

Psychiatric Patient Caretaker Satisfaction with Psychiatric Outpatient Care: A Cross-Sectional Survey

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Objectives: The satisfaction scale is an imperious and commonly used indicator for measuring the quality of healthcare. We have aimed in the present study to determine the satisfaction level of the associated factors on psychiatric patient caretakers in Mongolia. **Methods:** The cross-sectional study was conducted from March 5 to June 12, 2020, and a total of 264 psychiatric patient caretakers visiting outpatient psychiatric care in Mental Hospital during the study period completed a satisfaction questionnaire. Independent t-test and descriptive statistics were used to determine the participants' characteristics and examine the satisfaction variables. **Results:** During the one-month data collection period, 264 participants were included in the analysis. The mean age of the participants was 42 ± 3.3 . The majority (157, 59.5%) were females and visited the hospital more than once (216, 81.8%). The participants were mostly dissatisfied with health professional communications, particularly regarding nurse communication. On the other hand, caretakers were satisfied with the nurses' clinical skills and the hospital's cleanliness, infection prevention measures and hygiene. **Conclusions:** We conclude that health professionals' communication is essential to improve caretakers' satisfaction and further research is needed to investigate why satisfaction difference exists among different types of mental illnesses.

Keywords: Mental Disorder, Psychiatric Illness, Patient Satisfaction, Mongolia

Introduction

It is challenging to improve the quality of support of psychiatric patient caretakers. This starts by measuring their satisfaction regarding the support services they receive and the care they provide to the mentally ill. Such perceptions always influence the medical management, clinical outcomes, and efficient delivery of patient-centered quality health care [1]. Recent studies show increased attention regarding health care services provided to psychiatric patients [2, 3]. It is essential to consider caretakers' views on healthcare services and coverage because they are quality indicators in mental healthcare [4, 5]. Studies have demonstrated that the highest level of overall satisfaction for psychiatric services is found in Ireland (90%), South Africa (92%), and Nigeria (83%) [6-8]. Conversely, the lowest satisfaction levels were reported from studies conducted in India (57%) and Ethiopia (61%) [9, 10].

Several factors affect caretakers of psychiatric patients' satisfaction. Identified by meta-analysis, dozens of caretakers have provided related factors that influence their satisfaction in caring for patients with psychiatric conditions. Further, many factors are related to the caretakers' knowledge and the quality of their relationship with their healthcare providers. Previous studies have demonstrated that patient's caretaker satisfaction can also be affected by factors such as the socio-demographics that affect the attitude towards services [11, 12], duration of disease, duration of the treatment, and the expectation of service [13–16]. These studies yield valuable information about the accessibility of quality healthcare and how the patient experiences healthcare, the adequacy of information supplied, resource allocation, and the interest of health policy decision-makers.

To the best of our knowledge, very few studies assess the caretakers' satisfaction regarding the support they receive and the healthcare services psychiatric patients get in Mongolia. Therefore, this study aimed to determine the satisfaction level of caretakers of psychiatric patients to improve the quality of support they provide.

Materials and Methods

Study area and study period

We gathered data from caretakers who had patients treated

in the outpatient psychiatric care unit at the Central Mental Hospital in Ulaanbaatar, Mongolia, from March 5 to June 12, 2020.

Study design

We performed an institution-based cross-sectional study.

Study population

The source population includes caretakers of patients throughout Mongolia who sought outpatient psychiatric care unit at Central Mental Hospital, Mongolia's only hospital dedicated to mental illness treatment.

Inclusion criteria

Caretakers 18 years and above of patients who received treatment for at least 6 months from the outpatient psychiatry clinic were included in the study. However, caretakers with disabilities that prevented completing the questionnaires or interviews with investigators were excluded.

Data collection and management

Three investigators collected the data through a self-administered questionnaire for those caregivers who could read and write and face-to-face interviews for those who could not. The data collection instruments were adapted from prior studies and consist of sections focusing on sociodemographic characteristics and satisfaction with outpatient psychiatric care [17, 18]. To assess patient satisfaction, we have used a standardized satisfaction measurement tool developed for low-income countries [19] that contained five-point Likert scale items, with a value of "1" for a rating of "poor" while "2", "3", "4", and "5" for "fair", "good", "very good", and "excellent", respectively. The mean level of satisfaction was calculated by averaging their ratings for the parameters of measuring satisfaction. If the patients scored 3 and above, the patient's score was interpreted as a high level of satisfaction, whereas if they scored below 3, they had a low level of satisfaction.

Statistical analysis

Frequencies, percentages, independent t-tests were used to examine the difference among different groups. Multiple logistic regression analysis was used to identify the relationships

between dependent variables (satisfaction and willingness) and independent variables (socioeconomic characteristics, healthcare service quality, service delivery and health professional's communication with caretaker).. A p-value of < 0.05 was used as the cut-off point for determining the statistical significance. The data collected using quantitative methods and were analyzed using Statistical Packages for Social Sciences (SPSS) version 20 statistical software.

Ethical statement

Ethical approval for this study was obtained from the Research Ethics Committee of Mongolian National University of Medical

Sciences on June 12, 2020 (No 2020/3-05).

Results

A total of 264 caretakers were included in the analysis. The mean age of the participants was 42 ± 3.3 years. The majority (157, 59.5%) were females and were visiting the hospital the second time (216, 81.8%). Nearly all (92.4%) of the participants were covered by health insurance, and 232 (87.9%) lived in an urban area. The majority of the participants were either self-employed or unemployed, and their monthly income was less than 100,000 MNT (Table 1).

Table 1. Distribution of participants by sociodemographic characteristics (n = 264).

Variables	Number	Percentage (%)
Age (in years)		
19-30	39	14.8
31-40	66	25.0
41-50	55	21.3
>50	104	39.4
Sex		
Male	107	40.5
Female	157	59.5
Hospital visiting		
First	48	18.2
Second	216	81.8
Health insurance		
Covered	244	92.4
Uncovered	18	6.9
Area of residence		
Urban	232	87.9
Rural	32	12.1
Monthly income (MNT)		
<100,000	58	29.6
101.000-150,000	23	8.7
151.000-200,000	62	23.5
201.000-250,000	27	10.2
>251.000	94	35.6

MNT = Mongolian National Tugrik

The parameters described the overall satisfaction of caretakers with the outpatient psychiatric care services provided to themselves and their patients. The majority of study participants were satisfied with outpatient care (73%). Among the parameters studied, the caretakers were less satisfied with the healthcare professional's

communication. Most caretakers claimed that health professionals working in the outpatient psychiatric clinic used unfamiliar medical terminology, phrases, or foreign words (the satisfaction score was 3.7). Moreover, the caretakers also had relatively low satisfaction regarding nurses' communication when they were

leaving the hospital (3.4 points). On the other hand, they had a higher satisfaction score regarding the hospital's cleanliness, infection prevention measures and hygiene (4.3 points), and the nurses' skills (4.2 points) (Table 2).

Table 2. Caretakers' satisfaction with outpatient psychiatric care services.

Variables	Poor, Fair	Good, Very good	Excellent	Mean satisfaction level
	N (%)	N (%)	N (%)	
Healthcare service quality				
Knowledge of the nurses	6 (2.3)	146 (55.3)	112 (42.4)	4.1
Skill of the nurses	10 (4.2)	135 (46.5)	119 (49.4)	4.2
Service equity	19 (7.9)	122 (40.6)	123 (51.5)	4.1
Health professional serves others out of order they should receive care	42 (15.9)	112 (42.4)	110 (41.7)	3.8
Informal payments to obtain services	58 (21.9)	93 (35.2)	113 (42.8)	3.6
Health professional's discrimination against caretaker	58 (21.9)	91 (34.4)	115 (43.5)	3.6
Medical staff discrimination against caretaker	40 (15.1)	112 (42.4)	112 (42.4)	3.8
Satisfaction regarding punctuality	32 (12.1)	115 (43.5)	117 (44.3)	3.9
Healthcare and service delivery				
Satisfaction regarding nurses' acceptance of responsibility for caring for the patient	12 (45.4)	146 (55.3)	106 (40.1)	4.1
Advice regarding side effects of psychotropic drugs	16 (6.1)	148 (56.1)	100 (37.9)	4.0
Assessment of nursing care quality	16 (6.1)	158 (60.6)	90 (34.1)	3.9
Hospital's cleanliness, infection prevention measures and hygiene	7 (2.6)	125 (47.3)	132 (50.0)	4.3
Missed free medicines	34 (12.9)	161 (60.9)	69 (26.1)	3.6
Time waiting for an inpatient bed when hospitalization needed	47 (17.8)	147 (55.6)	70 (26.5)	3.5
Satisfaction with examination, diagnostics and treatment	15 (5.6)	143 (54.1)	106 (40.1)	4.0
Health professional's communication with caretaker				
Nurses greet and welcome	38 (14.3)	93 (35.2)	133 (50.3)	4.1
Nurses introduce themselves using their name	56 (21.2)	120 (45.4)	88 (33.3)	3.6
Nurses address caregiver using full name	31 (11.7)	97 (36.7)	136 (51.5)	4.1
Nurses explained the nursing care and procedures	30 (11.3)	115 (43.5)	119 (45.1)	4.0
Nurses smile when caretaker communicates	24 (9.0)	156 (59.1)	84 (31.8)	3.8
Nurses listen to the caretaker	20 (7.5)	144 (54.5)	100 (37.8)	3.9
Opportunity for caretaker to ask questions	20 (7.5)	147 (55.6)	97 (36.7)	3.9
Nurses explanation of services	16 (6.1)	137 (51.9)	111 (42.0)	4.0
Nurses make eye contact and face-to-face communication with caretaker	26 (9.8)	148 (56.1)	90 (34.1)	3.8
Nurses use unclear and medical terminology	48 (18.2)	118 (44.6)	98 (37.1)	3.7
Nurses answering caretakers' questions and providing explanations	13 (4.9)	139 (52.6)	112 (42.4)	4.1
Nurses communication and attitude	17 (6.4)	147 (55.7)	100 (37.8)	4.0
Nurses say farewell at the end of the visit	70 (26.5)	136 (51.5)	58 (21.9)	3.3
Nurses show gratitude and appreciation	59 (22.3)	143 (54.1)	62 (23.4)	3.4

The difference in the caretakers' mean satisfaction level was checked regarding the sociodemographic characteristics. Based on independent t-tests, nearly statistically significant differences in caretaker satisfaction with the outpatient psychiatric care provided were found based on monthly income ($p = 0.051$).

Caretakers with higher income reported higher satisfaction. (Table 3). Regarding the healthcare service quality, the caregiver's age and area of residence, and monthly income had a significant relationship with satisfaction. Specifically, caregivers older than 30 years had lower satisfaction than that were younger.

Table 3. Multiple logistic regression analysis model on factors associated with satisfaction levels.

Variables	Satisfaction			Willingness		
	OR	95% CI	p-value	OR	95% CI	p-value
Age	1.16	1.00-1.01	0.078	0.99	0.97-1.01	0.373
Gender						
Male*	1.00	Reference		1.00	Reference	
Female	1.33	0.80-2.20	0.086	1.15	0.69-1.91	0.586
Health insurance coverage						
Yes*	1.00	Reference		1.00	Reference	
No	0.99	0.40-2.49	0.994	0.43	0.14-1.23	0.116
Nurse's clinical knowledge						
Good*	1.00	Reference		1.00	Reference	
Not good	2.65	2.12-6.28	0.061	1.78	1.65-4.69	0.056
Nurse's clinical skills						
Good	1.00	Reference		1.00	Reference	
Not good	3.07	2.51-6.87	0.031	2.17	1.69-3.78	0.021
Service equity						
Good*	1.00	Reference		1.00	Reference	
Not good	3.13	2.62-9.95	0.067	3.41	2.32-8.72	0.054
Informal payment						
No*	1.00	Reference		1.00	Reference	
Yes	0.36	0.21-0.59	0.000	0.50	0.29-0.85	0.011
Punctuality						
Good*	1.00	Reference		1.00	Reference	
Not good	6.73	3.46-13.04	0.001	4.43	2.54-7.72	0.006
Responsibility						
Good*	1.00	Reference		1.00	Reference	
Not good	5.24	4.49-23.7	0.003	4.66	2.58-8.42	0.061
Advice given regarding drugs						
Good*	1.00	Reference		1.00	Reference	
Not good	9.83	4.63-20.88	0.081	4.59	2.61-8.09	0.036
Quality of nursing care						
Good*	1.00	Reference		1.00	Reference	
Not good	0.24	0.08-0.76	0.016	0.57	0.17-1.80	0.335
Time waiting for an inpatient bed						
Good*	1.00	Reference		1.00	Reference	
Not good	4.07	2.41-6.87	0.041	2.87	1.69-4.78	0.001
Diagnostics and treatment						
Good*	1.00	Reference		1.00	Reference	
Not good	4.13	2.72-9.65	0.007	4.41	2.52-7.72	0.044
Welcoming attitude						
Good*	1.00	Reference		1.00	Reference	
Not good	12.0	4.61-31.23	0.051	7.08	3.67-13.63	0.003
Hospital hygiene						
Good*	1.00	Reference		1.00	Reference	
Not good	6.78	3.43-13.9	0.000	7.39	4.09-13.34	0.000
Explanation and advice						
Good*	1.00	Reference		1.00	Reference	
Not good	5.88	4.75-25.07	0.068	6.15	4.38-15.24	0.025

*reference value

Interestingly, participants residing in rural areas were more satisfied with healthcare service quality than urban areas ($p = 0.044$). On the other hand, we observed a significant correlation with monthly income. Participants with lower incomes ($< 200,000$ MNT) showed more dissatisfaction with the quality of the services they received. The same phenomenon was observed in healthcare and service quality. Caretakers earning less than 100,000 MNT per were less satisfied than those earning a higher income ($p = 0.031$). Furthermore, there was a significant correlation between health professional communication and the number of hospital visits. Participants in this survey reported that they felt more dissatisfied following their second visit to the hospital than the first ($p = 0.048$).

Discussion

We evaluated the caretakers' satisfaction level with the outpatient psychiatric care services provided at the Central Mental Hospital in Ulaanbaatar, Mongolia. Commonly, studies assessing patients' or their caretakers' satisfaction levels are important to obtain a comprehensive understanding of the patients' and their caretakers' needs. In turn, it can help bridge the gap between what the patients need and what they get [20]. The majority of caretakers in our present study were satisfied with how they were treated and their patients' outpatient care. The overall level of satisfaction was good, with a mean satisfaction score of 4.00. There are studies in India, Norway, Nigeria, Sweden, and Copenhagen where the satisfaction level was 57%, 75%, 83%, 77%, and 80.4%, respectively [10–12, 21, 22]. Somewhat higher satisfaction levels were found in studies conducted in Ireland, South Africa, India, and Pakistan were 90%, 87.25%, 92.8, and 90.7%, respectively [8, 9]. The three-year follow-up study of the treatment and life situation of deinstitutionalized schizophrenia patients in Finland demonstrated that most caregivers are dissatisfied with the patient's psychiatric services. Caregivers whose patients had severe psychotic symptoms or unable to maintain their grip on reality were more dissatisfied with their rehabilitation, physical examination and treatment [23].

In our study, most caretakers were satisfied with the nurses' skills, with a mean satisfaction score of 4.2. Similarly, our caretakers were also satisfied regarding the hospital's cleaning, infection prevention and hygiene (the score was 4.3).

On the other hand, the caretakers were less satisfied with the health professional's communication. For example, their mean satisfaction score was 3.7 regarding their usage of unfamiliar medical terminology and foreign words. Moreover, during the consultation, the caretakers felt that there was less face-to-face communication between them and nurses and impaired eye contact (score of 3.8). The caretakers were also less satisfied with the hospital bed availability (score 3.5). Compared with our study, in the study of the satisfaction of family members of patients with mental health in Brazil, the average overall satisfaction score was 4.35. This study covered 1242 relatives of patients of 40 mental health community services in Brazil. The subscale with the highest score refers to the results of the treatment (score of 4.54), whilst service privacy and confidentiality had score 4.17. Moreover, reception and staff competence were higher satisfaction scores (score of 4.28) in this study, which is significantly higher than our study [23].

In the survey by Dourado et al., the same item in our survey related to professional competence had higher satisfaction scores than theirs. The authors explained the attending physicians' lower communication scores than the residents due to the attending physicians being hurried and overworked [24]. A study of satisfaction with psychiatric services in a large catchment area in Rome demonstrated that caregivers were mainly dissatisfied with their physical environment (score was 3.6) and the information they received on treatment (score 3.1). On the other hand, they were more satisfied with the staff's kindness and politeness (score of 4.9), helpfulness of admission (score 5.1) and advice and support from the staff (score 4.7). We conclude that the professional communication skills were much lower in our study than that in the Italian survey [24].

A cross-sectional study conducted in Brazil's Parana state was designed to evaluate the satisfaction degree of the caretakers of patients with schizophrenia and bipolar disorder [23]. That sample consisted of 100 family members with a mean age of 47 ± 1.6 years. They reported that 74% of the family members were satisfied or very satisfied with the services' different aspects. The mean overall satisfaction score was 4.28 ± 0.52 , with a minimum score of 3.05 and a maximum of 5. The lowest satisfaction score was given to the supervision of problematic behaviors (a mean of 1.60). In the study by Vaghee et al., the family caregivers of patients with schizophrenia hospitalized in Ibn-Sina Psychiatric Hospital of Mashhad, Iran,

in 2014-2015, stigma was one of the significant challenges of caregivers. The highest mean was for withdrawal from society was due to negative judgment, shame and social isolation.

The hospital-based cross-sectional study conducted at Jimma University Medical Center Psychiatric Clinic in Ethiopia demonstrated that caregivers' income, lack of formal education, and social support ($p < 0.001$) were negatively associated with a higher burden among caregivers. On the other hand, duration of the hours per day with the patient, perceived stigma by the caregiver, and providing care for patients with a history of substance use were positive predictors of higher burden among caregivers [27]. The type and extent of the information supplied and communication maintained between caretakers and healthcare providers may impact the whole care process [23].

Our study has several limitations. The questionnaire did not include all the aspects of service provided to the caretakers of patients treated in the outpatient psychiatric care unit. Furthermore, we only included patient caretakers who attended the outpatient care unit. Those who defaulted on their patient's appointments were excluded. This subgroup would have had higher levels of dissatisfaction if they were included. Therefore, further research is needed to better understand and define the elements related to the caregivers' perceptions. In particular, we need to increase the number of participants in our study. Our analysis could be extended to caregivers' satisfaction with important aspects such as promptness and availability of the services, help with social and family relationships, treatment information, etc.

Conclusions

We believe this is the first attempt to assess caretakers' satisfaction with Mongolia's outpatient psychiatric services. We conclude that, in general, caretakers' satisfaction with the outpatient services was good. The highest satisfaction was found concerning the hospital's cleanliness, infection prevention measures and hygiene. In contrast, the lowest satisfaction was with nurses' lack of communication skills such as eye contact and greetings. The caretakers' satisfaction towards the health professional's communication was low, and participants claimed that healthcare providers did not provide adequate information about payment for services.

Conflict of Interest

The authors declare no conflict of interest.

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