

# Gender difference on patients' satisfaction and expectation towards mental health care

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## Abstract

**Background:** Recognizing patient satisfaction and expectation is considered as important components of assessing quality of care.

**Aim:** The aim of this study was to determine the gender difference on the patient satisfaction with psychiatrists and explore their expectation from physicians to mental health care needs.

**Design:** This is a prospective cross sectional study conducted during the period from April 2009 to July 2009.

**Setting:** Psychiatry hospital of the Hamad Medical Corporation.

**Subjects:** A total of 1300 psychiatry patients aged 18 to 65 years were approached and 1054 (81.1%) patient's participated in this study. The study sample included only Qatari and other Arab nationals.

**Materials and Methods:** The study was based on a face to face interview with a designed Patient Doctor Relationship Questionnaire (PDRQ). A standard forward-backward procedure was applied to translate the English version of the PDRQ to Arabic. The main outcome measures of the study were 13-item patient doctor relationship questionnaire (PDRQ) score and other 11 items assessing what patients need from psychiatrists. Also, Socio-demographic data of the patients were collected. PDRQ was administered by qualified nurses among the psychiatry patients.

**Results:** Of the studied patients, 50.9% were males and 49.1% were females. Male patients (55.5%) were more satisfied with the treatment of psychiatrists than females (44.5%). A significant association was observed between male and female patients in terms of marital status ( $P = 0.02$ ), number of children ( $P < 0.001$ ), education level ( $P = 0.001$ ) and monthly household income ( $P = 0.03$ ). The satisfaction level significantly increased with higher education in both the groups ( $P = 0.001$ ). The satisfaction level of male patients was significantly higher than female patients in most of the satisfaction areas ( $P \leq 0.001$ ). Male patients had significantly high expectations from psychiatrists than females ( $P < 0.001$ ). Both the groups had different attitude in assessing mental health needs.

**Conclusion:** The study findings revealed that in general, psychiatry patients were quite satisfied with the services provided by the psychiatrists and the study found a gender difference in their satisfaction level with the mental health care. Male patients had significantly greater expectations from psychiatrists than females. The individuals of lower socio-economic status and less education tend to be less satisfied with the mental health care.

**Key words:** Gender, mental health, PDRQ, Satisfaction

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## Introduction

Patient satisfaction is a factor in the health care process, influencing intervention efficacy and consumer behaviour

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such as compliance and service utilization. Studies show that considering patients' views becomes particularly important

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in the psychiatry setting where the service users are often socially and economically marginalized.<sup>[1,2]</sup> In recent decades, determining the level of patient satisfaction has been found to be the most useful tool for getting patients' views on how to provide care. This is based on two major principles: patients are the best source of information on quality and quantity of medical services provided and patients' views are determining factors in planning and evaluating satisfaction. The assessment of patients' satisfaction with medical services has been a rapidly developing area of research for almost 20 years.<sup>[3]</sup> It is essential to understand the issues important in psychiatry setting in order to avoid patients' dissatisfaction and non-compliance with recommendations.

Few studies suggest that failure to identify patient expectations can lead to patient dissatisfaction with care, lack of compliance and inappropriate use of medical resources.<sup>[4]</sup> Although physicians are increasingly in contact with patients from diverse social and cultural background, little is known of how patient diversity affects physicians' ability to identify patients' expectations. Many times, patients' primary concerns often go undetected. Noble *et al.*<sup>[2]</sup> reported that Psychiatrists should encourage patients to verbalize the issues important to them, which should then be incorporated as much as possible in the treatment plan. However, patient satisfaction is influenced by many factors, including patients' clinical and socio-economic characteristics, expectations, living conditions and previous service experiences. Few studies<sup>[5-6]</sup> found a gender difference in the relation between satisfaction and perception of change.

In the last decade, there has been a growing interest in patient satisfaction as a measure of outcome and quality of care in psychiatry.<sup>[7]</sup> But in the State of Qatar, no assessment of patients' satisfaction with mental health care has been done. The health care system in Qatar has a compact link chain starting from primary health care to services extended by the major five government hospitals. During the last decade, the Qatar has expanded and improved the hospital services to render them more accessible and to ensure internationally acceptable quality of health care. These hospitals manage inpatient admissions, outpatient services and highly specialized tertiary care in all medical specialties. The population of Qatar during the year 2008 was 1,744,000 of whom 30% are Qatari nationals. The female population was quite lower in number (24.3%) than the male population (75.7%) due to foreign labor force in Qatar. The Annual statistics<sup>[8]</sup> of the Psychiatry hospital reported that on the average there are 17,000 outpatient visits and nearly 700 inpatient admissions recorded in this hospital. But, little is known about the issues of patients who visited the psychiatry hospital. Patients do want psychological interventions, but Psychiatrists often fail to identify what their patients' want and this may lead to patient dissatisfaction. Hence, it is important to investigate

the patient satisfaction and their unmet needs. To our knowledge, this is the first study in the Arab region that aimed to evaluate the patient satisfaction among psychiatry patients and their expectation from psychiatrists towards mental health care needs.

## Subjects and Methods

This is a prospective cross sectional study based on the psychiatry hospital of the Hamad Medical Corporation among patients visiting the outpatient department of the psychiatry hospital from April 2009 to July 2009. The study included Qatari and other Arab patients aged 18 to 65 years old who were attending the psychiatry hospital during the study period. We have received ethical approval from the Hamad Medical Corporation to conduct this research in the Psychiatry hospital (HMC RP # 7100/07). This ethical approval is the permission obtained from the Ethical Committee to carry out this study in the institution. A verbal consent was obtained from the recruited patients prior completing the questionnaire.

Qualified Nurses were instructed to structurally interview and assist the patients to complete the questionnaire. All patients who were willing to give consent and able to read Arabic or English text were approached since it was a self-administered questionnaire. A total of 1300 eligible patients were approached and 1054 patients participated in our study, thus giving a response rate of 81.1%. Of the 466 Qatari patients approached, 378 patients completed the questionnaire (81.1%), while among the 592 non-Qatari patients, 480 patients agreed to complete the questionnaire (81.1%). The study included all adult Qatari and other Arab nationals aged above 18 years residing in Qatar and excluded patients with any cognitive or physical impairment, non-psychotic patients aged below 18 years of age, patients coming for the first time to psychiatry out-patient clinics for consultation and patients who refused to give consent to take part in the study. Since the questionnaire assessed the patient satisfaction with psychiatrist, we interviewed only patients who had previous appointments with psychiatrists. The survey instrument was subjected to reliability measures to ensure the validation through a pilot study of 100 patients who visited the outpatient clinics of the Psychiatry hospital which helped to decrease ambiguity in the questionnaire.

The data was collected through a validated questionnaire self-administered with the help of qualified nurses. Recruited nurses are Arab nationals who speak and write the English and Arabic languages well. Also, they are aware of the Arabic culture so that they can influence the study participants when they are not open to discuss their problems and answer the questions. The questionnaire had three parts. The first part included the socio-demographic details of the patients, the second part is the English/Arabic version

of the 13-item Patient Doctor Relationship Questionnaire PDRQ<sup>[9]</sup> and third part containing questions related to issues patients regularly have regarding their treatment plan.<sup>[10]</sup> The questionnaire was available in two main languages common among the visiting patients (English and Arabic). The original English version of the questionnaire was translated to Arabic by a professional translator and back translated to English to check for inconsistency. The questionnaire was designed to be self-administered with assistance from qualified interviewers. Self-administration of such instruments is necessary to avoid any bias in reporting due to hesitation. Patients were asked to answer the 13 questions by grading them from 1 to 5; with 1 for "not at all appropriate", 2 for "somewhat appropriate", 3 for "appropriate", 4 for "mostly appropriate" and 5 for "totally appropriate"

Student *t*-test was used to ascertain the significance of differences between mean values of two continuous variables of PDRQ items. Chi-square analysis was performed to test (two-tailed) were performed to test for differences in proportions of categorical variables between two or more groups. The level  $P < 0.05$  was considered as the cut-off value for significance.

## Results

Table 1 shows the socio-demographic characteristics of the studied psychiatry patients according to gender. Of the studied patients, 50.9% were males and 49.1% were females. Most of the patients were in the age group 18-35 years (43.3%) and in the age group 35-44 years (26.4%). There were 91.6% literate patients with 25% university graduates and 36.3% having secondary level of education. There was a significant association observed between male and female patients in terms of marital status ( $P = 0.017$ ), number of children ( $P < 0.001$ ), educational level ( $P = 0.03$ ), occupation ( $P < 0.001$ ), monthly household income ( $P = 0.04$ ), place of living ( $P < 0.001$ ), internet at home ( $P < 0.001$ ).

Table 2 shows the socio-demographic characteristics of the patients who were satisfied with the mental health care. Male patients (55.5%) were more satisfied with the mental health care than females (44.5%). Among male and female patients, the greatest level of satisfaction was in the age group 18-35 years old (45.4% vs. 42.4%), followed by 35-44 years (24.4% vs 27.5%). A significant association was observed between male and female patients in their satisfaction level in terms of marital status ( $P = 0.02$ ), number of children ( $P < 0.001$ ), educational level ( $P = 0.001$ ), occupation ( $P < 0.001$ ), and monthly household income ( $P = 0.03$ ). The satisfaction level significantly increased with higher education in both the groups ( $P = 0.001$ )

Table 3 reveals the satisfaction score of the studied

patients with psychiatrists. More than female patients, male patients were more satisfied with the mental health care. The satisfaction score of male patients was significantly higher than female patients in most of the satisfaction areas ( $P \leq 0.001$ ). The male psychiatry patients were extremely satisfied with the availability of psychiatrists for consultation ( $4.2 \pm 1.0$ ), benefit from the treatment ( $4.0 \pm 1.0$ ), agreement with physicians on medical symptoms ( $4.1 \pm 1.1$ ), and accessibility of the psychiatrists ( $4.0 \pm 1.1$ ), while for female patients, they were satisfied with dedication of the psychiatrists ( $3.8 \pm 1.1$ ), availability

**Table 1: Socio-demographic characteristics of the studied psychiatry patients (N = 1054)**

Variables	Males n=537 (%)	Females n=517 (%)	P value
Age group			
<35	233 (43.3)	135 (43.3)	0.958
35-44	137 (25.5)	141 (27.3)	
45-54	111 (20.7)	104 (20.1)	
55-64	26 (4.8)	25 (4.8)	
65+	30 (5.6)	23 (4.4)	
Nationality			
Qatari	255 (47.5)	224 (43.3)	0.175
Other Arabs	282 (52.5)	293 (56.7)	
Marital Status			
Single	164 (30.5)	124 (24.0)	0.017
Married	373 (69.5)	393 (76.0)	
Have Children	343 (63.9)	404 (78.1)	<0.001
Education level			
Illiterate	36 (6.7)	53 (10.3)	0.034
Primary	88 (16.4)	60 (11.6)	
Intermediate	94 (17.5)	77 (14.9)	
Secondary	185 (34.5)	198 (38.3)	
University	134 (25)	129 (25)	
Occupation			
Not working	80 (14.9)	232 (44.9)	<0.001
Sedentary/Professional	263 (49)	118 (22.8)	
Manual	111 (20.7)	10 (1.9)	
Business	41 (7.6)	3 (0.6)	
Army/Police	42 (7.8)	4 (0.8)	
Housewife	0 (0)	150 (29)	
Monthly Household income			
<5000	107 (19.9)	126 (24.4)	0.037
5000-9999	251 (46.7)	216 (41.8)	
10,000-14,999	89 (16.6)	105 (20.3)	
15,000-19,999	45 (8.4)	44 (8.5)	
>20,000	45 (8.4)	26 (5)	
Number of people living in the house	3.5±1.8	3.6±1.6	0.355
Place of living	5.8±2.8	5.9±2.7	0.578
Urban	376 (70)	446 (86.3)	<0.001
Semi Urban	161 (30)	71 (13.7)	
Internet at home	374 (69.6)	288 (55.7)	<0.001
TV at home	500 (93.1)	496 (95.9)	0.044

**Table 2: Socio-demographic characteristics of the studied patients who were satisfied\* with psychiatry care. (N = 858)**

Variables	Males n=476 (%)	Females n=382 (%)	P value
Age group			
<35	216 (45.4)	162 (42.4)	0.854
35-44	116 (24.4)	105 (27.5)	
45-54	97 (20.4)	77 (20.2)	
55-64	23 (4.8)	20 (5.2)	
65+	24 (5.0)	18 (4.7)	
Nationality			
Qatari	221 (46.4)	157 (41.1)	0.135
Other Arabs	255 (53.6)	225 (58.9)	
Marital Status			
Single	152 (31.9)	93 (24.3)	0.018
Married	324 (68.1)	289 (75.7)	
Have Children	296 (62.2)	299 (78.3)	<0.001
Education level			
Illiterate	26 (5.5)	44 (11.5)	0.001
Primary	82 (17.2)	45 (11.8)	
Intermediate	91 (19.1)	52 (13.6)	
Secondary	159 (33.4)	144 (37.7)	
University	118 (24.8)	97 (25.4)	
Occupation			
Not working	71 (14.9)	151 (39.5)	<0.001
Sedentary/Professional	232 (48.7)	89 (23.3)	
Manual	99 (20.8)	8 (2.1)	
Business	41 (8.6)	3 (0.8)	
Army/Police	33 (6.9)	4 (1.0)	
Housewife	-	127 (33.2)	
Household income			
<5000	94 (19.7)	88 (23.0)	0.031
5000-9999	221 (46.4)	148 (38.7)	
10,000-14,999	78 (16.4)	86 (22.5)	
15,000-19,999	41 (8.6)	37 (9.7)	
>20,000	42 (8.8)	23 (6.0)	

of psychiatrists ( $3.8 \pm 1.1$ ), agreement with physician on medical symptoms ( $3.7 \pm 1.1$ ) and gratitude to psychiatrists for the improvement ( $3.7 \pm 1.1$ ).

Table 4 shows the expectation of studied patients from psychiatrists in providing psychiatry care. Male patients had significantly high expectations from psychiatrists than females ( $P < 0.001$ ). The three issues most important for the majority of the male patients were that the doctor should talk about their condition (64.6%), discussing the treatment option prior to final decision (71.3%) and provide symptomatic relief (64.8%), whereas for female patients it was explaining (64.8%) and talking (62.3%) about the cause of the condition, discussing the treatment options (60.3%) and providing the symptomatic relief (60%). Male and female patients had different attitude in assessing mental health needs.

**Table 3: Satisfaction score of the studied patients with psychiatrist (N=1054)**

Variables	Males N=537	Females N=517	P value
My doctor understands me	3.6±1.3	3.4±1.4	0.192
I trust my doctor	3.5±0.9	3.4±1.0	0.216
My doctor is dedicated to help me	4.1±0.9	3.8±1.1	<0.001
I can talk to my doctor	3.7±1.0	3.3±1.2	<0.001
I feel content with my doctor's treatment	3.5±0.9	3.1±1.1	<0.001
My doctor helps me	3.3±1.0	3.0±1.1	<0.001
My doctor has enough time for me	4.2±1.0	3.8±1.1	<0.001
I benefit from the treatment of my doctor	4.0±1.0	3.6±1.1	<0.001
My doctor and I agree on the nature of my medical symptoms	4.1±1.1	3.7±1.1	<0.001
I find my doctor easily accessible	4.0±1.1	3.6±1.1	<0.001
Thanks to my doctor, I feel better	3.9±1.0	3.7±1.1	0.001
Thanks to my doctor, I gained new insight	3.8±1.0	3.6±1.1	0.002
I can handle my medical symptoms now (even if my doctor and I have no further meeting)	4.0±1.1	3.5±1.2	<0.001

\* average score is  $\geq 3$

## Discussion

The present study findings provided new insights into the quality of psychiatry health services. Recognizing patient satisfaction and expectation is a major element of an effective doctor-patient relationship and a tool to assess the quality of care. It is worth mentioning that the present study findings revealed a high quality and optimum psychiatry health care for the residents in Qatar. The responses of the studied patients showed interesting results that the psychiatry patients in Qatar had their own views about psychiatry care and high expectation from psychiatrists. The satisfaction score of the studied psychiatry patients rated above 3 which is "appropriate" for the 13 different satisfaction areas. This shows that in general, psychiatry patients were quite satisfied with the services provided by the psychiatrists. The overall high levels of satisfaction expressed in this study is similar to the results found in a previous research using mental illness patients.<sup>[11]</sup>

The effect of the age variable on satisfaction was not significant, but it showed a notable result that the satisfaction level decreased gradually with the increasing age in both male and female patients. The greatest level of satisfaction in men and women was in age group 18-35 years old (45.4% vs. 42.4%), followed by 35-44 years (24.4% vs. 27.5%), then 45-54 years (20.4% vs. 20.2%). The old male and female patients above 55 years of age were less satisfied with the psychiatry care (9.9% vs. 9.9%). Another study done by Sixma *et al.*<sup>[12]</sup> showed similar results, but their satisfaction level increased again in the group over 60 years old. The data showed that educated male and female patients were more satisfied with the psychiatry care than less educated patients. It is noteworthy that older and uneducated patients

**Table 4: Expectation of studied patients from psychiatrists in providing psychiatry services (N = 1054)**

Variables	Males n=537 (%)	Females n=517 (%)	P value
Explain the cause of your condition			
Not important	26 (4.8)	14 (2.7)	<0.001
Important	185 (34.5)	161 (31.1)	
Very important	301 (56.1)	335 (64.8)	
Don't know	25 (4.7)	7 (1.4)	
Let you talk about your condition			
Not important	29 (5.4)	21 (4.1)	0.001
Important	142 (26.4)	169 (32.7)	
Very important	347 (64.6)	322 (62.3)	
Don't know	19 (3.5)	5 (1.0)	
Make you part of a support network that includes other patients like you			
Not important	174 (32.4)	123 (23.8)	0.006
Important	133(24.8)	234 (45.3)	
Very important	200 (37.2)	146 (28.2)	
Don't know	30 (5.6)	14 (2.7)	
Discuss the treatment options and you make the final decision			
Not important	144 (26.8)	173 (33.5)	<0.001
Important	137 (25.5)	124 (24)	
Very important	228 (42.5)	151 (29.2)	
Don't know	28 (5.2)	69 (13.3)	
Discuss the treatment options and doctor makes the final decision			
Not important	22 (4.1)	29 (5.6)	0.001
Important	114 (21.2)	142 (27.5)	
Very important	383 (71.3)	312 (60.3)	
Don't know	18 (3.4)	34 (6.6)	
Provide symptomatic relief			
Not important	13 (2.4)	5 (1.0)	<0.001
Important	135 (25.1)	189 (36.6)	
Very important	348 (64.8)	310 (60)	
Don't know	41 (7.6)	13 (2.5)	
Inform you about side effects of treatment			
Not important	27 (5.0)	14 (2.7)	0.001
Important	168 (31.3)	214 (41.4)	
Very important	318 (59.2)	279 (54.0)	
Don't know	24 (4.5)	10 (1.9)	
Discuss alternative treatment (that is other than medicines, for example talking therapy)			
Not important	21 (3.9)	28 (5.4)	0.009
Important	231 (43.0)	268 (51.8)	
Very important	250 (46.6)	192 (37.1)	
Don't know	35 (6.5)	29 (5.6)	

Contd...

**Table 4: Condt...**

Variables	Males n=537 (%)	Females n=517 (%)	P value
Order Laboratory tests			
Not important	94 (17.5)	49 (9.5)	<0.001
Important	195 (36.3)	279 (54)	
Very important	222 (41.3)	174 (33.7)	
Don't know	26 (4.8)	15 (2.9)	
Tell you how long the illness will last and the number of follow-ups			
Not important	33 (6.1)	35 (6.8)	<0.001
Important	200 (37.2)	283 (54.7)	
Very important	298 (55.5)	187 (36.2)	
Don't know	6 (1.1)	12 (2.3)	
Discuss the cost of medicine			
Not important	166 (30.9)	217 (42)	<0.001
Important	91 (16.9)	131 (25.3)	
Very important	261 (48.6)	151 (29.2)	
Don't know	19 (3.5)	18 (3.5)	

experienced less satisfaction. One possible explanation for the older patients less satisfied with their mental health care is cohort effect, with younger generations having greater expectations and older patients do not complain about the services offered and they try to cope up with problems thinking of their old age. It is common that patients with less education tend to be less satisfied with the health care because they are poor in psychological interventions and they are more likely to experience unmet needs at their visit. There was a direct significant relationship between patient satisfaction and education ( $P = 0.001$ ). But another study<sup>[13]</sup> found an opposite result that level of education was inversely correlated with satisfaction. In the present study, a significant association was observed between male and female patients in terms of their socio-demographic characteristics; marital status ( $P = 0.02$ ), number of children ( $P < 0.001$ ), education level ( $P = 0.001$ ) and monthly household income ( $P = 0.03$ ). On the contrary, Hall and Dornan<sup>[13]</sup> stated in their study that patient demographics are a minor factor in patient satisfaction. Contrary to expectations, another study of Swanson *et al.* reported that patient's gender made no difference in the effects of quality of care on patient satisfaction.<sup>[14]</sup> The literature appears mixed on the importance of patients' demographic and social factors in determining satisfaction.

Studies on the effect of gender are contradictory with some studies showing that women tend to be less satisfied and other studies showing the opposite.<sup>[15]</sup> The present study found a gender difference in the satisfaction level to mental health care. In this study, men tend to be more satisfied with mental health care services than women with significant difference ( $P < 0.001$ ). Male patients were extremely happy

than females in most of the satisfaction areas especially with dedication of psychiatrist ( $4.1 \pm 0.9$  vs.  $3.8 \pm 1.1$ ), availability of psychiatrist ( $4.2 \pm 1.0$  vs.  $3.8 \pm 1.1$ ), benefit from treatment ( $4.0 \pm 1.0$  vs.  $3.6 \pm 1.1$ ) and accessibility of psychiatrist ( $4.0 \pm 1.1$  vs.  $3.6 \pm 1.1$ ). In Arab culture, women are more conservative and their exposure to the public is limited. This culture might be the reason for the less satisfaction among female patients. On the contrary, another study done by Kuosmanen *et al.*<sup>[15]</sup> found that female patients were more satisfied with psychiatry health care than men. But, the survey of Weisman<sup>[16]</sup> found no significant relationship between patient satisfaction and gender.

In line with the satisfaction level of patients, male patients had significantly greater expectations from psychiatrists than females. In spite of the fact that our studied patients (90.2%) still rely on the doctors to give the final decision, more than half of them (60.7%) wanted to play an active role in decision making process, especially men (68%). In the Arab culture, patients have no involvement in the decision making. That might be the reason that more than half of the studied patients showed their interest to get involved with the decision process. In the western world<sup>[12]</sup>, a great deal of emphasis is given to the patients' choices and empowerment of patients in the decision making process. It is interesting to observe that more than men (56.1%), women considered it very important (64.8%) to know the cause of the condition. In Pakistan<sup>[10]</sup>, majority of the patients (92%) were interested in knowing the cause of their mental illness.

Also, more than half of the studied patients especially men (59.2%) reported very important for knowing the side effects of the treatment. A study<sup>[17]</sup> showed that 76.2% of outpatients coming to physicians wanted to know all possible adverse effects. More than men (30.9%), women (42%) considered the cost of medicine not important. This is different from other countries because health services are free for Qataris and other Arabs have to pay a nominal fee for the services. Cost of the medicine was not a real issue for majority of the studied female patients. It is noteworthy that more than men (77.6%), female patients (87.6%) knew the laboratory tests were important. But most of the patients in Karachi<sup>[16]</sup> did not know whether it was important or not to have lab investigations. Among African American families,<sup>[18]</sup> 28.6% of mothers and 40% of the youth reporting negative expectation about mental health services and they have negative intentions to seek mental health services. Youth were concerned about privacy breeches and mothers about the harmfulness of psychotropic medication.

Although the studied patients are quite satisfied with the psychiatry care, patients' expectations from psychiatrists were high. It was reported in South Africa<sup>[19]</sup> that many patients with severe psychiatric disorders are unaware that effective treatment is available for psychiatric disorders. Perhaps the most important lesson for physicians is to take

the time and effort to elicit patients' expectations. When physicians recognize and address patient expectations, satisfaction is higher not only for the patient, but also for the physician. In our study, the old and uneducated patients were more likely to experience unmet needs at their visit to psychiatrists and they demonstrated less symptom improvement and evaluated their visit less positively. Nevertheless, the study shed some light on how particular demographic factors affect patient satisfaction. More innovative methods for improvement in the areas of dissatisfaction need to be developed.

There are few limitations to our study. Since it is a prospective cross sectional study, we would have missed some patients to approach for some reasons and thus they were not included in the study sample. Due to the nature of the study, patients were hesitant in discussing their problems and this led to some incomplete questionnaires which were excluded. Some of the nurses have better communicative skills and were good in explaining the variables and influencing the patients to answer all the questions correctly.

## Conclusion

The study findings revealed that in general, psychiatry patients were quite satisfied with the services provided by the psychiatrists and the study found a gender difference in their satisfaction level with mental health care. The satisfaction level decreased gradually with the increasing age in both male and female patients. There was a direct significant relationship between patient satisfaction and education. Significant association was observed between male and female patients in their satisfaction level in terms of their socio-demographic characteristics; marital status, number of children, education level and monthly household income. Male patients had significantly greater expectations from psychiatrists than females. The individuals of lower socio-economic status and less education tend to be less satisfied with the psychiatry health care.

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