Assessment of Satisfaiction with Life among Long Stay Patients in Psychiatric Hospitals

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The aim of the present study was to assess satisfaction with life among long stay patients in psychiatric hospital. The study was carried out at Tantra Mental Health Hospital. The sample included 151 long stay psychiatric patients hospitalized for a minimum of 2 years without any discharge exceeding one month. Data were collected using interview technique including biosocial and clinical data. The second part was an Arabic version of long stay hospitalized psychiatric patients satisfaction with life scale. Conclusions drawn from this study reveal that long stay patients in psychiatric hospitals feel dissatisfied with their life. Most of the dissatisfied patients have feelings of fearfulness, isolation, lack of individualization, perceived the hospital environment as unsatisfactory, lack of autonomy, perceived personal hygiene facilities as unsatisfactory, lack of status and recognition and restriction of action. Patients in private wards feel more satisfied than patients in gratis wards. Also the patients who get visitors are more satisfied with their life in psychiatric hospital than those who have no visitors. There was no significant statistical relationship between satisfaction with life within the hospital and patient's sex, age, marital status, level of education and diagnosis.

(Egypt.J.Psychiat., 2001, 24 : 43 - 53).

INTRODUCTION

The mission of the mental health care system is to promote health and provide opportunities for people with serious mental illness to maximize their ability to live, work, socialize and learn in communities of their choice (Malone, 1989). This is usually achieved through the new trends in psychiatric treatment which emphasize limited hospitalization period and the rapid return of the patient to his family (Lofsted, 1990).

In Egypt, psychiatric hospitals are overcrowded with long stay patients, this is partly due to lack of community mental health care services (Lofsted 1990). In fact, being for long periods at hospital makes the patient prone to problems of institutionalization, thus becoming more dependent on the hospital and more separated from the society, community and reality (Lofsted 1990). This leads to many dysfunctions such as lack of skills in activities of daily living, lack of individualisation, lack of autonomy and lack of status and recognition (McFarland & Thomas 1991& Baier 1987). The majority of these patients do not have families or friends in the community rather, their "Family" is becoming the hospital staff and other patients. (McFarland and Thomas 1991).

Chronically mentally ill patients usually take the hospital as a shelter and they become so dependent on the hospital that leaving it causes anxiety to them (Baier, 1987). In addition, living in an institution requires a set of highly com-

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plex interpersonal skills. Patients with mental illness usually have disturbed interpersonal relationship and do not have the skills needed for group living. They are often faced with care givers from different sociocultural background and live with many people who are not related (Yankauer, 1987). In other words institutional living robbed from the patients the skills they would need to be reintegrated into the community life (Murphy et al., 1995).

The views of long-stay psychiatric patients about their satisfaction and dissatisfactions with life are important for their progress. Low degree of satisfaction among long stay psychiatric patients tends to inhibit quick recovery (Ossman, 1990).

Thus, it is important to assess factors of satisfaction with life among long stay patients in psychiatric hospitals, in order to identify where improvements to patient's quality of life are most needed (Baier, 1987).

SUBJECTS AND METHOD

The study was carried out at Tantra Mental Health Hospital. The sample included (151) long stay hospitalized psychiatric patients for a minimum of 2 years not interrupted by any discharge exceeding a one month period. Data for this study were obtained through the use of an interview schedule sheet comprised of two parts:

Part I: Biosocial (patients, age, sex, education frequency of visits, marital status and occupation) and clinical (patient's diagnosis, duration of illness, number of previous admission) data sheet developed by the researcher.

Part II: Long stay hospitalized psychiatric patients satisfaction with life scale. This scale was developed by Macdonald and his Colleagues (1988). It was translated and used. It is comprised of (44) questions. A pilot study was carried out on 5 patients at Tantra Mental Health Hospital.

RESULTS

Table (1): Shows the biocidal and clinical characteristics of the patients sample, 60.3% of them were males. The highest incidence of long stay hospitalization was in the age group 40 - <50 years (36.4%). 71.5% were single, while married patients constituted (10.6%). 29.8% of them were illiterate and only 9.9 % were university graduates 53.6% were unemployed. 52.3% of visitors were siblings while 19.9% of patients had no visitors. 97.4% of the patients sample were diagnosed as schizophrenics.

Regarding fearfulness as a factor of statisfaction with life among long stay patients, table (2) shows that 70.3% of dissatisfied patients suffered from fearfulness. A significant relation between patient's satisfaction and their feeling of fear was found ($P < 0.01$).

Table (3) shows the feelings of isolation as a factor of satisfaction of life among long stay patients, 83.5% of the dissatisfied patients had a feeling of isolation, while only 48.3% of the satisfied patients had this feeling. There was a significant relation ($P = <0.01$).

Regarding lack of individualization as a factor of satisfaction with life among long stay psychiatric patients, table (4) shows that 11.7% of the satisfied patients and 51.6% of the dissatisfied patients suffered from lack of individualization. A significant relation was found ($P = <0.01$).

Considering unsatisfactory surroundings as a factor related to satisfaction

Table 1
Biosocial and Clinical Characteristics of the Sample

Variable	No	%
Sex		
Male	91	60.3
Female	60	29.7
Age (years)		
<30	12	8.0
30-	42	27.8
40-	55	36.4
50+	45	27.8
Mean age = 43.6		
St. Deviation = 11.3 years		
Marital status		
Single	108	71.5
Married	16	10.6
Divorced	18	11.9
Widowed	9	6.0
Education		
Illiterate	45	29.8
Read & write or primary	37	24.5
Preparatory	21	13.9
Secondary	33	21.9
University	15	9.9
Occupation		
Unemployed	81	53.6
Manual worker	43	28.5
Employee	17	11.3
Professional	10	6.6
Visitors		
None	30	19.9
Parents	35	23.2
Siblings	97	52.3
Offsprings	11	7.3
Relatives	10	6.6
Friends	3	2.0
Spouse	6	4.0
Medical diagnosis		
Schizophrenia	147	97.4
Other diagnosis	4	2.6

Table 2
Relation Between Fearfulness and Satisfaction with Life among Long Stay Psychiatric Patients

Fearfulness	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Yes (score ≥ 50%)	14	23.3	64	70.3	78	51.7
No (score < 50%)	46	76.7	27	29.7	73	48.3
Total	60	100.0	91	100.0	151	100.0

$X^2 = 30.13$ df = 1 P <0.01
Cramers V = 0.46 P < 0.01

Table 3
Relation Between Feeling of Isolation and Satisfaction with Life among long Stay Psychiatric Patients

Feeling of Isolation	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Yes (score ≥ 50%)	29	48.3	76	83.5	105	69.5
No (score < 50%)	31	51.7	15	16.5	46	30.5
Total	60	100.0	91	100.0	151	100.0

$X^2 = 19.5$ df = 1 P <0.01
Cramers V = 0.37 P < 0.01

Table 4
Relation Between Lack of Individualisation and Satisfaction with Life among Long Stay Psychiatric Patients

Lack of Individualisation	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Yes (score ≥ 50%)	7	11.7	47	51.6	54	35.8
No (score < 50%)	53	88.3	44	48.4	97	64.2
Total	60	10.0	91	100.0	151	100.0

$X^2 = 23.45$ df = 1 P <0.01
Cramers V = 0.41 P < 0.01

Table 5
Relation Between Unsatisfactory Surroundings and Satisfaction with Life among Long Stay Psychiatric Patients

Unsatisfactory Surroundings	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Yes (score ≥ 50%)	12	20.0	58	63.7	70	46.4
No (score < 50%)	48	80.0	33	36.3	81	53.6
Total	60	100.0	91	100.0	151	100.0

$X^2 = 26.08$ df = 1 P <0.01
Cramers V = 0.43 P < 0.01

Table 6
Relation Between Lack of Autonomy and Satisfaction with Life among Long Stay Psychiatric Patients

Lack of Autonomy	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Yes (score ≥ 50%)	11	18.3	64	70.3	75	49.7
No (score < 50%)	49	817	27	29.7	76	50.3
Total	60	100.0	91	100.0	151	100.0

$X^2 = 37.05$ df = 1 P <0.01
Cramers V = 0.51 P < 0.01

Table 7
Relation Between Lack of Status and Recognition and Satisfaction with Life among Long Stay Psychiatric Patients

Lack of status and Recognition	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Yes (score ≥ 50%)	23	38.3	61	67.0	84	55.6
No (score < 50%)	37	61.7	30	33.0	67	44.4
Total	60	100.0	91	100.0	151	100.0

$X^2 = 10.93$ df = 1 P <0.01
Cramers V = 0.28 P < 0.01

Table 8
Relation Between Unsatisfactory Personal Hygiene Facilities and Satisfaction with Life among Long Stay Psychiatric Patients

Unsatisfactory personal hygiene facilities	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Yes (score ≥ 50%)	11	18.3	49	53.8	60	39.7
No (score < 50%)	49	81.7	42	46.2	91	60.3
Total	60	100.0	91	100.0	151	100.0

$X^2 = 17.6$ df = 1 P <0.01
Cramers V = 0.36 P < 0.01

Table 9
Relation Between Restriction of Action and Satisfaction with Life among Long Stay Psychiatric Patients

Restriction of action	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Yes (score ≥ 50%)	24	40.0	70	76.9	94	62.3
No (score < 50%)	36	60.0	21	23.1	57	37.7
Total	60	100.0	91	100.0	151	100.0

$X^2 = 19.44$ df = 1 P <0.01
Cramers V = 0.37 P < 0.01

Table 10
Relation Between Long Stay Psychiatric Patients Satisfaction with Life and the Type of the Ward

Type of ward	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Gratis	13	21.3	48	78.7	61	100.0
Private	47	52.2	43	47.8	90	100.0
Total	60	39.7	91	60.3	151	100.0

$X^2 = 14.5$ df = 1 P <0.01

Table 11
Relation Between Long Stay Psychiatric Patients Satisfaction with Life and Having Visitors

Having visitors	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Yes	54	44.6	67	55.4	121	100.0
No	6	20.0	24	80.0	30	100.0
Total	60	39.7	91	60.3	151	100.0

$X^2 = 6.47$ df = 1 P <0.01
Cramers V = 0.22

Table 12
Relation Between Long Stay Psychiatric Patients Satisfaction with Life and Their Medical Diagnosis

Diagnosis	Satisfied Patients		Dissatisfied Patients		Total	
	No.	%	No.	%	No.	%
Schizophrenia	56	38.4	90	61.6	146	100.0
Other	4	80.0	1	20.0	5	100.0
Total	60	39.7	91	60.3	151	100.0

Fishers Exact Test 0.08 P>0.05

among long stay psychiatric patients, table (5) shows that only 20.0% of the satisfied patients see the hospitalized environment as unsatisfactory, while 63.7% of the dissatisfied patients percieved it as unsatisfactory. A significant relation was found (P= < 0.01).

Table (6) shows that 70.3% of the dissatisfied patients experienced lack of autonomy, while 81.7% of the satisfied patients had a feeling of autonomy. A significant relation was found (P= <0.01).

Regarding lack of status and recognition as a factors of satisfaction with life among long stay psychiatric patients, table (7) shows that 67% of the dissatisfied patients and 38.3% of the satisfied patients were experiencing lack of status and recognition. A significant relation was found (P<0.01).

Table (8) indicates the 53.8% of the dissatisfied patients perceived the personal hygiene facilities as unsatisfactory, while only 18.3% of the satisfied patients percieved it as unsatisfactory. A significant relation was found (P=<0.01).

Regarding the restrictions of action as a factor of satisfaction with life among long stay psychiatric patients, table (9) reveals that 76.9% of the dissatisfied patients were experiencing restriction of action, the table shows a significant relation (P = <0.01).

Regarding the relation between long stay psychiatric patients satisfaction with life and the type of the ward, table (10) reveals that 78.7% who were in a gratis ward were dissatisfied, while 52.2% of those whose were in a private ward were satisfied. The table shows a significant relation (P=< 0.01).

Table (11) shows the relation between long stay psychiatric patients visitors and their satisfaction with life. The table reveals that 80% of the patients who got no visitors were dissatisfied. A significant relation was found, (P= <0.05).

Regarding the relation between long stay psychiatric patients satisfaction with life and their medical diagnosis, table (12) shows that 61.6% of the dissatisfied patients and 38.4% of the satisfied ones were schizophrenic. No significant relation was obtained (P= <0.05).

DISCUSSION

Improving the quality of life of the

mentally ill is one of the major aims of psychiatric care in order to put patients at the center of inquiry and give due weight to their opinions (Wanner et al., 1997). This study was carried out to measure the satisfaction with life among long stay psychiatric patients in order to identify their problems and/or difficulties. The patients should be helped to overcome these difficulties (Orley et al., 1998).

In the present study about two thirds of the dissatisfied patients were suffering from a feeling of fear. Many psychiatric patients are fearful about how others may react when they are told of recent hospitalization. Hospitalization exacerbates fear of loss of job, income and family support (Haber et al., 1997).

The present study shows that 83.5% of the dissatisfied patients suffer from feelings of isolation. This may be because patients are allowed to remain in their bed most of the time. Wards are usually closed. The withdrawn patient is considered a good one, presenting no problem, that is why the staff would reward the quiet and passive behaviour. It was observed that the longer the patients remain in the hospital the less visitors they have (Abd El-Kader, 1981).

The results of the present study show that 51.6% of the dissatisfied patients were expressing lack of individualization. This may be because mental health professionals assure that patients are incapable of making rational choice (Rice et al., 1990). The staff ask the patients to participate in activities rather than allows them to choose according to their own interest (Abd-El-Kader, 1981). Also, it was observed in this study, that all patients have no information about legal rights in the hospital.

In relation to unsatisfactory surroundings as a factor related to satisfaction among long stay psychiatric patients, the results showed that 63.7% of dissatisffied patients percieved the surroundings as unsatisfactory. This may be due to the fact that the patients were not allowed to feel that the hospital atmosphere is like home, they do not have privacy, the ward is not attractive to them, only beds are available and patients lie on them or sleep most of the time.

A sense of positive self worth, autonomy and independance is basic to the experience of a good life (Davies et al., 1997). In the present study, 70.3% of dissatisfied patients' were experiencing lack of autonomy. This may be due to the patients lack of self-determination, their movements in and out the ward are limited to a certain extent. In addition, patients pocket money is usually given to the hospital workers and the amount is not enough for the patient who wants to spend the money they way he likes.

The results of the present study show that 67.0% of the dissatisfied patients have experienced lack of status and recognition in their hospital, this may be because the patient-staff relation is at a minimum.

Speaking about personal hygiene facilities as a factor of satisfaction with life, 52.8% of the dissatisfied patients perceived it as unsatisfactory, while 81.7% of the satisfied patients perceived it as unsatisfactory. This can be explained by the fact that patients who are satisfied with personal hygiene facilities are those who have the freedom to take their baths at any time whenever they wish and those who have their clothes in a cupboard and have their own soap. These facilities are not always available.

Restriction of action is considered another factor of satisfaction with life among long stay psychiatric patients. More than three quarters of the dissatisfied patients suffer from restriction of

action. They don't have the freedom to go whenever they want because of the locked doors and hospital regulation. This result is in agreement with that of (Elzinga and Barlow, 1991 and Dudley et al., 1997).

There was a significant relationship between the type of ward and the patient satisfaction with life. In private wards, the patient has more freedom to stay in his room, sleep at any time, or watch television. The patient also has his own clothes, the amount of food is more than in gratis wards and beds are fewer in number. All these things help the patients to be more satisfied with life.

Schizophrenic women seem to adapt better (Wanner et al., 1997). But the results of this study indicated that female psychiatric patients were less satisfied with their life than men. This in contrast with the studies of (Waner et al., 1997, Andrews & Withey 1997 and Campell 1997) that found gender does not play an important role for quality of life.

The present study showed that married patients are more satisfied with life than single ones. This may be explained by the fact that married patients found more family support than single ones.

The findings of this study showed that patients over 50 years of age were more satisfied with life in the hospital than patients aged less than 30 years. This may be because older patients had long hospitalization and got used to it. Also they accept their life style as it is and adjust to whatever limitations and losses they are faced with (Abd-El Kader, 1981).

The results showed that 82.8% of dissatisfied patients have no visitors. Feeling that they are abandoned by their own relatives makes them feel dissatisfied. Several studies found that the above findings and lack of finance are the main sources of dissatisfaction among psychiatric clients (Lehman & Linn, 1982, Laitinen 1992 and Ellis & Nowl 1994).

Thus, it is of great importance to asses the satisfaction with life among long stay patients in psychiatric hospitals in order to decrease as much as possible the factors of dissatisfaction and improve their quality of life.

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تقييم الرضا عن الحياة لدى المرضى المقيمين لفترات طويلة بالمستشفيات النفسية

هدف هذا البحث تقييم مدى رضا المرضى المقيمين لفترات طويلة فى المستشفيات النفسية عن حياتهم، وقد أجرى هذا البحث بمستشفى الصحة النفسية بطنطا، أشتملت عينة البحث على ١٥١ من المرضى المقيمين لفترات طويلة بالمستشفى بحيث لاتقل مدة إقامتهم عن سنتين، وقد تم جمع بيانات البحث بواسطة استماره مقابلة شخصية وتتكون من جزئين الجزء الأول البيانات الشخصية والإكلينيكية للمريض، والجزء الثانى مقياس مترجم لدرجة رضا المرضى عن الحياه داخل المستشفى النفسى، تشير نتائج هذه الدراسة إلى أن معظم المرضى النفسيين المقيمين بالمستشفى ولفترة طويلة يشعرون بعدم الرضا عن حياتهم، ومعظم المرضى غير راضين عن حياتهم داخل المستشفى ويشعرون بالخوف ويعانون من العزله وغير قادرين على الإحساس بالفردية ويرون أن البيئة المحيطه بهم غير ملائمة للمعيشة بالمستشفى ويفتقدون الشعور بالذاتية ويشعرون بقلة مكانتهم عن الآخرين داخل المستشفى ويفتقدون وسائل النظافة الشخصية ويشعرون أنه توجد قيود على أفعالهم، وقد وجد أن المرضى المتواجدين بالعنابر ذات الدرجة راضيين عن حياتهم مقارنة بالمرضى المتواجدين بالعنابر المجانية.

وقد وجد أن المرضى الذين يأتيهم زائرون راضيين عن حياتهم بالمقارنة بالمرضى الذين لايأتيهم زائرون كما أنه لاتوجد علاقة إحصائية بين مدى رضا المرضى المزمنين عن حياتهم بالمستشفى وبين العمر أو الجنس أو الحالة الإجتماعية أو مستوى التعليم أو التشخيص الإكلينيكى.

ويناقش الباحث النتائج والدلالات ويقدم توصياته.