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Patient isolation in psychiatric healthcare

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Summary

Aim. To discover the opinions of psychiatric patients about personnel attitudes and family participation in the treatment process.

Method. 219 psychiatric patients took part in the study: 80 inpatients, 69 outpatients and 70 mental health clinic patients. The diagnostic survey method was applied using a patient questionnaire regarding: (1) the patient's opinion on his or her hospital stay as an inpatient, (2) the patient's opinion on his or her care as a hospital outpatient, mental health clinic patient, or community treatment patient, and (3) research on patient satisfaction with the administered medical service VSSS-54.

Results. 81.25% of patients confirmed receiving mental support during treatment at in-patient departments, compared to 88.41% of patients in outpatient hospital treatment and 84.29% of patients at mental health clinics. Hospital inpatients and mental health clinic patients indicated the doctor as the person providing the greatest amount of support; whereas hospital outpatients indicated a therapist. The majority of hospital inpatients (76.25%) indicated that nurses spent sufficient time with them. The rate of positive responses regarding doctors was 61.25% ($p = 0.000$). 66.67% of hospital outpatients indicated that personnel spent sufficient time with them, whereas among mental health clinic patients this figure was 57.14%. Hospital outpatients and mental health clinic patients were asked about their satisfaction with inclusion of family in the treatment process. The respondents gave this aspect of care a mean rating of 3.807 points (out of 5 available).

Conclusions. In order to increase mental health patient satisfaction, some organizational solutions which would result in both an increase in time spent by the personnel in contact

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with the patient as well as greater inclusion of family in the treatment process should be implemented.

Słowa klucze: satysfakcja pacjenta, samotność, postawy personelu medycznego

Key words: patient satisfaction, loneliness, health personnel attitudes

Introduction

People with mental disorders have long been negatively perceived by society [1]. WHO data for Europe shows that 9 in 10 persons who suffer from mental disorders experienced discrimination or stigmatization [2]. According to the "Epidemiology of mental disorders and access to psychiatric medical care" report, based on research conducted in Poland, those with mental illness are treated with significant distance by society. In 2010, the level of acceptance of mentally ill persons was lower than levels indicated in previous studies conducted in 1995, 1996 and 2008. These studies indicated that after cancer, heart disease, and HIV/AIDS, mental disorders elicited the fourth highest level of fear among respondents [3]. Though international literature indicates that the acceptance of mental treatment is increasing among the public [4], 38.9 % of respondents in Poland express their objection to idea of a psychiatric hospital being built in their neighborhood, with 32.7% objecting to a mental health clinic and 31.9% objecting to an outpatient hospital centre [3]. Moreover, the growth of awareness of biological conditioning of mental disorders has had no influence on acceptance of those who suffer from such disorders [4]. Such persons are perceived as aggressive, unsafe, and unpredictable [1].

The above-mentioned attitudes may cause self-stigmatization, i.e., adoption and internalization of negative social attitudes with regard to oneself. This results in loneliness, social isolation and inhibited treatment progress [1]. Low social awareness of mental disorders, stigmatization of mental health patients and attitudes such as reluctance, hostility, ignorance and disregard [6] are among the barriers to implementation of the National Mental Health Protection Program – a document which aimed to provide for an increase in the quality and availability of mental care from 2011 to 2016 [5]. Many who suffer from mental disorders experience a loss of social contact, with only the closest remaining in contact. Families often deal with stigmatization and the resulting feelings of shame and guilt themselves [1]. One way to prevent family isolation in the patient care process is by providing family support in the form of conversations, listening to concerns, and providing advice and information.

It should not be forgotten that loneliness and stigmatization among those with mental disorders is not only a psychological and social problem, but also a legal one. This results from the interpretation of Article 30 of the Constitution of the Republic of Poland of 2 April 1997 (Dz. U. (Journal of Laws) no. 78, item 483) which states that natural and inalienable human dignity constitutes the source of freedom as well as human and citizen rights. Such dignity is inviolable, and public authorities are obliged to respect and protect it. With regard to the situation of patients with mental disorders, this problem should also be viewed from the context of the provisions of

Article 20(1) of the Act of 6 November 2008 on Patients' Rights and Patients' Rights Ombudsman (Dz. U. (Journal of Laws) of 2017, item 1318), according to which patients have the right to respect of their intimacy and dignity, in particular during the provision of health services. The correlated obligations of medical personnel resulting directly from corporate provisions as well as the ethical standards for performing such professions supplement the model of protection of the right to dignity, including with regard to counteracting loneliness among patients. Under Article 36, § 1 and § 3 of the Medical Profession Act of 5 December 1996 (Dz. U. (Journal of Laws) of 2012, item 125), during provision of health services, doctors have an obligation to respect the intimacy and personal dignity of the patient and, additionally, an obligation to ensure other medical personnel observe such obligation in dealing with the patient. Whereas Article 12 § 1 of the Medical Code of Ethics provides that doctors must treat patients in a kind and civilized manner and respect their personal dignity and rights to intimacy and privacy. Moreover, part I(3)(a) of the Code of Professional Ethics of Nurses and Midwives of the Republic of Poland imposes the obligation to respect the right of patients to intimacy and personal dignity during the provision of health services. Similarly, Article 3 of the Code of Professional Ethics of Paramedics indicates that paramedics shall have due respect for the person whose life is threatened and observe both human and patient rights, including the right to dignity and intimacy. Responsibilities regarding the protection of patient's dignity also affect other professionals who participate in the provision of healthcare services, in such case as the improper conduct of responsibilities thereby or personal attitude thereof (e.g., a lack of kindness or failure to understand the patient's feelings) may have an influence on the feelings of isolation and stigmatization by those with mental disorders.

For such reasons, with regard to the stigmatization of those with mental disorders, attention should be brought to the role of the medical personnel. The literature describes cases of negative attitudes of medical personnel regarding this group of patients [7]. Meanwhile, Indulska et al. [8] point out that medical personnel should, apart from their therapeutic role, also play a reinforcing role. Supporting the patient in the treatment process take the form of positive attitudes [9] such as kindness, devoting an appropriate amount of time, and speaking with the patient's family.

The aim of this study was to investigate the opinion of the mental health patients regarding both attitudes of the personnel and the inclusion of family in the treatment process as factors counteracting feelings of isolation.

Material and methods

Research material included patients' opinions regarding satisfaction with psychiatric care. The research was conducted at facilities which provide care under a contract with the National Health Fund. Two hospital inpatient departments, two hospital outpatient departments, and two mental health clinics constituting parts of two separate healthcare entities were included in the study. Research was commenced after obtaining the opinion of the Bioethics Committee that obtaining the consent of said Committee was not required and after obtaining the approval of the managers of the selected medical facilities.

Patients who stayed in an inpatient department for at least 5 days were included in the study. After consultation with department personnel, patients who were not able to fill in the questionnaire due to worsening of symptoms were not included in the study. Among hospital outpatients, research was conducted during therapy sessions. Mental health clinic patients were given questionnaires to fill in while waiting for their appointment. They were offered the opportunity to fill in the questionnaire in a separate room. In all facilities, patients were offered the chance to fill in the questionnaire in front of a researcher.

As a result, questionnaires were obtained from 219 patients using various forms of mental health care: 80 hospital inpatients (36 patients from one facility and 44 from the other); 69 hospital outpatients (38 patients from one facility and 31 from the other); 70 mental health clinic patients (36 patients from one facility and 34 patients from the other). Table 1 presents the demographic characteristics of respondents.

Table 1. **Demographic characteristics of respondents**

Demographic variable		Hospital inpatients	Hospital outpatients	Mental health clinic patients	Total
Age (years)	18–29 (n)	27.50% (22)	20.29% (14)	22.86% (16)	23.74% (52)
	30–39 (n)	23.75% (19)	26.09% (18)	22.86% (16)	24.20% (53)
	40–49 (n)	22.50% (18)	21.74% (15)	18.57% (13)	21.00% (46)
	50–59 (n)	16.25% (13)	15.94% (11)	21.43% (15)	17.81% (39)
	60–69 (n)	6.25% (5)	11.59% (8)	11.43% (8)	9.59% (21)
	70 and more (n)	3.75% (3)	4.35% (3)	2.86% (2)	3.65% (8)
Sex	Women (n)	45.0% (36)	62.32% (43)	55.71% (39)	53.88% (118)
	Men (n)	55.0% (44)	37.68% (26)	44.29% (31)	46.12% (101)
Level of education	Higher (n)	20.00% (16)	37.68% (26)	24.29% (17)	26.94% (59)
	Secondary (n)	43.75% (35)	49.28% (34)	45.71% (32)	46.12% (101)
	Vocational (n)	23.75% (19)	13.04% (9)	24.29% (17)	20.55% (45)
	Primary (n)	12.50% (10)	0	5.71% (4)	6.39% (14)
Marital status	Single (n)	40.00% (32)	42.03% (29)	37.14% (26)	39.73% (87)
	Married (n)	28.75% (23)	28.99% (20)	35.71% (25)	31.05% (68)
	In a relationship (n)	6.25% (5)	5.80% (4)	8.57% (6)	6.85% (15)
	Divorced/ separated (n)	17.50% (14)	20.29% (14)	14.29% (10)	17.35% (38)
	Widowed (n)	7.50% (6)	2.90% (2)	4.29% (3)	5.02% (11)
Habitation	Alone (n)	17.50% (14)	23.19% (16)	22.86% (16)	21.00% (46)
	With family (n)	73.75% (59)	65.22% (45)	60.00% (42)	66.67% (146)
	With others (n)	8.75% (7)	11.59% (8)	17.14% (12)	12.33% (27)

table continued on the next page

Source of income	Work (n)	37.50% (30)	31.88% (22)	32.86% (23)	34.25% (75)
	Disability benefits (n)	25.00% (20)	28.99% (20)	37.14% (26)	30.14% (66)
	Pension (n)	5.00% (4)	11.59% (8)	10.00% (7)	8.68% (19)
	Temporary earnings (n)	11.25% (9)	8.70% (6)	4.29% (3)	8.22% (18)
	Family support (n)	18.75% (15)	15.94% (11)	14.29% (10)	16.44% (36)
	No source of income (n)	2.50% (2)	2.90% (2)	1.43% (1)	2.28% (5)

A comparison between the particular characteristics of the examined group and the form of psychiatric care administered to the patient was performed. A statistically significant dependence between the form of psychiatric care and sex ($p = 0.053$) was proven. Men were more likely to receive inpatient care (55.0% of respondents), whereas women were more likely to receive outpatient and mental health clinic care (62.32% and 55.71%, respectively). Those differences are characterized by weak correlation coefficient ($r = 0.13$). A statistically significant dependency ($p = 0.010$) between educational level of patients and the form of administered care was observed. Correlative dependence is very weak (r close to zero 0). The remaining patient's characteristics bear no statistically significant relationship with the form of administered care.

This study employed the diagnostic survey method, conducted using the following questionnaires:

- patient questionnaire regarding an inpatient hospital stay;
- patient questionnaire regarding hospital outpatient treatment, mental health clinic treatment, or community treatment;
- the Verona Service Satisfaction Scale VSSS-54 regarding patient satisfaction with provided medical services.

Questionnaires of patient's opinions regarding inpatient hospital stays, outpatient hospital treatment, mental health clinic treatment, and community treatment were collected in 2003 at the Institute of Psychiatry and Neurology by Anna Indulska, Marta Anczewska, Joanna Raduj, Katarzyna Port, and Maciej Pałys. The inpatient questionnaire comprised of fifty-two closed questions and two open questions. The closed questions evaluated the provided care, while the open ones asked patients what they liked most and least about the said care. The questionnaire for hospital outpatients, mental health clinic and community treatment patients comprised of forty-six questions: forty-two closed questions (about the availability of care, attitudes of the personnel, and conditions) and four open questions (about what patients liked most and least in group sessions and during their time at the outpatient department/mental health clinic/treatment centre) [8].

The Verona Service Satisfaction Scale VSSS-54, developed by Professor Mirella Ruggeri, serves to measure patient satisfaction with treatment at outpatient depart-

ments, mental health clinics and community treatment centers. The questionnaire was translated into Polish at the Institute of Psychiatry and Neurology. It consists of the following seven groups of questions: overall patient satisfaction, professionals' skills and behavior, information received by the patient, access to services, efficiency of the facility, type of intervention, and relatives' involvement in the treatment process [8]. Patients were asked to evaluate care conditions by choosing the following responses: "terrible", "mostly dissatisfactory", "mixed", "mostly satisfactory", "excellent". Next, the answers were given numerical values from 1 to 5, where 1 indicated "terrible" and 5 indicated "excellent".

Statistical reasoning was implemented based on an assumption of the Gaussian normal distribution of the analyzed variables and the Pearson' chi-square dependence test, which is used for analysis of nominal and independent variables, and to investigate the dependency of the examined features. A level of significance of $\alpha = 0.05$ was adopted.

Results

By analyzing attitudes of personnel towards patients and the inclusion of the family in the treatment process as factors counteracting feelings of isolation among patients, attention was paid to the following aspects of care: the manner in which personnel address patients, kindness and competence of personnel, provision of mental support, amount of time dedicated to patients, and inclusion of family in the treatment process.

Inpatients' opinions

Manner in which personnel address patients

Inpatients were mostly satisfied with the manner in which the medical personnel addressed them. In this regard, doctors received the highest assessment. Only a few patients expressed their dissatisfaction with this aspect of care (Table 2).

Table 2. **Inpatients' opinions regarding the manner in which personnel address patients**

Was the manner of address appropriate?	Yes	Generally yes	Generally no	No	Not applicable/ no opinion
Doctors (n)	83.75% (67)	12.50% (10)	1.25% (1)	1.25% (1)	1.25% (1)
Nurses (n)	76.25% (61)	12.50% (10)	5.0% (4)	1.25% (1)	5.00% (4)
Therapists (n)	77.50% (62)	10.0% (8)	1.25% (1)	1.25% (1)	10.00% (8)
Physiotherapist (n)	42.50% (34)	5.0% (4)	0	0	52.50% (42)
Orderlies (n)	36.25% (29)	6.25% (5)	2.50% (2)	1.25% (1)	53.75% (43)

Total time dedicated by the personnel

When it comes to the time the medical personnel spent with patients, a statistically significant difference between the amount of time spent by nurses as compared to the amount of time spent by doctors ($p = 0.000$) (Table 3) was shown.

Table 3. **Inpatients' opinions regarding time spend with them by doctors and nurses**

Is the amount of time spent by medical personnel with patients sufficient?	Yes	Generally yes	Generally no	No	Not applicable/ no opinion
Doctors (n)	61.25% (49)	32.50% (26)	5.00% (4)	0	0
Nurses (n)	76.25% (61)	22.50% (18)	1.25% (1)	0	0
Statistical analysis	$\chi^2 = 90.066$; df = 6; p = 0.000				

Mental support

Mental support is particularly significant for patients with mental disorders. 53.75% of respondents (43 respondents) confirmed receiving mental support during treatment; 27.50% (22 respondents) indicated that they were "generally" given support. However, 8.75% (7 respondents) of those surveyed indicated that they were "generally not" given support, and 6.25% (5) of respondents responded that they did not receive support. Three respondents (3.75%) did not answer the question. Furthermore, patients were asked to indicate the person or persons who provided them with the most support. The greatest number of respondents indicated doctors (46.25%; 37 respondents) and nurses (43.75%; 35 respondents). Psychologists were tanked third (23.75%; 19 respondents). Another patient provided significant support to 18.75% (15) of respondents, whereas 16.25% (13) of respondents received support from another (non-patient) person. 7.20% (9) of respondents indicated another member of the medical personnel, and 2.5% (2) of respondents indicated a priest.

Opinions of hospital outpatients and mental health clinic patients

Manner in which personnel address patients

As is the case of inpatients, outpatients and mental health clinic patients were also asked to evaluate the manner in which personnel addressed them. According to the results provided in Tables 4 and 5, patients responded positively to the manner in which personnel addressed them. The highest percentage of negative responses ("Generally no" and "no") were provided by mental health clinic patients in relation to the behavior of administrative staff.

Table 4. **Outpatients' opinions regarding the manner in which personnel address patients**

Was the manner of address appropriate?	Yes	Generally yes	Generally no	No	Not applicable/ no opinion
Doctors (n)	79.71% (55)	14.49% (10)	2.90% (2)	0	2.90% (2)
Nurses (n)	78.26% (54)	11.59% (8)	1.45% (1)	0	5.80% (4)
Orderlies (n)	79.71% (55)	10.14% (7)	2.90% (2)	0	7.25% (5)
Therapists (n)	55.07% (38)	5.80% (4)	2.90% (2)	0	36.23% (25)
Physiotherapist (n)	65.22% (45)	5.80% (4)	4.35% (3)	1.45% (1)	23.19% (16)

Table 5. **Opinions of mental health clinic patient regarding the manner in which personnel address patients**

Was the manner of address appropriate?	Yes	Generally yes	Generally no	No	Not applicable/ no opinion
Doctors (n)	81.43% (57)	15.71% (11)	1.43% (1)	0	1.43% (1)
Nurses (n)	65.71% (46)	17.14% (12)	2.86% (2)	1.43% (1)	12.86% (9)
Therapists (n)	38.57% (27)	8.57% (6)	1.43% (1)	0	51.43% (36)
Orderlies (n)	17.14% (12)	11.43% (8)	1.43% (1)	2.86% (2)	67.14% (47)
Administrative staff (n)	61.43% (43)	17.14% (12)	7.14% (5)	0	14.28% (10)

The opinions of the above patients bear no statistically significant difference from those of hospital inpatients, with the exception of opinions regarding orderlies from inpatient departments as compared to outpatient departments. In that case, hospital outpatients were significantly more likely to indicate that orderlies addressed them appropriately ($p = 0.015$) (Table 6).

Table 6. **Results of the chi-square independence test between opinions of hospital inpatients, hospital outpatients, and mental health clinic patients regarding the manner in which personnel address patients**

Opinions regarding the manner in which personnel address patients	Inpatients vs. outpatients			Inpatients vs. mental health clinic patients			Outpatients vs. mental health clinic patients		
	χ^2	df	p	χ^2	df	p	χ^2	df	p
Doctors	2.755	6	0.839	11.601	6	0.071	5.712	8	0.679
Nurses	9.693	12	0.643	16.019	16	0.452	8.066	12	0.780
Therapists	4.032	8	0.854	5.843	12	0.924	1.490	6	0.960
Orderlies	24.937	12	0,015*	11.552	16	0.774	14.949	12	0.244
Administrative staff	6.389	8	0.604	3.500	6	0.744	7.469	12	0.825

*$p < 0.05$

Kindness and competence of personnel

The majority of hospital outpatients and mental health clinic patients indicated that the personnel was both competent and kind. Insignificant percentage of the respondents negated the competences and kindness of personnel. There is no statistically significant dependence between opinion of outpatients and mental health clinic patients (Table 7).

Table 7. **Evaluation of competence and kindness of personnel at day wards and mental health clinics**

Responses regarding kindness and competence of personnel	Was the personnel competent?		Was the personnel kind?	
	opinions of outpatients	opinions of mental health clinic patients	opinions of outpatients	opinions of mental health clinic patients
Yes (n)	73.79% (51)	71.43% (50)	76.81% (53)	70.0% (49)
Generally yes (n)	20.29% (14)	24.29% (17)	15.94% (11)	27.14% (19)
Generally no (n)	1.45% (1)	2.86% (2)	1.45% (1)	0
No (n)	2.90% (2)	0	1.45% (1)	0
No opinion (n)	1.45% (1)	1.43% (1)	4.35% (3)	2.86% (2)
Statistical analysis	$\chi^2 = 2.800$; df = 6; p = 0.834		$\chi^2 = 3.524$; df = 3; p = 0.318	

Total time dedicated to patients

Hospital outpatients and mental health clinic patients were asked whether the time dedicated by personnel was sufficient to listen to and understand their problems. The majority of respondents answered affirmatively to this question (66.67% – 46 outpatients, and 57.14% – 40 mental health clinic patients). There is no statistically significant dependence between the opinions of hospital outpatients and mental health clinic patients (Table 8).

Table 8. **Opinions regarding time devoted to patients by doctors/therapists**

Responses	Total time devoted by the doctor/therapist was sufficient	
	Outpatients	Mental health clinic patients
Yes (n)	66.67% (46)	57.14% (40)
Generally yes (n)	26.09% (18)	31.43% (22)
Generally no (n)	4.35% (3)	8.57% (6)
No (n)	0	0
No opinion (n)	4.35% (2)	2.86% (2)
Statistical analysis	$\chi^2 = 1.793$; df = 2; p = 0.408	

Mental support

88.41% (61) of hospital outpatients and 84.29% (59) of mental health clinic patients reported receiving mental support. Table 9 illustrates responses to the question of who provided patients with the greatest amount of support. Hospital outpatients most often indicated a therapist, whereas mental health clinic patients most often indicated a doctor. There is no statistically significant dependence between the responses of outpatients and mental health clinic patients as regards the person providing the most mental support ($p = 0.701$).

Table 9. **Persons providing the most mental support**

	Outpatients	Mental health clinic patients
Doctor (n)	44.93% (31)	45.71% (32)
Therapists (n)	52.17% (36)	1.43% (1)
Family (n)	14.49% (10)	18.57% (13)
Other patient (n)	11.59% (8)	5.71% (4)
Other member of medical personnel (n)	5.80% (4)	4.29% (3)
Someone else (n)	4.35% (3)	7.14% (5)
Statistical analysis	$\chi^2 = 20.850$; df = 25; p = 0.701	

VSSS-54 results within the scope of skills and behavior of personnel and inclusion of family in the treatment process

The VSSS-54 contains groups of questions regarding aspects of care such as skills and behavior of personnel, as well as inclusion of family in the treatment process. Those aspects were evaluated (by hospital outpatients and mental health clinic patients) as follows: 4.123 points and 3.807 points out of 5, respectively (Table 10).

Table 10. **Results of the VSSS-54 within the scope of skills and behavior of personnel and inclusion of family in the treatment process**

Variable	Mean	Standard deviation
Skills and behavior of personnel	4.123	0.771
Behavior and kindness of administrative staff	4.201	0.659
Competence and professionalism of psychologists and psychiatrists	4.209	0.704
Ability of psychiatrists and psychologists to listen and understand	4.209	0.809
Skills and kindness of psychiatrists and psychologists	4.367	0.711
Keeping of appointments and appointment waiting times	4.022	0.901
Discretion and respect for patient's rights	4.436	0.708
Profoundness and credibility of psychologists and psychiatrists	4.216	0.737

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Abilities of psychiatrists and psychologists in cooperation with the GP or other specialist	3.892	0.802
Teamwork skills of personnel	4.036	0.693
Competence and professionalism of nurses and social workers	4.086	0.734
Behavior and kindness of nurses, social workers and therapists	4.324	0.648
Knowledge of present and former symptoms by nurses (therapists)	3.871	0.830
Clarity and concreteness of instructions received during sessions	4.086	0.715
Profoundness and precision of nurses, social workers and therapists	4.000	0.710
Capability of nurses and social workers to listen to and understand problems	3.993	0.763
Observance of continuity of care (the same attending person)	4.029	0.889
Inclusion of family in the treatment process	3.807	0.899
Advice given to close family	3.727	0.872
Efficiency of mental health centre in providing family support in getting to know and better understanding of patient's problems	3.813	0.956
Capabilities of psychiatrists and psychologist in understanding family fears	3.942	0.737
Quality of information provided to family regarding diagnosis and prognosis	3.734	0.949
Efficiency of the mental centre in supporting family in better handling the patient's problems	3.820	0.946

Discussion

The research resulted in similar results regarding attitudes of personnel in all forms of care. Hospital inpatients, hospital outpatients, and mental health clinic patients all provided positive responses. In total, 16.44% of patients evaluated the manner in which personnel addressed them as "inappropriate" or "rather inappropriate". The remaining patients expressed satisfaction. Additionally, in other research, the majority of patients expressed satisfaction with the manner in which personnel addressed them [10–13].

Analysis of literature indicates differences in responses regarding the person or persons who provided the most mental support to hospital inpatients. Doctors (46.25%), nurses (43.75%) and psychologists (23.75%), respectively, were indicated in this study as providing the most support. According to research conducted by Anczewska et al. [11], patients indicated nurses (51.60%), doctors (44.90%), and psychologists (20.60%), respectively, as providing the most support. Differing results were obtained by Raduj et al. [12], who indicated doctors (59%) as providing the most support, followed by other patients (33%), and then nurses and psychologists (4% each).

The patient questionnaire regarding an inpatient hospital stay contains questions related to whether doctors devote enough time to patients. This study and the studies conducted by Anczewska at et al. [11] and Raduj et al. [12], indicated similar results, i.e., respectively 93.75%, 94.30%, and 93.0% of respondents expressing a positive

opinion. Zarzeczna-Baran et al. [13] reported lower level of positive opinions – 84.0%. The questionnaire used in this study contains analogous questions regarding the amount of time dedicated to patients by nurses. The percentages of positive responses to this question are as follows: 97.10 % in the study by Anczewska et al., 95.0% in the study by Raduj et al., 96% in the study by Zarzeczna-Baran et al., and 98.75% in this study. In all these studies patients evaluated the amount of time dedicated by nurses more positively than that dedicated by doctors [11–13].

In this study, in accordance with the results of the VSSS-54, hospital outpatients and mental health clinic patients evaluated the professional skills and behavior of personnel positively, with 4.124 points. Among 55 patients diagnosed with schizophrenia who benefited from hospital outpatient care, mental health clinic care, or home care, the result was 4.17 points in the study conducted by Port et al. [14]. Lower results (3.0) were reported in the studies conducted by Mavrogiorgou et al. [15] among patients with obsessive-compulsive disorders. A similar study was conducted by Ruggeri et al. [16] among 404 patients suffering from schizophrenia in five European cities: Amsterdam, Copenhagen, London, Santander, and Verona. The best result was obtained in Copenhagen (4.13) and the worst in London (3.46). A result of 4.23 was obtained in another study conducted by Ruggeri et al., which was conducted among patients receiving mental care in Verona [16].

Interviews with 119 mental health inpatients were conducted in Great Britain. Such interviews indicated that patients observe that the work of nurses is hard and stressful, and that they often express feelings of anger, frustration, and hopelessness. Respondents accused the nurses of not understanding patient's problems and demonstrating insufficient empathy [17]. In the context of such considerations, it is worth mentioning a remark by Dołęga et al. [18] according to which the improvement of working conditions for mental care personnel will result in an increase in satisfaction of patients and a decrease in the psychological toll of such work for personnel.

This study indicated satisfaction regarding cooperation of specialists with close family at 3.807 points. Other research indicated lower satisfaction (in the range of 1.4–3.75 out of 5) [15, 19]. This phenomenon seems to be alarming, taking into consideration the importance of family in the treatment process of persons with mental disorders [20].

Conclusions

All patients, regardless of the form of mental health care, indicated receiving mental support during treatment, mainly from a doctor. The behavior and competences of personnel were highly evaluated across all forms of care. Considering the difficult working conditions, including insufficient personnel, it is necessary to emphasize that positive opinions of patients reflect the effort of staff members put into providing care at the highest level despite all the existing difficulties. Hospital outpatients and mental health clinic patients evaluated the inclusion of family in the treatment process at a moderate level. In order to prevent the isolation of those with mental disorders, organizational solutions allowing for greater inclusion of the family in the treatment process should be

implemented. Such solutions include the introduction of support mechanisms for family members (training, help line, etc.) and the implementation of modern technological solutions allowing patients to stay at their homes (electronic monitoring, possibility to immediately report deterioration in health, anxiety, etc.). It is very important then to alleviate personnel shortages in psychiatric healthcare facilities by, among others, encouraging medical graduates to pursue this specialization and providing staff with adequate remuneration. These activities will allow doctors and other professionals to devote their time not only to patients, but also patients' families. A calm conversation about a patient's illness, its symptoms and treatment may help the patient's family accept the patient's disorder and consequently prevent the patient isolation.

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