

**Patient satisfaction on inpatient psychiatric care at Amanuel mental specialized hospital. Addis Ababa; Ethiopia. A qualitative study**

Research Proposal submitted to department of psychiatry, AAU, in a Partial Fulfillment of the requirements of the Postgraduate Program in Psychiatry.

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## Acronyms

AAU –Addis Ababa University

AMSH- Amanuel Mental Specialized Hospital

SMD- Severe Mental Disorder

LMIC- Low and Middle Income Country

## Abstract

**Background:**-Patient satisfaction has been recognized as essential component and reliable indicator for quality of patient care. Identifying factors which affect patient satisfaction and working to improve it will improve patient related treatment out comes like compliance to treatment. There are factors that are considered to affect psychiatric inpatient satisfaction such as relation with staff, environmental factors and treatment related factors etc.

**Objective: - The objective of this study was** to explore patient satisfaction in psychiatric inpatient care and associated factors in a specialized mental hospital.

**Method:**-User led semi-structured in depth interview was done on sixteen patients who were using the inpatient care in the hospital.

**Results: -** Participants reported that they had high level of satisfaction with regards to; relation with staff, safety of self, ward cleanliness and comfort, opportunity for activity and the treatment for their illness. However less satisfaction was reported in other areas of need such as involvement in treatment decision, information provision, safety of property, freedom of movement, quality of food and duration of stay in the hospital.

**Conclusion:-**The results of this study are generally in line with the results established in the literature. It provides insight about areas of the inpatient care that can be improved to optimize patient satisfaction in this setting and so the quality of care which in turn could bring about desired patient behaviors with regard to their treatment to enhance their mental wellbeing and quality of life.

## Introduction

In this time of patient-centered care, the previously considered measures of quality of care such as; advances in diagnosis and treatment and decrease in mortality rate etc...are not enough. The issue of patient satisfaction has increasingly become an important component and indispensable measure of care quality (5, 14 and 16).

As patients are the primary customers of the care provider, the information from them with regard to the service is priceless and their satisfaction assessment is a valuable input for care quality evaluation (5).

So far there has not been agreed definition for patient satisfaction. There has not been even an agreement on the need to have a definition for it, as it is very subjective to each patient based on their personal expectations and values to mention some factors. The concept of patient satisfaction stands for patient's evaluation of their expectation verses the actual care they received or their assessment of how much their needs are fulfilled (1, 2 and 16).

Patient satisfaction is affected by a number of issues. Identifying factors associated with patient satisfaction and dissatisfaction will help to determine patient's expectations and needs and to work towards achieving their satisfaction (5).

It is documented that patient satisfaction affects the different aspects of care and patient's future behavior. For example satisfied patients are found to have better compliance to treatment and be more care seeking while unsatisfied patients were found to be less compliant with treatment and more likely to disengage (2, 14 and 16).

There is a growing attention given to quality of mental health care and patient satisfaction, as it is considered as an important means to measure quality of care (1, 2, 6 and 12).

Initially in the history of mental health care satisfaction there was a belief that mental health care service users might lack insight and couldn't express their inner experiences and be able to assess the service they received. This bias progressively started to change for 2 reasons; the first is that the growing evidence that patient satisfaction is a very accurate and more reliable predictor of care quality than other measures. The second reason is that self-reported satisfaction rating in these patient groups has consistently proved reliable (1, and 2).

Literature has shown that the level of patient satisfaction affects the improvement of hospitalized patients and also their future behavior towards the mental health care system and their future treatment (6, 9, 10 and 12). Satisfied service users found to be more likely to engage with the system and adhere with therapy/treatment and so the risk of hospitalization decreased while dissatisfied service user are found to be more likely to drop out of care (1,12).

Review of literature on a number of quantitative, qualitative and mixed method studies including systematic and critical reviews, most of them from HIC and two from LMIC, on

patient satisfaction done in different patient population, particularly done on psychiatric service user population, shows that Patient satisfaction has been found to be affected by multiple factors (1, 2, 5, 7, 9, 10, 13, 14 and 16).

These factors could be generally being put in two very broad categories. The first is individual/user related category which includes: Patient demographic profiles; individual clinical factors such as; type of diagnosis, severity and duration of illness, number and length of admission; admission status etc. (1, 9, 10 and 16).

The second is service related category, which is much broader one and included within it are: Environmental factors such as ward cleanliness, food; Interpersonal factors such as relationship with staff, extent of restriction in the ward or hospital, presence or absence of coercion, access to information including involvement in treatment decision and treatment related issues such as patients' view of the medication and the outcome of treatment received (1, 2, 5, 7, 9, 10, 13, 14, and 16).

The review shows that the effect of the individual/service user related factors, listed above, on satisfaction have shown inconsistent results except patients' admission status, as voluntary or involuntary, and their perception on their illness and hospitalization. Patients who are admitted voluntarily have shown better satisfaction and vice versa. Patients who perceive that they should not be admitted or are not ill as well as patients who perceive are admitted for long or discharged prematurely also were reported to be less satisfied and vice versa (1, 9 and 12).

The same literature review suggests that service related factors, mentioned above, have been found to consistent impact on patient satisfaction accordingly. The relationships with staffs have been mentioned as central for patient satisfaction. It is mentioned generally to be satisfactory. Other factors such as the extent of restriction, ward cleanliness, safety of self and property, access to information with regard to admission and hospital stay etc. are found to affect patient satisfaction (1, 7, 9, 10 and 12).

## Rationale of the study

As mentioned in the background, the importance of including of service user perspectives in evaluation of care quality has been recognized in psychiatric inpatient settings and many studies are being done with this regard in HIC while it is under-researched in LMIC (6).

In spite of the huge implication of patient's view for care quality improvement there is no literature found on psychiatric inpatient satisfaction study in our country except some studies done in psychiatric outpatient setting, including one done in Butajira hospital psychiatric OPD (6).

This project will shade light on the patients' inpatient experience, which could contribute for future planning of increased patient satisfaction and so contribute for inpatient quality improvement by addressing the above mentioned objectives.

## OBJECTIVES

### **General:-**

- To assess patient satisfaction and associated factors at AMSH inpatient.

### **Specific:-**

1. To explore Interpersonal factors that affects the inpatient care satisfaction.
2. To assess treatment related factors and
3. To explore environmental/facility related factors that affect inpatient satisfaction.

## Methodology

### Study design

The study had qualitative study design where semi-structured in-depth interview was employed for data collection.

### Study setting

Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia. According to AMSH communication directorate's report; the hospital is established by Italian invaders in 1930E.C to serve as a medical set up for the native population. It has been serving as the only public specialized psychiatric hospital since 1948E.C. under Ministry of Health. The service was initially given by foreign psychiatrists from Russia, Bulgaria, Cuba and Yugoslavia and since until it was took over by Ethiopian psychiatrists and other psychiatry professionals. Its premise has over 15660.6 m<sup>2</sup> of land and has 2 new and 15 old building blocks for administrative and clinical purposes. It has 264 clinical and 356 nonclinical/administrative employees. The Hospital has 235 beds inside in 14 wards and, 2 emergency rooms for inpatient services such as general adult psychiatry, addiction, forensic and clozapine treatment services. It has 24 outpatient clinics which also include Medical, Maternal and Child and ART clinics. It has a 24 hour service.

### Study population

Study participants were selected from those who were receiving inpatient care at the time of the study.

#### Inclusion criteria

1. Any adult who was admitted to AMSH inpatient unit in the study period and who was willing and had capacity to give consent was selected to participate in the study.

#### Exclusion criteria

1. Those who were unable to communicate in the language of the interview, Amharic.
2. Patients who had hearing impairment.
3. Those who were acutely disturbed, incoherent, distressed, or confused.
4. Those who did not give consent to participate in the study.

### **Sampling Strategy**

Purposive sampling method was used to select participants who fulfilled the above selection criteria were identified from the wards with the help of the nurses working in the wards and approached by the PI. These patients were introduced briefly about the study and were requested to participate. Those who volunteered were invited to the interview room and given detailed explanation, according to the participant's information sheet, about the study, the manner of the involvement including that they can leave the participation anytime and how the interview will be conducted and audio taped. Then they sign on the written consent form.

### **Data Collection Procedure**

Participants were invited to the interview room and before the audio recorded interview started basic socio-demographic data were obtained from the patients on the structured data collection sheet, which were supplemented from the participants' charts for the remaining part of information, diagnosis and related information.

Following that, audio-taped Interviews were conducted using the topic guide prepared for the study. The interviews lasted 25-40minutes.

### **Data Management and Analysis**

The audio interviews were deleted from the recorder once transferred to a personal computer. The audio, transcription and translation files were stored in an anonymous folder.

The audio recorded interviews were transcribed in the language of the interview, Amharic. After the transcription it was translated into English to facilitate analysis and write-up. Using Open code version 4.03 system package the translated interview was coded line by line, by the principal investigator. The thematic analysis was done using the main concepts in the interview as themes. As the analysis progressed the original themes were modified and revised as new and finer themes emerged.

## Ethical Considerations

The study was started after ethical approval has been obtained from Department of Psychiatry, College of Health Sciences, AAU and AMSH ethics committees. The aim of the study was explained to all participants. The rights of the participants were respected. For those who opted to take part in the study, informed consent was obtained. The interviews were conducted in a private setting. Confidentiality was maintained at all times, no personal or identifiable information was recorded or printed in the study.

## Results

16 patients were interviewed until theoretical saturation was reached. The detailed characteristics of the participants are presented in the Tables right below. All of the approached patients who met the selection criteria volunteered to participate and said they could be interviewed any time so were interviewed on the day they were recruited. All the volunteered participants completed the interviews and the interviews were conducted in a single session.

**Table 1; Participants' demographic profiles data**

Participant characteristics	Number of participants
<b>Sex</b>	8
Female	8
Male	
<b>Age/Yr</b>	
10-19	2
20-29	8
30-39	2
40-49	4

<b>Education</b>	
No education	2
Elementary	7
High school	4
Higher education	3
<b>Marital status</b>	
Not married	9
Married	5
Divorced/widowed	2

<b>Employment</b>	
Employed	5
Unemployed	13
<b>Religion</b>	
Muslim	7
Orthodox	7
Protestant	2
<b>Address</b>	
Addis Ababa	7
Outside Addis Ababa	9

**Table 2; participants diagnosis and related data**

<b>Diagnosis</b>	
Schizophrenia	6
Bipolar one	6
Brief psychosis	1
Secondary psychosis	1
Substance use disorder	2
<b>Treatment</b>	
Medication	16
Psychotherapy	2
<b>Duration of illness/years</b>	
< 1	2
1-10	9
11-20	5
<b>Number of admissions</b>	
1x	11
1-5x	4
6-10x	1

<b>Duration of current admission/week</b>	
1-4	2
5-8	13
Above	1
<b>Admission</b>	
Involuntary	16

## ❖ Themes identified

Participants of this qualitative study have reveal number of issues which have affected their satisfaction in positive and negative manner. The analysis of the participants has resulted in the following 4 themes which contain 9 categories:

1. Interpersonal experience,
2. Facility issues,
3. Treatments quality, and
4. Overall assessment

1. **Interpersonal experience:** in this theme participants explained different issues about the interaction with the staff as human and in relation to their treatment. The issues fall in 2 categories; relation with staff and involvement in decision.

### 1.1 Relation with staff

Majority of the participant said that they were happy about how the staff related with them and behaved in the wards. They evaluated the care, attitude and treatment, responsiveness, and the professional conduct of the staff, medical and non-medical, positively.

The participants reported that the staffs is caring for them and this is expressed by their dedication to do their job well and on time, treated them in an acceptable way based on their different background and above all were described as compassionate and responsive to their needs. To highlight this we will see some of their accounts:-

“Everyone is dedicated and do their job with no need to be told to do so. The service is better than anywhere b/c I am a health professional I know other places. They give our medication on time, and they come running if something happens. They are good people.”(c05)

“They are good to me, more than family. They treat me well. They ask me how I am doing and when I told them what I feel, they arrange the medication. They care for me, I want to thank the staff.”(c08)

Some of the participants reported that they were not happy with regard to how they were treated when they don't comply with what the staff's request. They reported that they experienced different coercive behaviors such as yelling, verbal abuse, pushed or even hit on occasions. This is reported to happen usually in the interaction with the guards but also some medical and non-medical staff. Participants recognized that they could be difficult to manage for the staff, but did emphasize that they should not be dealt with in such harsh ways. This experience irritated the patients and affected the quality of their stay negatively. To highlight the participants' complaints, we will see some of their accounts.

“The nurses are not understanding of me e.g. when I changed my bed b/c of disturbance by a patient, they were angry at me and made me go back. They also hit me when I refuse to take medication.”(c16)

“The comment I have on the guards is their use of force. Of course we are difficult at times but they should not be aggressive b/c they can't manage us by force but by peace. You know word is healing; if they treat us by talking peacefully, we could understand them. They believe by force, that is their problem. We are difficult but maximum they could push us in and lock the doors. I strongly object the use of force!! It is not good.”(c11)

## **1.2 . Decision involvement and information access**

While some of the participants claimed that their treating team involved them actively and asked them how they are feeling etc. and arrange their treatment based on their complains and give the information they want to know about their treatment, but others reported that their treating team don't involve them, explain about their treatment and don't check them regularly.

“They see us 2-3x/week and ask us how we are feeling. They arrange the dose according to our improvement. They ask us lots of things including what we plan to do after discharge.”(c13)

“They explain to me about my medication including about their side effect... so I feel that they involve me in my treatment decision.”(c14)

“They didn't involve me. They decide alone and that is not good, I wish they explain why they give me drugs and what its use it. But they didn't do that.”(c02)

“They don't involve me, e.g. the doctor changed the dose of my medication but he didn't tell me why he did that.”(c04)

## **2. Facility related issues**

In this section participants described environmental issues and their effect on their satisfaction. The issues fall under 5 categories: ward environment, safety, freedom of movement, quality of food and activities.

### **2.1. Ward issues**

All participants, except one, said the wards and the compound are always clean. They said Even if patients ruin it, the janitors clean it frequently and is always clean. Some of them said the following:-

“They clean it in the morning then the patients ruin it but they clean it and it is clean.”(c09)

Most of the participants said the wards are comfortable and the like living together like they are living now. Some of said the following:-

“I like it. It is comfortable b/c we chat with each other, otherwise it would be boring.”(c03)

“It is good that we live together b/c we are mentally ill being alone could be hard. And we also have a place to change cloth. So it is good.”(c02)

Some participants said the ward are uncomfortable, primarily because of new unstable patients disturbing them, but also the wards are crowded and they don't have privacy and there is also shower problem, some beds are not comfortable etc. Some of them said the following:-

“It is disturbing to stay in a ward in large number b/c they bring unstable patients and mix them with us and they disturb the ward.”(c06)

“There is no privacy at all. I prefer a private bed. I am not comfortable changing my clothes in front of any one. To change cloth you either do it by the bed side or go to the toilet.”(c05)

## **2.2 Safety**

In this section we will see the participants' assessment of their safety, their belongings and of the hospital.

### **2.1. Safety of oneself**

Most participants claim that they felt safe when they were in the hospital because the staffs take care of disturbances that happen and they also are careful. Some of them said the following:-

“As it is a mental hospital, I feel I need to be careful and avoid patients who are not calm. But they give them injections and calm them. That is good and reassuring.”(c02)

Some of them claim they have felt unsafe when they stay in the hospital.

“I have felt unsafe at times b/c I have witnessed a patient injuring other two patients. He fractured one patient's arm; we told the guards but they didn't do anything. Then he punches another patient and dislodged his tooth. They should have taken some measure. I sometimes worry b/c I could get hurt in an incident.”(c13)

“The guards are very aggressive, that is b/c the patients are difficult and want to go out and they don't want them to escape. They are very aggressive, once they hit me and browsed me over my thigh.”(c11)

## **2.2 Safety of property**

Part of the participants claim that they worry for their property during their stay in the hospital; the other half did not share this.

“I have no worries. When I am discharged they gave me my property back and I haven’t lost any of my belongings.”(c01)

“I have once lost my cloth but it was my fault, I should have given the nurses to put it in the locker but I keep it with me and lost it. I don’t know who took it.(c08)

## **2.3. Safety of the compound**

All the participants, except one, believed the hospital has a secured compound.

## **3. Freedom of Movement**

Some of participants said the restriction to move around is not good and find it stressful to stay within a small compound for months while other participants said that they appreciate the restriction because it is intended to protect them and sometimes the guards allow stable patients:

“That is the thing I don’t like. Even when I come with you they wouldn’t let me unless I am with you. They wouldn’t let us go out even to the rehabilitation room to watch TV. It is stressful; it makes me am I this sick to be controlled this much? It makes me feel like I am inferior to others.”(c13)

“I think it is good; especially they should restrict the male patients. Once when I was washing my hand at the toilet near to our ward, a male patient asked me to get in the toilet with him. I don’t blame him b/c he is sick but if I was sick he could take advantage of me. I also heard one female patient insulting the other claiming she sleeps with a male patient. So I wish they monitor more strongly b/c they sometimes become serious and sometimes not.”(c07)

## **4. Activities**

Most participants said there is enough means of passing their time: some of them said the following:-

“I pass my time by reading bible, chat with others. I also go to the rehabilitation centre and dance, watch TV...it is good, there isn’t problem to pass time.”(c06)

“There is enough means to pass time. We have the TV room to watch movie, we also play ‘Joteni’. We also have books to read.”(c13)

Some participants said that there isn’t enough means of activity and it would make their stay easier. Some of them said the following:-

“I think there are not enough opportunities in the female side. For example there is play field to play volleyball... while there are lots of patients whose illness makes tend to want to move but there isn't such space. I think sport and space to exercise could be better than diazepam.”(c05)

“I sometimes go to the TV room but usually I don't get what I want like others could be watching football. The room could not provide what we all want; that is the limitation.”(c16)

## **5. Food quality**

Most participants said that the food quality is poor. They said is usually similar item and sometimes is not hygienic: some of them said the following:-

“I don't like the food; it is the one thing I complain about. Their preparation is not hygienic, I have found stick in the food, I have found hair in the food. Because of this I skip meals and eat when i feel hungry. I also found MISER, hair in the soup and is stopped using soup. The quality is also bad it is usually diluted. Sometimes it is salty and sometimes salt less”. (c08)

“They are doing lots of things for us but the main problem I see is on the food. The food quality is not good, For example we find sand in the MISER WOT which could predispose us kidney stone, and the ALCHA is tasteless. I have difficulty with the food and I am trying to get discharged b/c I am not eating well, when I eat I search for sand. If the food was ok, I would like to stay b/c I have seen improvement in my health compared with my admission.”(c04)

Some participants said the food has good quality given what the country can afford and the preparation is fairly hygienic.

## **3. Treatment quality**

In this them which has one category participants explain about their view of the effect of the treatment they receive, and related things that affect their satisfaction in this regard.

Most participants said that they find the treatment they received effective and believe the team treating and caring for them is very competent. They believe the treatment have helped them and are happy about their improvement. Some of them said the following:-

“I happy with the treatment I get. When I came I had tremor, I don't sleep and was aggressive. I am thankful for the doctors and nurses. The medication they use is very effective.”(c04)

“I am so happy with my improvement. I think they are qualified. I was even telling my brother in law, who abuse substance he needs treatment, b/c I think they can help him.”(c11)

Some participants said that they are not happy about the treatment/ care they receive from their treating team for different reasons. Of these participants mainly complain about delay in their discharge but also were unhappy because of the ineffectiveness of the treatment they received, the incompetence of their nurses, and frequent change of doctors. The other reason reported by two participants was that they don't think they have any illness to be admitted to mental hospital. Some of them said the following:-

“I am not happy b/c I don't get much improvement. The only improvement I get is my sleep but it isn't the main problem that brought me here.”(c03)

“Initially I was so excited and grateful to everything they do for me. But I am tired of staying for long time.”(c05)

“I am not happy b/c they ordered medication while I tell them I am not sick. They listen to the family not me and said they wouldn't bring you here if you are not healthy.”(c16)

#### **4. Overall assessment**

In this theme which has one category participants discuss about their overall view of their satisfaction in the hospital, given the different factors raised above.

Most participants said that they are overall happy about the service they got from the hospital and about their stay: some of them said the following:-

“I am happy; I wouldn't be improved if I wasn't here.”(c09)

“After I stay for a while I like it and I am great full. I am thinking lots of things for the future.”(c11)

Some participants said that their satisfaction in their stay in the hospital overall is medium or low and wish to be discharged as soon as possible. Some of them the following:-

“I am not satisfied, it is not as I expected. I thought I would improve sooner. I feel worry and sad and it is hurting me.”(c03)

“I want to go to my home; that is what I want. I pray for that.”(c16)

## Discussion

Participants of this study were found, generally, happy about the relationship they have with the staff. This was reported to be the result of multiple factors such as the staffs' care for them, their responsiveness and appreciation of the patients' different background. This relation has created a sense of belongingness which is very important as many of the patients come from distant places and stay in the hospital for months far from their comfort zone. Relation with staff have been reported to be a determinant factor in patient satisfaction and have been frequently reported to be generally very good in psychiatric care (1,7,9 and 13).

This study has found that part of the participants is not happy with regard to how they are treated when they don't comply with what the staffs asks them to do. They reported that they experienced different coercive behaviors such as being yelled at, insulted, pushed or even hit on occasions. This is reported to happen usually in interaction with the guards but also the rest of medical and non-medical staff. Participants recognized that they could be difficult to manage for the staff, but did emphasize that they should not be dealt with in such harsh ways. This experience irritated the patients and affected the quality of their stay negatively. Coercion has been reported to be fairly common experience in psychiatric inpatient settings and associated low patient satisfaction in a number of studies (1, 7).

The other factor part of the participants reported not happy about is the fact they are not involved in their treatment decisions and are not provided information about their treatment and hospital stay. It is found that they are not given information about different aspects of their treatment. They said there is no explanation why they are prescribed a certain medication, how long it will take to work, how long they could stay in the hospital etc. They also reported their medication dose could be adjusted without being told and at times their complaints about the medication or illness not properly answered. This creates a sense of being underestimated and mistreated and affects their satisfaction negatively. There are similar reports of dissatisfaction with information provision and information provision is found to improve patients' satisfaction with care (1, 9).

The cleanliness of the environment was one of the environmental issues that the participants almost unanimously reported to be happy about. Satisfaction with ward cleanliness has been reported to be generally good. Majority of the participants were also happy about their living situation that they like to live together with others and this is reported by many to be important 'as they are psychiatric patients' and also reported to help to avoid boredom, even if they said this living condition could be difficult until they get accustomed to it and when new unstable patients come. But few participants have complained about over crowdedness, lack of privacy. This result goes with a study from Finland that only 30% of patients consider sharing room with other as difficult (9).

The other environmental issues mentioned as satisfactory, by the majority of participants, was their physical safety. Many participants have witnessed number of incidents that could

potentially compromise the safety of others and at times their own. But they feel they are safe because the staffs are available and manage such issues and this created a sense of safety and reassurance while they are in the hospital. Some participants reported to feel that they could be hurt any time, especially by patient who are acutely sick, and feel insecure. The latter group is those who witnessed violent events happened to others and themselves. Similar association of safety and witnessing of violence were reported in other studies (1, 9). But similar reports showed majority of patients have lower satisfaction rate with regard to their safety. It looks that the staffs reported urgent management of risky or violent incidents have created a sense of security despite the presence of such incidents.

In a related issue, significant portion of the participants of this study were not happy about the safety of their belongings because they or their ward mates have experienced loss of their items including food, clothes, mobile phones etc. This happens to be explained by the lack of personal lockers and so they are forced to put their belongings either by the bed side or must give the nurses to put it in them which is reported to be difficult for items they want to keep with them and use on and off like their phones, food items etc. Similar reports of complaints about losing belongings found other studies too (1).

The study found that majority of the participants was happy about the means to activity. They used the available means such as recreational activities in the rehabilitation center provide, reading books, using their phones etc. Many have mentioned chatting with others as an important means to pass time. Some complained that means are limited to serve for the whole patients in terms of items and also capacity. They also reported that there is preferential access of the library to 'substance 'ward patients. A study from Finland showed that majority of the patients was not happy about the opportunities for activities (9). The higher satisfaction in this study could be explained by the reported use of passing time and chatting with others as an important means which goes with the abundant use of socializing with others our society as a means of leisure activity in addition the available means the hospital provides.

Quality of food was the most negatively evaluated item by the vast majority of the participants of this study. The food hygiene, taste and variety were reported to be poor. Participants have reported that the food quality is one of the factors that trigger them to demand early discharge. This finding is in line with reports from different settings such as satisfaction with food was reported to be average in a study from France (12) and a study done in Nekemte referral hospital on assessment of the knowledge, attitude and practice of food handlers showed that there is poor hygienic practice from food handlers, poor kitchen condition and substandard food storage system (11).

This study found that some of the participants believe that the movement restriction among the sub-compounds in the hospital is important in terms of preventing some risky events that patients could engage in or be exposed to while in state of illness, from happening. But 50% of the participants are not happy about the restriction. The restriction was found to be non-selective

between improved and acutely sick patients and they reported that there is restriction to access the rehabilitation center, which is the only place they can access as a means for recreation. The restriction is reported to be stressful because they are forced to stay within part of the compound, on top of the restriction from going out of the hospital. They reported that it also affects their self-esteem because they feel they are restricted because they are too sick to take care of themselves. Restriction of freedom of movement has been reported to be associated with low satisfaction (1, 7 and 9).

This study also shows that participants were generally happy about the psychiatric treatment they get from the hospital. This group of the participants views the staff as competent to treat their illness from the improvement they and others get. But some of them were not happy about the treatment they received. The main reason for participants who claim that they are not happy was mainly delay of discharge from what they expected or were told, including those who believe that the admission and treatment helped them. This emanated from not being informed about how long they will stay or at times told falsely that they will stay for a very short time. This group of participants also complained that they don't get fast improvement as they expected, which could also arise from lack of provision of information about what and when to expect from the treatment. The last source of complaint was a believe by some participants that they don't have mental illness and should not be admitted in the first place. Perception of patients on the need for admission and the perception of early or delayed discharge and perceived outcome of the treatment have been reported to affect patient satisfaction (1).

The participants are overall satisfied with the care they received from the hospital, even those who complained about certain aspect of the care in the hospital. This over satisfaction seems to come from the different reasons. The first could be social desirability. The other reasons could be from the rationalization participants gave for the complaints such as "we are difficult to manage; they provide what they can afford because our country is poor etc. Possibly low expectation people have when they come to the Hospital can also be one explanation for the satisfaction. Similar results of overall satisfaction are reported from psychiatric hospitals from HIC (9) and LMIC (10). A systematic review by Manchester University also suggests that there is a higher overall satisfaction in inpatient psychiatric care (1).

## Conclusion

Patient satisfaction has been recognized as essential component and reliable indicator for quality of patient care. Identifying factors which affect patient satisfaction and working to improve those unwanted factors will affect treatment outcomes such as compliance to treatment. In this study we found patients are overall satisfied with the inpatient care. Among the factors are generally associated with higher satisfaction are relation with staff, safety of self, ward cleanliness and comfort, opportunity for activity and treatment for their illness while it was generally lower with regard to their involvement in treatment decision and accessing the necessary information. Other areas related to dissatisfaction were safety of property, restriction of movement, food quality and delayed discharge.

The results of this study provided insight about patients' experience of the inpatient psychiatric care in our setting. It also provides areas of the inpatient care that can be improved to optimize patient satisfaction and so the quality of care which in turn could bring about desired patient behaviors with regard to their treatment to enhance their mental wellbeing and quality of life.

## Limitations

1. There could have been a social desirability bias because the PI is physician and the interview was conducted in the hospital.
2. As a semi structured qualitative research, using a topic guide may have restricted the participants to areas the investigators were interested in and that may have limited from raising areas they may have been interested.

## Recommendation

1. Continue the factors that are reported to be satisfactory especially relation with staff.
2. Engage patients in their treatment decision and provide information about their illness, treatment and hospital stay.
3. Decrease the use of coercive means to manage difficulties with patients.
4. Devise ways to allow stable patients to have more freedom of movement in the hospital.
5. Plan ways to manage acutely ill patients before transferring them towards where stable patients are admitted.
6. Facilitate ways that patients can have a safe means to keep their belongings with them.
7. Find ways to improve the quality of the hospital food, at least hygienic food preparation.

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## Appendixes

### Appendix I; participant's data sheet

#### Demographic data

Coded ID	
Age	
Gender	
Educational status	
Marital status	
Employment status/source of income	
Religion	
Address	

#### Diagnosis and related information

Working diagnosis			
Medications			
Other treatments			
Duration of illness			
Number of hospitalization			
Admission ≠	Year	Duration	Admission status

## Appendix II Information sheet for participants

My name is Biruk Fanta. I am a final year psychiatry residence trainee. I am doing my post-graduate project on patient satisfaction in psychiatric inpatient care at Amanuel mental specialized hospital.

In this information sheet I have included information you should be aware before volunteering to take part in this interview. I could read the sheet for you if you prefer so.

This project is approved to be conducted by ethical board of department of psychiatry, AAU and AMSH.

I am not staff of this hospital and not part of your treatment team. Your current treatment or subsequent follow up visit will not, in any way, be affected by your participation, or not, in this interview as your identification will be coded and the information you give will be confidential during the interview and storage.

The interview will be tape recorded and will be later transcribed into Amharic and translated into English.

As study of the inpatient psychiatric care I will be asking questions that are supposed to address different relevant aspects of inpatient care and the involved parties in the process, to get understanding of the inpatient care from the users' perspective. In doing so I will ask you open ended questions which give you the opportunity to explain the issues from your point of view.

The interview will take about 1 hour. You can skip questions you don't want to answer. You can ask me to clarify the question not clear for you. You can at any time ask for break, can re-schedule or withdraw from the participation with no consequences.

Thank you for your cooperation and time to hear this information and/or participating in the interview.

### **Appendix III Participant consent form**

I, the participant whose ID is coded, have received and do understand the information about the study and the manner of my participation in the interview verbally and in written form.

I hereby consent to participate in the interview being audio-recorded.

Participant's signature:

Date:

Interviewer' signature:

Date:

Thank you for your cooperation!!!

#### Appendix IV Topic guide

- How do you see the care you are receiving from the staff here?
- How do you describe the movement freedom/restriction?
- How do you see the opportunities for activities on the ward /outside the ward?
- How involved are you in decision making about your treatment?
- How responsive is the staff to your concerns?
- What would you say about accessibility of information you need?
- How do you describe timely responsiveness of staff to your needs?
- How safe do you feel when you are in the hospital?
- How do you see the safety of your property/items?
- How is the cultural awareness and sensitivity of the staff?
- What is your impression about professional conduct of the staff?
- How do you see the attitude and treatment of the ‘non-medical staff’ towards patients?
- How satisfied are you with the ‘treatment’ for your illness/ improvement of your illness?
- How do you see competence of the staff to manage you illness?
- What do say about the food in the hospital?
- How do you see cleanliness of the physical setting of the hospital?
- How comfortable did you find the wards?
- How is your privacy in the ward?
- How do you see the Safety & Security of the hospital?
- How satisfied are you over all?

**Amharic translated appendixes**

**Appendix II ለተሳታፊዎች መረጃ የመስጫ ፎርም**

ስሜ ብሩክ ፋንታ ይባላል። የአእምሮ ህክምና ስልጠና የመጨረሻ አመት ሰልጠኝ ነኝ። የስልጠናዬን ማሟያ ጥናት በአማኔኤል ሆስፒታል ተኝተው የሚታከሙ ተገልጋዮች ላይ እሰራለሁ። ጥናቴም የነዚህን ተገልጋዮች በአስተኝቶ ማከም/inpatient care አገልግሎቱ ዙሪያ ያላቸውን እርካታ የሚያጠና ነው።

በዚህ ፎርም ላይ ተሳታፊዎች ከመሳተፋቸው በፊት ማውቅ የሚገባቸውን መረጃ አካትቻለሁ። ይህም

1. ይህ ጥናት በአማኔኤል ሆስፒታል እና በአአዩ፣ ስነ-አእምሮ ክፍል ይሁንታ የተስጠው ነው
2. እኔ የዚህ ሆስፒታል አባል አይደለሁም። ከሚያክምዎት ባለሙያዎች ጋርም ግንኙነት የለኝም። ከዚህም አንፃር በዚህ ጥናት ምሳተፍ አሁንም ሆነ ወደፊት በሚደረግለዎት ህክምና ላይ ጥሩም ሆነ ጎጂ ተፅዕኖ አይኖረውም።
3. በቃለ-መጠይቁ የሚሰጡት መረጃ በጥናቴም ወቅት ሆነ ከዚያ በኋላ ምስጢርነቱ የተጠበቀ ነው።
4. ይህ ቃለ-መጠይቅ በድምፅ ይቀዳል ቀጥሎም ወደፅሁፍ ተቀይሮ ወደእንግሊዝኛ ይተረጎማል።
5. ከጥናቱ አላማ አንፃር የተያዩ ሁኔታዎችን የሚዳስሱ ጥያቄዎችን አነሳለሁ። ስለጉዳዩ የእርሶን እይታ ለማግኘት ጥያቄዎቹ እርሶ አብራርተው የሚመልሷቸው ናቸው።
6. ቃለ-መጠይቁ እስከ 1 ሰዓት ሊፈጅ ይችላል።
7. በቃለ-መጠይቁ ወቅት ያለተረዱት ጥያቄ እንዳብራራ ይጠየቁኝ። መመለስ የማይፈልጓቸው ጥያቄዎች ካጋጠሙዎት ማለፍ ይቻላል። በመሃል ማረፍ ካስፈለገት ወይም ሌላ ቀጠሮ ቢያስፈልግ ያሳውቁኝ።
8. ከተሳትፎዎት በማንኛውም ጊዜ ያለምንም ችግር አቋርጠው መውጣት ይችላሉ።

አመሰግናለሁ!!!!

**Appendix III የተሳታፊዎች ፍቃድ መጠየቂያ ፎርም**

እኔ ማንነቴ በኮድ የተገለጸው ግለሰብ ስለጥናቱምንነትና የተሳትፎ ሁኔታ በቃልና በፅሁፍ ገለፃ ተደርጎልኝ ተረድቻለሁ በዚህም በመቅረፁ-ድምፅ የሚደረግ ቃለ-መጠይቅ ለመሳተፍ ፈቃደኝነቴን በፊርማዬ አረጋግጣለሁ።

የተሳታፊ ፊርማ:-

የቃለ-መጠይቅ አድራጊው ፊርማ:-

ቀን:-

ለትብብርዎ አመሰግናል!!!

**Appendix IV ቶፕክ ጋይድ**

ባጠቃላይ በሆስፒታሉ የህክምና ባለሙያዎች የሚሰጡትን አገልግሎት እንዴት ያዩታል?

በሆስፒታሉ ግቢ ውስጥ ያለውን ከበታ በታ የመንቀሳቀስ ነፃነት/ገደብ ሁኔታ እንዴት ያዩታል?

በሆስፒታል ሲቆዩ ጊዜዎን እንዴት ያሳልፋሉ?

በሚደረግሎት ህክምና ሂደት/ውሳኔች ውስጥ ምን ያክል ተሳታፊ ተደርገዋል?

የሆስፒታሉ የህክምና ባለሙያዎች እርሶ ለሚፈልጉት/ለሚጠይቁት ነገር የሚሰጡትን ምላሽ እንዴት አገኙት?

የሆስፒታሉ የህክምና ባለሙያዎች እርሶ ለሚፈልጉት/ለሚጠይቁት ነገር በፍጥነት ምላሽ የመስጠት ሁኔታ እንዴት አገኙት?

በሆስፒታል ቆይታዎ ጉዳት ሊደርስብኝ ይችላል ብልው ያውቃሉ?

በሆስፒታል ቆይታዎ የያዙት ንብረት/እቃ ይጠፋል/ይሰረቃል ብለው ይሰጋሉ?

የሆስፒታሉ የህክምና ባለሙያዎች ስለእርሶ ባህል ምን ያክል ያውቃሉ ምን ያክል ስ ይጠነቀቃሉ?

ስለሆስፒታሉ የህክምና ባለሙያዎች የሙያ ስነ-ምግባር ምን ይላሉ?

የሆስፒታሉ የህክምና ባለሙያ ያልሆኑ ሰራተኞች ለታካሚ ያላቸው አይታ እና የሚሰጡት? መስተንግዶ/አገልግሎት እንዴት ያዩታል?

በሆስፒታሉ በተደረገልዎት ህክምና ና ባገኙት የጤና መሻሻል ምን ያክል ደስተኛ ነዎት?

የሆስፒታሉ የህክምና ባለሙያዎችን የሙያ ብቃት እንዴት ያዩታል?

በሆስፒታሉ ሰለሚቀርበው ምግብ ምን ይላሉ?

የሆስፒታሉ መኝታ ቤቶች እና ግቢውን ንፅህና እንዴት ያዩታል?

የሆስፒታሉ መኝታ ቤቶች ምን ያክል ንፅህናቸው የተጠበቀ ነው?

በመኝታ ቤቶች ውስጥ ያለዎትን የግል ነፃነት/በሌሎች ያለመረበሽ ሁኔታ እንዴት ይገልፁታል?

ሆስፒታሉ በርሶ እይታ ደህንነቱ ምን ያክል የተጠበቀ ነው?

በአጠቃላይ በሆስፒታል ቆይታዎ ምን ያክል ደስተኛ ነዎት?

