

Service user satisfaction with mental health and psychiatric care services at Federal Neuro-Psychiatric Hospital Calabar, Cross River State, Nigeria

Agba, Mathias, RN, M.Sc, Department of Nursing Science, University of Calabar, Nigeria
Ibiye, Horsfall George, RN, M.Sc Department of Psychiatric, University of Port Harcourt
Teaching Hospital, River State Nigeria

Ingwu, Justin Agorye, RN, PhD Nursing, Department of Nursing Sciences, Faculty of
Health Sciences and Technology, University of Nigeria, Enugu Campus, Nigeria
Patricia Okpala - Department of Nursing Sciences, Evangel University, Ebonyi State

Corresponding author:Ingwu, Justin Agorye, justin.ingwu@unn.edu.ng, +2348063601540,
Department of Nursing Sciences, Faculty of Health Sciences and Technology, University of
Nigeria, Enugu Campus, Nigeria

Abstract

Over the past decades, research has emerged in the health care field to demonstrate that patient satisfaction is an important asset for hospital quality improvement. Patient's satisfaction and experiences are increasingly used as indicators of quality in health care. This study aimed at assessing service use satisfaction with psychiatric and mental health care services at Federal Neuropsychiatric Hospital Calabar, Cross River State, Nigeria. The specific objectives were to determine service users' satisfaction with psychological care, physical care, social care and satisfaction with the therapeutic and physical environment care. The study was a descriptive cross sectional survey and instrument for the data collection was adapted Newcastle satisfaction with Nursing scales (NSNS) questionnaire. Two hundred and seventy one respondents were used for the study. Data was analyzed using a statistical software package for Social Science (SPSS) version 20.0, the mean, standard deviation and one way ANOVA was used to established relationship between demographic variables and services users' satisfaction with psychological, physical and social care. Findings revealed that the means and standard deviation of psychological care was ($X = 3.83$, $SD = 0.77$). Mean and standard deviation on service users' satisfaction with physical care was ($X = 3.52$, $SD = 0.93$); social care was ($X = 3.96$, $SD = 0.74$); while the mean and standard deviation on service users' satisfaction with therapeutic and physical environment was ($X = 4.00$, $SD = 0.82$). It was recommended that seminar and training of nurses on spiritual care should be organized by the continuing educational unit of the hospital to update their knowledge on areas not satisfied by patients.

Keywords: Sservice user satisfaction, Mental health care services, Federal Neuro-Psychiatric Hospital.

Introduction

Quality health care in today's contemporary society is a global issue. The health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of its patient population. Hospitals are shifting from viewing patients as uneducated and with little health care choice, to recognizing that the educated consumer has many service demands and health care choices available. Respect for patient's needs and wishes, is central to any humane health care system (Qadri, Pathak, Singh, Ahluwalia, Saini, & Garg, 2012). Quality of health services was traditionally based on professional practice standards, however over the last decade; patient's perception about healthcare has been predominantly accepted as an important indicator for measuring quality of health care and a critical component of performance improvement and clinical effectiveness (Woodring, Polomano, Haagen, Haack, Nunn and Miller, 2008).

Patients' satisfaction and experiences are increasingly used as indicators of quality in health care. Over the past decade, research has emerged in the health care field to demonstrate that patient satisfaction is an important strategic asset for hospital quality improvement (Maruthu, 2012). Patients' satisfaction is the degree of congruence between a patient's expectations of ideal care and his /her perception of the real care receives (Qadri et al, 2012). It is the reactions of health care recipients to salient aspects of the context, process and result of their service experience (Maruthu, 2012). According to Webster, Gallaher, Lopez, Brown, and Evans (2012), patients; satisfaction represents patients' attitudes to care or aspects of care.

Patients' satisfaction as a multidimensional parameter represents a vital key marker for the quality of health care delivery and this is an internationally accepted factor which needs to be studied repeatedly for smooth functioning of the health care systems. It has been an important issue for health care managers. The client here does not technically assess their own health status after receiving care but the degree of satisfaction with the services delivered (Ahmad, 2010). Satisfaction with the health care services is of growing interest to assess the quality of the active participation of the user. Quality improvement is the process used to enhance the delivery of health care services provided to health care customers in order to best meet their needs and expectations (Maruthu, 2012). Qadri, et al, (2012) asserted that various dimensions of patient satisfaction have been identified, ranging from admission to discharge services, as well as from medical care to interpersonal communication. Well recognized criteria include responsiveness, communication, attitude, clinical skill, comforting skill, amenities, food services, etc. It has also been reported that the interpersonal and technical skills of health care provider are two unique dimensions involved in patient assessment of hospital care.

Mental health and mental illness are growing concerns worldwide, yet remain poorly understood concepts. Mental health and mental illness are two distinct dimensions that are seen as related and being part of a continuum across the lifespan (Westerhof & Keyes, 2009). World Health Organization (WHO) (2014) defined mental health as "a state of well-being in

which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". On the other hand mental illness refers to diagnosable mental health disorders and is defined as "a biological condition of the brain that causes alterations in thinking, mood or behaviour (or some combination thereof) associated with significant distress and impaired functioning" (Public Health Agency of Canada (PHAC), 2006).

Since the 1980s, interest in the measurement of patients' satisfaction with their healthcare experiences has increased, following reports that high patient satisfaction is associated with better health outcomes. Higher patient satisfaction is associated with improved guideline adherence and lower inpatient mortality rates, suggesting that patients are good discriminators of the type of care they receive (Glickman, Boulding, Manary, Staelin, Roe, Wolosin et al, 2009). Thus, patients' satisfaction with their care provides important incremental information on the quality of care in acute mental health care (Glickman, et al, 2009).

The role of Psychiatric nurses, Psychiatrist, Psychologist and Social workers in providing mental health and psychiatric care services is very important in preventing, promoting and elevating suffering or help patient/client cope with disabilities through rendering quality care. Mental health and psychiatric care services rendered by nurses, doctors and other health care team can be a tool for measuring quality care and satisfaction with care. Mental health and psychiatric care service aims to address the health needs of a whole population. It is based on the tenet that health and illness are the result of a complex interplay between biological, psychological, social, environmental, economic and political factors. The goal of mental health and psychiatric care service is to achieve the best possible health status for the individual and promote the mental health of entire population by fostering conditions that enable and support people in making healthy choices and by providing the needed services that promote and maintain optimum health. Mental health and psychiatric services include a wide range of activities such as emotional support, respect for patient preferences, health professional relationship with patients in day-to-day therapeutic care, admission procedure, information provided, psycho education, physical care and assistance given; mental state assessment, medication administration, patients concern about management, others include maintaining ward environment and discharge procedures including assisting the patient to integrate with family and society. It is therefore the interest of the researcher to assess service users' satisfaction with mental health and psychiatric care service rendered by Psychiatric nurses at Federal Neuro-Psychiatric Hospital Calabar, Cross River State, Nigeria.

Purpose of Study

The purpose of this study was to ascertain service user satisfaction with mental health and psychiatric care services at Federal Neuro-Psychiatric Hospital Calabar, Cross River State, Nigeria. The specific objectives of the study are to assess service users' satisfaction with psychological care, determine service users' satisfaction with physical care, ascertain service users' satisfaction with social care and explore service users' satisfaction with the therapeutic

and physical environment at Federal Neuro-Psychiatric Hospital Calabar, Cross River State, Nigeria

Materials and Methods

Research Design

The research design in this study is cross sectional descriptive design.

Area of study

The setting for the study was Federal Neuropsychiatric Hospital, Calabar, Nigeria. The Federal Neuro-Psychiatric Hospital, Calabar is a tertiary health care institution situated along Calabar road, in Calabar South Local Government Area. The Hospital provides both out and in-patients services and is made up of different departments including clinical services, Nursing department, Laboratory, Pharmacy, Medical Records, Electro-Convulsive Therapy, Occupational Therapy, Library, Research and Training Unit, Administrative, etc. The hospital serves as a referral centre to states in south south and south east geopolitical zones in Nigeria.

Population and Sample

The population of the study consisted of all in-patients diagnosed with various mental disorders that are receiving nursing care in acute wards and outpatient clinic at the Federal Neuropsychiatric Hospital Calabar. The total population is six hundred and eighty four (684) clients. The sample of the study is 271. The sample size was determined using power analysis formula:

$$\text{Sample} = n = \frac{z^2 pq}{d^2} \text{ (Ejiomaot, 2010)}$$

Ethical Considerations

An approval was obtained from the Health Research and Ethical Committee of Federal Neuropsychiatric Hospital, Calabar. Also, verbal and written consent was obtained from the respondents' after due explanation and assurance that information provided was strictly for research purposes and as such would be handled with utmost confidentiality.

Method of Data Collection

The instrument used for the data collection was the adapted Newcastle Satisfaction with Nursing Scales (NSNS) Questionnaire originally developed by Ware, Snyder, and Wright (1976). The researcher recruited and trained two research assistants who assisted in administration of the questionnaire. Data was collected on a one-on-one basis from respondents for a period of one month.

Methods of Data Analysis

The data collected were collated and analyzed using a statistical package for Social Sciences (SPSS) 20.0 software. Descriptive statistics such as mean and standard deviation was used to analyze demographic data, while Analysis of Variance (ANOVA) was used to determine association among demographic variables (age, gender, educational level) and psychological, physical and social care.

Results**Table 1: Distributions of demographic variables N=271**

Demographics	Categories	N	%
Age	15-30	126	46.5
	31-46	121	44.6
	47-62	22	8.1
	63 above	2	.7
Gender	Male	144	53.1
	Female	127	46.9
Marital status	Never married	172	63.5
	Married	71	26.2
	Separated	12	4.4
	Widow	9	3.3
	Cohabiting	7	2.6
Religion	Christianity	246	90.8
	Islam	17	6.3
	Traditional	4	1.5
	Others	4	1.5
Care duration (years)	0-5	187	69.0
	6-11	60	22.1
	12-17	18	6.6
	18-23	3	1.1
	24 above	3	1.1
Qualification	No formal education	9	3.3
	Primary education	27	10.0
	Secondary education	89	32.8
	Diploma	65	24.0
	First degree	75	27.7
	M.Sc/PhD	6	2.2

Mean age = 32.54, SD=9.88

Table 1 showed that most (53.1%) of the respondents were males, most of the respondents (46.7%) were within the ages of 31-46 years. Also, majority (90.8%) being Christians. Most (32.8%) of the respondents had secondary education and majority (69.0%) of the respondents had received care for 0-5 years.

Table 2: Mean and standard deviation on service users' satisfaction with psychological care (N=271).

Indicate how satisfied you are with the provision of the following psychological care by nurses									
Items						\bar{X}	SD	95%CI	
	CS	VS	MS	BS	NS			LB	UB
Explanation on the role of	124	90	37	12	8	4.14	1.01	4.02	4.26

medication in my treatment											
Information about expected improvement	92	98	55	16	10	3.91	1.05	3.78	4.03		
Discuss coping strategies with me	103	96	34	22	16	3.92	1.17	3.78	4.05		
Respect my preference and encouraged me to attend various groups related to my treatment program	94	90	44	23	20	3.79	1.21	3.65	3.94		
Providing counselling to improve emotional stability	111	95	29	18	18	3.97	1.18	3.83	4.11		
Counselling to improve my social interaction	99	98	42	18	14	3.92	1.12	3.79	4.06		
Adequate information about my condition	98	83	47	25	18	3.80	1.21	3.66	3.95		
Support, love and care in difficult times	110	70	50	20	21	3.84	1.25	3.69	3.99		
Support to identify ways of coping with stress	87	105	40	18	21	3.81	1.18	3.67	3.95		
Support to adjust in behavioural changes	105	86	46	16	18	3.90	1.18	3.76	4.04		
Assistance to address my spiritual needs	56	54	43	43	75	2.90	1.51	2.72	3.08		
Opportunity provided to express concern about care given	68	100	51	26	26	3.58	1.23	3.44	3.73		
Able to manage my crisis more effectively	114	80	44	12	21	3.94	1.21	3.79	4.08		
helped manage my anxiety symptoms more effectively	101	88	45	19	18	3.87	1.19	3.73	4.01		
Remarkable recovering and improvement as a result of nursing interventions	104	91	44	20	12	3.94	1.11	3.81	4.07		
Encouraged to ask questions about my current condition and treatment	133	73	34	14	17	4.07	1.18	3.93	4.21		
Mean of means						3.83	0.77	3.74	3.93		

Key: CS= completely satisfied, VS= very satisfied, MS= moderately satisfied, BS= barely satisfied, NAS= never satisfied, LB=lower boarders, UB=upper boarders, Satisfaction level of 3.0 and above while not satisfied is below 3.0

The result in table 2 showed the mean of means and standard deviation on services users' satisfaction with psychological care. The highest mean satisfaction with psychological care was nurses provided better understanding of the medication in their treatment ($\bar{X} = 4.14$, $SD=1.01$); this was followed by the fact that they were encouraged to ask questions about their current conditions and treatment ($\bar{X} = 4.07$, $SD=1.18$); that counselling provided by nurses improved their emotional stability ($\bar{X} = 3.97$, $SD=1.18$). Most respondents were completely satisfied with the ability to manage their crisis more effectively ($\bar{X} = 3.94$, $SD=1.21$) and that there was remarkable recovering and improvement as a result of nursing interventions provided with ($\bar{X} = 3.94$, $SD=1.11$) respectively. The least mean satisfaction was that nurses did not provide opportunity to express concern about care provided ($\bar{X} = 3.58$, $SD=1.23$); while patients was not satisfied with assistance to address their spiritual needs ($\bar{X} = 2.90$, $SD=1.51$).

Table 3: Mean and standard deviation on service users satisfaction with physical care (N=271)

Assistance with:	CS	VS	MS	BS	NS	\bar{X}	SD	95% CI	
								LB	UB
Selecting food and fluid	65	69	60	43	34	3.32	1.33	3.17	3.48
Feeding and eating	57	87	57	33	37	3.35	1.31	3.19	3.50
Mouth care and oral hygiene	68	73	46	32	52	3.27	1.45	3.10	3.44
Convenience	80	90	55	21	25	3.66	1.24	3.51	3.81
Bath room or bed bathing	68	84	49	32	38	3.41	1.35	3.25	3.58
Hair care	69	67	42	42	51	3.23	1.46	3.05	3.40
Nail care	64	72	46	36	53	3.21	1.44	3.04	3.39
Maintaining comfort	74	102	48	27	20	3.68	1.19	3.53	3.82
Adequate time for rest	125	80	31	19	16	4.03	1.18	3.89	4.17
Maintaining sleep routine	91	94	42	25	19	3.79	1.20	3.64	3.93
Ambulation	79	67	56	35	34	3.45	1.36	3.29	3.61
Opportunity to exercise	103	87	36	21	24	3.83	1.26	3.68	3.98
Repositioning as needed	70	96	50	29	26	3.57	1.25	3.42	3.72
Reference services	89	81	52	21	28	3.67	1.29	3.52	3.82
Mean of means						3.52	0.93	3.36	3.67

Key: CS= completely satisfied, VS= very satisfied, MS= moderately satisfied, BS= barely satisfied, NAS= never satisfied LB=lower boarders, UB=upper boarders, Satisfaction level of 3.0 and above while not satisfied is below 3.0

The result in Table 3 showed the mean and standard deviation on service users' satisfaction with physical care. The highest mean satisfaction was that nurses ensured adequate time for rest (\bar{X} =4.03, SD =1.18). This was followed by the opportunity to exercise (\bar{X} =3.83, SD =1.26) and maintaining sleep routine (\bar{X} =3.79, SD =1.20). Large number of service user reported least satisfaction with assistance with nail care (\bar{X} =3.21, SD =1.44); hair care (\bar{X} =3.23, SD =1.46) and assistance with repositioning (\bar{X} =3.57, SD =1.25) respectively.

Table 4: Mean and standard deviation on service users satisfaction with social care (N=271)

Items	CS	VS	MS	BS	NS	\bar{X}	SD	95% CI	
								LB	UB
Indicate how satisfied you are with the provision of the following social care by nurses									
Introduce self before procedures	77	69	40	32	53	3.31	1.48	3.14	3.49
Using client preferred names	96	77	50	21	27	3.72	1.29	3.56	3.87
Speak clearly during conversations	140	83	35	4	9	4.26	0.97	4.14	4.37
listening to clients and response appropriately	140	82	31	9	9	4.24	1.01	4.12	4.36
Repeat information as often as needed to clients	113	91	39	15	13	4.02	1.10	3.89	4.15
Spending time with patients	119	84	44	17	7	4.07	1.04	3.95	4.20
Use of non-judgmental approach to care and communication	96	93	46	18	18	3.85	1.17	3.71	3.99
Questions ask are answer in reasonable length of time	114	86	48	12	11	4.03	1.07	3.91	4.16
Giving consistent information to patients	97	103	43	14	14	3.94	1.09	3.81	4.07
Discuss guide line for treating clients sexual issues and relationship	86	72	51	23	39	3.53	1.39	3.36	3.69
Nurses are always available when I needed them	143	65	39	16	8	4.18	1.07	4.05	4.31
Responded well to my needs, concerns and questions	125	91	31	19	5	4.15	1.00	4.03	4.27
Able to approach and talk to nursing staff when I felt anxious	128	86	37	10	10	4.15	1.03	4.03	4.27
Encourage to take part in	112	96	29	16	18	3.99	1.17	3.85	4.13

planning my discharge				
Mean of means	3.96	0.74	3.87	4.05

Key: CS= completely satisfied, VS= very satisfied, MS= moderately satisfied, BS= barely satisfied, NAS= never satisfied, LB=lower boarders, UB=upper boarders, Satisfaction level 3.0 and above while not satisfied is below 3.0

The result in Table 4 showed the mean and standard deviation on service users' satisfaction with social care. The highest mean satisfaction of service users with social care was that nurses' speak clearly during conversations (\bar{X} =4.26, SD=0.97); this was followed by nurses listened to clients and respond appropriately (\bar{X} =4.24, SD=1.01) and that nurses were always available when they needed them (\bar{X} =4.18, SD=1.07). The findings further revealed that respondents were completely satisfied with the following social care variables: nurses' responded well to their needs, concerns and questions (\bar{X} =4.15, SD=1.00) and being able to approach and talk to nursing staff when felt anxious (\bar{X} =4.15, SD=1.03). The least mean satisfaction was discussing guidelines for treating clients sexual issues and relationship (\bar{X} =3.53, SD=1.39).

Table 5: Mean and standard deviation on service users are satisfaction with therapeutic and physical environment (N=271)

Items	Indicate how satisfied you are with nurses ensuring good therapeutic and physical environment for care					\bar{X}	SD	95% CI	
	CS	VS	MS	BS	NS			LB	UB
Cleanliness of the room	130	88	30	10	13	4.15	1.07	4.02	4.28
Cleanliness of the bathroom	140	85	24	7	15	4.21	1.08	4.08	4.34
Cleanliness of the equipment	100	106	41	11	13	3.99	1.06	3.87	4.12
Control of room lighting	98	99	47	14	13	3.94	1.08	3.81	4.07
Giving directives to cleaners to control odours	115	91	38	17	10	4.05	1.07	3.92	4.18
Comfort of treatment room	115	101	32	12	11	4.10	1.04	3.97	4.22
Comfort of room humidity	97	96	48	15	15	3.90	1.12	3.77	4.04
Control of noise in the wards and room	109	93	41	11	17	3.98	1.13	3.85	4.12
Controlling number of people in the room and ward	118	89	35	14	15	4.04	1.13	3.90	4.17
Supplies of equipment within reach	91	94	49	19	18	3.82	1.17	3.68	3.96
Attractiveness of ward and room	101	89	49	18	14	3.90	1.13	3.77	4.04
Availability of chairs for family and visitors	108	84	44	21	14	3.93	1.16	3.79	4.06
Space in the room and ward for personal items	113	78	42	15	23	3.90	1.25	3.75	4.05
Safety, comfort and sensitivity of nurses to needs while in hospital.	129	74	43	10	15	4.08	1.13	3.94	4.21

Mean of means	4.00	0.82	3.91	4.10
<i>Key: CS= completely satisfied, VS= very satisfied, MS= moderately satisfied, BS= barely satisfied, NS= not satisfied, LB=lower boarders, UB=upper boarders, Satisfaction level of 3.0 and above while not satisfied is below 3.0</i>				

The result in Table 5 showed the mean and standard deviation on service users' satisfaction with therapeutic and physical environment. The highest mean satisfaction was cleanliness of the bathroom, (\bar{X} =4.21, SD=1.08); followed by cleanliness of the room (\bar{X} =4.15, SD=1.07). Most respondents expressed high satisfaction with nurses providing comfort in the treatment room (\bar{X} =4.10, SD=1.04). Also majority of respondents were very satisfied with nurses giving directives to cleaners to control odours and controlling number of people in the rooms and wards. (\bar{X} = 4.05, SD=1.07); (\bar{X} = 4.04, SD=1.13) respectively. Respondents least satisfaction was supplies of equipment within reach (\bar{X} =3.82, SD=1.17).

Discussion of findings

Findings from the study revealed that large proportion (79.0%) were very satisfied with most psychological variables such as explanation of the role medication in their treatment, encouraging them to ask questions about their current conditions and treatment; improved emotional stability as a result of counselling and the ability to manage their crisis more effectively. while patients were not satisfied with assistance to address their spiritual needs. Psychological care is an important determinant of patients' satisfaction with nursing care in psychiatric hospital because most patients with mental health disorder need emotional support. Patients' will likely express satisfaction with nursing care if such care meets their expectation. These findings corroborate with earlier research findings by Twayana and Adhikari (2015) who reported that most (63.6%) respondents were most satisfied with nursing care. Similarly, the findings support Samina, Qadri, Tabish, Samiya, and Riyaz (2008) whose study revealed high satisfaction with nursing care among 95.0% of study participants.

It was also revealed in the study that majority of the respondents were completely satisfied with physical care. Most patients express complete satisfaction with care such as maintaining sleep, rest and opportunity to exercise, which are crucial in nursing care of psychiatric patients. However, some of the patients have moderate satisfaction with physical care such as bed or bath room bathing, oral care; hair and nail care which have direct impact on patients cognition, emotion and thought regarding nursing practices was were carryout by nurses in the hospital. Many earlier researchers in this area of study such as Ahmed, Assefa, Demisie, and Kenay (2014) have reported similar findings. They observed that the overall level of patients' satisfaction with nursing was found to be 45%; whereas the study conducted in Iran in emergency department revealed overall satisfaction of 63.2%. Similarly, a study done in Taiwan on patient satisfaction with nursing care indicated the overall level of patients' satisfaction to be 45 %. Major determinants of patient satisfaction were physical comfort, emotional support, and respect for patient preferences (Ahmed et al, 2014).

Findings from the study further showed that of the respondents were completely satisfied with the way nurses responded to their social care at FNPH, Calabar. Majority (82.2%) of respondents were satisfied with the way nurses speak clearly and listen to them during nursing care, and the way nurses were always available when needed by the patients. The findings further revealed that majority (80.0%) of respondents were very satisfied because nurses were easily approachable any time patients feel anxious. The least mean satisfaction was discussing guidelines for treating clients sexual issues and relationship ($\bar{X}=3.53$, $SD=1.39$). This finding correspond with previous research by Webster, Gallaher, Lopez, Brown and Evans (2012), which showed that 94% of respondents express satisfaction with mental healthcare services provided by nurses. Also, findings are in line those of a study by Marepula (2012), which revealed that patients were generally satisfied with the care provided in the hospital. Other researchers with similar results are MacInnes, Courtney, Flanagan, Bressington, and Beer, (2014), although therapeutic relationship scores were lower than those recorded in community samples; but feeling respected and well regarded was significantly associated with service user' satisfaction

In addition, findings from the study showed that majority of the clients had high satisfaction with therapeutic and physical environment variables such as cleanliness of the ward in general and other places such as toilet, bathroom and ward surroundings. Most respondents (80.0%) expressed high satisfaction with nurses providing comfort of treatment room. Also majority (76.0%) were most satisfied with nurses giving directives to cleaners to control odours and controlling number of people in the room and wards. However, most respondents were least satisfied with supply of equipment within reach in the hospital. Federal Neuro-psychiatric hospital has clean buildings with well-ventilated wards, surrounding with green grasses, flowers, and a well-constructed walk way that provide a therapeutic environment for patients care. This might be the basis for patients high satisfaction with nursing care received from the hospital.

The findings are consistent with Onwuekwe, Etiaba and Oche (2013) who reported that clean and organized appearance of a hospital, its staff, its premises, restrooms, equipment, wards and beds can influence patients' impressions about the hospital. The authors further asserted that better the physical appearance of the health care facility and the service providers, the greater the patients' satisfaction. Similarly Johansson, Skarsater, and Danielson (2007) and Thibeault, Trudeau, D'Entremont, and Brown, (2010) have documented that the healthcare environment is an important determinant of patient satisfaction with care. A clean and healthy environment has the potential for quick emotional and psychological healing, while a filthy environment has the potential to delay healing.

Implications for Nursing

Nurses forms the 75% of work force in the health care system are the first to have contact with patients/clients in all health care settings. Therefore there is need for all nurses to be well knowledgeable in science of caring which is a core and fundamental basis in the practice of nursing. In a psychiatric setting, nurses are advice to have vast knowledge in psychological, physical, and social domains of care, especially in contemporary society were patients are increasingly becoming aware of their rights and the care they receive. Also the

Nurses are left with the option of ensuring that, the environments have good architectural designs that provide protection for both nurses and patients from harm inherent in psychiatric hospitals. Nurses have the duty to ensure that patients' wards are kept clean for healing to take place which is a basic theory in nursing propounded by Nightingale the founder of nursing.

Conclusion

It was therefore concluded that patients were highly satisfied with the therapeutic and physical environments; this was closely followed by social and psychological care respectively, while the physical care had the least mean satisfaction. Age, gender and educational level respectively had no significant influence on service users' satisfaction with psychological and physical care. On the other hand, the variables (gender and educational level) have significant influence on service users' satisfaction with social care while age had no significant influence on the service users' satisfaction with social care.

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