THE PATIENT SATISFACTION INTERVIEW FOR PARTIAL HOSPITALIZATION PROGRAMS

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Summary.—The Patient Satisfaction Interview was developed to assess consumers' satisfaction with four dimensions of partial hospitalization programs: the physical environment, the therapists, the treatment strategies, and the preparation for community autonomy. Content validity of the measure was examined and cross-validated by independent samples of expert raters and patients. The measure was then administered to 30 patients participating in a six-month partial hospitalization program. Analyses showed test dimensions had good internal consistency and test-retest reliability. Six-month stability was good for three of the four scales as well as the over-all test score. Research using the test must examine its utility for description of satisfaction with community-based programs.

Program administrators, treatment planners, and regulatory agencies have become increasingly interested in intervention programs that are satisfying to severely mentally ill consumers. Patients who perceive treatment and treatment teams as pleasing are more likely to collaborate with the intervention plan and are more likely to benefit from rehabilitation (Corrigan, Liberman, & Engel, 1990). Interestingly, while several studies have investigated satisfaction with inpatient care, far fewer have examined this construct with outpatient, community-based programs for severely mentally ill adults (Corrigan, 1990).

Partial hospitalization programs (PHP) are one of many treatments that have developed for the community care of this population (cf., the International Journal of Partial Hospitalization). Typically, these programs combine psychoeducational treatments (e.g., training patients on social skills and medication management), assertive case management, and medication maintenance. Given the recent growth of this treatment modality, the Patient Satisfaction Interview was developed to assess satisfaction with these programs.

ITEM DEVELOPMENT AND CONTENT VALIDITY

Method

The factor structure underlying consumers' satisfaction with an index program has been identified in previous factor analyses of satisfaction instruments for inpatient programs (Ellsworth & Maroney, 1972; Essex, Fox, & Groom, 1981; MacDonald, Sibbald, & Hoare, 1988). Four factors are common and were used as superordinate dimensions for generation of items:

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physical environment (e.g., clean and quiet), therapists' qualities (e.g., sensitive, interested, involved, and active), treatment services (e.g., engaging, beneficial, and dignified), and fostering patient autonomy (e.g., ward management and aftercare opportunities).

Twenty items were originally written for each factor (yielding a total of 80) and independently rated on a five-point scale by two experts for relevance to day programs. Items below 3 on the relevance scale were removed \( (n = 35) \); items rated 3 were rewritten to improve clarity. Raters were also asked to identify redundant items. The new items were then administered to ten severely mentally ill adults who were participating in a psychosocial rehabilitation day program. These patients were instructed to identify poorly written or unclear terms on the test. Patients identified seven items with unclear wording which were rewritten. This set of items was then given to four additional raters, each with more than ten years experience working with severe mental illness. These judges rated items on the same relevance scale. Only one more item was removed.

The manner in which items of a satisfaction measure are administered to subjects has been shown to confound summary scores (Kalman, 1983; LeBow, 1982). Interview-based approaches are likely to lead to inflated satisfaction scores given the demand characteristics of the interaction. Conversely, self-report versions of satisfaction measures may lead to unreliable results when administered to patients who exhibit cognitive disorganization during the course of treatment (Corrigan, 1990). Since this measure was developed to assess treatment satisfaction by severely and chronically mentally ill adults, an interview-based approach was selected.

During the interview, subjects were to rate the index program on each of the items using Lehman's (1988) seven-point Delighted-Terrible scale (delighted anchored as seven). However, the Delighted-Terrible Scale may not have been sufficiently sensitive, yielding inflated satisfaction scores by patients. To test this concern, means and variances of factor scores obtained from the Delighted-Terrible Scale were compared with means and variances based on a Better-Worse Scale. When completing the latter scale, subjects were instructed to compare satisfaction with the index program with satisfaction with a similar program in which they had participated using a seven-point scale in Likert format (e.g., if subjects thought the index program was much worse than the comparison program they would have rated a 1).

To test these differences, 35 patients participating in a partial hospitalization program were randomly assigned to complete the 40 items of the Consumer Satisfaction Scale vis-à-vis the partial program using either the Delighted-Terrible or Better-Worse Scales.

Results

Analysis of variance showed no significant differences between means of the Delighted-Terrible versus Better-Worse Scales across the four dimensions
and the over-all score. However, means were smaller for all dimension and
total scores generated from the latter rating scale, suggesting that subjects are
likely to be more critical of program satisfaction using the Better-Worse
Scale. Moreover, variances were greater for the total score and two of four
dimension scores generated from the Better-Worse Scale. Finally, several
Pearson product-moment correlations indicated dimension and total scores
were less intercorrelated (more independent) when the Better-Worse Scale
was used; using Fisher's r to Z transformation, the mean r for intercorrela-
tions of the dimensions with the Delighted-Terrible Scale was 0.72 compared
to a mean r of 0.87 for the Better-Worse Scale, a significant difference (Fis-
her's t = 2.73, p < .01). For these reasons, the Better-Worse Scale was incor-
porated into the interview.  

**Scale Reliability**

**Method**

Patients attending the Partial Hospitalization Program at the University
of Chicago Center for Psychiatric Rehabilitation were solicited to participate
in a study of program satisfaction. The program was a highly structured
psychoeducational program in which patients were taught social and coping
skills necessary for community survival. Typically, treatment in this program
was provided for six months. After beginning the program, subjects in the
study were administered the test twice during the week with one day inter-
vening. The test was readministered at discharge.

**Results**

Thirty patients participated; their mean age was 37.8 yr. (SD = 13.5)
and mean years of education 12.8 (SD = 2.5). The sample was 63.3% 
women. Two-thirds of the sample were single, 13.3% were married, and 
20% were divorced or widowed. In terms of primary psychiatric diagnosis, 
51.9% had DSM-III—R diagnoses of schizophrenia or schizoaffective dis-
order, 25.9% were affectively disordered, and 22.2% had other diagnoses 
including anxiety disorder, substance abuse, and Axis II disorders. Mean age 
at first hospitalization was 25.2 yr. (SD = 15.4), and mean years since that 
hospitalization were 12.7 (SD = 12.6).

The internal consistencies of the four dimension and total scores were
estimated from the first test administration and are reported in the first col-
umn of Table 1. Cronbach alphas representing internal consistency were
high. Test-retest reliabilities with the single-day interval, using the Pearson
product-moment correlation coefficients, were also high. Six-month stability
was estimated by correlating test scores from the first week with test scores
at discharge; these coefficients are summarized in Table 1 for 15 patients.

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*A copy of this interview version may be obtained from the first author.*
TABLE 1
INTERNAL CONSISTENCY, TEST-RETEST RELIABILITY, AND SIX-MONTH STABILITY
OF RESPONSES ON THE PATIENT SATISFACTION INTERVIEW (N = 30)

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>M</th>
<th>SD</th>
<th>Internal Consistency</th>
<th>Test-Retest Reliability</th>
<th>Six-month Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>4.61</td>
<td>0.93</td>
<td>0.76</td>
<td>0.68</td>
<td>0.41</td>
</tr>
<tr>
<td>Therapists</td>
<td>4.85</td>
<td>0.75</td>
<td>0.74</td>
<td>0.68</td>
<td>0.50</td>
</tr>
<tr>
<td>Treatment</td>
<td>5.04</td>
<td>0.84</td>
<td>0.77</td>
<td>0.77</td>
<td>0.90</td>
</tr>
<tr>
<td>Autonomy</td>
<td>5.11</td>
<td>0.79</td>
<td>0.71</td>
<td>0.80</td>
<td>0.04</td>
</tr>
<tr>
<td>Total</td>
<td>4.90</td>
<td>0.66</td>
<td>0.92</td>
<td>0.87</td>
<td>0.60</td>
</tr>
</tbody>
</table>

With this small n, only stability coefficients for total satisfaction and satisfaction with treatment were significant.

DISCUSSION
The interview is a relatively reliable and sensitive measure of patients' satisfaction with partial hospitalization programs. High Cronbach alphas suggest that items written to represent dimensions of satisfaction identified for inpatient populations were consistent for issues related to partial hospitalization programs. Internal consistency plus high content validity suggest the measure has some validity in assessing patients' satisfaction with this form of community care. Researchers must examine the predictive and concurrent validity of the measure.

REFERENCES


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