Original Research Article

Beneficiary satisfaction with mental health care services: A cross sectional study at district mental health programme OPD of Ganjam District

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Received: 04-11-2020 / Revised: 31-12-2020 / Accepted: 21-01-2021

Abstract

Introduction: Satisfaction with health care service utilisation improves participation and adherence of beneficiaries to treatment and reduces first contact drop outs. Active participation of people with mental illness (PWMI) & their caregivers is of utmost important to achieve the objectives of DMHP and reduce the longstanding mental & neurological disorder (MND) cases. **Aim**: To describe the beneficiary satisfaction with mental health care services under DMHP Ganjam. **Materials & Methods:** Descriptive theoretical framework & cross-sectional study design. Beneficiaries were selected by probability sampling. Beneficiary satisfaction was measured by using questionnaire in a Likert scale. **Results**: Communication skills of doctor, waiting time for consultation, availability of drugs at drug distribution centre were in the 4th quartile, cleanliness of OPD and Drug distribution centre functioning were in 3rd quartile. Adequacy of information available at hospital and waiting time at registration were in 2nd quartile. The functioning of NIDAN diagnostic centre and behaviour of hospital staff other than doctor got lowest score and were in 1st quartile. **Conclusion**: The distribution score in quartiles gave a preliminary evidence on components of beneficiary satisfaction on mental health care services at DMHP OPD. **Recommendation**: Counselling on service availability at NIDAN, training on communication skill for hospital staff, steps to reduce waiting time & need assessment of beneficiaries. Participatory research to explore the beneficiary perception needs to be carried out.

Keywords: Mental Health, PWMI, MND

Introduction

Perception of patients and their care givers is an indicator quality of mental health service[1]. People with mental illness and their caregivers are the customers or the beneficiaries of mental health care service. The patient satisfaction and mental health care services are closely related with each other[2-4]. Sociodemographic characters, therapeutic alliance, pattern of intervention, influence the beneficiary satisfaction, their participation and adherence to treatment. Some of the attributes of satisfaction are Interpersonal factors, efficacy, communication skill, technical competency and adequacy of facilities at mental health service delivery points[5,6].

Background

National Mental Health Programme (NMHP) was launched in 1982 & in 1996 the District Mental Health Programme (DMHP) was introduced[7].The OPD of DMHP unit has been functioning at the mental health department of district head quarter hospital (City Hospital), Berhampur. This is the central functional unit of DMHP Ganjam, rendering all range of promotive, preventive & curative mental health services. As part of monitoring, periodic assessment had been done by external and internal agencies. Govt. of Odisha has an assessment system called 5T system under which the performance of government officials and projects are being judged by five factors viz: team work, technology, transparency, transformation and time

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had been done by external and internal agencies. Govt. of Odisha has an assessment system called 5T system under which the performance of government officials and projects are being judged by five factors viz: team work, technology, transparency, transformation and time limit[8]. This 5T charter incorporates the opinions of beneficiaries in a quantitative way to evaluate the health system

Rationale

Active participation of people with mental illness (PWMI) & their caregivers is of utmost important to achieve the objectives of DMHP and reduce the longstanding mental & neurological disorder (MND) cases in Ganjam District. To develop a future road map for DMHP Ganjam, based on 12th Five Year Plan, it was essential generate evidence on beneficiary satisfaction. Hence this study was planned to answer the following research question- "What was the level of beneficiary satisfaction on the mental health care services under DMHP, Ganjam?".

Theoretical framework & paradigm

This study was conducted in a descriptive theoretical framework using positivist paradigm with the following aim & objectives: **Aim**: To describe the beneficiary satisfaction with mental health care services under DMHP Ganjam.

Objectives

1. To determine the level of beneficiary satisfaction on mental health care services.
2. To explore the sociodemographic profile of beneficiaries attending the DMHP OPD.

Materials & Methods

This was a descriptive cross-sectional study and was conducted from 1st October 2017 to 31st October 2019 in in the Mental Health department OPD, District Headquarter Hospital, Berhampur,

Ganjam. This study was a component of a research titled '' Assessment of the District Mental Health Programme in Ganjam District", in which samples were taken to estimate the stigma score of beneficiaries.

Sampling

Study Population were beneficiaries of DMHP Ganjam, Odisha**.** Sample size was calculated by using the formula = $(Z\alpha!)2\ \sigma^2$ /e

Z(Standard normal distribution with 95% CI)=1.96

s(SD) = 0.52 on social restrictiveness[9].

The standard deviation (SD) of difference of scores on "Social restrictiveness" subscale of CAMI scale from Gilgel Gibe Field Research Center (GGFRC) in Southwest Ethiopia[10], was used as reference value after review of literature. It was decided to take allowable absolute error(e) of 10%. Taking all the values in sample size(N) calculation initial sample was calculated as 104.Considering, non-response as 15% from the pretesting stage , the final sample size was calculated to be 120.

Inclusion criteria

1st Choice: All the adult cases (>18 years) of Mental & Neurological disorder capable of giving valid consent were first choice beneficiaries.

2nd Choice: When the patient was not capable giving consent & information due to mental illness, the accompanying care giver was the second-choice beneficiary.

Probability sampling method was used to select study participants.

Data collection instrument

A structured questionnaire cum schedule was developed 1st in English language with reference to the 5T charters of assessment. Then it was translated to Odia language and validated by psychiatry, public health & language experts. The outcome variable of interest in this study was beneficiary satisfaction. The attributes of beneficiary satisfaction were 1) adequacy of information available at hospital 2) waiting time at registration 3) behaviour of hospital staff other than doctor 4) communication skill of doctor 5) cleanliness of OPD & lavatory 6) waiting time to consult doctor 7) service availability at NIDAN & Radiology Department 8) Functioning of drug distribution centre (DDC/ Niramaya)[11] 9) availability of drugs at DDC. The attributes were measured using Likert scale. Socio-economic status was measured as per modified Kupuswami scale[12].

Ethical & administrative clearance

Ethical clearance was taken from institutional ethical committee & administrative clearance was taken from CDMPHO Ganjam. Pre-testing of data collection instrument was done at DMHP OPD of Ganjam& necessary modifications were made.

Data Collection

The detailed list of all cases registered were obtained from DMHP data base. For any given day of data collection, it was decided to take 30% of mean of day wise OPD attendance of previous week by using systematic random sampling method. The sampling was done in repeated cycles till achieving day wise target. After getting selected the mental health card of the patient was reviewed for his/her clinical condition. The expert opinion of treating psychiatrist was taken to decide on the ability of patient for giving a valid consent. When the patient was not eligible for interview, the accompanying care giver were selected as the beneficiary. If more than one accompanying care givers were there; one of them were selected by random numbers generated by python programming language[13]. Study participants were informed about the data collection procedures and consent were taken. The data was collected by conducting structured interviews by the investigator who was neither part of DMHP unit nor involved in treatment. Out of all the interviews conducted by an investigator, 10% of data were checked as part of quality control. This iterative data collection process was continued till the desired sample size of 120 beneficiaries were interviewed.

Data Analysis

Exploratory Data analysis using descriptive analytic tools was done in the SPSS version-17 & Microsoft excel, Anaconda navigator using Python programming language. In this study it had been decided a priori to assign scores viz; for "Low": 0, for "Neutral" :1, for "Average" : 2, for "Good":3, for "Very good" : 4, for "Excellent" : 5 marks to each attribute describing the beneficiary satisfaction. The marks from all the interviews were added to get the final score of each attribute. Beneficiary satisfaction score on the functionality of hospital was divided in to quartiles and the attributes/items are categorized according to their score. Galton skewness value was used to test for normal distribution.

Results

The mean age of respondents was 41 having male 61% & female 39%. Majority of respondents were from upper lower socioeconomic status i.e., 26% followed by 24% from upper middle and 21% each from lower middle & lower socioeconomic group. Upper-socio economic status constituted lowest fraction (8%) the sample. Parents (29%) followed by spouses (23.7%) were most common relationship with the patients. Beneficiaries who were capable of answering the questionnaire schedule constituted 18.4% of respondents. Parents accompanied patients in 29% of cases followed by spouses (23.7%). Rural area contributed 66% of respondents. Most of the respondents were married, i.e., 63% followed by unmarried 26%, separated/ divorced /widowed were 11% of study population.

Table 1: Sociodemographic variable of study participants

Sociodemographic variable	Proportion (%)	
Age group in years		
18 - 25	•	10.5
25 - 35	•	21.1
35-45	•	26.3
>45	•	42.1
Gender		
Male	•	61
Female	•	39
Residential area		
Rural	•	66
Urban	•	34
Marital status of respondents in percentages		
Married	•	63
Unmarried	•	26
Separated/Divorced/Widowed	•	11
Relationship of respondent		
Parents	•	28.9
Spouse	•	23.7

Patient himself/herself	•	18.4
Sibling	•	15.8
Neighbours	•	7.9
Children	•	5.3

The maximum and minimum scores of beneficiary satisfaction were 420 & 300 with mean value 370 and SD: 42.85. The median score was 372 and 333,408 were 25 and 75 percentile respectively. The beneficiary satisfaction score was found to be normally distributed with Galton skewness value -0.04.

"Communication skills of doctor", "Waiting time for consultation", "Availability of drugs at drug distribution centre" were in the 4thquartile, "Cleanliness of OPD & lavatory", "Functioning Drug distribution centre" were in 3rd quartile. "Adequacy of information available at hospital' and "Waiting time at registration" were in 2nd quartile. The "Functioning of NIDAN diagnostic centre" and "Behaviour of hospital staff other than doctor" got lowest score and were in 1st quartile.

Table 2:Quartiles of beneficiary satisfaction score with distribution of attributes

Group Name	Patient Satisfaction score
Q1 Functioning of NIDAN & Radiology Department Behaviour of hospital staff other than doctor	<333
Q2 Adequacy of information Waiting time at registration	3333 to <372
Q3 Cleanliness of OPD & lavatory Functioning of Drug Distribution Centre	3372 to <408
Q4 Communication skill of Doctor Availability of drugs at DDC Waiting time for consultation with Doctor	3408

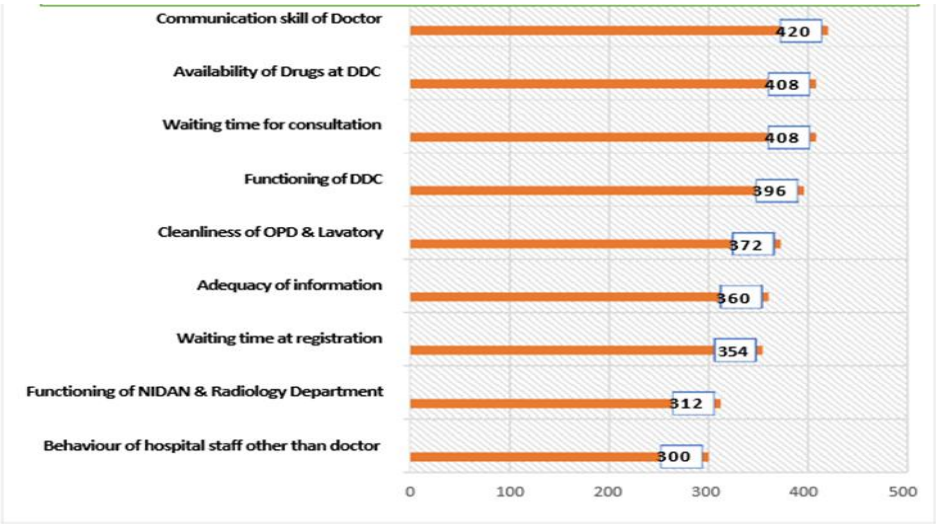

Fig 1:Final score of the attributes describing beneficiary situation

Discussion

The sampled study population was mostly of middle age group, (42.1%) with higher number of percentages of male (61%). They were mostly from rural area (66%) and upper lower socioeconomic group (26%).Majority of respondents were married(63%).The sample composition was similar to the Indian Council of Market Research study (78.2% were males were female and 53.8% were married) [14]. The most age group in ICMR study was younger where 49.7% were between 25 to 45.The marketing mix studies, found significant association with promotion & communication component with patient satisfaction [15,16]. In this study scores reflected that communication skills of the treating psychiatrist and the constant availability of drugs at drug distribution centre (DDC) of DMHP, were in the upper quartile of the beneficiary satisfaction score. A study on patient satisfaction with mental health services based on Andersen's Behavioral Model found continuity of care is an enabling factor positively associated with patient satisfaction[17]. In our study the continuous availability of drugs and its timely functionality were in 4th& 3rd quartile respectively.A study conducted at mental health service OPD of public hospitals of Mekelle town in northern Ethiopia found that waiting time is a predictor of patient satisfaction[18].A population follow up study in a tertiary care hospital of Sydney Australia found out that patient assigned longer waiting time at emergency OPD are more likely walk out of hospital[19]. In or study "waiting time at registration" got lesser score i.e., in 2nd quartile while "waiting time for consultation" got higher score i.e., in 4th quartile.Evidences from different studies have found that Laboratory services were important component of beneficiary satisfaction study conducted at the public health sector of Khyber Pakhtunkhwa (abbreviated by KPK) found that laboratory and diagnostic services had positive and significant effect on patient satisfaction with health care service.In this study, beneficiaries were

less satisfied with functioning of NIDAN diagnostic centre. Physician's behaviour was a moderator on patient satisfaction with health care service[26]. The study conducted in DMHP OPD found that "communication skill of doctor" was in 4th quartile whereas "behaviour of other hospital staffs other than doctor" was in 1st quartile. Similar finding were also seen in the study conducted at MHI of SCB Medical College Cuttack[20-23] where greatest level of satisfaction was noted in interpersonal aspects (71.4%) and time spent with doctors (62.4%).

Conclusion

As per Donabedian's quality measurement model, patient satisfaction is part of outcome measure and the component ultimate validators of effective ness of health care. This descriptive cross-sectional study was designed to measure the outcome of mental health care service in a quantitative way. The beneficiary satisfaction on mental health service were described by its attributes in a Likert scale. The distribution score in quartiles gave a preliminary evidence on the distribution of those attributes in the study population.

Recommendation

1. Counselling of patient regarding the availability of services at NIDAN diagnostic centre& Radiology department.
2. Interpersonal communication skill training of all hospital staffs
3. Efforts to reduce the waiting time at registration counter to be taken.
4. Qualitative research methods using participatory learning appraisal tools will help in exploring need of beneficiaries needs to be carried out.

Limitation of this study

Evidence generated through this study could not capture the qualitative aspect beneficiary satisfaction about mental health services. The co influence of other patients coming to other departments of DHH, could not be analysed. The design of study was descriptive one, hence it could not generate evidence on association of sociodemographic and clinical factors with the attributes of beneficiary satisfaction.

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Conflict of Interest: Nil
Source of support:Nil