

# Evaluating pharmacy services satisfaction on an inpatient psychiatric unit

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## ABSTRACT

### Introduction

This study analyzed patient satisfaction survey responses in which patients evaluated their experience with the pharmacy staff in an acute psychiatric unit.

### Methods

Thirty-one patients rated pharmacy services upon discharge by completing a 13-item survey.

### Results

Overall patient satisfaction was found to be high with a 77.4-100% satisfaction rating reported on every survey item.

### Discussion

Results indicated that the pharmacy staff should focus their efforts on improving communication with patients by selecting a quiet meeting location and by making themselves more accessible to patients in order to better serve their needs.

## KEYWORDS

pharmacist, patient satisfaction, pharmaceutical services

## INTRODUCTION

Consumer satisfaction can be commonly defined as the degree to which customers valued the service they received.<sup>1</sup> A patient's perspective of quality, effective service is often dissimilar to that of healthcare providers, administrators, and family supporters.<sup>2</sup> A patient's view of their care influences their overall treatment outcome.<sup>3</sup> Thus, the need for patients' opinions coupled with quality assurance treatment outcome data has increased the demand for patient surveys in the past decade.<sup>4</sup> Ultimately, survey responses are used to assist healthcare providers in developing interventions in order to increase patient satisfaction and improve treatment outcomes.<sup>5</sup>

Patients on an inpatient psychiatric unit have clinical, social, behavioral, and cognitive needs that must be addressed in order for treatment to be most effective.<sup>6</sup> Assessing psychiatric patient satisfaction is difficult and controversial due to uncertainty about its accuracy and sensitivity.<sup>4</sup> The patient's mental health and other confounding factors can affect his or her response to satisfaction questionnaires.<sup>7</sup> Confounding factors may include age, gender, diagnosis, socio-economic status, level of function, acknowledgement of mental illness,

subjective view on their quality of life, mood, and clinical outcome.<sup>6</sup>

Previous studies have revealed specific areas of patient concern. In one study it was found that mental health patients preferred to develop their care plan with their clinician rather than be denied participation in the process.<sup>8</sup> Another study found patients to be less likely to interact and seek help from clinicians who appeared to be stressed and ranked their relationships with healthcare providers as one of the most significant aspects of treatment.<sup>5</sup> The patient's safety on the unit, ability to participate in organized activities, and available discharge support were also found to be significant factors in treatment.<sup>1</sup>

It is the goal of the clinical psychiatric pharmacist and pharmacy students at a county hospital in the Midwest to maintain quality service, to insure the best possible medication education for their patients and fellow staff they serve, and to adhere to state and county regulations. The mental health unit psychiatrists prefer the clinical psychiatric pharmacist and pharmacy students educate as many patients as possible on their respective medications. In order to better assess these ongoing

goals, feedback from patients becomes an essential component of the evaluative process. The purpose of this study was to conduct a needs assessment of what the clinical psychiatric pharmacist at this hospital could improve upon in order to better serve the patients.

## **METHODS**

### **Setting**

This study was a prospective investigation of patients who interacted with the clinical psychiatric pharmacist and pharmacy students at a general county hospital in the Midwest during a three month period, January 1 through April 1, 2012. The adult acute care psychiatric inpatient unit at this hospital has 26 beds and is the only county hospital in this area. The average length of stay for this unit is approximately three to five days and the unit is typically at full census year round. The diagnoses of this population consist of many different conditions, including patients undergoing detoxification from various substances, patients having pervasive developmental disorders, and patients having dementia. The most common diagnoses on the unit appear to be mood disorders, schizophrenia, and substance-induced psychosis per author's observation.

### **Clinical Psychiatric Pharmacy Services**

The psychiatric pharmacy service is comprised of one clinical psychiatric pharmacist and two pharmacy students completing their advanced practice experiences. Roles include obtaining medication histories from new patients, assisting the nursing staff with the medication reconciliation process, attending daily multidisciplinary rounds, making appropriate drug therapy recommendations, counseling patients on new medications and medication changes, conducting medication education groups, performing discharge counseling, and documenting all services rendered. The clinical psychiatric pharmacist and pharmacy students are typically on the unit every morning and then complete outpatient and other activities off the inpatient unit in the afternoons. The clinical psychiatric pharmacist does attempt to meet with all patients at least once during their hospitalization to complete the previously described functions.

### **Participant Sample**

Criteria for participant inclusion consisted of patients who met with the clinical psychiatric pharmacist and pharmacy students to discuss all items listed on the survey questionnaire at least once and were deemed psychiatrically stable by one of the unit's physicians. All 31 participants who were offered the survey chose to

complete it. Exclusion criteria consisted of patients who were not adherent with their medication(s) during hospitalization, patients with cognitive deficiency which inhibited them from giving informed consent to participate (i.e., dementia, mental retardation, or other mental incapacity), patients who were uncooperative with the staff, patients who the psychiatrist determined had difficulty concentrating, and patients who were actively confused and required staff assistance. Patients that could not evaluate the pharmacy staff on all 13 items were also excluded. The reasons for this varied but included the lack of interest in discussing medication on the patient's part or any of the above listed variables.

### **Assessment of Satisfaction**

This study was conducted using a patient questionnaire to evaluate the participant's experience with the clinical psychiatric pharmacist and pharmacy students in the mental health unit. The 13-item survey allowed participants to rate the pharmacy staff on a 3-point response scale including 'satisfied', 'neither satisfied nor dissatisfied', and 'dissatisfied'. Age and gender were also collected, as well as a comments section to give patients the opportunity to add personal insight on their level of satisfaction. The survey was constructed by adapting questions from various previous mental health patient satisfaction surveys and by adding questions to appropriately evaluate the pharmacy staff at this hospital.<sup>3,4,5,9,10</sup> Figure 1 depicts the survey utilized in this study. The survey was intended to be short, user-friendly, easy to read, and easy to score. It was designed to be independently completed by the patient and adequately cover all pharmacy staff evaluation topics. Basic descriptive statistics were used to analyze data using Excel.

### **Procedure**

All patients discharged from the unit were deemed psychiatrically stable by one of the unit's psychiatrists. The participants (n=31) were asked to complete the questionnaire prior to discharge. All patients asked to participate (n=31) agreed to complete the survey, and were given a paper survey. Patients returned completed surveys to their assigned nurses in a sealed envelope. The nurses placed surveys in a designated survey box located on the unit, and study investigators collected the surveys once a week.

## **RESULTS**

A total of 31 patients participated in this study. Of the 31 participants, 10 patients were female (32.3%), 4 patients were male (12.9%), and 17 patients chose not to list their

gender (54.8%). All participants were between the ages of 18-64.

The highest satisfaction ratings (more than 90%) were found to be the clinical psychiatric pharmacist and pharmacy students' introduction (100%), identification of purpose (100%), kindness (100%), sufficient time spent with patient (96.8%), attitude (93.5%), answered all questions (93.5%), and the explanation of relevant medication interactions (90.3%).

More than 80% of patients were satisfied with the explanation of their medication's purpose (87.1%), explanation of the time it takes for the medication to become effective (83.9%), explanation of possible medication side effects (83.9%), and the explanation of how and where to receive medications upon discharge (80.6%).

The two items with the lowest satisfaction ratings were the clinical psychiatric pharmacist and pharmacy students' selection of a quiet and private meeting location (77.4%) and sufficient access to pharmacy staff (77.4%). Table 1 outlines the survey items and subsequent satisfaction ratings.

No written comments were provided on the 31 surveys collected.

## DISCUSSION

This hospital periodically requests discharged patients complete surveys pertaining to the performance of healthcare providers in the mental health unit; however, the clinical psychiatric pharmacist is not evaluated in these particular surveys. The purpose of this study was to evaluate the clinical psychiatric pharmacist and pharmacy students in order to find specific areas they could improve upon in order to better serve their patients.

Data collected from paper surveys completed by patients at discharge concluded an overall high level of satisfaction (77.4%-100% satisfaction reported on every surveyed item). Results supported that the clinical psychiatric pharmacist and pharmacy students were particularly proficient at introducing themselves, identifying the purpose of their visit, spending sufficient time with patients, answering all questions patients asked, and explaining relevant medication interactions in a manner that patients understood. In addition, data showed they were skillful with their explanation of medication purpose, the time it takes for the medication to become effective, possible medication side effects, and how and where to receive medications upon discharge.

Results also showed two specific areas the clinical psychiatric pharmacist and pharmacy students could improve upon in the future. Patients rated pharmacy

services the lowest on 'quiet and private meeting location' and 'had sufficient access to pharmacy staff,' with both items scoring 77.4% satisfaction. The clinical psychiatric pharmacist and pharmacy students could improve their communication with patients by selecting a quiet meeting location which can often be difficult to find given the number of patients and limited space on the mental health unit. However, when a quiet and private meeting location is not selected, patients are easily distracted from their conversations with the pharmacy staff and may not retain all the information discussed. The clinical psychiatric pharmacist can continue to talk to hospital administration about securing a possible private room on the unit in which to meet with patients. In addition, the clinical psychiatric pharmacist and pharmacy students should make themselves more accessible to patients in order to better serve their needs. This may be accomplished by checking in with patients twice daily (mid-morning and mid-afternoon) instead of just once daily in the morning.

There are several limitations to this study. One study limitation includes the thought that previously admitted patients who participated in the survey could have compared their prior experiences with pharmacy services when rating their present satisfaction levels.<sup>11</sup> The degree of this limitation in the study is unclear because this information was not collected. In addition, a previous study determined that higher satisfaction ratings could be due to poor survey design.<sup>12</sup> The survey used here was selected because it is short, user-friendly, easy to read, easy to score, and adapted from previous mental health patient satisfaction surveys. When designing patient satisfaction surveys in the future, however, additional patient response options should be provided ('poor', 'fair', 'good', 'very good', and 'excellent').<sup>13</sup> These options support fair response variability and improve the sensitivity in survey design.<sup>13</sup> Open-ended questions should also be included to provide health providers with a better insight on what could be improved upon from a patient's perspective.<sup>12</sup> Other confounding variables that were not accounted for in this study but could have skewed results include the patient's age, gender, socio-economic status, diagnosis, level of function, acknowledgement of mental illness, subjective view on their quality of life, mood, and clinical outcome.

To conclude, the evaluation of patient satisfaction with pharmacy services may be a valuable means of feedback for pharmacists in order to improve the quality of services provided and to find what is already working well for patients and staff. Healthcare providers should work collaboratively with patients in the future to further improve patient treatment and outcomes.

Figure 1. Sample of the pharmacy services inpatient questionnaire utilized for this project

Please take a few minutes to complete the survey below. The purpose of this survey is to get your opinion about the pharmacy services provided to you. The results of this survey will be used to address how pharmacy services can be further improved for future patients.

Age:	Gender:		
Pharmacy staff introduced themselves to you	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Quiet and private meeting location	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Pharmacy staff identified the purpose of their visit	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Kindness of pharmacy staff	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Attitude of pharmacy staff	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Had sufficient access to pharmacy staff	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Pharmacy staff spent enough time with you	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Pharmacy staff answered all of your questions	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
The purpose of your medication was explained to you	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
The length of time it takes for your medication to become effective was explained to you	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Possible medication side effects were explained to you	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Relevant medication interactions were explained to you	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Pharmacy staff explained how and where to receive your medications after discharge	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied
Other comments:			

Table 1. Patient responses to items of the pharmacy services evaluation survey

Item	Satisfied <i>n</i> (%)	Neither satisfied nor dissatisfied <i>n</i> (%)	Dissatisfied <i>n</i> (%)	No Response <i>n</i> (%)
Introduction	31 (100)	---	--	---
Quiet and private meeting location	24 (77.4)	5 (16.1)	2 (6.5)	---
Identified the purpose of the visit	31 (100)	---	---	---
Kindness	31 (100)	---	---	---
Attitude	29 (93.5)	1 (3.2)	---	1 (3.2)
Sufficient access to pharmacy staff	24 (77.4)	7 (22.6)	---	---
Sufficient time spent with patient	30 (96.8)	1 (3.2)	---	---
Answered all questions	29 (93.5)	---	2 (6.5)	---
Purpose of medication was explained	27 (87.1)	3 (9.7)	1 (3.2)	---
Time it takes medication to become effective was explained	26 (83.9)	4 (12.9)	1 (3.2)	---
Possible medication side effects were explained	26 (83.9)	5 (16.1)	---	---
Relevant medication interactions were explained	28 (90.3)	3 (9.7)	---	---
Explained how and where to receive medication upon discharge	25 (80.6)	4 (12.9)	1 (3.2)	1 (3.2)

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