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Adewunmi K. Olusina · Jude U. Ohaeri · Michael O. Olatawura

Patient and staff satisfaction with the quality of in-patient psychiatric care in a Nigerian general hospital

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Abstract *Background* Patient satisfaction has been proposed as a simple measure of the quality of care. The present study aimed to assess how satisfied the patients and staff in an acute admission psychiatric unit were with experiences in the ward, including the physical environment, freedom, comfort, attitudes of staff towards patients, access to staff, and duration of hospitalization. *Method* A descriptive study of all patients admitted for functional psychiatric disorders in a 5-month period was conducted. Patients and staff completed similar 16-item self-rated Likert-type questionnaires. Satisfaction was graded as follows: dissatisfaction (< 50 % positive appreciation), bare satisfaction (50–65 %), moderate (66–74 %), and highest satisfaction (> or = 75 %). *Results* The 118 patients were dissatisfied with items that indicated curtailment of their freedom, while the 35 staff were dissatisfied with the physical facilities for care. Highest satisfaction for patients and staff were for items on staff-patient relationship. Barely satisfactory items for patients included the time spent with doctors. Patients had a higher positive appraisal of the adequacy of physical facilities than staff, while staff had a more positive appraisal of their relationship with patients. There were no significant differences in satisfaction among diagnostic groups. *Conclusion* The logical and discriminating manner in which patients assessed satisfaction supports the impression that they can be relied upon to make objective appraisal of the process of care, and that patient satisfaction is a valid index of the quality of care.

Key words psychiatric – patients – staff – satisfaction – quality – care – Nigeria

A. K. Olusina, MBBS (Ib), FWACP · J. U. Ohaeri, MD, MRCPsych · M. O. Olatawura, FRCPsych
Department of Psychiatry
College of Medicine
University of Ibadan, Nigeria

Dr. J. U. Ohaeri, MD, MRCPsych
Department of Psychiatry
Psychological Medicine Hospital
Gamal Abdul Naser Road
P. O. Box 4081
Safat, Kuwait 13041
Tel/Fax: + 965-4899315
E-Mail: judeohaeri@hotmail.com

Introduction

In developed countries, the shift in attitudes that regards patients as consumers has spurred a large body of work on what has been referred to as" patient satisfaction literature" [1, 2]. In response to critiques of the methodological and conceptual pitfalls of these studies [3, 4], attempts have been made to articulate questionnaires to assess satisfaction with psychiatric quality of care [5, 6]. It appears that there is a consensus that simple ratings of patient satisfaction may be useful indicators of the quality of psychiatric care [7, 8].

In an extensive electronic search of the literature, we found that quality of psychiatric care in Africa is a neglected area of research, the only reports being from a center in the Republic of South Africa [9–11]. The poor state of development of health services in Africa makes it imperative that researchers should study the usefulness of patient-staff satisfaction as a simple measure of the quality of care, with a view to providing relevant data to policy makers and health planners for prioritization of resources. For instance, in oil-rich Nigeria (population 100 million), the health budget for the year 2001 (USD 0.23 billion) was a paltry 0.82 % of the country's GDP (USD 28 billion) in spite of the noted considerable psychosocial [12] burden of care.

The general aim of the study was to compare the perceptions of psychiatric in-patients and staff caring for them on the quality of care in the two psychiatric wards of a large Nigerian general hospital. The specific objectives were to assess how satisfied the patients and staff were with experiences in the wards, including the physical environment, freedom, comfort, attitudes of staff towards patients, access to staff, and duration of admission in hospital.

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Subjects and methods

The setting

The study was carried out at the University College Hospital, Ibadan, which consists of 805 beds, including two psychiatric wards (each with 32 beds). Both psychiatric wards are located on the ground floor of the new block of wards. The wards are open and of mixed sex, similar to all the other wards in the block. A firm of private industrial cleaners, which runs 24-h shifts, is responsible for the general cleanliness of the wards. The scheduled daily group meetings are held only when there are sufficient members of nursing staff on duty. Patients who are calm and judged unlikely to abscond are permitted to sit outside the ward in the forecourt. When the available staff strength permits, patients are taken on strolls around the hospital grounds. Usually, they are encouraged to watch television from 4.30 pm, when transmission resumes, to 10 pm.

Study design and operational definitions

This was a descriptive study of the quality of care received by all psychiatric in-patients admitted over a 5-month period at the two psychiatric wards. Quality of care assessment consists of separate activities (e. g., setting standards, observation of current practice in comparison with set standards, and implementation of change), some of which are linked to form a loop, termed "audit cycle" [13]. Most quality assessments start at the least difficult stage – the observation of current practice. This involves the collection of detailed information about the care of certain patients. One approach is outcome – based review in which the emphasis is placed on defining and measuring criteria of outcome, such as patient satisfaction or quality of life indicators [14]. The approach used in this study was to base assessment upon "intermediate outcomes" which are determined at or soon after discharge [14].

In view of the noted difficulty with the concept of satisfaction as a means of evaluating mental health care provision [15, 16], our operational definition of patient/staff satisfaction was the level of agreement of respondents about the adequacy of the following domains: the physical environment of the ward, the freedom and comfort patients have in the ward, staff-patient relationship, and duration of stay in the ward. In quantitative terms, satisfaction was defined by at least 50 % of respondents positively appreciating the item. Levels of satisfaction for each item were graded as follows: dissatisfaction (< 50 % of respondents positively appreciated it), bare satisfaction (50–65 %), moderate satisfaction (66–74 %), and highest satisfaction (> or = 75 %).

The patients included were all consecutive admissions in the study period, aged 18–60 years, and with functional ICD–10 diagnoses. Consent was sought and obtained from patients and first-degree relatives. The hospital's ethical committee approved the study protocol.

Data collection instruments

The instruments used for data collection were: (i) the 18-item Brief Psychiatric Rating Scale; (ii) the Patient Care Assessment Questionnaire (PACQ); (iii) the Staff Care Assessment Questionnaire (SACQ); (iv) the short version of the World Health Organization's Quality of Life Assessment Instrument (WHOQOL Brief); and (v) Quality of Interactions Schedule.

This report concerns only the results of assessment with PACQ and SACQ, which are similar instruments. The PACQ and SACQ were articulated for this study, based on the work of Myers et al. [5], as well as a pre-pilot open-ended exploratory interview of patients and staff. The PACQ is a self-report questionnaire that consists of 16 statements which cover the experiences of patients in the ward in the following six domains (see Table 2): physical environment (first four items of Table 2), freedom (item 5), comfort (items 6 and 7), staff attitudes (items 8–11), access to staff (items 12–15), and duration of stay (item 16). Grammatically negative statements were avoided because they are often used to make complaints and could lead to misunderstanding of some of the items [16]. This is particularly important in consideration of the relatively low level of general education in our environment. The traditional Likert-type 5-point response scale (strongly agree – strongly disagree) was used. The SACQ was similarly worded to elicit information about staff perceptions of the care that they provided (Table 3). The total score for each domain of PACQ/SACQ was obtained by adding the scores of the constituent items. The validity and reliability of the questionnaires were determined as follows: first, in a validity exercise (face and content validity), the questionnaires were submitted to senior psychiatrists in the department and a review panel for critical comments. The PACQ was then pre-tested on 12 psychiatric patients (not part of the main study), while the SACQ was pre-tested on four staff. The reliability (internal consistency) of the questionnaires was high (Cronbach's alpha = 0.79). The questionnaires were translated into Yoruba (the local language) by the method of back-translation.

Data collection procedure

On consultant ward rounds, diagnoses were arrived at based on the diagnostic criteria for research of the ICD–10, which is the official nosology of the hospital. All our patients are admitted voluntarily at the request of accompanying family members.

In order to control for the factors that have been identified as influencing ratings of satisfaction (e. g., insight and psychotic symptoms) [3, 16], as well as the issue of acquiescence [17], patients were requested to complete the PACQ on the day of discharge, when they had recovered, and without interference from staff. The contents of the questionnaire were explained to the patients and relatives. Illiterate patients were assisted by their educated relatives to complete the questionnaire. The SACQ was completed by members of staff involved in the care of the patients at the beginning of the study.

Data analysis

Data were analyzed by a computerized statistical package (Stat Pac Gold Analysis). For the initial exploration of data, the frequency distribution of all variables was carried out. The PACQ and SACQ were each organized into six domains, representing the facets covered by the questionnaires as outlined above. Higher scores represent agreement with the questionnaire items. The mean scores and standard deviations in each domain were calculated. The data were categorized appropriately and cross-tabulated to identify levels of association between satisfaction and respondents' demographic characteristics, as well as patients' clinical characteristics, using the chi-square test (with Yates' correction where necessary). The difference between means was calculated by t-tests and one-way analysis of variance. The level of statistical significance was set at 5 %. Data analysis was guided by the following hypotheses. First, patients appreciate relationship with staff (i. e., staff attitudes and access to staff), in spite of concern with the physical environment and comfort. Second, the lowest area of satisfaction will be for items that indicate curtailment of freedom. Third, patients have a significantly more positive appreciation of the six domains of care than staff. Fourth, there are no significant associations between satisfaction on the one hand, and clinical and sociodemographic variables on the other hand.

Results

Characteristics of patients (N = 118) (Table 1)

In order to meet with the objectives of the larger study, the data analyzed were for patients who completed the study by attending a follow-up appointment after discharge. Out of 163 who fulfilled the inclusion criteria, 39

Table 1 Socio-demographic and clinical characteristics of patients (N = 118)

Socio-demographic variables	Frequency	%
Age range (years)		
< 25	22	18.6
25–34	48	40.7
35–44	33	28.0
> 45	15	12.7
Gender:		
M/F	44/74	37.3/62.7
Marital status:		
Married/Single	60/37	50.8/31.4
Religion:		
Christianity/Islam	99/18	83.9/15.3
Formal education		
None/Primary school	5/19	4.2/16.1
Secondary school	37	31.4
Diploma/University	57	48.3
Occupation:		
Professionals, senior civil servants	43	36.4
Clerks, artisans	16	13.5
Laborers, petty traders	19	16.1
Students, unemployed educated youths	40	33.9
ICD – 10 diagnosis		
Schizophrenia	54	45.8
Acute psychotic episode	25	21.2
Bipolar disorder:		
mania	21	19.8
hypomania	1	0.8
depression	3	2.5
depressive disorder	3	2.5
Schizo-affective disorder	6	5.1
Delusional disorder	2	1.7
Generalized anxiety disorder	1	0.8
Personality disorder	1	0.8
Acute dystonic reaction	1	0.8
Duration of admission (days)		
< 30	74	62.7
> = 30	44	37.3
Range: 5–101 days		

(23.9 %) did not attend the follow-up visit, 3 (1.8 %) absconded from the wards, 2 (1.2 %) were discharged against medical advice, and 1 (0.6 %) was yet to be discharged at the end of the study period. Hence, the results presented here are for 118 (72.4 %) completers. The completers and non-completers were not significantly different with regard to age, gender, level of education, occupational status, and psychiatric diagnosis.

There were 44 males (37.3 %) and 74 females (62.7 %), aged 18–59 years (mean 34.3, SD 9.9). The majority of the patients (50.8 %) were single. Almost half (48.3 %) of the patients had attained tertiary level of education, while about one-third (33.9 %) belonged to the occupational category of students, unemployed educated youths, and apprentices. The commonest diagnosis was schizophrenia (54 or 48.8 %). Patients spent an average of 30.5 days in hospital (range 5–101).

Characteristics of staff (N = 35)

There were 28 trained nurses (14 on each ward), 4 resident doctors and 3 consultants, mean age 37.1 years (SD 8.3, range 26–59). Most staff (54.3 %) were aged 25–34 years and married (82.9 %). The nurses had been in the present wards for 9–360 months, while the doctors had been in psychiatry for 4–360 months.

Patients' perception of care (Table 2)

Following operational definition, the only items of care that patients were not satisfied with were those related to curtailment of freedom. Hence, only 35.6 % felt the ward was homely, 36.4 % agreed they were not being made to stay too long in hospital, 44.1 % did not feel imprisoned, and almost half (49.2 %) did not feel that it was embarrassing talking about their personal problems in the midst of staff (and often medical and nursing stu-

Table 2 Patients' perception of care received in the ward (N = 118) (%)

Items of care	SD	D	Undecided	A	SA
Life on this ward is interesting	9 (7.6)	23 (19.5)	23 (19.5)	49 (41.5)	14 (11.9)
Enough provision in the ward for peace and quiet	6 (5.1)	13 (11.0)	18 (15.3)	60 (50.8)	21 (17.8)
This ward is a homely place	26 (22.0)	34 (28.8)	16 (13.6)	31 (26.3)	11 (9.3)
The ward is dirty	45 (38.1)	40 (33.9)	18 (15.3)	8 (6.8)	7 (5.9)
Patients feel imprisoned in the ward	17 (14.4)	35 (29.7)	15 (12.7)	33 (28.0)	18 (15.3)
The beds are comfortable	8 (6.8)	19 (16.1)	11 (9.3)	57 (48.3)	23 (19.5)
I enjoyed most of my meals	14 (11.9)	23 (19.5)	21 (17.8)	42 (35.6)	18 (15.3)
I was made to feel welcome in the ward on arrival	9 (7.6)	16 (13.6)	16 (13.6)	49 (41.5)	28 (23.7)
Some staff talked to me in a belittling manner	27 (22.9)	33 (28.0)	29 (24.6)	25 (21.2)	4 (3.4)
Some staff genuinely interested in my problems	5 (4.2)	15 (12.7)	15 (12.7)	47 (39.8)	36 (30.5)
Generally, nurses were sympathetic	5 (4.2)	4 (3.4)	19 (16.1)	55 (46.6)	35 (29.7)
Crowd at rounds embarrassing for personal problems	21 (17.8)	37 (31.4)	24 (20.3)	21 (17.8)	15 (12.7)
Generally, nurses spent enough time with me	3 (2.5)	14 (11.9)	26 (22.0)	49 (41.5)	26 (22.0)
I could ask doctors as many questions as I desired	5 (4.2)	10 (8.5)	12 (10.2)	57 (48.3)	34 (28.8)
Generally, doctors spent enough time with me	9 (7.6)	23 (19.5)	16 (13.6)	49 (41.5)	21 (17.8)
Patients made to remain in hospital for too long	15 (12.7)	28 (23.7)	28 (23.7)	21 (17.8)	26 (22.0)

SD strongly disagree; *D* disagree; *A* agree; *SA* strongly agree

dents, too) at ward rounds. In spite of this feeling, satisfaction was adequate for the domains of staff attitudes, access to staff, and comfort. The highest levels of satisfaction (i. e., over 75 % or three-quarters positively appreciated) were for items related to staff-patient relationship, namely, that nurses were sympathetic (76.3 %) and they could ask doctors as many questions as they desired about their condition (77.1 %). Moderately high levels of satisfaction (i. e., 66 % – < 75 % positive endorsement) were for two items related to the physical environment (provision for peace and quiet and cleanliness), one item related to comfort (the bed) and one item related to staff attitudes ('some staff are genuinely interested in my personal problems'). Barely satisfactory items of care (i. e., 50 % – < 66 %) were for a popular area of comfort (meals – 50.9 %), a popular area of dissent (staff talking in belittling manners to them – 50.9 % did not feel so), a popular problem with psychiatric wards (life on the ward interesting to only 53.4 %), and a popular complaint against medical doctors (spent enough time with their patients – 59.3 %).

Staff perception of care (Table 3)

According to staff, the items of care that were not satisfactory (i. e., < 50 % positive endorsement) were the three (out of four) items on the physical environment (interesting/peace and quiet/homely – only 34–40 % rated them as being satisfactory), the issue of meals, the freedom of patients in the ward (17.2 % disagreed that patients were feeling imprisoned), and the adequacy of time doctors spent with their patients (40 %). On the other hand, the highest approval rating was for how they related with the patients, including doctors giving patients the opportunity to ask questions (91.4 %), showing genuine interest in solving patients' problems (97.2 %), nurses being sympathetic (82.9 %), and making patients feel welcome on arrival in the ward (85.7 %). A notable area of high level of staff satisfaction was the cleanliness of the wards (82.8 %). Staff expressed moderately high levels of satisfaction with the length of time nurses spent with the patients (68.6 %), the beds (71.4 %), and duration of hospitalization (74.3 %). Staff were barely satisfied with the manner in which some of their members talked to the patients (54.3 %), as well as the fact that patients were made to discuss their problems in the midst of the crowd at ward rounds. The only significant association between staff perception of care and demographic variables was that single members of staff were more likely than their married counterparts to agree that patients felt imprisoned in the wards ($F = 4.08, P < 0.03$).

Patients' satisfaction, socio-demographic and clinical variables

Age, sex, marital status, level of education, and clinical psychiatric diagnosis were not significantly associated with satisfaction in the domains of feeling imprisoned in the ward, comfort, staff attitude, and duration of stay ($P > 0.05$). However, age was significantly associated with perception of access to staff ($F = 3.3$, $P < 0.01$). Those aged above 25 years were significantly more likely than those younger than this age to feel satisfied with access to staff. The highest level of satisfaction in this regard was expressed by those aged above 45 years. Also, female patients were significantly more likely than male patients to be satisfied with the ward environment (e. g., life in the ward more interesting, provision for peace and quiet; $t = 2.97$, $P < 0.005$).

Comparison of patients' and staffs' perception of care

Differences between patients' and staff's perceptions were explored, first by chi-square tests for each of the

Table 3 Staff's perception of care provided in the ward (N = 35) (%)

Items of care	SD	D	Undecided	A	SA
Life on this ward is interesting	2 (5.7)	14 (40.0)	5 (14.3)	12 (34.3)	2 (5.7)
Enough provision in ward for peace and quiet	2 (5.7)	17 (48.6)	4 (11.4)	10 (28.6)	2 (5.7)
This ward is a homely place	4 (11.4)	16 (45.7)	3 (8.6)	11 (31.4)	1 (2.9)
The ward is dirty	9 (25.7)	20 (57.1)	1 (2.9)	2 (5.7)	3 (8.6)
Patients feel imprisoned in the ward	1 (2.9)	5 (14.3)	2 (5.7)	20 (57.1)	7 (20.0)
The beds are comfortable	4 (11.4)	3 (8.6)	3 (8.6)	18 (51.4)	7 (20.0)
Patients enjoy most of their meals	3 (8.6)	13 (37.1)	7 (20.0)	12 (34.3)	–
I was made to feel welcome in the ward on arrival	2 (5.7)	1 (2.9)	2 (5.7)	24 (68.6)	6 (17.1)
Some staff talk in a belittling manner to patients	8 (22.9)	11 (31.4)	7 (20.0)	9 (25.7)	–
Staff show genuine interest in patients' problems	1 (2.9)	–	–	22 (62.9)	12 (34.3)
Generally, nurses are sympathetic	–	–	6 (17.1)	21 (60.0)	8 (22.9)
Crowd at rounds embarrassing for personal problems	7 (20.0)	13 (37.1)	4 (11.4)	7 (20.0)	4 (11.4)
Generally, nurses spend enough time with patients	–	6 (17.1)	59 (14.3)	17 (48.6)	7 (20.0)
Patients could ask doctors as many questions as desired	–	2 (5.7)	1 (2.9)	25 (71.4)	7 (20.0)
Generally, doctors spent enough time with patients	2 (5.7)	15 (42.9)	4 (11.4)	12 (34.3)	2 (5.7)
Patients made to remain in hospital for too long	5 (14.3)	21 (60.0)	4 (11.4)	3 (8.6)	2 (5.7)

SD strongly disagree; *D* agree; *A* disagree; *SA* strongly agree

items, and then by t-tests of the mean scores of each of the six domains. The significant differences were for the following items. Patients were significantly more likely to agree that there was enough provision for peace and quiet in the ward (68.6 % vs. 28.6 %, $\chi^2 = 24.4$, $P < 0.001$), that they enjoyed their meals (50.8 % vs. 34.3 %, $\chi^2 = 9.31$, $P < 0.05$), that they were made to stay in hospital for too long (39.8 % vs. 14.3 %, $\chi^2 = 14.8$, $P < 0.01$), and that doctors spent enough time with the patients (59.3 % vs. 40 %, $\chi^2 = 8.9$, $P < 0.05$). Members of staff were significantly more likely than patients to agree that patients felt imprisoned in the wards (77.1 % staff vs. 43.2 % patients, $\chi^2 = 11.9$, $P < 0.01$). However, when the analysis was done by domains, the only significant differences were as follows. Staff were significantly more likely than patients to agree that staff attitudes to patients were positive (14.4, SD 3.1 vs. 12.8, SD 4.6, $t = 1.98$, $P < 0.05$), and that patients were not being kept longer than necessary on admission (3.3, SD 1.6, vs. 2.2, SD 1.8, $t = 3.5$, $P < 0.001$).

Discussion

The major limitations of the study are the fact that it was cross-sectional, and conducted at a single center. Commenting on the cross-sectional nature of most patient satisfaction studies, Sheppard [15] noted that what patients say on one occasion might be different from another occasion. Hence, the findings may not be representative of the psychiatric patient – staff satisfaction scene in Nigeria, and could not inform on changes in perception with time. However, the findings have given a view from the top of the national psychiatric scene, because this teaching hospital (the first in Nigeria) remains the model for medical practice in the nation.

Reports in the literature from developed [2, 7] and developing [12, 18] countries have shown that the majority of psychiatric patients (80 % or more) express satisfaction with their care, with a few responding negatively to any given item. Owens and Batchelor [19] opined that this positive appreciation might have resulted from patients being unwilling to express dissatisfaction for fear of antagonizing staff and experiencing even worse service in the future. In addition, patients with psychotic symptoms may make unreliable assessments [8]. Coupled with the problem of an adequate measure of the concept of satisfaction [3], the validity and reliability of patient satisfaction data have been questioned [2, 4].

The strength of our study is that our methodology tried to overcome the above limitations. In addition, an analysis of the responses of the total sample showed that an appreciable proportion of responses were for each of the response options. For the patients, the frequency distribution was as follows: strongly disagree (11.6 %), disagree (19.5 %), undecided (16.3 %), agree (34.7 %), and strongly agree (17.9 %). For the staff it was: strongly disagree (8.9 %), disagree (28 %), undecided (10.4 %), agree (40.2 %), and strongly agree (12.6 %). Hence, patients' bias towards choosing any of the response options was not significantly different from that of staff. In addition, a scrutiny of the pattern of levels of satisfaction shows that patients clearly understood the items of the questionnaire and responded in a logical and discriminating manner, rather than randomly or uniformly. Therefore, whereas the only area of care provision that they were not satisfied with was with curtailment of their freedom, they appreciated the round-the-clock effort of the private company that cleans the wards. This pattern of response was similar to that of staff, such that, while only 17.2 % disagreed that patients felt imprisoned in the ward, 82.8 % disagreed that the ward was dirty.

Our first hypothesis was upheld, namely, that patients appreciate relationship with staff, in spite of concern with the adequacy of the physical environment. Owens and Batchelor [19] took a critical view of what appeared to them to be patients' unwillingness to criticize interpersonal aspects of the service, while being willing to criticize factors that were not the direct responsibility of ward staff. However, our experience in the course of this study was that patients' high level of appreciation was a realistic appraisal of the humanness and compassion of the staff. We favor this explanation for the following reasons. First, while patients rated aspects of staff-patient relationship at the highest level of satisfaction (e. g., they could ask doctors as many questions as they liked), they were barely satisfied with other aspects of that relationship, such as doctors not having enough time for their patients – a well-known experience in clinical practice. Second, the perception of the patients was corroborated by that of staff who believed that doctors gave opportunity for patients to ask questions (91.4 % agreed), while only 40 % of staff agreed that doctors spent enough time with their patients. It is possible, therefore, that patients' assessments were objective rather than being based on fear of being punished by staff [19]. Psychiatric patients place the highest emphasis on staff empathic qualities and ascribe less importance to characteristics of the physical environment and ward daily routines [20]. It appears that patients' high rating of satisfaction with medical staff is shared by the general population in the UK. In recent surveys, it was shown that, despite negative event-related publicity in the popular press about doctors [21], 89 % of the general population in the UK in 2001 were satisfied with the way doctors did their job, 95 % were satisfied with nurses, and doctors were trusted to tell the truth (more than teachers, judges, and clergymen) [22]. There is some support for this feeling about medical staff in Nigeria [23].

Our findings about curtailment of personal freedom have consistent support in the literature. In a UK study [24], factors causing the greatest dissatisfaction related to failure to be treated as individuals and to feelings of isolation and apathy, while an Australian study [25] found that satisfaction correlated with autonomy of the patient and a greater say in the running of the ward. One way of improving patients' sense of freedom and em-

powerment in the naturally restricted psychiatric ward atmosphere is to encourage multi-disciplinary mental health care teams to carry out regular psychosocial programs in the ward setting.

Regarding differences in patients' and staff's opinions, we found that, while patients were dissatisfied with provisions for freedom, staff were concerned with the inadequacy of the physical infrastructure that would enable them to perform better at work. Most studies found that, in general, patients were more favorably disposed toward the hospital than the staff [26]. The reason for this difference may be that staff were judging the hospital as professionals – that is, in terms of what a psychiatric unit ought to be like, ideally.

Of the socio-demographic and clinical variables assessed, the only significant associations were that those older than 25 years were more likely than the younger ones to feel satisfied with access to staff, while female patients were more likely to be satisfied with the ward environment than male patients. There are conflicting reports in the literature in this regard [3]. We could not demonstrate the noted differences in satisfaction between psychiatric diagnostic groups [8, 16], possibly because our patients were in a state of recovery at the point of assessment. It is possible, therefore, that the differences noted by other workers between schizophrenic and affective disorder cases were state-dependent, and not diagnosis-dependent [12].

In conclusion, patients' dissatisfaction with provisions for freedom could be seen as complimentary to staff's concern about the inadequacy of physical facilities for carrying out their work, because improvement of the facilities would empower staff to make life more homely in the ward for patients. This could involve staff instituting occupational therapy and group activities in the ward on a regular basis, while hospital authorities and philanthropic groups should support a program of recreation during social outings to interesting places in the community. The logical and discriminating manner in which the patients assessed satisfaction in this study adds support to the evidence in the literature that psychiatric patients can be relied upon to make objective appraisal of the process of care, and that patient satisfaction is a valid index of the quality of care [6].

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