

Effect of Education Program about Psychiatric Outpatient Follow- up visit on Patient's Awareness and Satisfaction of Outpatient Psychiatric Services

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Abstract

Psychiatric patients' awareness regarding importance of outpatient's services has acquired great importance. Patient satisfaction is playing an increasingly important role in quality of care reforms and health-care delivery. The study **aimed** to determine the effect of educational program about psychiatric outpatient follow- up on patient's awareness and satisfaction of outpatient psychiatric services. **Quasi experimental research design was used** . The present study was conducted at psychiatric outpatient clinic at Tanta Mental Health Hospital. Sixty of psychiatric patients attended to outpatient's clinic for six month. **Two tools** were used to collect data for the study .**Structured Interview** for patients' awareness of outpatient services and Client Satisfaction Questionnaire, to assess client satisfaction with treatment. **Results** of the study indicated that. There was a significant relation between the patient's level of satisfaction with outpatient's services before and after education program. **It was concluded that** the implementation of educational program about importance of outpatient services and follow up lead to improve the patient's level of awareness and satisfaction with these services. The study **recommended** Future research, to identify those specific factors, which this study could not probe into, to help devise plans for improving the service in accordance with expectations and needs of the patients and their caregivers, for better satisfaction with care and improved services.

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

Introduction

Outpatient's services after a psychiatric hospitalization has been associated with reduced incidence of hospital readmission and could potentially reduce the risk of adverse outcomes. Transitions between inpatient and outpatient health care settings are associated with elevated risks of adverse events and, therefore, are a focus of quality improvement initiatives⁽¹⁻³⁾.

Patients with psychiatric disorders are seen usually use follow-up services after an inpatient admission. Also, the majority of psychiatrists do not necessarily offer ongoing follow-up appointments to their patients.^(3,4)

Psychiatric Patient's involvement in the delivery and evaluation of mental and psychiatric health services is an important policy element in the development of services. Patient's satisfaction is an important area could be especially useful concerns care, and it is considered important service excellence indicators. Patient satisfaction and opinion are playing an increasingly important role in quality of care reforms and health-care delivery^(5,6)

Most resources are allocated to a few large centralized psychiatric hospitals". Also, the number of beds are still inadequate for acute inpatient care for psychiatric patients, particularly as 60% of the beds are occupied by long stay patients⁽⁷⁾ The

concept of patient satisfaction is "the extent to which health care services meet predefined standards of acceptable or adequate care". Psychiatric out-patient services have special attention in creative thinking about the role of the out-patient clinic in modern mental health services.⁽⁸⁾ there are many factor explain that most of psychiatric patient in need for long follow up plane; Most of mental disorders are chronic and has periods of relapse, cognitive problems and poor insight these make the.^(8,9)

Medical and nursing staff relationship with patient would be a great help in improving patient satisfaction and compliance with treatment. A recent study identified that "the patients expected their psychiatrist to listen to them, explain the cause of their illness and offer appropriate symptomatic treatment".^(8,9) Satisfied patients are more likely to complete treatment regimens and to be compliant and cooperative. Research on health system satisfaction, which is largely relative, has identified ways and means to improve health, reduce costs and implement reform. Thus satisfaction is associated with compliance and health outcome and its measurement may raise issues that are often overlooked by the service providers.^(10,11)

There are many studies that have assessed the reasons that patient given non-

attendance stated that "there are differences between psychiatric and non-psychiatric patients regarding their attendance and satisfaction level , non-psychiatric patients are more likely to report that "they were unwell with symptoms unrelated to the condition when they miss appointments for which they were due to attend or that they were away on holiday".⁽¹²⁻¹⁴⁾ .the measurement of patient satisfaction and effectiveness of psychiatric outpatient services allow easy identification of areas of service delivery that can be improved.

The aim of the study is to:

Determine the effect of education Program about Psychiatric Outpatient Follow- up Visit on Patient's Awareness and Satisfaction of outpatient psychiatric services

Research hypothesis:

Patients awareness and satisfaction with outpatient psychiatric service are expected to be improved after an implementation of the education session related to importance of the nature for their disease and the importance of treatment and follow up visits

Subjects and method:

Study design: Quasi experimental design was used in this study

Setting: Outpatient clinic in Tanta mental health hospital which is affiliated to the

Ministry of Health and population and provides health care services to Gharbya, Menofia, and kafr Elsheikh governorates

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

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

Tools of the study: two tools were used in this study:

Tool I; part (1): Structured Interview for patients' awareness of outpatient services.

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

the interaction, relation and the caring that patients receive in psychiatric outpatient clinic.

Each measurement was answered on categories the response will be (Yes or No) where NO scored "1" and Yes scored "2". The score ranged from 22 to 44.

Evaluation of these questions will be as follow: < 50%= low awareness, 50 – 75% = fair and > 75% good level of awareness

Part two: Socio-demographic characteristics of patient include; age, sex, marital status, level of education, occupation, residency, income and cohabitation.

Clinical data sheet; which include; diagnosis, onset of illness in year ,duration of use of drugs , number of previous admission , number of follow up visits ,family history of psychiatric disease, Number of consultations in last three months

Tool II: Client Satisfaction Questionnaire

It developed by **Larsen, D.L., Attkisson, C.C., Hargreaves, W.A., and Nguyen, T.D.** (1979)⁽¹⁹⁾ to assess client satisfaction with treatment. The Client Satisfaction Questionnaire (CSQ-8) is composed of 8 item scored from 1 to 4 (1="Quite dissatisfied", 2="Indifferent or mildly dissatisfied", 3="Mostly satisfied", 4="Very satisfied"). It is easily scored by

summing the individual item scores to produce a range of 8 to 32, with high scores indicating greater satisfaction.

Scoring; The scores ranged from 8–32, where minimum score was 8 signifying dissatisfaction and maximum score 32, signifying maximum satisfaction.

Twenty was the median score, so the final scores were interpreted as:

8-20 dissatisfaction ;
20 > satisfaction

Method

-Official permission for data collection was obtained from the director of Tanta mental health hospital

-Ethical considerations: - Informed consent to participate in the study was obtained from the study subject after explanation the purpose of the study. They were also assured about the confidentiality of the obtained data .As well, the patient privacy always respected. The study subjects were also informed that they have the right to withdraw from the study at any time if they wanted to.

-Tool I: was developed by the researcher, after a review of related literatures.

- The tool I part one & II of the study were translated by the researchers to Arabic language and presented to a jury composed of five experts in the psychiatric nursing to test their content validity.

-Before embarking on the actual study a pilot study was carried out on 10 patients were selected and excluded from the study subjects to ensure the clarity of the questionnaire, to test the visibility and applicability of the study tools and to determine obstacles may be encountered during the period of data collection. In addition it serves to estimate the approximate time required for interviewing the study subjects. After its implementation and according to the result of the pilot study, the statements are suitable to ensure understanding of the studied patients

-Reliability; Internal consistency and reliability was excellent for tool I part 1 0.94 and tool II 0.88 with alpha Cronbach's test

An actual study was divided into four phases:

1-Assessment Phase:-

- The selected patients who meet the inclusion criteria were asked to participate in the study after establishing rapport and trusting relationship and explaining the aim of the study. The researcher continued to select from patients who visit outpatient clinic till reaching the desired subjects' number.
- The selected patients were undergoing a pre-test using Socio-demographic and Clinical data sheet, Structured Interview questioners and Client Satisfaction Questionnaire; it was applied through

interviewing patient on an individual basis by the researchers.

- Each interview lasted for 25- 45 minutes, according to concentration, willingness to cooperate and talk, then know the next time of follow up visit of patients for the clinic and agree with them for implementing the program. Next visit usually after one month or 2 weeks according the hospital policy and the clinical condition of the patient.

2- Planning phase

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

Expected Outcomes: Enhancing patients' awareness regarding the nature of their disease, the importance of treatment and follow up visit

The program content included knowledge about patient's disease and signs and symptoms of relapse, treatment effect, side effect, precaution, and disturbance, health education about schedule to follow up

The researchers prepared essential materials for conducting the implementation such as the colored pictures about their medication, written words for signs and symptoms of their diseases and

power point presentations to be used in the implementation phase.

-The colored booklets were developed to be distributed to every patient, for illiterate patient, researchers illustrate and distributed it for patients and their family caregiver.

-The researcher modified number of program sessions based on the assessment phase to be 2 sessions instead of 3 sessions according to the difficulty of presence and availability of patients and next time of follow up visit.

Implementation Phase:- The educational program was implemented by the researcher and these sessions aimed to increased patients' awareness regarding the nature of their disease, the importance of treatment and follow up visits.

-The contents of the Program were organized in 2 sessions provided for the studied subjects. The educational session took about 2 hours per day .The program was implemented on a small group basis. Each group was encompassing 5 patients attending a total of 2 sessions. These sessions were being scheduled as 2 sessions per week for duration of about 8-10 weeks as some patients were not complied with the date of the follow-up visit.

-First Session: the session was include an introductory talking that emphasizes acquaintance between the group patients as

well as the researchers and also an explanation of the session's purpose and, availability of drugs, signs and symptoms of relapse by using colored pictures and data show and encouraging them for follow-up. At the end of session the researcher summarized all of the content outlines explained and asked them for any question.

-Second sessions: focused on the importance of drug, side effect and how to manage it in the home. Also giving information about the importance of follow up services, and how staff dealing with them. After each session, the researchers summarized the content outlines of the session in group discussions and distributed the booklet with helping the patients and his/her family to focus on the important points that should be reviewed at home.

Evaluation phase

-Two time assessments were done to the study subjects in order to evaluate their level of satisfaction and patient awareness regarding importance and the nature of disease, treatment and its effects, information received from the psychiatric outpatient clinic, the interaction of staff with them and the importance of follow up visits.

-First time (pre assessment) was done before implementation of the program using the two study Tools: Tool I only part one and Tool II.

-Second time: post assessment was done three months after implementation of the program using Tool I only part one and Tool II.

-The study was conducted during the period through May 2015 to October 2015.

Statistical analysis

The collected data were organized, tabulated and statistically analyzed using SPSS version 20 (Statistical Package for Social Studies) created by IBM, Illinois, Chicago, USA. For numerical values the range mean and standard deviations were calculated. The differences between mean values of total satisfaction score in relation to studied socio-demographic variables were tested using student's t test except for differences in relation to gender where the Mann-Whitney test was used due to small sample size of females. For categorical variable the number and percentage were calculated. The differences in each item of evaluation before and after the intervention were tested using Wilcoxon signed ranks test (Z). The relations between total satisfaction score and studied variables were tested by chi-square χ^2 and Pearson's correlation coefficient r. The level of significant was adopted at $p < 0.05$.

Results

Table 1; shows the socio-demographic characteristics of the studied subjects.

Regarding the range of patient's age in

years was 17-60 and the mean age was 39.37 ± 9.20 years.. In relation to gender 95% of studied subjects were male. Regarding marital status, 50% of patients were married and only 20% were single. In relation to their residency 70% of them live in urban, and most of them 96.7% live with their family. Regarding to the educational level of patients, 33.3 % of the studied subjects were illiterate, and concerning to occupational status 56.7% were unemployed. The table also showed that study patient had not enough income

Table 2; represents the distribution of studied patients in relation to clinical data;

regarding to the patient diagnosis most of them 51.7% had diagnosed with schizophrenia, 40% diagnosed with epilepsy and 8.3% them were diagnosed with depression. In relation to the onset of illness, 53.3% of patient said that the onset of disease start at 5 years ago, but 18% of them said that the onset of disease start at 10 years ago. Regarding duration of use of drugs in months 60% of patients had used drugs from 6 months and 38% of them had used drugs for more than 6 months.

In relation to the number of follow up visits for psychiatric outpatient clinic, 43.3% of patients said that they had visited the psychiatric outpatient clinic four times for follow up, and 20% of them said that they had visited the psychiatric outpatient

clinic six times or more for follow up. The majority of patients 78.3% had positive past history of disease.

Table 3; shows the Comparison of Patients' level of knowledge and awareness about outpatient services before and after educational program.

This table reflects that there was a significant improvement in the patients' knowledge and awareness in relation to; follow up services, the information that the hospital giving them and the availability of drugs in outpatient clinic where ($X^2 = 55.150$, $p < 0.001$; $X^2 = 117.00$, $p < 0.001$ & $X^2 = 8.121$ and $p < 0.017$) respectively.

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

Table 5: shows the relationship between socio-demographic characteristics of studied patients and total satisfaction score in which there was a significant relation between the total satisfaction score of patients and their residence and marital status at ($p = 0.006$ and $p = 0.031$)

respectively . While there was no significant relation between the total satisfaction score of patients and gender and employment

Table (6): correlation between total satisfaction score, age, and onset of illness, duration of illness, and total number of consultations at last three months. This table illustrate that there was a positive significant correlation between the onset of disease in years, for patients and total score of their satisfaction, and there was a statistically significant relation between the onset of the disease for patients and their total satisfaction score at $r = 0.390$ and $p = 0.002$. While there was a negative significant correlation between the duration of illness for patients and their total satisfaction score at $r = -0.275$ and $p = 0.033$

Table 1: Distribution of studied patients related to Socio-demographic

Socio-demographic characteristics	(n=60) No	%
Age in years:		
<20	1	1.7
20-	9	15.0
30-	22	36.7
40-	20	33.3
50-60	7	11.7
Range	17-60	
Mean+SD	39.37+9.20	
Gender:		
Males	57	95.0
Females	3	5.0
marital status		
Single	12	20.0
Married	30	50.0
Divorced	18	30
Residency		
Urban	42	70.0
Rural	18	30.0
Co-habitation		
Alone	2	3.3
With family	58	96.7
Educational level		
Illiterate	20	33.3
Primary	24	40.0
Secondary	6	10.0
University	10	16.7
Occupation:		
Employed	26	43.3
Unemployed	34	56.7
Income		
Enough	18	30
Not enough	42	70

Table (2): Distribution of studied patients related to clinical characteristic

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

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

Level of patients awareness about outpatient services		Before		After		Total		Chi-square	
		No	%	No	%	No	%	X ²	P-value
Awareness of patient about follow up for psychiatric outpatient clinic	Low	41	68.3	2	3.3	43	35.8	55.150	<0.001*
	Good	17	28.3	51	85.0	68	56.7		
	High	2	3.3	7	11.7	9	7.5		
Awareness of patient about information that the hospital giving for them in psychiatric outpatient clinic	Low	59	98.3	0	0.0	59	49.2	117.000	<0.001*
	Good	1	1.7	3	5.0	4	3.3		
	High	0	0.0	57	95.0	57	47.5		
Awareness of patient about the availability of drugs in psychiatric outpatient clinic	Low	9	15.0	6	10.0	15	12.5	8.121	0.017*
	Good	5	8.3	17	28.3	22	18.3		
	High	46	76.7	37	61.7	83	69.2		
Awareness of patient about the interaction, relation and caring in psychiatric outpatient clinic.	Low	2	3.3	1	1.7	3	2.5	1.391	0.499
	Good	12	20.0	8	13.3	20	16.7		
	High	46	76.7	51	85.0	97	80.8		
Total level of patients' awareness about outpatient services	Low	47	78.3	1	1.7	48	40.0	73.774	<0.001*
	Good	12	20.0	50	83.3	62	51.7		
	High	1	1.7	9	15	10	8.3		

*Significant at $p \leq 0.05$

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

patient's satisfaction	Patients level of awareness about outpatient services							
	Before		After		Total		Chi-square	
	No	%	No	%	No	%	X ²	P-value
Satisfaction	46	76.7	14	23.3	60	50.0	34.133	<0.001*
Satisfaction	14	23.3	46	76.7	60	50.0		
Total	60	100.0	60	100.0	120	100.0		

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

Socio-demographic characteristics	Total satisfaction score		
	Mean±SD	t	P
Gender : Males Females	19.49±1.15 19.33±1.15	0.424	0.773
Residency: Urban Rural	19.83±0.70 18.67±1.53	3.093	0.006*
Marital status: Single Married	1.2819.00± 19.69±1.02	2.216	0.031*
Employment: Employed Unemployed	19.38±1.33 19.56±0.99	0.582	0.563

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

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

Discussion

Outpatient health care after a psychiatric hospitalization has been associated with reduced incidence of hospital readmission and could potentially reduce the risk of adverse outcomes. Transitions between inpatient and outpatient health care settings are associated with elevated risks of adverse events and, therefore, are a focus of quality improvement initiatives. Measurement of patients' satisfaction in psychiatric clinics is important because patient's satisfaction has been correlated with improved clinical outcomes and administrative measures of high-quality care for example, fewer readmissions. In addition, measurement of patients' satisfaction allows organizations to identify areas of service delivery that can be improved. Ongoing improvement of service delivery and clinical outcomes is essential if a psychiatric clinic is to become and remain competitive in the current psychiatric settings⁽²⁰⁾.

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

psychiatric outpatient's services, the present study revealed that there were significant improvements of outpatient awareness regarding follow up for psychiatric outpatient clinic and about information that the hospital giving for them after educational sessions. This may be due to the researchers communicate with the patients and gave information about follow up visit as the important of this visit to each patient according his diagnosis and treatment , also the appropriate time to visit according the schedule of the outpatient .

As regards to awareness of patient about the interaction, relation and caring in psychiatric outpatient clinic the current study indicates that there is no enhancement after education program. This may be due to the overcrowded outpatient clinic with patients and they waiting long time to get their care and lack of the time that the staff spent with the patient. **Olsen et al 2010** (21), who disagreed with this result, in their study reported that patients are given time to talk with their clinicians and also high level of appraisal are relevant to positive evaluation of the quality of the information provided. Also **Davy B et al 2009** (9), in their study disagreed with this study, they stated that the majority of positive comments was obtained with respect to the

quality of the relationships between patients and staff, and positive comment about being listened to, understood, respected, and also positive comments about giving information.

Regarding level of satisfaction with outpatient services, this study revealed low degree of patient satisfaction with outpatient's psychiatric care before implementation of the program but the level of satisfaction increased after educational session. This may be due to the developing trust relationship with the patients and researcher as researcher provide the acceptance atmosphere that characterized by respect, honesty, and security that allows patients to express their feeling and felt emotionally secure and gave them an enough time to ask questions regarding to their disease medication and appropriate time to follow up visit. What are the resources that can support the patients and their family? How to cope with their disease and side effect of medication?. In addition providing health education about services that offered to patients in outpatient clinic as follow up patient's progress, can stay with social worker to help them and provide essential medication that unknown to the patient.

These results were congruent with a study conducted by **Jabbar et al. (2011)** who evaluate "patient knowledge of and

satisfaction with a psychiatric outpatient service", the result revealed that 86% of outpatients were satisfied with the outpatient service. he explained this result by most of definitely recalled being seen by their psychiatric consultant ⁽²²⁾. On the other hand, current study was inconsistency with the study by the **Yildirim et al** ⁽²³⁾, and **Stengård et al** ⁽²⁴⁾. They found "much high level of dissatisfaction, the most common reasons being lengthy waiting times and staff attitude". In the same stream, in assessing the quality of various aspects of nursing care. **Khan et al** " found 55%, of the patients' had dissatisfaction level" ⁽²⁵⁾.

The present study illustrate that the total satisfaction score of patients had affected by patient's residence although most of them live in urban. And also the total satisfaction score of patients had affected by patient's marital status as about 50% of them were married and burned by family life. This low degree of patient satisfaction may be explained by a lot of factors; the patient can't see their consultant easily, poor communication, lack of prescribed medication, lack of knowledge about their disease and lack of psychiatric services near of patients residence. Similarly, **Davy B et al** (9) also agreed with this study as they approved that there was a weak association between the higher satisfaction

and female living with spouse, and also their study showed significantly lower satisfaction in male single, thus living conditions and family environment have a significant impact on patient's evaluation of psychiatric services. Also, there were a positively significant relation between patient's level of satisfaction and on set of disease and their duration of psychiatric disease, on the other hand, **Blenkiron and Hammill** ⁽¹³⁾ they revealed "that the duration of an individual's mental health problems was not related to their service satisfaction scores". There are some studies with contradictory results; in The survey for **Bramesfeld** ⁽¹⁴⁾ he stated "the majority of patients being mostly satisfied with the performance of health care, particularly doctor patient communication and treatment" **Prasanna K** ⁽²⁶⁾ stated in his study " 81% of the patients found good communication by the doctor, and the majority of them were satisfied about doctor explanation of the disease". Also, a cross-sectional survey by **Danish** ⁽²⁷⁾ showed "that 34% patients perceived the care as excellent, 60% good and 6% unsatisfactory. Best aspect of service was the availability of doctors in wards". In a disceptive study for **Hajifathali A et al 2008**, they stated that "the majority of patients were quite satisfied with the care received "(4). Similarly **Lally J et al 2013**

⁽²⁸⁾ , in their study that demonstrated high levels of satisfaction for patients with outpatient services delivered in a university hospital.

Conclusion

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

Recommendation

The following are the main recommendations pertaining to this study:

- Future research, to identify factors, which this study could not probe into that hinder patients satisfaction , to help in planning to improve the out patients psychiatric service
- Further studies are required to assess how satisfaction level among long period of time (longitudinal studies) with changes in the severity of mental illness.
- Further studies that assess the patient –clinicians in different psychiatric settings may give further insights into potential service improvement. Application home visit service

- Application home visit service in the psychiatric hospital and encourage nurses to do it.

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