Inpatient Survey 2007: Analysis of the patients' free text comments

Summary

1.1 Background

The 2007 national inpatient survey was carried out in autumn 2007 as part of the national patient survey programme. The end of the questionnaire consisted of an 'other comments' section where respondents were free to make further comments, should they wish to do so.

Work was carried out by the Co-ordination Centre to analyse the free text comments written by respondents at the end of the questionnaire. The project was largely exploratory, with the aim of assessing the nature and quality of the comments and how they might be used to support the quantitative survey results at a national level.

1.2 Methods

Anonymised patients' comments were submitted to the Co-ordination Centre from four survey contractors, representing 136 trusts and 115,209 patients. Temporary members of staff were recruited to carry out the coding. Each coder was briefed by members of the Co-ordination Centre and provided with guidance on what they needed to do.

The code frame was developed from a pre-existing code frame that was modified after two researchers coded a small sub-set of comments from the survey.

All coding was initially checked by members of the research team and feedback was provided to the coders. The coders subsequently checked 10% of each others work. New codes were added when themes arose that were not adequately covered by the existing code frame.

After the coding had been completed, researchers examined the comments that had been coded into the more general themes and assigned more specific codes where it was appropriate. Any codes that were out-of-range because they had been entered incorrectly were corrected and where a code had been used twice in relation to the same comment, the duplicate was removed.

1.3 Key Findings

- Almost 60% (59.7%) of the total sample wrote at least one comment at the end of the questionnaire, although the proportion commenting varied greatly between trusts (29.2%-71.6%).

- Of the respondents that had written a comment, one in five made a general positive comment about their care and treatment. A similar proportion wrote a general positive comment about the staff. The most frequently coded

'negative' comments were about understaffing (10.4%) and about the food (9.3%).

- Analysis by different demographic groups showed very little variation with regard to the most frequently coded comments.

- The most frequently coded comments covered issues that were included in the questionnaire. Although responders will be directed by the content of the questionnaire, this does suggest that the questionnaire covers the most important issues to responders.

- The proportion of the 'positive' comments written by the following groups was higher than the proportion of the 'negative' comments made by them: men, respondents aged 65 and older and respondents from white ethnic groups.

- Exploratory analysis comparing patients' comments with responses to two of the 'closed' survey questions showed that patient comments can go some way to explaining and elaborating the survey findings.

1.4 Issues arising from this work

Two practical issues that have arisen from this project which should be considered in any future analysis of free text comments:

- **Cost implications** – financial and time. An enormous amount of data is generated that takes a large number of hours to code, before any analysis can begin. While coders do not need to be researchers, they do need to be fully briefed and managed by a researcher. In a project of this type, the code frame can never be exhaustive so there is a continuous stream of queries to resolve.

- **Consistency between coders** is a major problem. While it is not possible to completely remove the subjective nature of this work, efforts can be made to increase consistency and therefore improve the quality of the outputs. This largely involves close monitoring of the coders work, which in itself is a costly and time consuming exercise.

There are several complicating factors in being able to draw any conclusions about trust performance based on these comments:

- It is apparent from reading some of the comments that respondents frequently wrote about the nature of the care and treatment given to another patient. For instance, several people described how they perceived other patients to be treated:

"Whilst I was on the ward after my operation there was an elderly lady who I feel was spoken down to by the nurses and they did not give her the care and attention she needed."

- A number of comments were also written in reference to previous inpatient stays (some dating back a number of years) and subsequent outpatient visits. There were also several comments relating to a hospital other than the one in which they stayed for their most recent inpatient visit. This would not have

always been clear to the coders and so it is likely that a number of comments have been attributed to the wrong trust.

- The code frame used in this exercise included 15 'general' codes. These were used when the comment did not give much detail, for instance, a number of respondents simply wrote "*The food*" under the heading 'Was there anything that could be improved'. Out of the 10 most frequently used codes, five were of this general nature. They offer limited insights that cannot be gained from the closed questions. The specific codes are more useful, but owing to the very broad nature of the three open questions asked on the questionnaire a great number of codes are needed to be able to capture the detail of the comments. The code frame used for this exercise included 210 codes. The obvious downside to this is that the more specific the code, the fewer the number of comments in each category. This leaves little scope for comparisons to be made between trusts. In order to gain more detailed comments of this nature it would be necessary to direct the respondents more by including an open question directly after the closed questions on the subject of interest.

- **Responder bias:** Non-response bias is an issue for any survey but respondents are less likely to complete a general open question than a closed one on a postal questionnaire[1]. O' Cathain and Thomas suggest that those who choose to answer the general open question could be different from respondents overall, either being more articulate or having a greater interest in the survey topic.

  Unfortunately the questionnaire does not include all the variables that might explain who chooses to answer the open questions and who does not. From what we do know, taking the age at which the respondent left full-time education as a crude proxy for educational level, a higher proportion of those who left full-time education when they were 19 years or over wrote a comment when compared with those that left full-time education when they were 16 years or less (67% compared with 58%).

  Related to this are people's motivations for writing a comment. Those who report their own health as being "excellent" or "very good" are more likely to write a comment. These people are also more likely to make a comment under the question "Was there anything particularly good about your hospital care?" while those who rated their health as "poor" or "very poor" were more likely to make a comment in relation to the question "was there anything that could be improved?"

  Other interesting factors that might have an influence could be the reason for the hospital stay, the number of times the respondent had been in hospital prior to the most recent visit, whether the respondent had been in other hospitals with which to compare their experience.

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[1] A. O'Cathian and K. J. Thomas (2004) "Any other comments?" Open questions on questionnaires – a bane or a bonus to research? *BMC Medical Research Methodology* 2004, 4:25

1.5 Suggestions for future analysis of patients' comments

- **Focus the analysis**
  Owing to the sheer quantity of textual data generated through free text comments it would be more efficient to begin any analysis with a clear aim in mind. One approach would be to think about where qualitative information might be more useful. For instance, the CQC could use this qualitative material selectively for a sample of trusts where other evidence suggests a need to investigate.

  Similarly, only a sub-set of data could be analysed. If there is an interest in comments on food, a key word search of the comments could be conducted and extract those that mention 'food', 'meals', 'eating' etc.

- **Identify gaps in the questionnaire**
  The analysis of patients' comments identified some topics areas not covered in the questionnaire. These could be investigated further and used in the development of subsequent questionnaires (e.g. comments coded as 'hospital disorganisation')

- **Code frame for trusts**
  Based on this analysis, a more concise code frame and guidance on how to code the comments could be developed for trusts and/or survey contractors.

  Front line staff might find it more valuable to view patient comments than simply to be presented with the results of the survey. For example, the survey asked the following; "Did you get enough help from staff to eat your meals?" Being told that X% of respondents at their trust said "no" to this question might not be as meaningful as comments such as**;**

  "*Because of my disability after the stroke. I could not easily feed myself. Food was put in front of me but no help was offered. I lost a lot of weight in the two weeks I was there.*"

  "*This does not apply to my stay but an elderly lady across from me was left with her breakfast out of reach on the bedside table. It was then taken away with the remark don't you want any porridge… the lady seems very confused and could not ask for help herself.*"

- **Understanding survey results**
  The analysis showed that trusts could use the comments to provide further insight into why patients gave poor ratings to certain questions and inform action plans.