



PATIENT SATISFACTION WITH PSYCHOTHERAPY IN A NIGERIAN TERTIARY HOSPITAL

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ABSTRACT

Satisfaction with services from patients' perspectives is a significant indicator of the quality of services received and it is also a predictor of patients' health-related behaviours such as compliance and return for follow-up after the initial visit. However, little is known about what constitutes 'satisfaction with psychotherapy' from the patients' point of view. The theories that served as a framework for the study were Desire-fulfilment theory, Stimuli-Organism Response theory, and theory of Alliance. The aim of the study is to evaluate factors that influence patients' level of satisfaction with psychotherapy in Federal Neuro-Psychiatric Hospital, Yaba, Lagos, Nigeria. This qualitative study utilized Focused Group Discussions and In-Depth Interviews. Thirty-six (20 females and 16 males of age 35.97±10.25) individuals who were being managed for depressive disorder within the health-care facility, selected via purposive sampling, participated in the study. Each interview lasted for an average of fifty minutes in duration; the interviews were conducted in English language, transcribed verbatim and content-analyzed. Emerging overarching themes were: patient working relationship with the Clinical Psychologist, therapy physical environment, knowledge of psychotherapy, change in service personnel, financial constraint and duration of waiting time. It was concluded that evaluating patients' satisfaction with services received within the healthcare establishment is increasingly becoming important and if managed properly, could be used in educating healthcare services providers, thereby making them more responsive to the expectations of patients. It was therefore recommended that psychotherapy service providers periodically evaluate satisfaction with psychotherapy from patients' perspectives in order to identify likely areas for service improvement which will be of benefit to service consumers and providers.

Keywords: *Psychotherapy, Therapist-patient relationship, Therapy physical environment and Knowledge of psychotherapy.*

INTRODUCTION

According to the World Health Organization (2003) every individual should have access to quality health services when necessary, therefore, there is a need to assure the quality of service within the healthcare establishment (Lo, 2001). Quality assurance can be seen as various internal or external strategies, employed to evaluate services provided in order to ensure that services consumed by patients are of adequate quality (Agency for Healthcare & Policy, 1993). Patients' satisfaction with treatment which is their subjective judgment of services received in terms of meeting or even exceeding their expectation (Adamu & Oche, 2014) does not invariably translate to the quality of healthcare received. This is so because patients' satisfaction from the perspectives of the patients are subjectively determined whereas quality of service is measured objectively in line with standards that are evidence-based (Emergency Medicine Practice Committee, 2011). However, it has been found that most treatment facilities also consider patients' level of satisfaction with treatment when evaluating the quality of care

provided (Bodur, Ozdemir & Kara, 2002). Therefore, the level of patients' satisfaction is one of the significant factors that indicate the quality of the services received at various levels within the healthcare establishment.

Patient satisfaction with treatment received is different from outcome of treatment received, the former is a more interpersonal construct which revolves around patients' clinical experiences in a bid to get treatment while outcome of treatment has to do with symptom relief (Hirsh, 2004). For instance, a patient who is receiving treatment for pain disorder may be satisfied with the enthusiasm of the Clinical Psychologist to help but displeased with how much he has recovered since initial visit or vice versa. Therefore, an individual may express a high level of satisfaction in spite of limited pain relief.

Over the years, evaluating patients' level of satisfaction with services consumed has been found to be a piece of important information to healthcare service providers especially in the making of decisions, implementation of treatment and operational plans (Adamu & Oche, 2014). It has also been observed that patients who are satisfied with treatment received within the healthcare establishment are often likely to be more committed to the treatment, pay willingly for treatment; thereby increasing the healthcare's internal revenue, comply with treatment regime and return for follow-up unlike patients who are not satisfied with treatment (Ofilli & Ofowve, 2005).

In Nigeria, some schemes such as Service Compact (SERVICOM) and Midwives Service Scheme (MSS) have been introduced to ensure services are directed to the needs of its consumers and to ensure quality service within the health system. Moawad (2016) opined that a Physician's major aim is to provide quality services to alleviate a patient's suffering. However, rather than evaluating the healthcare facility as a whole, Adamu and Oche (2014) emphasized the need for strategies that will employ the evaluation of patients' satisfaction based on the specific forms of services consumed in line with the expectation of the patients themselves. In their study, overall satisfaction with services was observed, however, varying degrees of dissatisfaction were seen with some form of services. Thai, Briancon, Empereur, and Guillemain (2002) also emphasize the need for service providers to have an in-depth understanding of specific factors that influence patients' satisfaction after the consumption of specific forms of services.

One of the various forms of services provided within the mental health aspect of a healthcare establishment is Psychotherapy; the implementation of psychologically based principles and techniques to the treatment of mental disorders. Psychotherapy has been established as a professional way of dealing with cognitive, emotional and behavioral related issues (Shedler, 2010; Wampold, 2010). Psychotherapy addresses mind-related issues that are deep-rooted and it has been found to be desirable by some patients with depressive disorder rather than the use of medications (O'Mahen & Flynn, 2008). Factors such as neatness of the healthcare environment, total clinic wait time, health providers' level of courtesy, privacy, accurate and fast laboratory test, fast dispensation of medications, consultation time and long period of waiting time after booking for appointment have been identified as factors that influence patients' level of general satisfaction with healthcare (Adamu & Oche, 2014). Patavegar, Shelke, Adhav, and Kamble (2012) discovered that the relationship between nursing staff and patients is a significant determinant of patients' satisfaction with treatment. This is also supported by the working alliance theory of Bordin (1980) which emphasized a healthy collaborative relationship between the health service provider and the receiver.

The physical environment has also been found to have an effect on individuals (Dijkstra, Pieterse, & Pruyns, 2008). In line with the postulation of Dijkstra et al. (2008) the stimuli-organism response theory of Mehrabian and Russell (1974) asserted that the physical space can influence the response of an individual that is within the environment. In addition, the

financial cost of treatment is also likely to play a role in influencing patients' level of satisfaction with treatment (Sturm & Sherbourne, 2001). In some studies, the period of time patients spend waiting to be attended to by the health provider was found to influence patients' satisfaction (Umar, Oche & Umar, 2011). Individuals who go to healthcare centers for services have expectations and as a result, they are likely to become easily frustrated when these expectations are not met, according to desire-fulfillment theory (Mark Murphy, 1999). In addition, patients receiving treatment within the mental establishment are known to be sensitive to how they are treated, this is perhaps because they feel easily stigmatized as a result of their mental health condition (Watson, Corrigan, Larson & Sells, 2007). Furthermore, satisfaction with services from patients' perspectives is a significant indicator of the quality of services received and it can also serve as a predictor of patients' health-related behaviours such as compliance and return for follow-up after the initial visit (Rama & Kanagaluru, 2011). Nevertheless, little is known about what constitutes 'satisfaction with psychotherapy' from the patients' point of view. Therefore, this study aims at evaluating the factors that determine patients' level of satisfaction with psychotherapy.

METHOD

Research design

The study was qualitative with the use of exploratory design. This research design was employed as a result of the need to gain a clear and in-depth understanding of factors that determine satisfaction with psychotherapy among patients being managed for depressive disorder. Tape recorders, sheets of paper, and writing pens were used for recording. With the use of open-ended interview guide textual data were derived from the four Focused Group Discussions (FGDs) and four In-Depth Interviews (I-DIs). The researchers decided to use the focused group discussions and the in-depth interviews because little is known about patients' satisfaction with psychotherapy in Nigeria and this gave rise to the need to elicit subjective perspectives of the consumers themselves. Furthermore, these methods enabled study participants to respond to questions without limitations which arise as a result of having to respond to questions only within certain categories. As a result, an in-depth exploration of various perceptions about the variable of interest was achieved. All interviews and discussions were conducted in English language; they lasted for an average of fifty minutes in duration, they were transcribed verbatim and content-analyzed. The number of discussions and interviews that were conducted by the researchers was determined by the law of saturation which demands that researchers continue to sample relevant cases until no new theoretical insight is established. Bryman (2012) also emphasized that when saturation is achieved, researchers begin to identify evidences that are repetitive.

Research setting

The discussions and the interviews were facilitated by the researchers among individuals who are being managed for depressive disorder within Federal Neuro-Psychiatric Hospital, Yaba, (FNPHY) Lagos. Ever since the hospital was established on the 31st of October 1907 under the British colonial rule, it has witnessed four developmental stages. As at 2016, the Hospital has 450-bed spaces - Oshodi annex inclusive, and a number of qualified mental health professionals who provide different mental health-related services, these professionals include the Clinical Psychologists, Psychiatric nurses, Psychiatrists, Occupational therapists, and the Medical social workers. The wards in the hospital are Adeoye Lambo, Adejoke Orekoya, Tolani Asuni, Mario, Odia, Borroafka, M3, F3, M4, F4, BJ1, BJ2, C and A, General rehabilitation and General rehabilitation 2. The first three are drug wards, while the last three are in Oshodi annex.

Research participants

The study participants were drawn among individuals who were receiving treatment for depressive disorder in Federal Neuro-Psychiatric Hospital Yaba on an out-patient basis. This set of individuals were approached after being purposively selected from the outpatient clinic by going through their folders with the record officers, thereafter, these individuals were gathered for the focused group discussions while in-depth interviews were carried out with some of them. Below are the descriptive statistics showing the demographic characteristics of the study participants for the focused group discussions and also the in-depth interviews.

Table 1: Socio-Demographic Attributes of Focus Group Discussion Participants

Variable	FGD1		FGD2		FGD3		FGD4		Total	
	N	%	N	%	N	%	N	%	N	%
Age										
20-29	-	-	2	16.7	4	50	3	50	9	28.1
30-39	2	33.3	6	50	4	50	1	16.6	13	40.6
40-49	1	16.7	3	25	-	-	2	33.3	6	18.8
50-59	3	50	1	8.3	-	-	-	-	4	12.5
Total	6	100	12	100	8	100	6	100	32	100
Gender										
Male	-	0	6	50	6	75	6	100	18	56.3
Female	6	100	6	50	2	25	-	-	14	43.8
Total	6	100	12	100	8	100	6	100	32	100
Education										
Primary Cert	2	33.3	4	33.3	-	-	-	-	6	18.8
O'level	-	-	3	25	8	100	2	33.3	13	40.6
OND	-	-	3	25	-	-	1	16.7	4	12.5
HND	1	16.7	-	-	-	-	1	16.7	2	6.3
TCE II	1	16.7	-	-	-	-	2	33.3	3	9.4
BSc	2	33.3	2	16.7	-	-	-	-	4	12.5
MSc	-	-	-	-	-	-	-	-	-	-
Total	6	100	12	100	8	100	6	100	32	100
Profession										
Unemployed	1	16.7	1	8.3	2	25	1	16.7	5	15.6
Public. Serv.	2	33.3	1	8.3	-	-	-	-	3	9.4
Teacher	1	16.7	1	8.3	-	-	-	-	2	6.25
Trader	1	16.7	3	25	1	12.5	1	16.7	6	18.8
Business	1	16.7	1	8.3	1	12.5	2	33.3	5	15.6
Artisan	-	-	5	41.7	4	50	2	33.3	11	34.4
Total	6	100	12	100	8	100	6	100	32	100
Marital Stat.										
Single	1	16.7	8	66.7	7	87.5	3	50	19	59.4
Married	3	50	2	16.7	1	12.5	1	16.7	7	21.9
Separated	1	16.7	2	16.7	-	-	2	33.3	5	15.6
Widowed	1	16.7	-	-	-	-	-	-	1	3.1
Total	6	100	12	100	8	100	6	100	32	100
Tribe										
Yoruba	1	16.7	8	66.7	5	62.5	4	66.7	18	56.25
Hausa	-	-	-	-	-	-	-	-	-	-
Igbo	3	50	3	25	3	37.5	1	16.7	10	31.25
N-D/Others	2	33.3	1	8.3	-	-	1	16.7	4	12.5
Total	6	100	12	100	8	100	6	100	32	100

Table 1 above shows participants' demographic characteristics for the four different sessions of Focused Group Discussions (FGD) that was conducted by the researchers. The table shows that 9 (28.1%) were between the ages of 20-29, 13 (40.6%) were between the ages of 30-39, 6 (18.8%) were between the ages of 40-49 and 4 (12.5%) were in between the ages of 50-59. The gender of the participants showed that 18 (56.3%) were males while 14 (43.8) were females.

Frequency distribution on educational attainment of the participants revealed that 6 (18.8%) had only primary education, 13 (40.6) had only O’level certificate, 4 (12.5%) had OND certificate, 2 (6.3%) had HND certificate, 3 (9.4%) had Teachers’ College of Education certificate and 4 (12.5%) had a Bachelor of science certificate.

Frequency distribution on the different professions of the participants revealed that 5 (15.6%) were unemployed, 3 (9.4%) were public servants, 2 (6.25%) were foodstuff teachers, 6 (18.8%) were traders, 5 (15.6%) were into businesses and 11 (34.4%) were artisans.

Frequency distribution on the marital status of the participants revealed that 19 (59.4) were single, 7 (21.9) were married, 5 (15.6%) were separated and 1 (3.1%) was a widow.

Frequency distribution of the participants also revealed that 18 (56.25%) were Yorubas, 10 (31.25) were Igbos and 4 (12.4%) were from the Niger-delta region and other parts of the country.

Table 2: Descriptive Statistics showing the demographic characteristics of the participants for the in-depth interviews

Variable	I-DI 1	I-DI 2	I-DI 3	I-DI 4
Gender	Female	Male	Male	Female
Age	48 years	42 years	46 years	19 years
Marital status	Divorced	Single	Married	Single
Highest Education Qualification	B.Sc	HND	SSCE	SSCE

Instrument

The research instrument was a collection of an open-ended question that was generated via literature review in collaboration with experts. This was made up of 5 questions with subsets to help probe further for more information. The questions were: (1) In your own understanding, what is psychotherapy? (2) In your own view do you think you need psychotherapy? If yes, why do you think you need psychotherapy? And if no, why do you think you don’t need psychotherapy? (3) In your own opinion, what are the factors that can influence your level of satisfaction with psychotherapy? (4) What do you think are the possible limitations/hindrances to psychotherapeutic treatment? (5) To what extent do you feel you benefit from psychotherapy? The demographic variables of the participants were also collected.

Procedure

A letter of introduction was gotten from the Department of Psychology, faculty of the Social Sciences, University of Ibadan, Nigeria. The letter was presented together with a copy of the study proposal to the Ethical Review Board of the research setting for ethical approval. After the ethical approval has been obtained, with the help of two trained research assistants, the focused group discussions and in-depth interviews were carried out within a period of two months. Basic demographic information of the selected participants was obtained and the interview guide was used to elicit responses from the participants.

RESULTS

Table 3: FGDs AND I-DIs KEY THEMES AND SUB-THEMES

S/N	THEMES	SUB-THEMES
1.	Therapist-patient relationship	The feeling of been heard and understood Clear objectives Feeling respected

		<p>Taken seriously and getting involved in the treatment plan</p> <p>Setting realistic goals</p> <p>Friendly attitude</p> <p>Clear and simple explanations</p>
2.	Physical environment	<p>The neatness of the environment</p> <p>Suitable room temperature</p> <p>A quiet and less distracting environment</p> <p>Comfortable chairs/couch</p> <p>Bright wall colour</p> <p>Plants/flowers/wall frames</p> <p>Easily accessible environment</p>
3.	Knowledge of Psychotherapy	<p>Awareness of this treatment option</p> <p>Awareness of where it can be received</p> <p>Awareness of the intricacies of Psychotherapy</p> <p>Counterproductive information about Psychotherapy</p>
4.	Financial constraints	<p>The financial burden of care</p> <p>Unemployment</p> <p>Lack of social support (especially financial)</p>
5.	Duration of waiting time	<p>Total clinic wait time</p> <p>Delay encountered before and after booking</p>
6.	Change in service personnel	<p>Difficulty forming an emotional attachment with different service providers</p>

Therapist-patient relationship

A good number of the study participants emphasized that their relationship with the clinical psychologist is the most important factor that influence/determine their level of satisfaction with the treatment. Most of them stated the need to feel heard and understood despite whatever they are been managed for, a good number of them also emphasized the need to be loved and respected as normal human beings. Some of them also mentioned the need to be carried along in their mental health management rather than just making decisions for them as if they have completely lost their sense of reasoning.

One of the participants said:

'...we should be shown love, people who have come to the psychiatric hospital are not all mad'

FGD1/46/Female/BSc/Public servant/Married/Igbo/Depression

Another participant also added that

'Sometimes when someone has some issues and sees a psychologist (even when the person is serious about what he's saying) sometimes the psychologist won't take his words seriously...been that you are here already so anything you says is out of point'

FGD2/29/Male/Incomplete edu/Artisan/Single/Igbo/Depression

Another patient that participated in the I-DI stated that

'...sometimes I need encouragement, because of this illness, I usually don't have the power, will power to do my work. So I will need the psychologist to at least ask about what I'm doing, how I am coping and ask 'how do we help you to improve in your work?'...just to show concern. ...the psychologist can also cheer the person up, tell her one joke or the other to make her relax'

I-DI 1/48/Female/BSc/Business/Divorced/Igbo/Depression

Physical Environment

Across the focused group discussions and the in-depth interview, study participants reported the physical environment as a factor that influences their level of satisfaction with psychotherapy. A good number of the participants added that the physical environment, aside from the 'talk therapy' can be relaxing and healing on its own. One of the participants in the first focused group discussion stated that

'...for instance, if I get to see a psychologist, I should feel at home, the environment should be comfortable, the psychologist can even offer me a cup of coffee or a cup of tea, just to help me relax'

FGD1/30/Female/BSc/Unemployed/Single/Niger-delta

Knowledge of psychotherapy

It was discovered across study participants that some of them did not have a proper understanding of what psychotherapy was really all about. This influenced their level of satisfaction because some of them were not committed to therapy and lost interest when the therapist was not forthcoming with drug prescription sheet. On the other hand, some of them did not know about the treatment option neither were they aware of where it could be gotten.

One of the participants in the focused group discussion said:

'I live in Enugu, I looked for the services of a clinical psychologist there but I couldn't get it, that's why I'm in Lagos now...'

'...In fact, some people don't even know it exists in Nigeria...I met somebody who actually said that such services can only be gotten outside the country.'

He also added that some people do not know the importance or the benefit of visiting a clinical psychologist, he said:

'My doctor in Enugu who is a psychiatrist told me that seeing a clinical psychologist is not important...but I surf the internet so I got to know that the first approach in the treatment of depression (especially when the depression is just starting) is psychotherapy, then drugs come in if necessary...'

The participant also spoke of finance been a factor but that is not so in his own case, he went further to suggest that psychology as a body need to move to other parts of the country, he added by saying...

'The services of a clinical psychologist are not accessible for now and is not supposed to be so, you people need to go into so many places, somebody is not supposed to come only to Lagos before you get the services of a clinical psychologist...I think it is a service that should be located in almost every states of Nigeria'

He also suggested that clinical psychologists themselves should create awareness, he said:

'It's about awareness, I think it is only somebody who has gone to school that will know what clinical psychology is all about but somebody who doesn't have the opportunity of going to school will not know what clinical psychology is all about'

I-DI 2/42/Male/SSCE/Business/Single/Depression

Financial Constraints

Most of the study participants also mentioned the expenses incurred in receiving mental health treatment within the treatment facility generally as one of the determinants of satisfaction with psychotherapy. One of the participants during a focused group discussion went further to

explain that after they must have spent so much in a bid to get well, they are usually unable to afford the cost of seeing a clinical psychologist and they often opt out especially when they are informed about the need to undergo an assessment or two with the clinical psychologist. One of the participants said:

'Finance is also an issue, money to pay for the services of a psychologist can be a major problem as a result of unemployment'

FGD3/29/Female/OND/Unemployed/Married

Duration of waiting time

During the focused group discussions and in-depth interviews, some of the patients also mentioned that the time they waste before eventually meeting with the Clinical Psychologist can be annoying and discouraging. One of them said:

'I usually enjoy my sessions with the Clinical Psychologist, however, each time I think of the stress I'll have to go through before booking an appointment and the time I'll wait before eventually seeing the psychologist, I get discouraged'

FGD4/25/Male/Incomplete edu/Artisan/Single/Yoruba/Depression

Change in service personnel

A good number of the study participants stated the need to stick to just one Clinical Psychologist for treatment because of the emotional attachment they must have created with that particular clinical psychologist at the initial visit.

One of them said:

'it can be stressful having to connect with someone else different from the clinical psychologist you have been seeing, to me, it seems more like I have to start afresh, so we can connect and then take it up from there'

FGD3/29/Female/OND/Unemployed/Married

DISCUSSION

This study explored determinants of satisfaction with psychotherapy among patients who are being managed for depressive disorder in Federal Neuro-Psychiatric Hospital, Yaba, Lagos (FNPHY). From the findings of this study, it was discovered that patients are not only concerned about the outcome of treatment but they are also concerned about the processes involved in getting the treatment and the extent at which they feel cared for. This discovery makes the postulation of Moawad (2016) clear, he affirmed that generally, a Physician's main aim is the provision of quality services to alleviate patient's suffering whereas the major determinant of patients' satisfaction with the treatment received is how much patients feel they are cared for. The findings of this exploratory study revealed that working alliance between the Clinical Psychologist and the patient, physical environment where treatment takes place, patients' knowledge of psychotherapy, financial constraints, duration of waiting time/consultation time and change in service personnel emerged as overarching themes after the analyses of the qualitative study.

Some of the patients expressed the need to feel understood and get fully involved in their own management, some also emphasized the desire to know how best to deal with their difficulties without been judged, some further expressed the need for clarity concerning treatment modalities. During one of the focused group discussion, one of the participants mentioned the need to be respected and not 'looked down' upon as a result of their mental health condition, when the participant was asked to expatiate, he briefly narrated how one of the young care

providers was always addressing him by his name without the use of any prefix, not even by the title – Mr. This finding is not surprising because most individuals desire to be respected and especially because of the population where this study was carried out. Individuals who are being managed for one form of mental illness or the other have been found over time to feel easily stigmatized either by self or others (Watson, Corrigan, Larson & Sells, 2007). Therefore, this put them at risk of becoming overly sensitive to how other people relate with them. A study that was carried out among nursing staff within a health establishment found the relationship between the nursing staff and patients to be the major determinant of patients' level of satisfaction (Patavegar, Shelke, Adhav & Kamble, 2012). Furthermore, according to Bordin's theory of alliance (1980) the working relationship which consists of the goal, the bond and the task between the patient and the service provider, is the main determinant of the entire treatment process. As a result, there is an urgent need for Clinical Psychologists to embark on continuous training courses in order to be able to connect better with patients.

Patients' perception of therapy environment was also found to be a major determinant of patients' level of satisfaction with psychotherapy. Some of the participants stated that the therapy physical environment needs to be given attention considering the uniqueness of the form of treatment offered. One of the participants during the focused group discussion narrated how she almost fell from the chair she was sitting because she tried adjusting it, unknowing to her that the wall was serving as a form of support for the chair. Dijkstra, Pieterse, and Pruyns (2008) emphasized that the physical space where treatment takes place should on its own have a healing effect. Furthermore, the stimuli-organism response theory (Mehrabian & Russell, 1974) opined that the level of pleasure experienced by a person within a physical space will have an influence on the response of the individual. During the study, it was found that some of the participants did not have a proper understanding of what psychotherapy is all about. One of the in-depth interview participants stated that proper knowledge of psychotherapy influence commitment which will further influence the level of satisfaction derived from consuming such service. He added by saying 'adequate knowledge of psychotherapy will enable patients to have a reasonable expectation that can be achieved', therefore leading to increased satisfaction with services received. This is supported by the desire-fulfillment theory (Mark Murphy, 1999) which views satisfaction as the difference between what a person expects and what is actually delivered.

Another factor that was found to determine patients' level of satisfaction is the change in service providers. It was discovered during the qualitative study that most of the patients prefer to stick to the clinical psychologist they had the first session with, rather than change service provider almost at every visit. This may be as a result of the bond that might have been triggered with the therapist at the initial visit, furthermore, some of the participants expressed that it is usually not easy having to reconnect with a new service provider.

Financial constraint was also extracted as a determinant of satisfaction with psychotherapy during the qualitative study. This is not surprising because most individuals living in developing countries like Nigeria are known to experience economic hardship. It was found in a community-based study that was conducted by Sturm and Sherbourne (2001) that most of the study participants mentioned the financial cost of treatment as a major obstacle to accessing treatment and even those that eventually strive to access treatment, stated that the stress of having to cope with the financial burden lowers the level of satisfaction derived from such treatment.

Finally, the duration of clinic wait time was also found to determine patients' level of satisfaction with psychotherapy. This is supported by the findings of Adamu and Oche (2014) who



discovered that a longer period of hospital wait time was linked with a lower level of satisfaction. This is also similar to the findings of several other studies in Nigeria (Umar, Oche & Umar, 2011). This could be because most of the tertiary hospitals in Nigeria allow patients to be used for clinical teachings, in addition, a good number of these hospitals are experiencing high patient load with a shortage of staff.

CONCLUSION

Evaluating patients' satisfaction with services received within the healthcare establishment is increasingly becoming so important that if managed properly, could be used in educating healthcare service providers about areas that need to be improved upon as well as achievements made so far, thereby becoming more responsive to the expectations of patients. Furthermore, it is not surprising that some health establishments are beginning to tie reimbursement to the satisfaction of patients. Perhaps, this is because healthcare establishments where patient satisfaction with treatment is on the high side, are assumed to be making more profits due to patients return for follow-up and possible referrals.

LIMITATIONS

According to Adrian (2010) defects are unavoidable in empirical researches, therefore, this study is not excluded. Firstly, the findings of an exploratory study are not generalizable, as a result, the findings of this study cannot be generalized. Secondly, the study was carried out only among patients who could communicate in English language, therefore, the views of those who could only communicate in other languages were not explored.

ETHICAL APPROVAL

The authors declare that the study protocol was examined and granted approval by the institution's Ethical Review Board.

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