Determinants of Outpatients' Satisfaction With Therapists

Relation to Outcome

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This study investigated outpatients' satisfaction with therapists, as determined by their perceptions of therapists' behaviors and characteristics, and related patient satisfaction to measures of psychotherapy outcome derived from patients themselves, therapists, and an independent rater. After discharge, 138 demographically and diagnostically heterogeneous patients who had been in psychodynamically oriented psychotherapy returned mailed questionnaires. Therapist characteristics and behaviors such as being likeable, accepting, encouraging, and respectful, helping patients to understand themselves better, and not being "too quiet," as well as overall ratings of satisfaction with therapists, were significantly correlated with patients' ratings of improvement and of help received and with therapists' ratings of outcome.

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The evaluation of patients' satisfaction with their psychotherapy can be important both clinically and therapeutically. It has been shown, for example, that satisfaction with therapy can strongly influence both compliance with treatment and outcome.[1] However, few studies have assessed patient satisfaction in outpatient settings, and even fewer have focused specifically on satisfaction with therapists.[2] Two lines of reasoning may be partly responsible for this scarcity.[3] The first has its roots in psychoanalytic theory that tends to be skeptical of patient self-report in general. Thus, "satisfaction" could be interpreted not as a sign of success, but rather as positive transference. Conversely, dissatisfaction could be viewed as resistance. A second line of reasoning has its source in experiments on social interaction. Such concepts as Orne's[4] demand characteristics of a situation and Festinger's[5] cognitive dissonance have been viewed as biasing patients' judgments of satisfaction and success in therapy in a favor-

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able direction. Furthermore, the term *satisfaction*, being a composite of many variables, is itself ambiguous.[1,6,7] No standard methodology exists for its measurement, and no normative data are available.[7]

Previous studies have shown satisfaction to be unrelated to a number of variables, including length of treatment,[6] prior psychiatric experience, and diagnosis.[8,9] Nevertheless, it is reasonable to assume that patient satisfaction is related to outcome.[6,10,11] If, as is widely believed, the quality of the therapist-patient relationship is crucial to outcome,[12–15] then the way patients perceive their therapists and the degree of satisfaction implied thereby should show a significant relation to therapeutic change.[16]

A previous study by Bent et al.[17] of clients being seen for outpatient therapy showed that a positive perception of the therapist, particularly in terms of warmth, likeability, and involvement, led to greater patient satisfaction with the therapist as well as to patients' perceptions that therapy had a positive effect on their behavior. More recently, a study of a sample of medical student outpatients[18] has also shown satisfaction with the therapist to be significantly related to therapeutic change. In contrast to the investigation by Bent et al.,[17] that study by Conte et al.[18] used measures of outcome derived not only from the patient's perspective but also from those of the therapist and an independent evaluator. However, the sample used in that study was not only small but also possibly select in terms of education and overall socioeconomic status.

Therefore, in the present study we attempted to test the generalizability of the hypothesis of the relation between patients' satisfaction with their therapists and therapeutic change by surveying a larger and more heterogeneous sample of outpatients engaged in long-term psychotherapy at the same clinic. As in the previous study,[18] measures of psychotherapy outcome were derived from three different vantage points—the patient's, the therapist's, and the evaluator's.

METHODS

Setting and Subjects

The study was conducted in the outpatient clinic of a large metropolitan hospital that is affiliated with a medical school. The clinic offers primarily individual psychotherapy that ranges in emphasis from providing support to fostering insight. Therapy is adapted to the particular needs and condition of each patient. Group and family therapy are also offered, as is medication, including antidepressants, anxiolytics, and neuroleptics. Treatment is provided mainly by third-year psychiatric residents under the supervision of senior faculty of the affiliated medical school. The treating clinicians were not aware that the patients' clinical records would serve as a basis for a retrospective research study.

The Self-Report Symptoms and Problems Questionnaire was mailed to 420 consecutively discharged adult outpatients who had attended four or more sessions of psychotherapy immediately after their discharge from treatment. It was designed to determine 1) how satisfied they had been with their therapists and 2) how helpful they believed their therapy had been, both in terms of changes in specific symptoms and in terms of overall help received at the clinic. A letter explaining the survey and a stamped, self-addressed envelope were enclosed with each survey form. The forms were coded so that the research staff would have access to the patients' charts, and patients were informed of this procedure. A follow-up letter, again with a stamped, self-addressed envelope, was sent to all nonrespondents after 2 weeks.

Test Instruments

The *Self-Report Symptoms and Problems Questionnaire* (copies available from H.R.C.) consisted of 24 frequently encountered symptoms or problems, such as feelings of anxiety, panic, depression, shyness, irritability, sleep

problems, loneliness, lack of enjoyment in life, suicidal feelings, problems in getting along with people, and problems with alcohol and drugs. This instrument—minus the last item, which constitutes the Therapist Satisfaction Scale—was used in a previous survey of recently discharged patients.[10]

For each problem that patients experienced prior to therapy, they were asked to indicate on a 5-point scale whether they experienced more or less of the problem at discharge or whether there had been no change. A total score was obtained that represented the patient's rating of symptomatic improvement. The lower the score, the greater the improvement.

Patients were also asked to rate how much they believed they were helped at the clinic on a 4-point scale ranging from "a great deal" to "not at all" (item 25). This response represented patients' subjective global ratings of their improvement in therapy.

Another item asked them to rate their satisfaction with their therapists on a 4-point scale ranging from "very satisfied" to "not at all satisfied" (item 26). Scores on this item reflected patients' global satisfaction with their therapists.

The last item, item 27, constituted the Therapist Satisfaction Scale. It consisted of 18 descriptions of characteristics and behaviors of therapists, such as "was likeable," "understood me," "gave me good advice," "knew what he/she was doing," and "could be trusted." Negative aspects such as "was stubborn," "argued with me," and "could be fooled" were also included. (See Table 1 for the complete list.) There was consensus among five experienced clinicians—three psychologists and two psychiatrists—that the characteristics chosen had face validity and, in addition, were a good sample of traits and behaviors that could be expected to be related to patient satisfaction.

In addition, a principal-components factor analysis with varimax rotation was conducted to ascertain how the 18 descriptors of the Therapist Satisfaction Scale grouped conceptually. The first three factors identified accounted for 62% of the variance. Adding more factors did not change the percentage appreciably. Also, no factor after the third had more than one item whose factor loading was 0.40 or greater. The first factor identified, consisting of descriptions 1 through 12, with factor loadings ranging from 0.40 to 0.88, has been labeled "Empathic Positive Regard." Factor II, comprising descriptions 13, 14, and 15, with loadings ranging from 0.66 to 0.80, has been called "Oppositional Stance." Factor III, composed of descriptions 16–18, with loadings in the range of 0.58 to 0.79, has been labeled "Passivity."

Patients rated the extent to which they felt these descriptions applied to their therapists on a 3-point scale ranging from "not at all" to "a lot." Ratings on the six negative characteristics were reverse scored so that the total of the ratings on the 18 therapist characteristics could be used to obtain an overall therapist satisfaction score.

To determine the reliability of the 18-item Therapist Satisfaction Scale, coefficient alpha was computed on the returned survey forms of a random sample of 50 patients. It was found to be 0.93, indicating good internal consistency. As a further check on the extent to which the Therapist Satisfaction Scale (item 27) reflected what patients intended when they made their global therapist satisfaction ratings (item 26), this global score for the same 50 patients was correlated with their total score on the Therapist Satisfaction Scale. The correlation obtained, +0.80, lends support to this operational definition of satisfaction and provides a degree of concurrent validity for the Therapist Satisfaction Scale.

The *Psychiatric Outpatient Rating Scale* (PORS),[19] composed of 21 items rated on a 5-point scale ranging from 0 (not present) through 2 (moderate problem) to 4 (very severe problem), provided data on symptoms and problems from the therapists' point of view. A total score is obtained. This scale is used routinely in the clinic, and scores are

included in the patients' charts. The evaluating clinician completed the PORS for each patient at intake, and the treating therapist completed the scale at termination of therapy. The lower the score, the less symptomatic the patient. The PORS has been shown to have good internal consistency (coefficient alpha = 0.84) and a degree of concurrent as well as construct validity.[19]

The *Global Assessment Scale*[20] (GAS) served as the independent measure of the degree to which patients changed over the course of therapy. This instrument is a 100-point symptom-oriented rating scale. Descriptions of functional level are associated with each 10-point increment on the scale, and higher scores indicate better levels of functioning. Because satisfactory interrater agreement has been established for this population ($r = 0.77$) on the basis of scoring by three independent raters,[10] pretreatment and posttreatment GAS scores were assigned by one independent rater. These scores were based on intake evaluations, progress notes, and discharge summaries from the patients' charts.

RESULTS

Of the 420 surveys mailed, 138 scoreable forms (33%) were returned. The remainder were not returned at all, were returned "Address Unknown," or were filled out incorrectly. In order to determine how representative these 138 respondents were of the entire sample, 50 patients of the 282 who failed to return their surveys were randomly selected as a comparison group. Data from the charts of these two groups were then compared on demographic and diagnostic data.

As was found in an earlier survey study with this population,[10] the two groups did not differ significantly in the distribution of male and female patients or in the percentage of patients in the various marital categories. There were more females in both groups, and the largest percentage of patients were single. No differences existed between the groups in terms of age (38 years for the respondents versus 36 for the comparison group), ethnicity (the highest percentage of patients in each group were white, with approximately 20% in each group being either African American or Hispanic), education (approximately 12 years for both groups), or discharge diagnoses. The largest percentage of patients in both groups received diagnoses of affective disorders, followed in frequency by schizophrenia, adjustment disorders, and anxiety disorders (27%, 19%, 13%, and 12% for the respondents, respectively). The remaining patients in both groups had such diagnoses as schizoaffective, substance abuse, and Axis II disorders and V codes. Both groups received predominantly individual psychotherapy (95% for the respondents), with only a small percentage in group-only or couples therapy. In contrast with Sirles's[21] findings that response rate was significantly higher among patients who attended a greater number of sessions, there was also no significant difference in the mean number of sessions attended by patients in the two groups. The respondents attended an average of 34 sessions (SD = 45) compared with 25 sessions (SD = 39) for the nonrespondents ($t = 1.28$, df = 186, $P = 0.20$).

Although the two groups showed no significant differences in their pretreatment GAS or PORS scores or their PORS discharge scores, they did differ significantly on their GAS discharge scores ($t = 2.17$, df = 186, $P = 0.03$). The respondents were better functioning at discharge than the patients in the comparison group.

Therapists' Characteristics, Patient Satisfaction, and Outcome

Table 1 shows the relationships between patients' ratings on the Therapist Satisfaction Scale, which includes 18 specific characteristics and behaviors of their therapists, and their overall satisfaction with these therapists. It also shows how these specific characteristics

TABLE 1. Correlations of therapist descriptors with overall satisfaction and outcome measures ($N = 138$)

Item	Mean Ratings ± SD	Correlation				
		Global Satisfaction	Help at Clinic	Symptom Ratings (Patient)[a]	Therapist Global PORS Discharge[a]	Symptom Ratings GAS Discharge
Was likeable	1.59 ± 0.65	0.76***	0.56***	−0.37***	−0.22*	0.08
Understood me	1.47 ± 0.72	0.69***	0.55***	−0.27**	−0.34***	0.06
Liked me	1.43 ± 0.72	0.64***	0.48***	−0.44***	−0.22*	0.07
Could be trusted	1.60 ± 0.65	0.68***	0.58***	−0.44***	−0.40***	0.10
Was encouraging	1.44 ± 0.72	0.75***	0.56***	−0.41***	−0.18*	−0.01
Respected me	1.63 ± 0.65	0.66***	0.48***	−0.40***	−0.40***	0.00
Accepted me	1.66 ± 0.66	0.65***	0.53***	−0.44***	−0.23**	−0.01
Gave good advice	1.37 ± 0.77	0.73***	0.54***	−0.34***	−0.32***	−0.01
Helped me understand myself	1.35 ± 0.76	0.68***	0.59***	−0.34***	−0.26**	0.15
Gave me full attention	1.55 ± 0.69	0.68***	0.46***	−0.27**	−0.12	0.00
Was physically attractive	1.08 ± 0.82	0.46***	0.37***	−0.19*	−0.12	0.01
Knew what he/she was doing	1.38 ± 0.79	0.62***	0.49***	−0.38***	−0.21*	−0.05
Could be fooled	0.34 ± 0.56	−0.26**	−0.18*	0.13	0.18	0.03
Was stubborn	0.34 ± 0.61	−0.15	−0.18*	0.36***	0.24**	−0.09
Argued with me	0.22 ± 0.45	−0.12	−0.09	0.09	0.19*	−0.03
Made me nervous	0.45 ± 0.68	−0.22**	−0.17*	0.17*	0.21*	0.03
Was too quiet	0.50 ± 0.72	−0.47***	−0.25**	0.21*	0.03	0.14
Avoided certain topics	0.33 ± 0.61	−0.15	−0.04	0.21*	0.06	−0.08

Note: PORS = Psychiatric Outpatient Rating Scale.
[a]Low scores on these variables indicate improvement.
*$P < 0.05$; **$P < 0.01$; ***$P < 0.001$.

relate to measures of outcome as rated by patients, therapists, and an independent evaluator.

Mean ratings are given for the responses to each of the 18 therapist characteristics and behaviors on the Therapist Satisfaction Scale, indicating the extent to which patients felt that each characteristic could be applied to their therapists. In general, those items with the highest ratings (most frequently applied) tended to be those most highly correlated with overall satisfaction with the therapists. Patients reported that therapists with whom they were most satisfied were likeable, were encouraging, gave good advice, understood them, could be trusted, helped them to understand themselves, respected them, and accepted them. Technical competence, as reflected in the item "knew what he/she was doing," was also considered important.

Of special interest are the items that had significant negative correlations with overall satisfaction (for presentation in Table 1, the last six items were not reverse scored). Patients were not satisfied with therapists who made them nervous or who could be fooled. They were particularly dissatisfied with therapists who were "too quiet."

A good many of these same items were significantly, and positively, correlated with patients' ratings of the degree to which they believed they were helped at the clinic. Trustworthiness on the part of the therapists was highly important, followed closely by likeability; being encouraging, understanding, and accepting; helping patients to understand themselves; giving good advice; technical competence; and, once again, not being "too quiet."

This pattern of correlations continues for patients' ratings of symptomatic improvement and, in a somewhat attenuated form, for therapists' ratings of symptomatology (PORS) at discharge from treatment. Correlations between the 18 items on the Therapist Satisfaction Scale and GAS discharge ratings made by the independent clinician-rater were not significant.

Overall Satisfaction and Outcome

Table 2 shows the relationships between patients' global satisfaction with their therapists, as rated on item 26 of the Self-Report Symptoms and Problems Questionnaire, and the other outcome measures. By far the strongest relation is between patients' satisfaction with their therapists and the benefit they reported receiving at the clinic. The extent to which patients are satisfied with their therapists, at least as operationally defined here, is also positively related to improvement in symptom ratings made at discharge by both the patients themselves and their therapists. Number of sessions attended was also significantly correlated with satisfaction. Discharge ratings on the GAS made by the independent evaluator were not significantly related to patients' satisfaction with their therapists.

DISCUSSION

A prominent threat to the validity in this type of research is sampling bias arising from the failure of patients to respond to surveys. The response rate in the present survey was 33%, which is low, but not unusual. Lebow,[6] in his review article of studies of consumer satisfaction, reports that of 31 articles that indicated return rates, 10 reported rates between 21% and 40%. What is important, therefore, is to determine the extent to which respondents are representative of the population.

Our comparisons between the 138 respondents and a random sample of 50 patients who failed to return their surveys indicated no significant demographic differences, no diagnostic differences, and no differences in the mean number of therapy sessions attended. They also showed no pretreatment differences in degree of symptomatology (PORS), level of functioning (GAS), or therapist-rated PORS discharge scores. There was a significant difference, in favor of the respondents, on the independent rater's GAS discharge ratings. It appears, therefore,

that regardless of specific symptoms, it is those patients who are at a higher level of overall functioning at termination of treatment who are most likely to return mailed questionnaires. Sirles,[21] too, in her mailed follow-up questionnaire to clients who had received service, has noted that those who were assessed as most improved had the highest response rate.

Lebow[6,7] has noted that, in general, individuals who respond to mental health consumer surveys, and particularly to those with an emphasis on satisfaction, tend to give favorable responses. This may be generally true and probably reflects a good working alliance with their therapists, but it does not mean that patients who are not entirely satisfied fail to respond.

In this study, as was the case in the earlier survey of this population,[10] the respondents were by no means all satisfied. Thirty-seven percent ($n = 51$) reported receiving a great deal of help at the clinic, 26% ($n = 36$) reported a moderate degree of help, but 25% ($n = 34$) reported only a little help, and 12% ($n = 16$) claimed the clinic was of no help to them at all. Similarly, 46% ($n = 63$) of the patients reported being very satisfied with their therapists, 24% ($n = 33$) reported being moderately satisfied, 12% ($n = 16$) reported little satisfaction, and 18% ($n = 24$) reported they were not at all satisfied with their therapists. These findings, which indicate that being in the study did not override critical or negative responses, provide a degree of support for the credibility of the patients' ratings.

One important goal of this study was to determine, at least in part, what patients mean when they report "satisfaction" with their therapists. Our results have shown that perceiving the therapist as trustworthy, encouraging, and likeable was crucial to this satisfaction. Patients also reported greatest satisfaction with therapists whom they perceived as accepting and respecting them and who understood them and helped them understand themselves.

It is of interest to note that although the descriptions of therapists' characteristics on the Therapist Satisfaction Scale were not designed as facets of the therapeutic alliance, characteristics 1 through 12 do, in fact, represent global therapeutic alliance qualities as described by Luborsky[22,23] and Gaston.[24] Luborsky, for example, described the alliance as a patient's bonding with the therapist and the perceived helpfulness of the therapist. This description is similar to Gaston's[24] concept of the alliance as encompassing the affective aspects of the patient's collaboration in therapy. Also high on the list of importance for patient satisfaction was for therapists to give good advice and not be "too quiet." These latter findings are interesting in that they support the findings of Bent et al.[17] and imply that patients respond to therapists who are considerably more active in therapy sessions than is considered normative for psychodynamically oriented therapy. In the interest of providing therapy that patients find both satisfying and beneficial, perhaps traditional views in these areas should be rethought.

As has been found repeatedly,[7,17,25] overall satisfaction with therapists was highly correlated with patients' global ratings of benefit received from therapy and also with their ratings of improvement in symptomatology. In addition, overall patient satisfaction was significantly related to therapists' ratings of symptomatology at discharge and to number

TABLE 2. Relationships between patients' overall satisfaction with their therapists and other measures of outcome ($N = 138$)

Variable	Correlation
Reported help at clinic	0.67**
Patient symptom ratings[a]	−0.38**
PORS discharge ratings[a]	−0.26**
GAS discharge ratings	0.10
Number of sessions attended	0.18*

Note: PORS = Psychiatric Outpatient Rating Scale; GAS = Global Assessment Scale.
[a]Low scores on these variables indicate improvement.
*$P < 0.05$; **$P < 0.001$.

of sessions attended. These findings are also consistent with those of Luborsky et al.[26] and Gaston,[24] who have reported numerous studies that show the therapeutic, or helping, alliance to significantly predict outcome of psychotherapy.

That satisfaction with therapists was significantly related to patients' and therapists' outcome ratings and to number of sessions attended makes sense intuitively. The fact that these correlations were significant, whereas the relation between therapist satisfaction and the GAS discharge scores was not, may reflect the greater validity of outcome ratings made by the patients themselves and by therapists who knew them well as compared with those made by an independent rater who had only chart material as a basis for ratings and had no direct knowledge of the patients' cases.

In summary, the results of this study have demonstrated the relation between patients' satisfaction with their therapists and outcome of psychotherapy. The widespread belief that the nature of the patient-therapist relationship is of vital importance to patients' satisfaction with the treatment encounter and that this satisfaction is related to outcome[12-15,17,25,26] remains unchallenged. To this general principle, the present study has added data that further define the qualities and characteristics of therapists that patients find most engaging. The findings also broaden the perspective from which treatment outcome is viewed. It appears that a heterogeneous population of patients with a spectrum of diagnoses are responsive to those therapists who not only display such characteristics as trustworthiness, acceptance, and respect for their patients, but are also capable of playing a more active and supportive role when appropriate to the therapy situation.

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