient satisfaction should be the priority of every health institution as it is a key parameter considered by consumers while rating a given health facility. It is important that the level of satisfaction or dissatisfaction of the patients that receive care in a given facility and the associated factors are intermittently assessed to provide for a better planning and improvement.

Objectives: This study aimed at assessing the level of satisfaction of adult patients who received outpatient mental health services from a multidisciplinary federal institution in Nigeria, and to identify variables associated with patient (dis)satisfaction.

Methods: A researcher-developed tool was used to elicit the sociodemographic and clinical information of the participants while the Charleston Psychiatric Outpatient Satisfaction Scale (CPOSS) was used to elicit information on satisfaction.

Results: A total of 270 patients (52.2% males, 47.8% females) participated. Their mean age was 30.40 ± 12.65 years. Schizophrenia was the most diagnosed condition, followed by mood disorders. The respondents expressed high level of satisfaction with the quality of services they received from the department. Self-perceived mental and self-perceived physical health were factors noted to have mostly affected satisfaction. Being a female, married, of lower educational status, and having been previously admitted in the department correlated positively with service satisfaction in some domains.

Conclusion: Though the level of patient satisfaction in this sample was high, some differences in satisfaction levels regarding various components of satisfaction were found among some demographic groups. It therefore calls that adjustments be made for differences in patient characteristics taking these particular variables into account in the interest of improving mental health service delivery and patient recovery.

Keywords: Outpatient; Satisfaction; Psychiatric Services; Factors; Nigeria

Abbreviations

CPOSS: Charleston Psychiatric Outpatient Satisfaction Scale; SPSS: Statistical Package for Social Sciences

Introduction

The patient is the end-user of health care services and his or her overall (dis)satisfaction with the services offered in a given treatment facility determines his or her continued use or otherwise of the facility. The satisfaction of a health care consumer determines the extent the consumer is content with the service he or she receives from the care provider [1].

The attitudes of patients towards psychiatric care involve a complex relationship between clinical, personal and socio-cultural characteristics [2] as well as across many domains of satisfaction [3]. Knowledge of the pattern of service satisfaction could help an institution identify the strengths and weaknesses of her services, and provide guidance for further development [4,5].

An Indian study to find out the impact of hospital services on outpatient satisfaction reported that: good hospital facilities and reliable services have a positive effect on patient satisfaction; satisfied patients revisit the hospital for same and different treatments and also refer other patients to the hospital [6].

In the same vein, Boyer and his team reported that for consumers of mental health services, satisfaction has become a significant contributing outcome in the assessment and improvement of quality of care, including adherence to treatment, intent to return for care and follow-up, and continuity of outpatient care [7].

In our earlier study in 2016, we found high level of satisfaction among patients receiving care in our institution [8]. Though the respondents reported high level of satisfaction, not much was ascertained regarding the factors that may have influenced the patients' satisfaction - a step that is necessary for effective planning by the management.

Patient satisfaction should be assessed periodically, especially in a country with incessant disruptions of hospital services following workers' industrial actions, to identify key areas that deserve further improvement. Just recently, on 31st July, 2018, Nigeria launched her first Patients' Bill of Rights which calls for increased steadfastness on the part of service providers to ensure improved care and patient satisfaction. It is, therefore, important to re-assess patient satisfaction in our centre and identify the key factors that determine the level of satisfaction or dissatisfaction of the patients to enable a better planning and improvement. Hence, it is hoped that the findings from this study would be valuable to the hospital policy makers and other stakeholders in the psychiatric department for overall better psychiatric services in the institution.

Objectives of the Study

The purpose of this study was to assess the level of satisfaction of adult patients who received outpatient mental health services from a multidisciplinary federal institution in Nigeria, and to identify variables associated with patient satisfaction.

Subjects and Methods

This was a cross sectional study of adult health care utilizers at the outpatient unit of the Department of Psychiatry, Federal Teaching Hospital, Abakaliki, southeast Nigeria carried out over a period of about six months (1st February to 31st July, 2018). A purposive sampling method was used.

Inclusion criteria

Only patients who: had received care from the department in at least one previous visit; were physically and mentally capable of giving valid responses; were literate enough to clearly understand the items on the self-administered questionnaires; and who must have presented to the outpatient clinic during normal working hours were included in the study.

Data collection tools

The patients' demographic and clinical details were obtained using a researcher-developed sociodemographic/clinical profile questionnaire while satisfaction was assessed using the Charleston Psychiatric Outpatient Satisfaction Scale (CPOSS) - a 15-item measure of patients' satisfaction designed for use in outpatient settings. This instrument, which uses a 5-point Likert-type response format, has been reported to show a high internal reliability as well as convergent validity [9] and has also been found to be suitable for use in a Nigerian outpatient psychiatric clinic service [10]. A 5-point scoring format where 5 = Excellent, 4 = Very good, 3 = Good, 2 = Fair, and 1 = Poor was used to score items 1 to 14 of the CPOSS. The last (15th) item was scored using a 4-point scale as: 1 = No, definitely not; 2 = No, probably not; 3 = Yes, probably; and 4 = Yes, definitely.

The CPOSS was scored by summing the scores of all individual items with the exclusion of the anchor items (items 8 and 15). Satisfaction was considered to be high if the participant scored average and above of the scale [9,11] where 13 to 65 is the possible range.

Procedures

The study was carried out over a six month period (February - July, 2018). We recruited and administered the questionnaires on all eligible outpatients who sought for care in the department within the study period. On presentation to the Psychiatric outpatient clinic, a trained non-clinical member of the staff of the department introduced the study to the patient. Every consenting eligible patient was informed to return to the non-clinical staff after the person had completed all the hospital check-up processes. Patients who returned to the staff were provided the questionnaires for independent self-administration and thereafter the psychiatric diagnosis was copied from the case note by the non-clinical staff into the respective questionnaires.

Statistical analysis

Analysis was done with the Statistical Package for Social Sciences (SPSS), version 20. Frequency distribution, mean scores, and standard deviations were computed for sociodemographic variables. The strength was assessed using multivariate logistic regressions and all values were set at 95% confidence interval (CI). The statistical values were set at 5% level of significance ($p \leq 0.05$).

Results

Sociodemographic and clinical characteristics of the participants

300 participants were recruited out of which 270 (52.2% males and 47.8% females) returned well-filled questionnaires, giving a valid response rate of 90.0%. They were aged 18 - 72 years, with a mean age of 31.40 ± 11.35 years (Table 1).

Variable	Frequency	Percentage
Sex		
Male	141	52.2
Female	129	47.8
Age (years)		
18 - 24	62	23.0
25 - 44	163	60.4
45 - 66	38	14.1
> 66	7	2.6
Marital status		
Currently married	178	65.9
Currently not married	92	34.1
Educational status		
Primary	46	17.0
Secondary	133	49.3
Tertiary	81	30.0
Postgraduate	10	3.7
Employment status		
Unemployed	60	22.2
Employed	186	68.9
Full-time schooling	24	8.9
Diagnosis		
Schizophrenia	113	41.9
Mood disorders	92	34.1
Substance use/substance-related disorders	20	7.4
Others†	43	15.9
Has been admitted in the hospital		
Yes	54	20.0
No	216	80.0

Table 1: Sociodemographic and clinical profile of the participants (n = 270).

†Others: Somatization, Personality Disorders, Post-Traumatic Disorder, etc.

Self-reported perception of health condition

13.0%, 88.2%, and 75.9% of the participants, respectively perceived their mental health, physical health, and general health conditions on the days of the interviews to be good (Table 2).

Option	Self-perceived mental health		Self-perceived physical health		General health condition	
	N	%	n	%	N	%
Very poor	112	41.4	5	1.9	28	10.4
Rather poor	79	29.3	8	3.0	10	3.7
Neutral	44	16.3	19	7.0	27	10.0
Rather good	24	8.9	102	37.8	69	25.5
Very good	11	4.1	136	50.4	136	50.4

Table 2: Self-perceived mental health, physical health, and general health condition (n = 270).

Satisfaction of psychiatric service consumers based on the Charleston Psychiatric Outpatient Satisfaction Scale (CPOSS)

Tables 3 and 4 show the participants' mean scores of the items on the CPOSS. Generally, high scores were recorded in each area assessed showing high level of satisfaction. Majority of the participants showed high level of satisfaction with the mental health services across the 13 items that measure patient satisfaction.

Feedback item	Mean (SD)
Helpfulness of the record officers	4.18 ± 1.9
Information provided about payment for services	3.89 ± 1.0
Amount of time waiting to be seen by doctor	3.00 ± 0.9
Amount of information given to patient about his/her problem	3.50 ± 1.1
Respect shown for patient's opinion about treatment	4.01 ± 1.8
Matching of treatment plan to patient's individual needs	3.68 ± 1.3
Helpfulness of the services received	3.70 ± 1.4

Table 3: Outpatient satisfaction (with administrative factors) (n = 270).

SD: Standard deviation.

Feedback item	Mean (SD)
Appearance of the waiting room	3.50 ± 1.3
Appearance of the doctor's consulting room	3.99 ± 1.2
Office hours (clinic open period)	3.51 ± 1.0
Location of the clinic within the hospital	3.38 ± 1.1
Parking space (space for patient to park vehicle)	3.11 ± 1.0
Cost of service (official payment made for services)	2.95 ± 0.9

Table 4: Outpatient satisfaction (with environmental factors) (n = 270).

SD: Standard Deviation.

The satisfaction scores (Σ items represented in tables 3 and 4) on the CPOSS ranged from 13 to 65, with a mean of 42.12 ± 6.3 . The modal score was 45.0 (69% of maximum possible score on CPOSS) as shown in tables 3 and 4.

Satisfaction with administrative and clinical/treatment areas

In the administrative section of the CPOSS, the helpfulness of the record officers and the time spent while waiting to be seen by the doctor were, respectively, the highest and the least areas of satisfaction.

Satisfaction with environmental factors

The appearance of the doctor’s consulting room (3.99 ± 1.2) and the cost of services (2.95 ± 0.9) got the highest (most satisfying factor) and lowest (area of least satisfaction) mean scores, respectively.

Satisfaction with the overall quality of service provided and willingness to recommend the facility to others

Tables 5 and 6 respectively show the participants’ satisfaction with the overall quality of services provided and the willingness of the participants to recommend the hospital to other family members or friends. Of the 270 participants, 246 (91.1%) were satisfied with the overall quality of service provided whereas as much as 253 (93.7%) expressed their willingness to recommend the facility to other persons.

Option	Satisfaction with overall quality of service provided	
	N	%
Poor	6	2.3
Fair	18	6.7
Good	80	29.6
Very good	90	33.3
Excellent	76	28.1

Table 5: Satisfaction with the overall quality of service provided (n = 270).

Option	Willingness to recommend the hospital to others	
	N	%
Yes, definitely	183	67.8
Yes, probably	70	25.9
No, probably not	13	4.8
No, definitely not	4	1.5

Table 6: Recommendation intent (n = 270).

Factors associated with satisfaction of outpatient psychiatric service

Multivariate analysis showed sex, marital status, education, and history of inpatient admission in the hospital to be significantly associated with satisfaction with outpatient services.

Sex: There was a significant relationship with being a female compared to being a male with respect to ‘satisfaction with the matching of treatment plan to patient’s individual needs’ (adjusted odds ratio [AOR] =0.51, 95% CI: 0.37 - 0.96).

Marital factor: Being married correlated with a better satisfaction with the time spent waiting to be seen by a doctor ($\chi^2 = 25.227$, $p = 0.004$), the overall quality of care provided ($\chi^2 = 24.083$, $p = 0.044$), and willingness to recommend the department to other people ($\chi^2 =$

29.101, $p = 0.031$). On the other hand, patients who were no longer married (widowed, separated or divorced) were less likely to be satisfied with the outpatient psychiatric service than those who were still married at the time of the study (AOR = 0.09, 95% CI: 0.02 - 0.51).

Education: Educational status correlated inversely with the participants' satisfaction with the time spent to see the doctor ($\chi^2 = 46.502$, $p = 0.015$), the appearance of the waiting room ($\chi^2 = 44.254$, $p = 0.026$), and the parking space ($\chi^2 = 50.889$, $p = 0.005$).

History of admission into the psychiatric ward: Being previously admitted in the department was associated with satisfaction with information provided about payment ($\chi^2 = 24.554$, $p = 0.035$) and matching of treatment plan to patient's individual needs ($\chi^2 = 20.677$, $p = 0.044$).

Self-perceived health status: Self-perceived mental health and self-perceived physical health were key determinants of satisfaction. Hence, satisfaction with the overall quality of care provided was related to: one's mental health being perceived positively ($\chi^2 = 272.078$, $p = 0.016$), as well as positive perception of one's physical health ($\chi^2 = 50.933$, $p = 0.023$).

Age, job, and employment status were not significantly associated with service satisfaction. Psychiatric diagnosis was not associated with satisfaction in any domain.

Discussion

In general, our patients reported a high level of satisfaction with the services that the hospital provided. This high magnitude of satisfaction in this study rhymes with that in three cross-sectional studies done in Nigeria [12], Durban [13], and Ireland [14] where as high as 83%, 91.9%, and 90.7% of the respondents were respectively reported to be satisfied with the services but the prevalence found in this study appears to be higher than those of the studies done in Ethiopia [15], India [3], and London [16] which reported satisfaction rates of 61.2%, 57.0%, and 39.3%, respectively.

Females appeared to be more satisfied than male respondents. Though this finding is different from that of Bener and Ghuloum (2013) who reported that the satisfaction level of male patients was significantly higher than female patients in most of the satisfaction areas in a study done in Qatar [12], it is similar to those of Ethiopian researchers who found that male respondents treated at the outpatient psychiatric clinic were associated with less satisfaction as compared to females [15]; Arab patients with schizophrenia where Zahid and team reported that there was a tendency for women to have higher domain satisfaction scores than men [2]; and also a Ghanaian study which reported that female patients were significantly more satisfied with mental healthcare services across all the domains of satisfaction than male patients [17].

Compared to those who were still married, respondents who were widowed or separated were less likely to be satisfied with psychiatric services. Some other previous authors had similar findings [15,18]. A possible explanation to this is that those who are widowed or divorced are more likely to be prone to psychological distress and adjustment difficulties as well as financial challenges, which in turn might affect the level of satisfaction. On the other hand, nevertheless, Zahid and colleagues in a study among Arab subjects with schizophrenia noted that the tendency for those who were divorced to have higher satisfaction scores than those who were married, reached significance for "overall satisfaction" ($F = 5.2$, $df = 2/127$, $P < 0.007$) [2].

Our study also showed that the more educated the respondents, the more they were least satisfied in some domains. This is in keeping with a study in USA and Canada which reported respondents with lower education to be more satisfied with the services [19] but contrary to a study among Qatari and other Arab patients which reported that individuals of less education tend to be less satisfied with the mental health care [12] while some other reports showed that years of education did not correlate significantly with satisfaction [2].

While some had reported that those with psychotic disorders like schizophrenia were more satisfied than those with other non-psychotic conditions [20,21] or the reverse that patients with psychotic disorders like schizophrenia were least satisfied compared to patients with major depression who had highest satisfaction with services [3,15], this study did not find diagnosis to be significantly associated with satisfaction.

Being previously admitted into the psychiatric ward of the hospital was associated with high satisfaction in some of the areas assessed. This is in line with the findings from two French public university teaching hospitals that patients with previous hospitalization had a higher level of satisfaction with quality of care compared with patients who had never been admitted in the facilities [22].

Our study revealed that respondents who had good perception of their mental, physical, and/or general health condition were more satisfied in a great number of the domains assessed - a finding that corresponds to the report of many scholars that there is a strong association between self-perceived health and satisfaction with healthcare services [23].

Conclusion

Consumer satisfaction with outpatient mental health services is influenced by various factors. In this study, the satisfaction level of patients receiving psychiatric services at the Federal Teaching Hospital, Abakaliki, southeast Nigeria was found to be high. Satisfaction at specific areas differed with demographic variables. Improvement in minimizing the time spent while waiting to consult a doctor (possibly by increasing the number of doctors in the department and/or opening of other mental health service centres in the state/region) and improvement in the cost of services for the mentally-ill patients should be considered to improve service effectiveness and invariably patient satisfaction. It is essential to study this further, involving many other treatment centres in Nigeria as it has potential to improve clinical care and satisfaction among recipients.

Limitations

This study considered only the outpatient population, involved only literate patients, and is from a single hospital. As such, it might not be very appropriate to generalize the findings from this study to other populations or categories of psychiatric patients or services.

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