ORIGINAL ARTICLE

Evaluation of self-determining living skills, Patients Satisfaction and perceived change of patients enduring community psychiatric behavior

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ABSTRACT:
Introduction: This study examines medical practices and approaches that assist patients in managing anxiety and reducing stress during the process of adjustment. This, in turn, supports the idea of treating mental problems outside of psychiatric hospitals. **Materials and methods:** A total of 199 patients who were invited to participate in a verbal interview were included in the report. The study utilised the following scales, in addition to sociodemographic and clinical data. The SATIS scales evaluate the contentment of those utilising mental health treatments. To assess the level of patient satisfaction worldwide, it is crucial to calculate the average of the responses collected for the 12 items on the short scale (questions 1 to 12) which are separated into 3 variables or subscales. **Results:** The average age of participants was 53.2 years, ranging from 20 to 70 years, with 31.2% falling between the ages of 31 and 40. The length of hospital stay in these mental health facilities ranged from one week to four months, with 40.2% of patients staying in the hospital for three weeks. The number of admissions varied from one to over six times, with 49.2% of the participants being admitted for the first time. **Conclusion:** This study offers insight into guidelines for Medical intervention in patients who are suffering anxiety. Collaborating with someone who has anxiety, however, necessitates a thorough comprehension of theory and personal insights that can only be acquired through time and experience.
Keyword: psychiatric treatment, Satisfaction, living skills.

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INTRODUCTION
A study indicates that mental diseases account for 24.9 percent of all DALYs when employing the disability-adjusted life year (DALY) framework. The top two spots are taken by depression and anxiety disorders. Additionally, schizophrenia accounts for 6 percent of DALYs.[1] In the present style of psychiatric care, individuals with mental diseases receive their treatment, progressively and preferably, in community mental health facilities (Psychosocial Care Centres). The patient stays connected with their family and community through this care model, which helps to enhance their familial and social relationships. This, in turn, supports the idea of treating mental problems outside of psychiatric hospitals.[2] If the treatment does not lead to improvement, the patient with mental illness may be readmitted. A study discovered that the rate of readmission stayed higher than 20 percent from 2002 to 2011, suggesting a lack in the patient's social reintegration. It also emphasises that care should take into account the concerns of the patient.[3] The WHO suggests that it is important to consider the patient's viewpoint in their therapy. This is because patients who are involved in their mental health treatment are more likely to follow it, which gives them more control and involves them in the process.[4] Anxiety and sadness are the two most prevalent mental health issues observed in medical settings.[5] Anxiety manifests itself in various ways in a person's life, affecting their thoughts (such as uncertainty, difficulty focusing, or inability to concentrate on immediate matters), emotions (such as anticipation, fear, or dread), and physical well-being (such as shortness of breath, difficulty sleeping, heart palpitations, tension, and fatigue).[5] Anxiety is a widespread personal feeling that indicates a potential danger and triggers the stress reaction, which can be a disabling condition with financial implications like taking time off from work.[6] Anxiety and depression impact individuals' emotions, life objectives, and motivation and are the most prevalent conditions in mental health.[7] Anxiety can also be present in other mental states, such as when it is accompanied with co-morbidity related to substance use disorders.[8] Previous studies on stress in healthcare have indicated that patients have emotional responses to being in a hospital setting. Individuals that effectively manage and utilise problem-solving strategies, such as engaging in self-reflection and self-talk, tend to experience more positive psychological results.[8,9] This study examines medical practices and approaches that assist patients in managing anxiety and reducing stress during the process of adjustment.

MATERIAL AND METHOD
The Psychosocial Care Network of the Region includes Primary Healthcare, Reference Centres for Social Work, Street Clinic, Psychosocial Treatment

Services, Alcohol and Substance Facilities, and Child and Psychiatric Hospitalisation Beds. The research was properly authorised by the Ethics Committee on Research with Human Beings and conducted in accordance with ethical norms in research. The criteria for selecting interview patients showed that they needed to have a good understanding of the interview questions and have had treatment for at least six months. A total of 199 patients who were invited to participate in a verbal interview were included in the report. The study utilised the following scales, in addition to sociodemographic and clinical data. The SATIS scales evaluate the contentment of those utilising mental health treatments. To assess the level of patient satisfaction worldwide, it is crucial to calculate the average of the responses collected for the 12 items on the short scale (questions 1 to 12) which are separated into 3 variables or subscales. The initial

aspect is contentment in the connection with the team; the second factor pertains to users' contentment with the overall improved working circumstances and quality of care, and the third factor is the recognition of the service. The worldwide reliability score is 0.84.

RESULTS

A total of 199 patients took part in this study, with 93 (46.7%) being male and 106 (53.3%) being female. The average age of participants was 53.2 years, ranging from 20 to 70 years, with 31.2% falling between the ages of 31 and 40. The length of hospital stay in these mental health facilities ranged from one week to four months, with 40.2% staying in the hospital for three weeks. The number of admissions varied from one to over six times, with 49.2% of the participants being admitted for the first time. Table 1 shows the demographic features of the participants.

Table 1. Demographic characteristics (n=199)

Variables	Frequency	(%)
Gender		
Male	93	46.7
Female	106	53.3
Age		
<20	9	4.5
21-30	33	16.6
31-40	60	30.2
41-50	40	20.1
51-60	28	14.1
61-70	24	12.1
>70	5	2.5
Marital Status		
Single	73	36.7
Married	72	36.2
Defacto	14	7.0
Widow	10	5.0
Separated	13	6.5
Divorced	17	8.5
Number of Admissions		
1st	95	47.7
2nd	46	23.1
3rd	37	18.6
4th	11	5.5
5th	2	1.0
6th or more	8	4.0
Duration of Hospitalisation		
1 week	18	9.0
2 weeks	49	24.6
3 weeks	77	38.7
1 month	25	12.6
2 months	22	11.1
3 months	4	2.0
4 months	4	2.0

Table 2 displays the average scores of the Patients questionnaire, where more than 90% of respondents reported no issues. However, there were notable and statistically significant variations (p<0.001).

Participants were requested to evaluate the efficacy of the Medical treatments given to them to alleviate their anxiety during their hospital stay. The overall average rating for all items was 4.72 (standard deviation =

0.61) based on the replies. The average of five (5) elements was 4.61 (standard deviation = 0.68) There were no notable variations in ratings among genders,

age groups, marital status, number of hospitalisations, and duration of hospitalisations.

Table 2. Patients Satisfaction Questionnaire rating responses of the effectiveness of Medical interventions in relieving anxiety (N=199)

Variables	Mean	SD
1) I was able to manage my crisis moreeffectively.	4.79	0.59
2) *The nurse helped me to manage my anxiety symptoms moreeffectively.	4.71	0.62
3) *I have a better understanding of the role of medication in my anxietytreatment.	4.69	0.63
4) *I was able to deal more effectively with my anxietysymptoms	4.62	0.69
5) *I can change, recover and grow as a result of Medicalinterventions.	4.72	0.61
6) I was encouraged to ask questions about my current condition andtreatment.	4.60	0.78
7) Myquestionsaboutothertreatmentoptionsandtheroleofmedicationswereanswered.	4.62	0.72
Total mean score of all items	4.72	0.61
Total mean score of 5 time	4.61	0.68

Table 3 displays the correlation coefficients between the dimensions of patient anxiety intervention, age, and self-reported health status, and patient reported satisfaction with Medical practice. Age and self-reported health status are commonly mentioned as important factors influencing satisfaction and, in this case, were found to have a significant correlation. Nevertheless, the degrees of association were not high. There were modest but meaningful connections discovered between satisfaction and the overall evaluation of health state (Spearman rho=0.21, $p<0.001$, n=199) as well as age (Spearman rho=0.10, $p<0.002$, n=179). Stronger associations were discovered between the survey dimensions and satisfaction.

Table 3. Spearman correlation of age, self- reported health status, and dimensions of the questionnaire with global evaluation of health care and likelihood of recommending hospital to family/friends (all correlations significant at $p<0.001$)

Item	Satisfaction	Willingness to recommend hospital
Age	-0.12	- 0.18
Self-reported health status	-0.18	- 0.12
Information and education	-0.46	-0.41
Anxiety intervention	-0.36	-0.33
Environmental comfort	-0.44	-0.40
Emotional support	-0.57	-0.51
Respect for patient preferences	-0.54	-0.48
Involvement of family/friends	-0.40	-0.47
Continuity of care at discharge	-0.40	-0.35

DISCUSSION

Some have proposed that age and health condition play significant roles in determining patient satisfaction.[14]However, as indicated by regression analysis, the primary factors that have a strong influence are anxiety intervention, emotional support, and patient respect. The majority of participants responded positively to most items on the questionnaires when evaluating the current Medical practice for patients with anxiety. This suggests that, overall, the Medical team's efforts were quite successful. Participants stated that they required assistance during periods of high stress and that Medical personnel had offered helpful and effective techniques that greatly decreased their stress levels, thereby reducing their anxiety. The findings are particularly encouraging and align with the research conducted by Kuipers and Raune.[10]that assisted patients in managing their anxiety through positive reinforcement and techniques. Providing patients with a feeling of optimism and control is an important part of assisting them in potentially treating their anxiety. It is crucial for their own ability to handle it to encourage those with mental health conditions, especially anxiety. The job of mental health nurses is crucial in providing motivation and support, as well as building relationships with patients and their families, in order to promote a sense of empowerment.[11,12,13]

CONCLUSION

The results of this research align with prior studies on patient satisfaction. However, they provide further insight by indicating that when patients are prompted to consider specific parts of their treatment experience, more precise information is gathered. This study offers insight into guidelines for Medical intervention in patients who are suffering anxiety. Collaborating with someone who has anxiety,

however, necessitates a thorough comprehension of theory and personal insights that can only be acquired through time and experience. The findings of this study suggest that when creating a model for helping and managing individuals with anxiety, it can offer valuable insights that can be utilised to improve service provision in targeted regions.

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