



Measuring psychiatric patients satisfaction with the initial evaluation: A comparison of 2 measures



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ABSTRACT

As part of Maintenance of Certification (MOC) for physicians, the American Board of Psychiatry and Neurology (ABPN) developed a patient satisfaction form. We are not aware of any studies of the ABPN satisfaction survey. The goal of the present study was to examine the psychometric characteristics of the ABPN survey, and to compare it to a satisfaction measure that was designed to assess satisfaction with the initial evaluation. Two hundred seven patients completed the ABPN measure and the Clinically Useful Patient Satisfaction Scale (CUPSS) after their initial meeting with the psychiatrist. The patients also completed a questionnaire asking which of the two scales were better measures of satisfaction with the initial evaluation. The items on both scales were negatively skewed, and approximately 90% of the ratings on the ABPN scale received the highest rating. Both scales had high internal consistency. All items were significantly correlated with indicators of global satisfaction. There was sufficient variability in satisfaction ratings to detect differences amongst clinicians. Significantly more patients indicated that the CUPSS was a better indicator of their satisfaction with the evaluation. The results of the present study raise some concerns about the ABPN measure. There was evidence of a ceiling effect, and this ceiling effect raises questions about the usefulness of the scale for the purposes of self-improvement. The psychometrics of the CUPSS were stronger, and it was preferred by patients as a measure of satisfaction with the initial evaluation.

1. Introduction

In service industries, including healthcare, consumer (or patient) satisfaction is recognized as an important construct to assess in evaluating quality. While there are questions as to how accurate satisfaction with medical care is as a marker of quality, measures of satisfaction have been found to be significantly associated with external, independent assessments of the quality of care, thereby validating their utility as a proxy or indicator of quality (Holcomb et al., 1998; Shipley et al., 2000). The importance of assessing patient satisfaction extends to psychiatric practice (Urden, 2002). Patient satisfaction is one component of evaluating clinician performance, and potentially could be used as a pay for performance indicator. Patient satisfaction may also be a predictor of treatment discontinuation, and specific aspects of patient dissatisfaction could be targeted to improve treatment retention.

Satisfaction is typically assessed in patients who are receiving ongoing treatment. However, dissatisfaction is associated with dropping out of treatment and changing providers (Larsen et al., 1979; Nguyen et al., 1983; Tehrani et al., 1996; Ware and Davies, 1983). In addition,

treatment effectiveness is associated with ratings of satisfaction (Baradell, 1995; Bjorngaard et al., 2007; Hasler et al., 2004; Holcomb et al., 1998; Larsen et al., 1979; Lebow, 1982; Lippens and Mackenzie, 2011; Nguyen et al., 1983). Thus, measuring satisfaction in patients in ongoing treatment is likely to be biased because less satisfied patients who have been less effectively treated are more likely to have dropped out of treatment.

There are many measures of satisfaction, but these have been designed to be used with patients in ongoing treatment (Miglietta et al., 2018). Because of concerns about bias in assessing satisfaction with patients in ongoing treatment, our clinical research group developed a measure of satisfaction with the initial encounter as this would not be confounded by factors that influence treatment continuation (Zimmerman et al., 2017). Moreover, because dropping out of treatment often occurs early during the course of treatment, measuring satisfaction with the initial evaluation provides an opportunity to reduce dropouts by providing feedback to the clinicians regarding patients' perceptions.

As part of Maintenance of Certification (MOC) for physicians, the

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American Board of Psychiatry and Neurology (APBN) developed a patient satisfaction form. Use of the scale is part of the self-improvement component of the MOC process. We are not aware of any studies of the ABPN satisfaction survey, either for patients in ongoing treatment or after the initial evaluation. The goal of the present study from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project was 3-fold. First, we examined the psychometric characteristics of the ABPN survey. Second, we compared the psychometric characteristics of the ABPN survey to the satisfaction measure that we recently developed. And third, we examined patients' opinions of the two scales as a measure of satisfaction with the initial evaluation.

2. Methods

The study was conducted in the Rhode Island Hospital Department of Psychiatry partial hospital program, a 5-day per week intensive treatment program. Patients meet with a psychiatrist and therapist daily and attend 4 groups per day. The average length of stay is 7.5 days. As part of Rhode Island Hospital's Department of Psychiatry quality of care and outcomes initiative, patients presenting to the partial hospital program were asked by the evaluating psychiatrist to complete the Clinically Useful Patient Satisfaction Scale (CUPSS) and the APBN satisfaction scale at the end of the initial visit. At the conclusion of the intake interview, the evaluating psychiatrist gave the patients the 2 scales and a third form which assessed their opinion of the 2 scales. The patients were escorted back to the waiting area and asked to put the completed forms in an enclosed box with a slot on top. The psychiatrists left the waiting area and did not stay with the patients while they completed the scale.

The order of the 2 satisfaction forms was counterbalanced. After completing the two questionnaires the patients completed a questionnaire asking which of the two measures took less time to complete, was less burdensome to complete, and was a better measure of satisfaction with the initial evaluation. The patients were not aware that we had developed one of the two questionnaires they were comparing. The Rhode Island Hospital institutional review committee approved the research protocol, and all patients provided informed, written consent.

2.1. Measures

The ABPN feedback form is a 7-item scale focused on clinician comportment and behavior. The scale does not include a global rating of overall satisfaction. The top of the scale is labeled "Patient Feedback Form" and directs the patient to "Please select a performance rating for your doctor for each of the following questions." The items are worded as questions (see Tables) and the ratings are made on a 3-point scale (0 = no; 1 = yes, somewhat; 2 = yes, definitely). The bottom of the form asks patients to return the form to their physician.

The partial hospital version of the CUPSS is a 16-item scale covering 3 areas: clinician attitude and behavior (12 items), office environment and staff (2 items), global satisfaction and expectation of improvement (2 items). The partial hospital version of the scale does not include 2 items on the outpatient version ("The appointment was started on time." "Based on your first visit, would you recommend your doctor to a friend or family member?") as these were not relevant to a partial hospital setting. The items are worded as statements, and they are rated on a 5-point scale (0 = disagree; 1 = agree slightly; 2 = agree moderately; 3 = agree very much; 4 = strongly agree). A 5-point ordinal rating scale was used to reduce skew and increase variability of response and thus increase the likelihood of detecting differences between clinicians (Ware and Hays, 1988). The instructions for completing the scale were:

In order to provide the best possible care to our patients, we would like you to evaluate us. Your responses to the following questions will help us make improvements, and will be greatly appreciated. Please indicate how much you agree with the following statements. *Your*

specific answers will not be shared with your doctor but will instead be entered into our overall data base.

Two prior studies totaling more than 2000 outpatients and partial hospital patients has shown that the CUPSS scale and items have good psychometric properties such as high internal consistency, item-scale correlations, and correlations with global satisfaction (Zimmerman et al., 2017). Both studies also found that the scale is sufficiently sensitive to discriminate amongst clinicians. The subjects in the present report do not overlap with the subjects included in either of the first 2 studies.

2.2. Data analysis

Descriptive statistics (mean, standard deviation, kurtosis and skew) of each item were computed for both scales. The internal consistency of the scales was evaluated with Cronbach's alpha. Item-scale correlations were computed between each item and the total scale score. The global satisfaction and expectation of improvement items were not included in the analyses of the CUPSS items. Next we examined the correlation between each item and the global satisfaction item. We used an analysis of variance and chi-square statistic to compare the satisfaction ratings amongst clinicians.

To compare the differences between the CUPSS and ABPN responses on the feedback form regarding perceived burden, understandability, and recommendation for future completion, we conducted separate tests of approximate inference for a single proportion on those patients who made a clear selection. Using this test, a z-score is computed from the observed proportions of favorability for the two scales and compared against a null hypothesis of equivalent selection.

3. Results

3.1. Demographic and clinical characteristics

Two hundred forty patients were admitted during the time period of the study. Sometimes the psychiatrists forgot to hand the form to the patient and sometimes the patients did not complete the scale. We collected questionnaires from 86.2% ($n = 207$) of the patients.

The majority of the 207 patients were female (73.4%, $n = 152$), the mean age was 39.1 years ($SD = 14.2$), and approximately one-quarter graduated a 4-year college (23.7%, $n = 49$). The ethnicity of the sample was 75.4% ($n = 156$) white, 4.8% ($n = 10$) black, 13.5% ($n = 28$) Hispanic, 1.0% ($n = 2$) Asian, and 4.8% ($n = 10$) other. The most frequent DSM-IV principal diagnoses were major depressive disorder 48.2% ($n = 100$), bipolar disorder 16.4% ($n = 34$), and posttraumatic stress disorder 6.8% ($n = 14$).

3.2. Descriptive statistics of the items

There was no evidence of an order effect on the mean score on either measure, therefore, the data was combined for both orders of administration.

The item scores on the ABPN form ranged from 0 to 2. The mean of each item on the ABPN feedback form was greater than 1.7 (Table 1). The kurtosis coefficients of all items were above 3 (mean = 7.0), indicating that the item values were not normally distributed. All items were negatively skewed (mean skew = -2.7). More than 90% of the items were rated 2 (91.6%)

On the CUPSS the kurtosis coefficients of all items but two were greater than 1 (mean = 4.2), indicating that the item values were not normally distributed. All items were negatively skewed (mean skew = -1.9). Two-thirds of the items received the highest rating of 4 (66.2%).

Table 1
Descriptive Statistics of the Items of American Board of Psychiatry and Neurology (ABPN) Feedback Form and the Clinically Useful Patient Satisfaction Scale (CUPSS).

	Mean	SD	Kurtosis	Skew
ABPN feedback form items				
Did this doctor explain things in a way that was easy to understand?	1.90	0.3	5.2	−2.7
Did this doctor listen carefully to you?	1.92	0.3	14.3	−3.7
Did you talk with this doctor about any health problems or concerns?	1.77	0.5	3.8	−2.2
Did this doctor give you easy to understand instructions about taking care of those health problems or concerns?	1.71	0.5	1.8	−1.6
Did this doctor seem to know the important information about your medical history?	1.76	0.5	3.6	−2.1
Did this doctor show respect for what you had to say?	1.91	0.3	13.6	−3.6
Did this doctor spend enough time with you?	1.84	0.4	6.7	−2.7
CUPSS Items				
The evaluation was thorough and complete.	3.53	0.7	1.1	−1.3
My diagnosis was explained in a clear way.	3.35	0.9	3.1	−1.7
My questions were answered to my satisfaction.	3.58	0.7	4.2	−1.9
My treatment was discussed in a clear and understandable way.	3.44	0.8	2.8	−1.6
I was asked for my opinion about treatment.	3.32	0.9	2.1	−1.5
I was told what to do if my symptoms got worse.	3.16	1.2	0.8	−1.4
My doctor seemed genuinely interested in me.	3.55	0.8	5.6	−2.3
My doctor seemed to understand my problems.	3.58	0.7	3.4	−1.9
My doctor treated me with respect.	3.75	0.6	6.8	−2.5
My doctor seemed to know what he/she was doing.	3.75	0.6	8.1	−2.7
I felt I could trust my doctor.	3.51	0.9	3.6	−2.0
My doctor asked if I had any questions.	3.77	0.6	13.1	−3.2
The office staff was professional, friendly, and courteous.	3.72	0.5	4.1	−2.0
The waiting area was clean and comfortable.	3.72	0.6	5.7	−2.3
Overall level of satisfaction	3.34	0.8	1.9	−1.4
After the evaluation I was more hopeful I would get better.	3.18	0.8	0.5	−0.9

3.3. Internal consistency and item-scale correlations

Cronbach's alpha, indicating the internal consistency of the scale, was 0.85 for the ABPN feedback form and 0.93 for the CUPSS. The data in Table 2 shows the correlation between each item and the total scale score. (For the CUPSS the total scale score did not include the global satisfaction and expectancy items.) All item-scale correlations were significant for the ABPN feedback form (mean = 0.60) and the CUPSS (mean = 0.65).

3.4. Correlation between items and global ratings of satisfaction

All ABPN items were significantly correlated with the global satisfaction rating (mean = 0.44) (Table 3). On the CUPSS, all items except one were significantly correlated with overall satisfaction of the initial evaluation (mean = 0.51).

3.5. Distinguishing clinicians

On the ABPN, the total mean score of the scale significantly distinguished the psychiatrists, with one psychiatrist having a lower total mean score than the other psychiatrists (11.4 ± 1.9 vs. 13.1 ± 2.8, $t = 4.0, p < .01$). All items except one (item 4) significantly distinguished the psychiatrists on this scale.

On the CUPSS, the overall satisfaction ratings and all individual items significantly distinguished the psychiatrists. For example, on the global rating of satisfaction, one psychiatrist was rated positively (i.e., very or extremely satisfied) significantly less often than the other psychiatrists (62.5% vs. 91.9%, $X^2 = 22.3, p < .01$). The total mean score

Table 2
Item-total correlations of the items of American Board of Psychiatry and Neurology (ABPN) feedback form and the Clinically Useful Patient Satisfaction Scale (CUPSS).

	Correlation coefficient
ABPN feedback form items	
Did this doctor explain things in a way that was easy to understand?	0.55
Did this doctor listen carefully to you?	0.65
Did you talk with this doctor about any health problems or concerns?	0.57
Did this doctor give you easy to understand instructions about taking care of those health problems or concerns?	.55
Did this doctor seem to know the important information about your medical history?	0.66
Did this doctor show respect for what you had to say?	0.60
Did this doctor spend enough time with you?	0.60
CUPSS items	
The evaluation was thorough and complete.	0.71
My diagnosis was explained in a clear way.	0.65
My questions were answered to my satisfaction.	0.73
My treatment was discussed in a clear and understandable way.	0.63
I was asked for my opinion about treatment.	0.66
I was told what to do if my symptoms got worse.	0.38
My doctor seemed genuinely interested in me.	0.77
My doctor seemed to understand my problems.	0.80
My doctor treated me with respect.	0.74
My doctor seemed to know what he/she was doing.	0.77
I felt I could trust my doctor.	0.70
My doctor asked if I had any questions.	0.69
The office staff was professional, friendly, and courteous.	0.32
The waiting area was clean and comfortable.	0.37

of the scale also significantly distinguished the psychiatrists, with one psychiatrist having a lower total mean score than the other psychiatrists (46.1 ± 10.8 vs. 57.2 ± 7.2, $t = 7.1, p < .01$). In contrast, the satisfaction ratings of office staff and physical environment did not distinguish the psychiatrists.

3.6. Perceived burden and acceptability

The data in Table 4 shows that the ABPN feedback form was perceived as taking less time to complete and was less of a burden to complete. Despite this, significantly more patients indicated that they would recommend the CUPSS be used to measure satisfaction with the initial evaluation, and that the CUPSS was a better indicator of their satisfaction with the evaluation.

4. Discussion

To our knowledge this is the first study of the ABPN feedback form. To be sure, the ABPN form was not specifically designed to assess satisfaction with the initial evaluation; however, the items are as relevant to assessing satisfaction with the initial evaluation as they are to assessing satisfaction with ongoing care.

The goal of the study was three-fold. First, we were interested in the psychometric characteristics of the ABPN survey, as we are unaware of previous psychometric studies of the measure. It is disconcerting that the ABPN put forth an instrument for MOC without an adequate (or even preliminary) examination of its psychometric properties. The results of the present study raise some concerns about the ABPN measure. There was clear evidence of a ceiling effect, with more than 90% of the ratings being at the highest level. This ceiling effect raises questions about the usefulness of the scale for the MOC process. If there is little variability in the patients' responses to the items, and all items are almost always rated at the highest level of satisfaction, then the scale is

Table 3
Correlations between global rating of satisfaction and items of the American Board of Psychiatry and Neurology (ABPN) feedback form and the Clinically Useful Patient Satisfaction Scale (CUPSS).

	Correlation with overall level of satisfaction
ABPN feedback form items	
Did this doctor explain things in a way that was easy to understand?	0.47
Did this doctor listen carefully to you?	0.55
Did you talk with this doctor about any health problems or concerns?	0.22
Did this doctor give you easy to understand instructions about taking care of those health problems or concerns?	0.24
Did this doctor seem to know the important information about your medical history?	0.48
Did this doctor show respect for what you had to say?	0.54
Did this doctor spend enough time with you?	0.57
CUPSS items	
The evaluation was thorough and complete.	0.58
My diagnosis was explained in clear way.	0.55
My questions were answered to my satisfaction.	0.58
My treatment was discussed in a clear and understandable way.	0.47
I was asked for my opinion about treatment.	0.55
I was told what to do if my symptoms got worse.	0.27
My doctor seemed genuinely interested in me.	0.70
My doctor seemed to understand my problems.	0.68
My doctor treated me with respect.	0.60
My doctor seemed to know what he/she was doing.	0.58
I felt I could trust my doctor.	0.66
My doctor asked if I had any questions.	0.52
The office staff was professional, friendly, and courteous.	0.14
The waiting area was clean and comfortable.	0.27

All correlations are significant at $P < .001$. Due to missing item data sample sizes varied from 197 to 199.

not very useful to clinicians for the purposes of self-improvement.

Second, we were interested in how the psychometric properties of the measure that we developed in the MIDAS project compared with the psychometric characteristics of the ABPN survey. We found that the psychometrics of the CUPSS were stronger than the psychometrics of the ABPN feedback form. The internal consistency, item scale correlations, and item correlations with a global rating of satisfaction were higher on the CUPSS. Similar to the items of the ABPN, the item ratings on the CUPSS were skewed, though the kurtosis ratings were lower on CUPSS.

And third, we were interested in patients' opinions of the two scales as a measure of satisfaction with the initial evaluation. The CUPSS has more than twice as many items as the ABPN measure and was judged as taking more time and being more burdensome to complete. However, while the CUPSS may be more burdensome than the ABPN, an earlier study of the outpatient version of the CUPSS, which contains 2 more

items than the partial hospital version, was considered to be not at all or minimally burdensome to complete (Zimmerman et al., 2017). Moreover, despite the greater completion burden, significantly more patients recommended the CUPSS be used to evaluate patients' satisfaction with the doctor who conducted the initial evaluation.

The present study is the third one demonstrating that the CUPSS has good psychometric properties and is capable of discriminating clinicians. In fact, the psychometric characteristics of the scale were similar in the 3 studies. The internal consistency was above 0.90 in all 3 studies. The mean of the item-scale correlations was 0.65 and above, and the items assessing support staff, the waiting area, and clinicians telling patients what to do if their symptoms got worse were the least highly correlated with total scores and the global rating of satisfaction.

The content of both the CUPSS and ABPN focus on clinician behavior. This contrasts with other scales which include items assessing office hours, staff turnover, continuity of care, transportation to the treatment facility, physical environment, and efficacy of interventions (Berghofer et al., 2011; Fortin et al., 2018; Miglietta et al., 2018; Ruggeri et al., 2000) or are limited to global ratings of satisfaction (Larsen et al., 1979). The CUPSS and ABPN focus on clinician behavior because these tools are intended to provide feedback to clinicians on specific behaviors and manner that clinicians could potentially modify in order to improve quality of care. To be sure, we are not aware of any studies that have examined whether providing such feedback to clinicians results in improved patient satisfaction.

Before concluding the limitations of the study should be considered. The manner in which we collected the satisfaction data is at variance with how hospitals typically collect such information. In hospitals, patients are typically handed a satisfaction form at the end of treatment and asked to mail it back. Such procedures usually result in low response rates thereby raising questions about the representativeness of the samples. Also, third party vendors are often used to assist with data collection or compilation and this is costly. Our goal in developing the CUPSS was to construct a measure that focuses on behaviors and attitudes that would be of concern to clinicians and thereby provide useful feedback regarding patients' perspectives. The focus on the initial evaluation was due to the aforementioned bias in collecting satisfaction data in patients who remain in treatment (after the dissatisfied patients have already left). One might ask whether another aspect of the data collection procedure, having the psychiatrists ask the patients to complete the scale, influenced the ratings. A possible positive consequence of this approach was the high completion rate. But the more important question is whether the patients' responses were positively biased because their psychiatrists, rather than support staff, gave them the measure. However, if a strong bias were operating, then one would not have expected to find significant differences between clinicians, which were detected by both measures. Moreover, it is unclear how this procedure would compromise a comparison of the 2 measures that were administered in the same manner. Nonetheless, it is an empirical question as to whether responses on a satisfaction form differ if the treater hands the patient the scale in contrast to support staff handing

Table 4
Patients perceptions of the American Board of Psychiatry and Neurology (ABPN) feedback form and the Clinically Useful Patient Satisfaction Scale (CUPSS).

Question	ABPN Feedback Form, % (n)	CUPSS, % (n)	About the Same, % (n)	z value	p level
Which scale took less time to complete?	57.4 (101)	7.4 (13)	31.3 (55)	10.1	<.001
Which scale was more of a burden to complete?	6.3 (11)	38.1 (67)	49.4 (87)	-7.3	<.001
On which scale were the items easier to understand?	26.1 (46)	11.9 (21)	58.0 (102)	3.4	<.001
On which scale could you more accurately describe your satisfaction with the initial evaluation?	14.2 (25)	39.2 (69)	42.6 (75)	-5.3	<.001
On which scale could you more accurately describe your satisfaction with the doctor who conducted the initial evaluation?	19.3 (34)	35.2 (62)	41.5 (73)	-3.4	<.001
Which scale would you recommend be used to evaluate patients' satisfaction with their doctor who conducted the initial evaluation?	18.8 (33)	39.2 (69)	38.1 (67)	-4.3	<.001

Due to missing data, the sample size responding to each question ranged from 165–169.

out the scale.

While evaluating satisfaction with the initial encounter may avoid the bias due to dropping out being associated with satisfaction, there are, of course, limitations of this approach. Some patients may be too ill to complete the form upon initial presentation for treatment. This may be particularly true in an inpatient setting. Also, patients may change some of their opinions with repeated encounters with their psychiatrist. Of course, these limitations would apply to both the CUPSS and the ABPN.

Finally, the study was limited to patients in a partial hospital program. Replication in other treatment settings is warranted. Perhaps in outpatient settings more variability will be found in the ratings of the ABPN form. However, our prior study of the CUPSS found that responses were more skewed in an outpatient sample than the partial hospital sample (Zimmerman et al., 2017); therefore, we are skeptical that the ceiling effect will be less of a problem for the ABPN form in an outpatient sample.

In conclusion, this initial study of the ABPN feedback form suggests that it is unlikely to be helpful in identifying problem areas with a clinician's performance because of the strong ceiling effect. This is the third study to show that the CUPSS has strong psychometric properties, and there is sufficient variability in the ratings to detect differences amongst clinicians. Future research should examine whether satisfaction with the initial evaluation predicts treatment retention and outcome, and whether feedback of information to clinicians can improve the quality and outcome of treatment.

Potential conflicts of interest

None.

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