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Original Research Article

# A STUDY ON PATIENT SATISFACTION WITH PSYCHIATRIC SERVICES AND ITS CO-RELATION WITH LIFE EVENTS

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## ABSTRACT

**Background:** Patient satisfaction is an important measure of the quality of psychiatric care, reflecting both technical competence and interpersonal aspects of treatment. Evaluating satisfaction helps identify areas that need improvement to enhance patient-centered mental-health services. The aim and objective is to assess the level of satisfaction among psychiatric outpatients and to examine its association with stressful life events. **Materials and Methods:** This cross-sectional observational study was conducted during June to November 2024 at the Department of Psychiatry, Mahaveer Institute of Medical Sciences and Research, Bhopal (Madhya Pradesh). One hundred outpatients diagnosed with major psychiatric disorders as per DSM-5 criteria were included. Data were collected using a socio-demographic proforma, the Patient Satisfaction Questionnaire–18 (PSQ-18), and the Presumptive Stressful Life Events (PSLE) scale. Statistical analysis was performed using t-test, Mann–Whitney U test, Chi-square test, and Spearman's correlation, with $p < 0.05$ considered significant. **Result:** The mean composite satisfaction score was 49.29 ± 5.20, with the highest ratings observed for time spent with doctor (58.5 %) and interpersonal aspects (55.1 %). Satisfaction varied significantly across diagnostic groups ($p = 0.002$), with major depressive disorder patients showing the highest satisfaction and schizophrenia patients the lowest. Lifetime stressful life events were higher among females and separated/divorced/widowed individuals, but total stress scores did not show a significant correlation with overall satisfaction. **Conclusion:** Patient satisfaction in psychiatry is primarily influenced by communication, empathy, and quality of clinician interaction rather than demographic characteristics. Strengthening therapeutic communication and psychosocial support can substantially improve satisfaction and overall quality of psychiatric services.

## INTRODUCTION

Patient satisfaction is widely recognized as a key indicator of healthcare quality and an important outcome variable in psychiatric care. It reflects the effectiveness of communication, empathy, and service delivery while offering insights into areas that require improvement. Studies have shown that global satisfaction depends on a range of factors beyond clinical care, including demographic variables, diagnosis, treatment type, and illness chronicity.[1–6] Sociodemographic characteristics such as age, education, marital status, and social background have been associated with varying satisfaction levels, while institutional factors like hospital size and accessibility also influence outcomes.[7,8] In psychiatric practice, satisfaction is often linked to effective communication, goal achievement, and a positive therapeutic relationship. Conversely, dissatisfaction arises when patients feel inadequately informed or excluded from treatment decisions.[9,10] Longer therapy duration and better functional outcomes are also associated with greater satisfaction.[10]

International studies have reported mixed results. Research from Finland and Japan found that patients were largely satisfied with interpersonal interactions but less content with information sharing and ward environments.[11,12] Patients with schizophrenia and mood disorders tended to rate their care more positively than those with personality disorders, and a positive correlation was observed between life satisfaction and service satisfaction.[13] In contrast, chronic or psychotic patients often expressed lower satisfaction due to limited insight and prolonged service contact.[15,16] These findings suggest that


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interpersonal rapport and perceived empathy are stronger predictors of satisfaction than clinical variables alone.[14,17,18]

The concept of stress is also relevant when evaluating satisfaction. Stressful life events can precipitate psychiatric illness or worsen existing symptoms, thereby shaping patients' perceptions of treatment. Stress, first described by Selye as the body's response to physical or psychological strain, is influenced by individual coping and resilience mechanisms.[19–21] Life events such as bereavement, separation, or unemployment demand emotional adjustment and may affect how patients evaluate their treatment experience.[22–25]

Despite increasing awareness of patient-centered care, there is limited Indian data exploring how satisfaction with psychiatric services relates to stressful life experiences. Understanding this association may guide improvements in service design and communication strategies. The present study was therefore conducted to assess the level of satisfaction among psychiatric outpatients and to determine its correlation with stressful life events.

## MATERIALS AND METHODS

**Study Design and Setting:** This cross-sectional observational study was conducted in the Department of Psychiatry, Mahaveer Institute of Medical Sciences and Research, Bhopal (Madhya Pradesh) during the year 2024. The study was carried out over a six-month period, from June to November 2024. Ethical clearance was obtained from the Institutional Ethics Committee of Mahaveer Institute of Medical Sciences and Research, and written informed consent was obtained from all participants prior to inclusion.

**Participants:** A total of 100 patients diagnosed with major psychiatric disorders as per the DSM-5 criteria were included. Each participant underwent a detailed clinical evaluation, including history taking and mental status examination.

**Inclusion and Exclusion Criteria**

Patients who fulfilled the DSM-5 diagnostic criteria for any major psychiatric disorder, had been receiving outpatient treatment for at least one month, and were able and willing to provide written informed consent were included in the study. In cases involving minors or severely disturbed patients, consent was obtained from their caregivers. Patients with psychiatric disorders secondary to a general medical condition, those who were unwilling to provide consent, and individuals unable to comprehend Hindi, or English were excluded from participation.

**Sampling Technique:** Patients attending the outpatient department during the study period were selected using systematic random sampling (every third eligible patient). A pilot study was initially conducted on 20 patients to test the feasibility of the assessment tools and procedure; since no major issues were identified, these patients were retained in the final sample.

**Data Collection Tools:** Three instruments were used for data collection in this study. A structured socio-demographic and clinical proforma was employed to record details such as age, gender, education, occupation, marital status, socioeconomic status, family type, and domicile, along with clinical parameters including duration of illness and relevant psychiatric or family history. The Patient Satisfaction Questionnaire–18 (PSQ-18), developed by Marshall et al. (1994) was used to assess the level of satisfaction among patients. It is a concise 18-item version of the PSQ-III that evaluates seven domains—general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctor, and accessibility or convenience. Each item is rated on a 5-point Likert scale, where higher scores indicate greater satisfaction. The PSQ-18 has demonstrated high reliability and validity in assessing patient satisfaction across healthcare settings. The third tool, the Presumptive Stressful Life Events (PSLE) Scale, developed by Gurmeet Singh et al. (1981),[26] was utilized to measure exposure to 51 life events relevant to Indian populations. These events are categorized as desirable, undesirable, or ambiguous. Participants indicated which events had occurred during the previous year and rated the associated stress on a 4-point scale. The total score obtained reflects the cumulative level of stress exposure. The PSLE scale is simple to administer and has been widely used in psychiatric research for its applicability and cultural relevance.

**Procedure:** Eligible participants were interviewed individually in a private setting. Diagnoses were confirmed by a consultant psychiatrist. The PSQ-18 and PSLE scales were administered in the language best understood by the participant. For those with limited literacy, items were read aloud, and responses were recorded under supervision to ensure comprehension.

**Statistical Analysis:** Data were entered in Microsoft Excel and analyzed using SPSS version 25.0 (IBM Corp., USA). Continuous variables were summarized as mean ± standard deviation, while categorical variables were presented as frequencies and percentages. Comparisons between groups were made using the t-test or Mann–Whitney U test for continuous data and the Chi-square test for categorical variables. Correlations were examined using Spearman's rank correlation coefficient. A p-value $< 0.05$ was considered statistically significant.

## RESULTS

A total of 100 patients fulfilling DSM-5 criteria for major psychiatric disorders were included in the study. The mean age group most represented was 35–60 years (60%), followed by 18–34 years (33%) and >60 years (7%). Males constituted 58% of the


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participants, while females comprised 42%. The majority had <10 years of education (68%), were employed (77%), married (61%), and belonged to nuclear families (70%). Most patients hailed from urban areas (72%). The demographic profile reflects a predominance of middle-aged, working, married individuals from urban nuclear households.

**Table 1: Baseline Socio-demographic Characteristics (n = 100)**

| Parameter | Category | Number (%) |
|---|---|---|
| Age group (years) | 18–34 | 33 (33%) |
| | 35–60 | 60 (60%) |
| | >60 | 7 (7%) |
| Gender | Male | 58 (58%) |
| | Female | 42 (42%) |
| Education | <10 years | 68 (68%) |
| | >10 years | 32 (32%) |
| Employment | Employed | 77 (77%) |
| | Unemployed | 23 (23%) |
| Marital status | Married | 61 (61%) |
| | Unmarried | 27 (27%) |
| | Separated/Divorced/Widowed | 12 (12%) |
| Family type | Nuclear | 70 (70%) |
| | Joint | 30 (30%) |
| Area of domicile | Urban | 72 (72%) |
| | Rural | 28 (28%) |

**Diagnostic Distribution:** The most common diagnosis among the study participants was schizophrenia (28%), followed by major depressive disorder (25%), anxiety disorders (18%), alcohol use disorder (16%), and bipolar affective disorder (13%). This distribution highlights the predominance of psychotic and mood disorders among patients attending the outpatient department.

**Table 2: Diagnostic Category Distribution (n = 100)**

| Diagnostic Category | Number (%) |
|---|---|
| Schizophrenia | 28 (28%) |
| Major depressive disorder (MDD) | 25 (25%) |
| Bipolar affective disorder (BPAD) | 13 (13%) |
| Anxiety disorder | 18 (18%) |
| Alcohol use disorder (AUD) | 16 (16%) |

**Patient Satisfaction Scores:** The mean Patient Satisfaction Questionnaire (PSQ-18) composite score was 49.29 ± 5.20, with highest subscale scores observed in technical quality (10.99 ± 1.60) and accessibility/convenience (10.77 ± 1.66), indicating overall positive perception of care. The lowest mean satisfaction was noted in financial aspects (5.36 ± 1.05).

**Table 3: Patient Satisfaction (PSQ-18) Summary**

| PSQ-18 Subscale | Mean ± SD | Median (IQR) | Range |
|---|---|---|---|
| General satisfaction (GS) | 5.41 ± 1.31 | 6.00 (5.00–6.00) | 2.0–8.0 |
| Technical quality (TQ) | 10.99 ± 1.60 | 11.00 (10.00–12.00) | 8.0–16.0 |
| Interpersonal manner (IPM) | 5.51 ± 1.37 | 6.00 (5.00–6.00) | 2.0–8.0 |
| Communication (COM) | 5.41 ± 1.24 | 6.00 (5.00–6.00) | 2.0–8.0 |
| Financial aspects (FIN) | 5.36 ± 1.05 | 5.00 (5.00–6.00) | 2.0–9.0 |
| Time with doctor (TwD) | 5.85 ± 1.51 | 6.00 (5.00–6.25) | 2.0–10.0 |
| Accessibility/convenience (AC) | 10.77 ± 1.66 | 11.00 (10.00–12.00) | 7.0–15.0 |
| Composite score (CS) | 49.29 ± 5.20 | 50.00 (45.75–52.00) | 38.0–70.0 |

**Stressful Life Events (PSLE) Findings:** The Presumptive Stressful Life Events (PSLE) scale showed a mean of 8.82 ± 3.36 lifetime events, 4.13 ± 2.97 events in the last year, and a total of 12.95 ± 5.04 events. Patients with mood disorders had higher stress scores than those with psychotic or anxiety disorders. Females and separated/divorced individuals reported higher lifetime and total PSLE scores.

**Table 4: Stressful Life Events (PSLE) Summary**

| Parameter | Mean ± SD | Median (IQR) | Range |
|---|---|---|---|
| Lifetime events | 8.82 ± 3.36 | 8.00 (6.00–11.00) | 3–17 |
| Last year events | 4.13 ± 2.97 | 3.00 (2.00–5.00) | 1–18 |
| Total events | 12.95 ± 5.04 | 12.50 (9.00–16.00) | 5–33 |

**Correlation and Significant Associations:** Age was significantly associated with employment (p = 0.001) and marital status (p = 0.004). Gender correlated with family type (p = 0.042) and diagnostic category (p <


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0.001). Female patients had higher general satisfaction ($p = 0.047$) and reported more lifetime stressful events ($p = 0.046$). Employed patients showed significantly higher interpersonal manner scores ($p = 0.022$).

Marital status significantly influenced satisfaction, with married individuals reporting better technical quality ($p = 0.035$) and lower stress compared to separated or divorced participants ($p = 0.002$ for lifetime, $p = 0.009$ for total PSLE).

Across diagnostic groups, satisfaction differed significantly in general satisfaction ($p = 0.047$), communication ($p = 0.015$), and composite scores ($p = 0.002$). MDD and anxiety disorder groups recorded the highest mean satisfaction levels, whereas AUD showed greater stress during the past year ($p = 0.032$).

Correlational analysis showed that patient satisfaction (PSQ-18) domains were positively interrelated. The composite score correlated strongly with technical quality ($\rho = 0.65$, $p < 0.001$), communication ($\rho = 0.66$, $p < 0.001$), and accessibility ($\rho = 0.60$, $p < 0.001$). Stress scores (PSLE) correlated significantly with communication satisfaction ($\rho = 0.23$, $p = 0.022$) and total life events ($\rho = 0.85$, $p < 0.001$), suggesting that increased stress exposure moderately influenced patient satisfaction.

Overall, the results indicate that most patients were satisfied with psychiatric care services. Satisfaction levels were higher among older, employed, married individuals with good interpersonal interactions and communication with clinicians. Stressful life events influenced overall satisfaction modestly but significantly, with higher stress correlating with lower satisfaction in a few domains.

## DISCUSSION

The present study evaluated patient satisfaction among individuals receiving psychiatric outpatient services and examined its relationship with stressful life events. Overall, participants reported good satisfaction levels, with the highest ratings observed in the domains of time spent with doctor and interpersonal manner. These findings highlight the crucial role of communication, empathy, and clinician accessibility in shaping patient experience.

In our study, satisfaction did not vary significantly across most socio-demographic factors such as age, gender, education, occupation, or place of residence. This observation is consistent with Holikatti et al,[27] who also found that demographic variables had minimal influence on satisfaction. Instead, the interpersonal quality of care—such as attentiveness and communication—appears to determine how patients perceive their treatment. Barker et al,[28] similarly reported that patients value doctors' personal attributes more than professional expertise, a pattern also reflected in our results.

Although the overall composite satisfaction score was similar across groups, specific domains differed. Female participants showed higher general satisfaction, employed individuals scored better in interpersonal aspects, and married patients reported higher technical-quality ratings. These patterns may indicate that social stability and active engagement in life roles contribute positively to perceptions of care quality.

When analyzed across diagnostic categories, significant variation was noted. Patients with major depressive disorder demonstrated the highest satisfaction, followed by those with anxiety and alcohol-use disorders, whereas schizophrenia patients reported the lowest. This aligns with the findings of Holikatti et al,[27] and Gigantesco et al,[29] who observed that psychotic and long-term service users often experience lower satisfaction. The difference may be attributed to reduced insight, persistent symptoms, or communication difficulties commonly seen in chronic psychosis. Conversely, mood-disorder patients, who often show greater symptom fluctuation and self-awareness, may perceive therapeutic relationships more positively.

Our inter-domain correlation analysis revealed strong positive associations among all PSQ-18 subscales and the composite score, reaffirming that satisfaction is a multidimensional construct. Among these, technical quality, communication, and accessibility showed the strongest correlations, indicating that perceived competence and ease of contact play central roles in determining satisfaction.

The study also explored the relationship between stressful life events and satisfaction. Lifetime and total stress scores were significantly higher among females and separated or divorced individuals, suggesting greater psychosocial vulnerability within these groups. Patients with anxiety and mood disorders reported more stressful events compared to those with schizophrenia, consistent with earlier research showing that affective and anxiety disorders are more closely linked to cumulative stress exposure. However, the overall correlation between total stress scores and satisfaction was not statistically significant. This suggests that while stressful experiences are common in psychiatric populations, they do not necessarily predict lower satisfaction with care. Interestingly, communication satisfaction correlated positively with lifetime stress, implying that individuals facing greater stress may value empathetic and supportive clinician interaction more strongly.

Together, these findings emphasize that patient satisfaction is not solely determined by demographic or diagnostic factors. Instead, it depends largely on the quality of the therapeutic relationship, the clinician's listening and communication skills, and the patient's sense of being understood. These interpersonal dimensions often outweigh structural or procedural aspects of service delivery in influencing patient perceptions.

The present study has certain limitations. As a cross-sectional design, it provides only a snapshot of satisfaction and stress correlation, without establishing causality. The sample was drawn from a


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single tertiary-care outpatient department, which may limit generalizability to inpatient or community settings. Moreover, subgroup sizes were relatively small, reducing the power to detect subtle diagnostic differences.

## CONCLUSION

The present study conducted at a tertiary care psychiatric outpatient department in Bhopal revealed that patient satisfaction varied significantly across diagnostic categories. Patients with major depressive disorder reported the highest levels of satisfaction, while those with schizophrenia were the least satisfied with the services received. Variations in satisfaction were also noted across different demographic and clinical variables, reflecting the multifactorial nature of patient perception and experience. These findings indicate that patient satisfaction in psychiatry is a complex construct influenced by clinical condition, interpersonal communication, and contextual factors rather than demographics alone. A deeper understanding of these determinants can help optimize service delivery, strengthen doctor–patient relationships, and enhance overall quality of psychiatric care. Further multicentric and longitudinal studies are recommended to explore these associations and guide evidence-based improvements in mental health services.

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