

# Perceived Quality of Psychiatric Nursing Care Among Nurses and Patients with Mental Illness at Kalaburagi

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## Abstract

### Introduction:

Improvements in healthcare services are greatly influenced by patients' perceptions of the quality of care they receive. Ensuring and maintaining high-quality nursing care remains a key concern for healthcare providers and service users. Nursing professionals must therefore evaluate the effectiveness and quality of the care they provide. The present study aimed to assess the perceptions of the quality of psychiatric nursing care among nurses and patients with mental illness in selected mental health care settings in Kalaburagi, Karnataka.

### Methods:

A quantitative cross-sectional research design was adopted for the study. The sample consisted of 100 psychiatric nurses and 65 male patients receiving treatment for mental illness in selected psychiatric units of hospitals in Kalaburagi, Karnataka. Data collection was conducted over a period of two months from October to November.

### Tools for Data Collection:

Data were collected using a structured questionnaire to obtain socio-demographic information of the participants along with the clinical characteristics of the patients. Perceptions of the quality of nursing care were assessed using the standardized Karen-patient and Karen-personnel instruments. These instruments share similar wording for 14 variables, allowing valid comparisons between nurses' and patients' perceptions regarding different aspects of care quality.

### Results:

Nurses reported high perceptions regarding the quality of psychiatric nursing care across most Karen-personnel subscales, ranging from 55% to 92%, except for competence development which scored comparatively lower. The majority of patients also expressed a high overall perception of the quality of psychiatric nursing care, particularly in areas related to staff competence, caring attitude, and integrity. However, many patients reported lower perceptions regarding organizational aspects of care quality. Younger patients (below 35 years) demonstrated significantly higher perceptions of nursing care quality compared to older patients. Differences were also observed among patients with different clinical conditions regarding their perceptions of care quality.

### Conclusion:

Patients with mental illness reported higher perceptions than nurses regarding individualized and personal treatment, while nurses demonstrated higher perceptions in aspects such as diagnosis, staff consideration, and patient familiarity with staff members.

**Recommendations:**

Further research is recommended to identify and evaluate valid clinical indicators that can help enhance and sustain the quality of psychiatric nursing care in mental health settings.

**Keywords:**

Psychiatric nursing, Quality of care, Patient perception, Nurse perception, Mental health services, Karen instruments.

**Introduction**

Quality in healthcare represents a complex framework of attitudes, values, and beliefs shared by individuals who interact with healthcare systems. It encompasses various dimensions, including the effectiveness of services and the degree to which care meets the needs and expectations of patients [1]. Care itself is considered a fundamental component of healthcare quality, as it directly influences patient experiences and outcomes [2]. Two additional indicators used to evaluate healthcare quality include the ability of services to fulfill stated healthcare needs and the extent to which patients' expectations are satisfied [3,4]. For healthcare systems to function effectively and efficiently while remaining affordable, they must consistently produce the intended health outcomes and maintain acceptable standards of care [5].

Patients' perceptions of the care they receive play a crucial role in determining the overall quality of healthcare services. Positive patient perceptions contribute significantly to improvements in healthcare delivery and service outcomes [6]. Consequently, maintaining and enhancing the quality of nursing care has become a major priority for healthcare providers and service users alike. Nursing professionals are therefore required to continuously assess and evaluate the quality of the care they provide in order to meet professional standards and patient expectations [7].

Previous studies have highlighted that professional nursing practice is characterized by caring relationships, responsiveness to human needs, integration of assessment data, application of scientific knowledge, advancement of professional competencies, promotion of social justice, and adherence to safe and evidence-based practices [8]. Nursing is a patient-centered profession in which the individual receiving care remains the focal point of all professional activities. As a result, professional, personal, scientific, ethical, and artistic aspects of care must be integrated to ensure holistic patient management [9].

Mental health care settings present unique challenges for nurses due to the complexity of patients' psychological and emotional needs. Psychiatric nurses are required to manage multiple responsibilities including administrative duties within wards, admission procedures, medication administration, participation in multidisciplinary meetings, and communication with patients and their families. In addition, they play a vital role in providing emotional support and therapeutic care to individuals experiencing mental illness [10,11].

Globally, several risk factors contributing to the onset and progression of mental illnesses have been increasing. These include psychosocial stress, poverty, social isolation, substance abuse, and exposure to violence [12]. In alignment with the United Nations Sustainable Development Goals (SDGs), there is a growing demand for accessible and effective mental health services to achieve and maintain optimal mental health outcomes [13]. Consequently, mental health systems worldwide have been designed to address the psychological and psychosocial needs of individuals with mental illness by providing comprehensive services that include prevention, treatment, and rehabilitation [14].

Providing high-quality healthcare services remains a significant challenge, particularly in developing countries where healthcare systems often struggle to balance affordability, accessibility, and quality of care [15]. In psychiatric healthcare settings, the primary goal is to promote mental well-being through therapeutic interventions that facilitate recovery, support rehabilitation, and prevent relapse or further illness. In this context, the quality of mental health services is frequently evaluated based on patients' perceptions and experiences of the care they receive [16].

Patient satisfaction has become an essential and reliable indicator for assessing healthcare quality. It provides valuable feedback for healthcare administrators and policymakers by helping them determine whether patient expectations and healthcare needs are being adequately met [17]. Studies have shown that patients who are satisfied with the care provided in mental health facilities are more likely to adhere to treatment recommendations, attend follow-up appointments, and effectively utilize available healthcare services [18].

Despite the importance of patient perspectives, the evaluation of mental health service quality from the viewpoint of healthcare professionals is less frequently examined [19,20]. Understanding the perceptions of healthcare staff regarding service quality can provide valuable insights for improving mental health care delivery. When combined with patients' perspectives, these assessments can help identify gaps in care and guide strategies aimed at enhancing service quality within psychiatric settings [21].

Nurses play a particularly significant role in mental health care because they are closely involved in the daily management and support of patients. Their responsibilities include providing emotional and psychological support to patients and their families, assisting in diagnosis and treatment processes, and ensuring that patients receive comprehensive and appropriate care. In addition to delivering technical nursing interventions, psychiatric nurses must possess adequate professional knowledge, positive attitudes, and strong communication skills to provide informational, emotional, and practical support to individuals experiencing mental illness [22–24].

## 1.1 Significance of the Study

The perspectives of mental health nurses play a vital role in the effective management of mental illnesses and in the planning and implementation of mental health programs. Understanding nurses' perceptions of the quality of care can contribute to improving existing mental health services and interventions. In the context of **mental health facilities in Kalaburagi, Karnataka**, exploring nurses' viewpoints can provide valuable insights for healthcare administrators and policymakers to strengthen policies and strategies aimed at improving psychiatric care and enhancing the quality of life of individuals living with mental illness.

At the same time, patient satisfaction is widely recognized as an important outcome of healthcare services and is often considered one of the most reliable indicators of the quality of care provided [25]. The level of patient satisfaction reflects how effectively healthcare services meet patients' needs, expectations, and preferences. Assessing patient satisfaction in psychiatric settings in **Kalaburagi** can therefore help identify strengths and weaknesses within the existing mental health care system and highlight areas that require improvement.

Evaluating the quality of nursing care also contributes to the development of practical skills among healthcare professionals, promotes professional competencies, and assists in identifying gaps in service delivery. Furthermore, quality evaluation helps healthcare institutions provide more efficient and patient-centered services, reduce operational challenges, and address dissatisfaction among both staff and patients. Ultimately, these efforts support the delivery of higher-quality mental health care and better meet the needs of individuals receiving psychiatric treatment [26].

## 1.2 Aim and Objectives of the Study

### Aim:

The study aims to assess the perceptions of the quality of psychiatric nursing care among nurses and patients with mental illness in selected mental health care settings in **Kalaburagi, Karnataka**.

### Objectives:

- To assess the perceptions of nurses and patients with mental illness regarding the quality of psychiatric nursing care.

- To examine the relationship between perceptions of psychiatric nursing care quality and selected demographic and clinical variables among nurses and patients with mental illness.
- To identify the predictors associated with higher perceived quality of psychiatric nursing care among patients with mental illness.

## Research Questions

- What are the perceptions of nurses and patients with mental illness regarding the quality of psychiatric nursing care in selected mental health care settings in **Kalaburagi, Karnataka**?
- Is there a relationship between nurses' perceptions of the quality of psychiatric nursing care and their selected demographic characteristics?
- Is there a relationship between patients' perceptions of the quality of psychiatric nursing care and their selected demographic and clinical characteristics?
- What factors predict a higher perceived quality of psychiatric nursing care among patients with mental illness?

## 2. Methods

The study adopted a **quantitative cross-sectional research design** and was conducted in selected mental health care settings in **Kalaburagi, Karnataka**.

### 2.1 Subjects

The study participants consisted of **100 psychiatric nurses and 65 patients with mental illness** selected from the study setting.

#### **Inclusion criteria for nurses were:**

- (a) Registered nurses working in inpatient psychiatric or mental health units.
- (b) Having at least **one year of work experience** in psychiatric wards.
- (c) Willingness to participate in the study.

#### **Inclusion criteria for patients were:**

- (a) Patients aged **20 years and above**.
- (b) Patients who had been **hospitalized for at least one month**.
- (c) Ability to **read and write** and a **stable mental condition** that allowed them to understand and complete the questionnaire reliably.

#### **Exclusion criteria:**

Patients below 18 years of age and those with **severe or unstable mental conditions** were excluded, as their condition might prevent them from understanding or completing the questionnaire accurately.

At the time of data collection, approximately **150 nurses** were working in the selected psychiatric units in Kalaburagi. Among them, **100 nurses who met the inclusion criteria and consented to participate** were included in the study.

Similarly, a number of psychiatric patients were admitted in the selected mental health facilities during the study period. Out of these, **65 patients who satisfied the inclusion criteria and consented to participate** were recruited for the study. Patients who were unable to communicate effectively or whose mental condition was unstable during the data collection period were excluded from participation.

## 2.2 Data Collection

Two tools were used for data collection in the present study.

### 2.2.1 Tool I: Socio-Demographic Data Questionnaire

A **structured questionnaire** was developed by the researcher after reviewing relevant literature and consulting subject experts to ensure content validity. The questionnaire was used to collect socio-demographic and clinical information from both nurses and patients.

#### (1) Data collected from psychiatric nurses:

Socio-demographic information included age, gender, educational qualification, and marital status. In addition, occupational details were collected such as years of experience in general hospitals, experience in psychiatric or mental health settings in **Kalaburagi**, participation in training programs related to quality of care and psychiatric nursing, involvement in direct patient care, type of psychiatric unit in which they worked, reasons for choosing psychiatric nursing as a profession, and their intention to continue working in the psychiatric field.

#### (2) Data collected from patients with mental illness:

Personal and clinical information was obtained from patients, including age, educational status, marital status, place of residence, and family income. Clinical characteristics included diagnosis, duration of illness, type of medication, presence of medication side effects, duration of hospital stay, number of previous hospital admissions, expenditure on medication, presence of chronic physical illnesses, and history of previous surgeries.

### 2.2.2 Tool II: Karen Instruments for Measuring the Quality of Nursing Care

The **Karen instruments** were used to assess perceptions of the quality of psychiatric nursing care among both patients and nurses.

To evaluate **patients' perceptions of the quality of psychiatric nursing care**, the **Karen–Patient Instrument** was utilized [27]. This instrument consists of **34 items** grouped into six subscales: **Satisfaction (13 items)**, **Influence (4 items)**, **Staff Competence (5 items)**, **Caring/Uncaring (5 items)**, **Integrity (3 items)**, and **Organization (4 items)**. Each item is rated on a **five-point Likert scale** ranging from **1 (strongly disagree)** to **5 (strongly agree)**. The total score ranges from **34 to 170**, with higher scores indicating more positive perceptions of the quality of nursing care. The original instrument demonstrated good reliability with a **Cronbach's alpha of 0.88** [28]. In the present study conducted in selected mental health care settings in **Kalaburagi, Karnataka**, the instrument showed a reliability coefficient of **0.793**.

To assess **nurses' perceptions of the quality of psychiatric nursing care**, the **Karen–Personnel Instrument** was used [27]. This scale consists of **35 items** categorized into six subscales: **Psychosocial Relations (8 items)**, **Commitment (5 items)**, **Work Satisfaction (6 items)**, **Openness/Closeness (5 items)**, **Competence Development (5 items)**, and **Security/Insecurity (6 items)**. Similar to the patient instrument, responses were measured using a **five-point Likert scale** ranging from **1 (strongly disagree)** to **5 (strongly agree)**. The total score ranges from **35 to 175**, where higher scores represent more positive perceptions of the quality of psychiatric nursing care. The original developers reported a **Cronbach's alpha reliability coefficient of 0.93** [28], while the present study obtained a reliability coefficient of **0.927**, indicating high internal consistency.

Both the **Karen–Patient and Karen–Personnel instruments share similar wording for 14 items**, allowing comparison between nurses' and patients' perceptions regarding certain aspects of care quality. For ease of interpretation and comparison, the raw scores of the instruments and their subscales were

converted into a **percentage scale ranging from 0 to 100**, where **0** represents the lowest possible quality of psychiatric nursing care and **100** represents the highest possible quality. Based on this transformation, a **perception index** was developed in which scores  $\geq 70\%$  were considered to indicate high perceived quality of care, while scores  $< 70\%$  indicated low perceived quality of psychiatric nursing care.

## 2.3 Content Validity and Reliability

The study instruments were evaluated for **content validity** by a panel of three experts from the fields of **psychiatric nursing and mental health** from recognized academic and clinical institutions in **Karnataka**. The experts assessed the tools for clarity, relevance, comprehensiveness, applicability, and ease of understanding. Based on their suggestions, minor modifications were incorporated to ensure the suitability of the instruments for the study population in **Kalaburagi**.

The **reliability** of the instruments was tested using **Cronbach's alpha coefficient** with the **Statistical Package for the Social Sciences (SPSS) version 23.0**. The Karen–Patient scale demonstrated a reliability coefficient of **0.793**, while the Karen–Personnel scale showed a coefficient of **0.927**, indicating good internal consistency and reliability of the instruments.

## 2.4 Pilot Study

A **pilot study** was conducted to assess the feasibility, clarity, and practicality of the data collection tools. The pilot included **10 psychiatric nurses and 7 patients with mental illness**, representing approximately **10% of the total sample**, selected randomly from the study setting in **Kalaburagi, Karnataka**.

The pilot study helped determine the **clarity of the questions, appropriateness of the instruments**, and the **time required for completion**. On average, nurses required **20–30 minutes** to complete the questionnaire, while patients required **30–45 minutes**. Since the tools were found to be clear and understandable, no major modifications were required. Therefore, the participants involved in the pilot study were included in the final sample.

## 2.5 Statistical Analysis

All collected data were **coded, tabulated, and analyzed** using **IBM SPSS version 23.0**. Quantitative variables were expressed as **mean  $\pm$  standard deviation (SD) and range**, whereas qualitative variables were presented as **frequencies and percentages**.

To compare normally distributed quantitative variables between two groups, **Student's t-test** was used, while the **Mann–Whitney U test** was applied for non-normally distributed variables. Associations between categorical variables were examined using the **Chi-square test** or **Fisher's exact test**, as appropriate.

Additionally, **logistic regression analysis** was performed to identify independent predictors of higher perceived quality of psychiatric nursing care among patients. All statistical tests were **two-tailed**, and a **p-value  $< 0.05$**  was considered statistically significant. A **p-value  $< 0.001$**  was regarded as highly significant, whereas **p-values  $\geq 0.05$**  were considered statistically non-significant.

## 3. Results

The findings indicated that a considerable proportion of participating patients were **above 35 years of age**, with a mean age of approximately **36  $\pm$  9.5 years**. Many patients reported a **long duration of mental illness**, often exceeding several years. A notable number of participants had experienced **multiple hospital admissions**, with several patients being admitted **three or more times**.

Most participants had been **hospitalized for two months or longer** during the current admission. A large proportion of patients were **urban residents** of Kalaburagi and nearby areas and reported having **adequate family income**. Regarding educational status, nearly half of the participants had **moderate levels of education**, and a majority were **single**.

The results further revealed that most patients **did not report a history of previous surgery or chronic physical illness**. In addition, more than two-thirds of the participants indicated **no significant medication side effects**. A majority reported **personally bearing the cost of their medications**, while a smaller proportion received **drug therapy as part of their treatment plan**.

**Table 1. Basic Characteristics of Patients (n=65)**

Variable	n (%)	Mean ± SD / Range
Age	<35: 32 (49.2%) ≥35: 33 (50.8%)	36 ± 9.5 (20–60)
Education	Illiterate: 10 (15.4%) Primary: 15 (23.1%) Moderate: 32 (49.2%) University: 8 (12.3%)	-
Marital Status	Single: 39 (60%) Married: 23 (35.4%) Divorced/Widowed: 3 (4.6%)	-
Residence	Rural: 31 (47.7%) Urban: 34 (52.3%)	-
Family Income	Insufficient: 29 (44.6%) Sufficient: 36 (55.4%)	-
Diagnosis	Depression: 5 (7.7%) Schizophrenia: 18 (27.7%) Mania: 13 (20%) Addiction: 29 (44.6%)	-
Disease Duration	<10 yrs: 32 (49.2%) ≥10 yrs: 33 (50.8%)	8.9 ± 5.6 (1–25)
Hospital Stay	<2 months: 31 (47.7%) ≥2 months: 34 (52.3%)	2.9 ± 2.8 (1–12)
Hospital Admissions	1–2: 31 (47.7%) ≥3: 34 (52.3%)	3 ± 2.3 (1–10)
Medication Side Effects	Yes: 19 (29.2%) No: 46 (70.8%)	-
Chronic Disease	Yes: 5 (7.7%) No: 60 (92.3%)	-
Previous Surgery	Yes: 5 (7.7%) No: 60 (92.3%)	-

**Table 2. Basic Characteristics of Nurses (n=100)**

Variable	n (%)	Mean ± SD / Range
Age	<28: 49 (49%) ≥28: 51 (51%)	27.8 ± 4.7 (21–42)
Gender	Male: 39 (39%) Female: 61 (61%)	-
Education	Nursing Diploma: 8 (8%) Institute: 75 (75%) College: 16 (16%) Master: 1 (1%)	-
Marital Status	Single: 29 (29%) Married: 67 (67%) Divorced/Widowed: 4 (4%)	-
Psychiatric Experience ≥5 yrs	57 (57%)	6.23 ± 5.01 (1–22)
Attended Quality Training	57 (57%)	-
Attended Psychiatric Training	95 (95%)	-
Direct Patient Care	99 (99%)	-
Unit Type	Acute: 5 (5%) Chronic: 6 (6%) Mixed: 89 (89%)	-
Chosen Psychiatric Hospital	Yes: 82 (82%) No: 18 (18%)	-
Continuing Job	Yes: 83 (83%) No: 17 (17%)	-

**Table 3. Patients’ Perceptions of Nursing Care (Karen-Patient Instrument, n=65)**

Subscale	Mean ± SD	High ≥70% n (%)	Low <70% n (%)
Satisfaction	47.6 ± 9.2	40 (61.5%)	25 (38.5%)
Influence	14 ± 3.5	33 (50.8%)	32 (49.2%)
Staff Competence	19.1 ± 3.7	52 (80%)	13 (20%)
Caring/Uncaring	19.5 ± 4	49 (75.4%)	26 (24.6%)
Integrity	11.5 ± 2.6	47 (72.3%)	18 (27.7%)
Organization	15.9 ± 1.7	9 (13.8%)	56 (86.2%)
<b>Total</b>	<b>127.7 ± 19.2</b>	<b>38 (58.5%)</b>	<b>27 (41.5%)</b>

**Table 4. Nurses’ Perceptions of Nursing Care (Karen-Personnel Instrument, n=100)**

Subscale	Mean ± SD	High ≥70% n (%)	Low <70% n (%)
Psychosocial Relations	28.2 ± 4.1	55 (55%)	45 (45%)
Commitment	20.9 ± 2.7	92 (92%)	8 (8%)
Work Satisfaction	23.6 ± 3.5	84 (84%)	16 (16%)
Openness/Closeness	18.8 ± 2.8	71 (71%)	29 (29%)
Competence Development	15.9 ± 3.4	29 (29%)	71 (71%)
Security/Insecurity	21.5 ± 2.8	71 (71%)	29 (29%)
<b>Total</b>	<b>129 ± 12.4</b>	<b>70 (70%)</b>	<b>30 (30%)</b>

**Table 5. Patients’ Personal Characteristics vs. Perceptions**

Variable	High n=38	Low n=27	p-value
Age <35	27 (71.1%)	5 (18.5%)	0.0001
Residence Urban	27 (71.1%)	7 (25.9%)	0.0001
Education Moderate/University	31 (81.6%)	9 (33.3%)	0.001
Family Income Sufficient	26 (68.4%)	10 (37%)	0.035

**Table 6. Patients’ Clinical Characteristics vs. Perceptions**

Variable	High n=38	Low n=27	p-value
Diagnosis Addiction	28 (73.7%)	1 (3.7%)	0.0001
Hospital Stay <2 mo	24 (63.2%)	7 (25.9%)	0.003
Hospital Admissions 1–2	26 (68.4%)	5 (18.5%)	0.0001
Medication Side Effects No	32 (84.2%)	14 (51.9%)	0.005

**Table 7. Nurses’ Characteristics vs. Perceptions**

Variable	High n=70	Low n=30	p-value
Education Institute	54 (77.1%)	21 (70%)	0.026
Psychiatric Experience ≥5 yrs	45 (64.3%)	12 (40%)	0.025
Other variables	NS	NS	>0.05

**Table 8. Comparison of Patients’ and Nurses’ Perceptions (Identical Items)**

Item	Patients Mean ± SD	Nurses Mean ± SD	p-value
Able to diagnose	3.2 ±1.2	3.8 ±0.7	0.0004
Individual treatment	3.5 ±1.03	2.8 ±1.2	0.0001
Staff shows consideration	3.7 ±0.98	4.4 ±0.62	0.0001
Staff commitment	4 ±1.1	4.3 ±0.76	0.039
Patient gets to know staff	3.5 ±1.1	4 ±0.48	0.0009

**Table 9. Logistic Regression: Predictors of High Patient Perceptions**

Predictor	OR	95% CI	P-value
Age <35	16.02	2.39–107.24	0.004
Addiction vs Depression	703	10.8–45,651	0.002
Schizophrenia vs Depression	2.16	0.13–36.65	0.595
Mania vs Depression	2.25	0.12–42.19	0.587

**Discussion**

This study evaluated perceptions of psychiatric nursing care among patients and nurses in a mental health hospital in Kalaburagi. Patients ranged from 20–60 years, with a mean age of 36±9.5 years, mostly single, moderately educated, and urban residents. These

demographics are similar to findings in Nigeria, where the majority were single and had secondary education [32].

Patients perceived **staff competence, caring attitude, and integrity** as high-quality aspects of care, while **organizational quality** was perceived as low. This discrepancy may be due to nurses' dual responsibilities in clinical care and administrative tasks, which limit the time for organizational planning and management. Similar findings were reported in studies from Iran, Jamaica, and Singapore, highlighting the pivotal role of nurses in emotional, psychological, and technical support for patients [22–24,33].

Younger patients (<35 years) and those receiving treatment for addiction were more likely to perceive nursing care positively. Age-related differences align with prior studies suggesting that demographic factors influence patient perceptions, though some studies report no association [40,41].

Among nurses, most were female, over 28 years, married, and had more than five years of psychiatric experience. Nurses rated the quality of care highly across most domains, except for **competence development**, suggesting a perceived need for in-service training. These findings align with previous research emphasizing the importance of training and experience in shaping professional perceptions of care [41,44].

Comparison between patient and nurse perceptions revealed significant differences in six items. Patients rated **individualized care** and **staff variety** higher than nurses, whereas nurses rated **diagnosis ability, consideration, staff familiarity, and commitment** higher. This disparity may reflect differences in knowledge, experience, and patient cognitive status, consistent with prior studies [7,41].

## Conclusion

- Most patients perceived **high quality of psychiatric nursing care** regarding staff competence, caring, and integrity, but **low organizational quality**.
- Predictors of high patient perception included **age <35 years** and **treatment for addiction**.
- Nurses generally perceived care quality as high, except in **competence development**.
- Significant differences existed between patients' and nurses' perceptions on several care aspects, highlighting differing viewpoints between care providers and recipients.

## Recommendations

1. **Enhance organizational quality** in psychiatric units to support individualized patient care.
2. **Strengthen competence development** through ongoing professional and in-service training programs.
3. **Incorporate patient-centered care principles** into both undergraduate and graduate nursing curricula.
4. **Conduct multi-center studies** to improve generalizability of findings and include both male and female patients to assess gender effects on perceptions.
5. **Develop clinical quality indicators** specific to psychiatric nursing care to guide practice improvement.

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