PATIENT COMMENTS CONCERNING
PSYCHIATRIC HOSPITALIZATION

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During the past decade increasing attention has been paid to consumer assessment of mental health services. This study summarizes and interprets the comments made by 1457 adults and 474 adolescents concerning their inpatient care at a large private psychiatric hospital. Although adult and adolescent comments evidenced many similarities, adolescents tended to give a greater number of responses and to be more critical of hospitalization than were adults. Comparisons with previous research also supported findings that individual therapy is the most highly valued treatment modality, while food, finances, and living conditions are the most commonly criticized aspects of psychiatric hospitalization.

During the last several decades, increasing attention has been given to the assessment of consumer satisfaction with mental health services. Earlier consumer satisfaction research emphasized that Weinstein described as qualitative data, that is, patient satisfaction information obtained by social scientists who observed patients or in some cases masqueraded as patients. In recent years the focus has shifted so that relatively more emphasis has been placed upon quantitative assessment of consumer satisfaction. Thus, researchers have attempted to use more methodologically sound means of evaluating consumer satisfaction, both by taking representative samples of mental health patients and by utilizing quantifiable and objective measures of consumer opinion.

Lebow has described many of the methodological decisions that must be faced when patient satisfaction is evaluated. Questions that must be addressed include the reliability and validity of the measures used, the selection and identification of representative samples, the data collection procedures, and the format of measurement instruments. For example, in regard to measurement instruments, patient opinion can be sampled by surveys which are either forced-choice or open-ended. Complaints and/or statements of approval may also serve as indices of patient satisfaction, although it is important to distinguish between solicited and unsolicited comments. Comments which are solicited are particularly influenced by data reactivity, that is, the data may not reflect true consumer attitudes as much as

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the data collection technique which was used. Thus, one would expect that patients who are personally interviewed might experience more of a press to report positive opinions than patients who complete paper and pencil surveys. On the other hand, unsolicited comments are much more likely to be given by assertive patients, and thus many patients who are not particularly vocal may be overlooked in the evaluation process. Finally, relatively non-obtrusive measures may also be used as instruments to assess patient satisfaction. Unobtrusive measures might include regularity of attendance at scheduled sessions and premature termination of therapy. Often these non-obtrusive measures have been used retrospectively to gain some estimate of patient satisfaction.

Most published articles in consumer satisfaction have involved the use of structured or semi-structured questionnaires. Not as much information has been published concerning “open-ended” comments concerning treatment. This is possibly related to the fact that open-ended comments are much more troublesome from a methodological and statistical standpoint. The scoring of such responses is likely to be more subjective, it is much more difficult to interview patients personally rather than having them complete questionnaires, and comments are much more difficult to meaningfully analyze statistically. However, there are several studies in the literature which present information concerning the comments psychiatric patients have made concerning hospitalization.

Kotin and Schur reported a study in which patients at Boston State Hospital were personally interviewed with a semi-structured questionnaire following discharge. The exact length of follow up interval was not reported. Responses were categorized as follows: overall evaluation of experience, physical variables (living conditions, etc.), treatment, personal respect and human dignity, self-perception and insight, and aftercare. More than half of the patients felt that their hospitalization had been a beneficial experience overall. Greater than two-thirds of the patient comments were negative concerning the physical conditions of the hospital. Regarding treatment personnel, a majority of patients felt that treatment personnel were helpful. It is interesting that the patients felt that talking with the doctors was no more helpful than talking to aides or nurses, although many patients complained that they did not get to talk to the doctor enough. Patients generally felt that they were treated with respect and dignity by hospital staff.

Keith-Spiegel, et al. interviewed 360 consecutively discharged patients from a large Veteran’s Administration hospital in California. They asked patients three questions: (1) What did you like best about the hospital or what helped you the most? (2) What did you dislike about the hospital or what helped you the least? and (3) Do you have any suggestions for improvements in hospital programs or functioning? The categories most frequently mentioned for being liked were (in descending order): good general treatment, food, staff in general, medication, recreational activities, and work assignment. Concerning dislikes, the most frequent complaints were not seeing the doctor enough, being confined, long cafeteria lines, and overcrowding. Most patients had no suggestions for improvements in programs, although some patients did say that treatment could be improved if there were more evening activities and more therapy by the treating physician.

In probably the most methodologically sophisticated study involving patient comments about hospitalization, Allen and Barton interviewed 95 patients at the