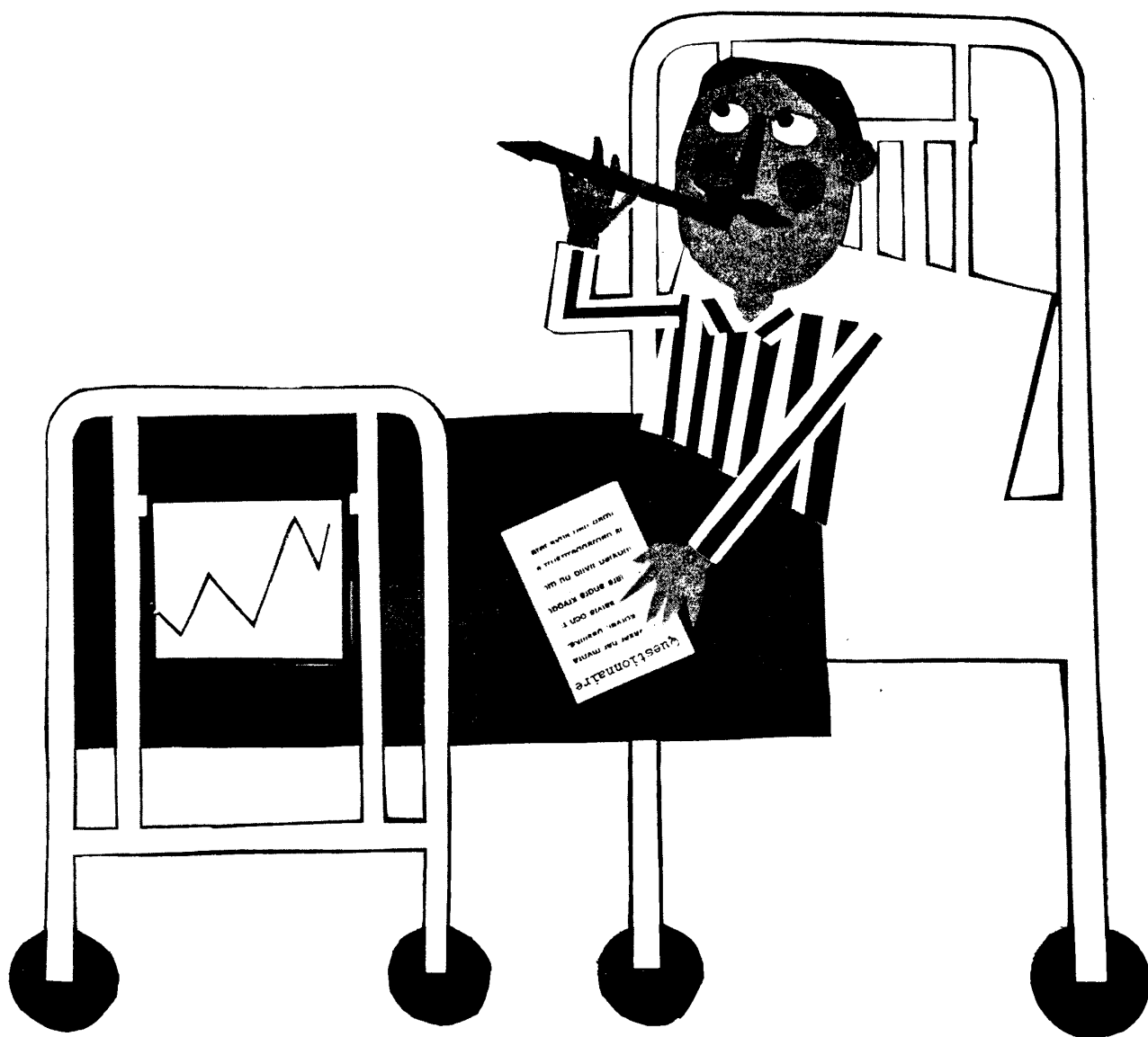


# Patients and Their Hospitals



## *A King's Fund Report*





**King Edward's  
Hospital Fund  
for London**

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**Chairman of the Management  
Committee: Lord Hayter**

**Secretary: G A Phalp CBE TD**



# **Patients and Their Hospitals**







# **Patients and Their Hospitals**

A survey of patients' views of life in hospital  
which demonstrates a method of obtaining  
such views, a survey method that can be  
applied and interpreted by any hospital  
wishing so to do

by Winifred Raphael BSc FBPSS

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Assistant Director  
King's Fund Hospital Centre



## **Chairman's foreword**

I am sure that many of us who are concerned with the demanding task of helping to run the hospitals of this country groan inwardly when yet another report appears on our desks to be read, digested and acted on. I make no apology however for this particular report because it deals with what I believe to be a very neglected aspect of our administrative practice and does so in a most practical way.

People come into hospital to receive medical treatment and the quality of this treatment is what matters most to them. There is however no reason why they should be uncomfortable, unimaginatively fed, uninformed as to what is happening to them or shown lack of consideration in any other way and yet some or all of these things are still the fate of too many of our patients. I have often felt that all of us who are in any way concerned with hospital administration ought once a year to be admitted anonymously for a few days to the wards of our own hospitals. Unfortunately this is not possible but what we can do is to find out regularly and systematically what a cross-section of our patients feel about their stay in hospital – after all, unlike the clients of an hotel or other commercial organisation, they cannot take their custom elsewhere if they are dissatisfied.

The study which Mrs Raphael has conducted was not conceived as an academic research exercise. Its purpose has been to evolve, demonstrate and make generally available a practical tool of management. As far as acute general hospitals are concerned we believe that it has now gone some considerable way towards achieving its purpose and we hope not only that Mrs Raphael's fascinating report will be widely read but that more and more of these hospitals will in future be conducting regular patients' satisfaction surveys. The long-stay hospitals present a more difficult problem but, as can be seen from the report, thought is now being given to the evaluation of patient care in the psychiatric field.

**A C Dale**

July 1969



## **Author's acknowledge- ments**

My sincere gratitude is due to the King's Fund for having sponsored this enquiry and to all the members of the Steering Committee for their active and constructive help.

Particular thanks are owed to Mr Dale for acting as chairman and for having passed on to me the enquiry he started; to Mr Irfon Roberts for undertaking the onerous task of being secretary to the committee and for making himself always available for consultation; and to Miss Cecily Collier for her imaginative advice on the design of the questionnaire and on the preparation of this report.

I am very grateful to Dr Kathleen Atkinson for her valuable help in summarising the comments.

I should like to express my appreciation of the help given so readily by the staff and patients of the ten hospitals who participated in the enquiry.

Farnborough Hospital

The General Hospital, Dewsbury

Mayday Hospital, Thornton Heath

Queen Mary's Hospital, Sidcup

Royal Halifax Infirmary

Royal Northern Hospital, Holloway

St Stephen's Hospital, Chelsea

Southend-on-Sea General Hospital

Wanstead Hospital

West Middlesex Hospital, Isleworth

**Winifred Raphael**



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# 1

## Summary of survey

**Aim and Method** The aim of the survey was to devise a questionnaire that hospitals could use themselves to find the views of their patients about their stay in hospital. The questionnaire consisted of a series of questions on five areas affecting life in hospital: the ward and its equipment, sanitary accommodation, meals, activities and care; also a question on overall contentment. Patients were invited to add supplementary comments and to write what they liked best and least about their stay. The questionnaire was tried out in ten general hospitals and was answered anonymously by 1,348 patients shortly before or after they were discharged.

**Overall Contentment** The overall contentment was high. It was related to the age of the patient and was higher among those answering from home than from those still in hospital. It was not closely related to sex, clinical condition, plan of ward or hospital expenditure per in-patient week.

**Ward and Equipment** On the whole the wards were liked whatever their plan; they were said to be bright and cheerful. The chief criticisms were that they were too hot and stuffy and also too noisy, especially at night. A number of patients described the discomfort of protective undersheets and plastic mattress covers.

**Sanitary Accommodation** More disapproval was expressed under this heading than any other and as much about the lack of privacy as about the shortage of accommodation. Many suggestions were given for minor modifications for improving the situation where rebuilding was not possible.

**Meals** On the whole patients liked their meals in those hospitals where a choice was offered but were less happy where there was little variety or choice. Satisfaction with meals showed no relationship to catering costs.

**Activities** Boredom was frequently mentioned as one of the problems of being a patient and to counteract it suggestions were made for improved visiting hours, a better radio service and the provision of more diversional activities. The early time of being woken and the lack of opportunities to rest were often criticised.

**Care** Very warm appreciation was expressed about the care given by all staff but especially by nurses, though the shortage of nurses, particularly at night, was deplored. Many patients criticised the difficulty of getting information about their own conditions and about the reasons for various tests and treatments.

**Best and Worst of Life in Hospital** Patients were asked to state what they liked best and what they liked least about their stay in hospital. Of the 1,355 answers to what they liked best 93 per cent gave human or organisational factors: 30 per cent nurses, 29 per cent staff in general, 12 per cent doctors, 11 per cent atmosphere and relaxation, 9 per cent fellow patients and 2 per cent visiting arrangements. This left only 7 per cent giving physical matters: the food, the ward, etc. The 643 comments on aspects that they liked least were almost equally divided between physical matters (49 per cent) and human and organisational factors (46 per cent) leaving 5 per cent who said pain or discomfort and who cannot be included under either heading. The matters criticised most frequently were sanitary facilities (12 per cent), boredom (11 per cent), noise and difficulty in sleeping (11 per cent) and other patients' suffering or complaints (8 per cent).

**Action Taken** The report of the study carried out in each hospital was fully discussed with the senior officers and ward sisters. After three to six months each hospital was requested to report on the actions taken or contemplated as a result of the study and sixty-four such actions have been described.

**Extension of Survey** Detailed instructions have been prepared for hospitals



wishing to conduct similar studies themselves and it is hoped that a number of hospitals will do so. The questionnaires and instructions are available from the King's Fund Hospital Centre. Meanwhile a project is being started on methods of finding the views of patients in psychiatric hospitals.



## 2

# Description of survey

**Purpose** Why is it helpful to conduct surveys of patients' views about their stay in hospital? What need is there to supplement the knowledge of nurses, doctors and others who spend most of their working lives caring for these patients? There are many reasons why such surveys are useful.

First, they are concerned with the views of a typical sample of patients and not only with the views of those who tend to write to a hospital, that is, the more vocal patients or those who have strong views, favourable or critical. Then they give knowledge about priorities, of the relative importance to patients of various changes, all of which would be useful but which cannot all be introduced due to limitations of money or of staff. Third, they allow comparisons to be made between hospitals and the degree to which contentment is associated with certain practices, for example, with visiting arrangements. They also allow information to be gathered on the effect of changes in practice in a hospital, say, contentment with meals before and after a choice of menus is introduced. Then the actual existence of a recorded list of suggestions is a stimulus to action for the busy people involved in running the hospital. And finally, many patients appreciate the fact that their views have been invited: 'thank you for letting us give our views' several have written. That a survey is a potent factor in good patient-hospital relations was shown by the fact that during this enquiry a number of patients spontaneously enclosed a contribution (varying from four shillings to five pounds) with their completed questionnaires towards the cost of the survey – a reaction entirely unexpected by the organisers.

If the use of surveys is to be widespread, sometimes even given repeatedly in the same hospital, it is essential that they should be in a form capable of application by the hospital staff and not necessarily conducted by an outside organisation. Do-it-yourself is the order of the day and this enquiry was planned so that ultimately individual hospitals could undertake their own surveys with the results compiled centrally so that comparative figures from similar hospitals would be available. This report is largely concerned with the views expressed during the enquiry by 1,348 patients from ten hospitals.

Though interesting, many of these views are already well known. The main value of the enquiry lies in having prepared a survey method that hospitals can apply and interpret themselves.

## Method

In 1965 the King's Fund sponsored a study to devise a questionnaire to assist hospitals to gain information on the views of their patients so enabling them to take remedial action when desirable and practical; and to enable results to be compiled centrally for ease of comparison between hospitals.

Mr A C Dale, at that time a senior tutor at the King's Fund Hospital Administrative Staff College (now the College of Hospital Management), planned the survey. He devised a short questionnaire to be given to patients from surgical, medical, orthopaedic, gynaecological and ENT wards on their leaving hospital. The questionnaires were to be answered anonymously and reply-paid envelopes were supplied addressed to the college. He wrote to the secretaries of the four Metropolitan Regional Hospital Boards and of the Leeds Regional Hospital Board asking the names of two fair-sized acute general hospitals in their regions, one with costs constantly above the average and one with costs below. All the hospitals suggested agreed to participate in the enquiry. About 3,300 copies of the pilot version of the questionnaire were issued to the ten hospitals, in January to June 1966 and again in August to December 1966, with response rates of 52 per cent and 44 per cent respectively. The group secretaries of the hospitals concerned were given the statistical results of the enquiry and were sent any questionnaires that had comments written on them. They were invited to a meeting in February 1967 to discuss the results and suggest modifications to the questionnaire.



Mr Dale left the staff college to take an appointment as a group secretary and early in 1967 the King's Fund invited Mrs Winifred Raphael, who had been associated with the enquiry, to continue it with the help of a steering committee of which Mr Dale was chairman and Mr Irfon Roberts, assistant director of the King's Fund Hospital Centre, was secretary.

As a result of previous findings, the questionnaire was redesigned completely and was given a striking illustration on the outside to make it look unlike an official form in the hope that this would improve the response rate. The questionnaire with the accompanying letter is shown opposite page 12 and it will be seen that though the actual questionnaire is structured, that is, questions are asked, plenty of room is left for free comment. Some of the questions were different from those in the pilot version. A few were omitted because almost all the replies were highly favourable, showing little spread, and others were added covering topics that seemed important from the supplementary comments.

The organisers were fully conscious that the questionnaire did not follow accepted practice in certain ways, for example, in having only two alternatives of 'yes' or 'no' instead of allowing for intermediate replies or graded answers and in phrasing all the questions so that the 'yes' answer was the favourable one. This was done in the interests of simplicity for it was realised that many patients would find any type of questionnaire difficult to understand and, on balance, ease of answering seemed the first priority.

### **Introduction and distribution of questionnaires**

Every effort was made to win the cooperation of the staff. The Survey Organiser first visited the hospital to have a discussion with the senior staff about plans and to gain information on the hospital conditions and practices. At this meeting decisions were made about which wards to include and particulars were noted for each ward about the conditions treated, the sex of the patients, the layout of the ward, the number of beds, and the presence or absence of a day room and similar factors.

A further meeting was then called by the matron at which the organiser met the sisters of the wards concerned. The purpose of the survey was explained to them, the method discussed and their cooperation invited. The ward sisters were asked to give out the questionnaires during the last day or two that patients spent in wards, together with envelopes addressed to the Hospital Centre which had postage stamps attached in preference to the GPO reply-paid envelopes as the former had been found to produce a better response. If her ward had 20 beds or more, the sister was asked to give questionnaires to the first 30 patients leaving. She was not to select the patients but to give them to the first 30 patients who were aged sixteen or over, had been in the ward for at least two nights and could read and write in English. In small wards of between 10 and 19 beds, questionnaires were to be given to the first 20 patients leaving – there were only 18 such wards among the 84 wards included in the survey.

Since it was not known whether there was a difference in the views of patients while they were still in hospital and after they returned home – and if so how this would affect the response rate – it was decided to try a control experiment. In half the wards in each hospital Method A was used, that is, the patients were asked to return the questionnaires during their last day or two on the ward. The patients in the other half of the wards used Method B in which they were asked to return the questionnaire soon after they got home. The group of A wards and of B wards were, of course, matched for size, condition treated, sex of patients and structure of the ward.

### **Extent of study**

Nine of the ten hospitals participating in the pilot trials agreed to continue with the survey. The group secretary of the tenth asked whether another general hospital in the same group could be substituted. In each hospital the questionnaire was distributed to medical, surgical, orthopaedic and



gynaecological wards and to any ward for specialties such as ENT or dermatology but not to paediatric, maternity or psychiatric wards. The number of wards varied from 5 to 13 per hospital.

The number of questionnaires distributed was 2,171 (varying from 99 to 329 per hospital) and the number returned was 1,348 (varying from 67 to 206 per hospital). Thus the response rate was 62 per cent (varying from 51 to 73 per cent). In A wards, where the questionnaire was answered in hospital, the response rate was 67 per cent; in B wards, where the questionnaire was answered at home, it was 57 per cent.

The study was continued in three other hospitals, one from Mr Dale's group and two, on a paying basis, who had requested surveys to be carried out. With two of these, Method A only was used and the response rates were 76 and 74 per cent respectively. It has been decided, therefore, to use Method A in future. This report, however, is only based on the ten hospitals in the main enquiry.







King's Fund Hospital Centre  
24 Nutford Place  
London W1

Dear Patient,

We would be very grateful for your help. Your hospital and the King's Fund - an organisation which exists to help hospitals with advice and money - are trying to find out what you and other patients think about the general care given to you during your stay. We want to know what you liked about your hospital and what you think could be improved. We should explain that our enquiry is not concerned with the medical treatment which you have received.

Would you, therefore, be kind enough to answer the questions inside and on the back of this form. If you answer them as frankly and fully as you can, you will be helping your hospital improve its service and so bring benefit to future patients. You will find plenty of space for additional comments or suggestions you might like to make.

We think you will find the form easy to fill in and, indeed, hope that you will enjoy doing it. Incidentally, everyone in your hospital knows about this enquiry. We all look forward to hearing your comments but we do not need to know your name. Your answers to the questions will go forward anonymously and be summarised with the answers of many other patients so that your hospital can act upon the suggestions made. There are quite a number of hospitals taking part in the survey.

As you see, we have provided a stamped addressed envelope. May we ask you to post us your completed form straight away? It is important that we should have answers to these questions from everyone so please send us the form even if you have few or no additional comments to make.

Once again, we would like to say how grateful we shall be for your help.

Yours sincerely,

*Winifred Raphael*

Winifred Raphael  
Survey Organiser

	ANSWERS		EXPLANATIONS
	1	YES NO	about the ward:
	2	YES NO	
	3	YES NO	
	4	YES NO	
	5	YES NO	
	6	YES NO	
	7	YES NO	about sanitary arrangements
	8	YES NO	
	9	YES NO	
	10	YES NO	
	11	YES NO	
	12	YES NO	about meals:
	13	YES NO	
	14	YES NO	
	15	YES NO	
	16	YES NO	
	17	YES NO	
	18	YES NO	
	19	YES NO	
	20	YES NO	about visiting, ward time-
	21	YES NO	
	22	YES NO	
	23	YES NO	
	24	YES NO	
	25	YES NO	
	26	YES NO	about reception, informati
	27	YES NO	
	28	YES NO	
	29	YES NO	
	30	YES NO	
	31	YES NO	



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## ISS AND SUGGESTIONS

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gements:

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time-table and activities:

---

ormation and care:

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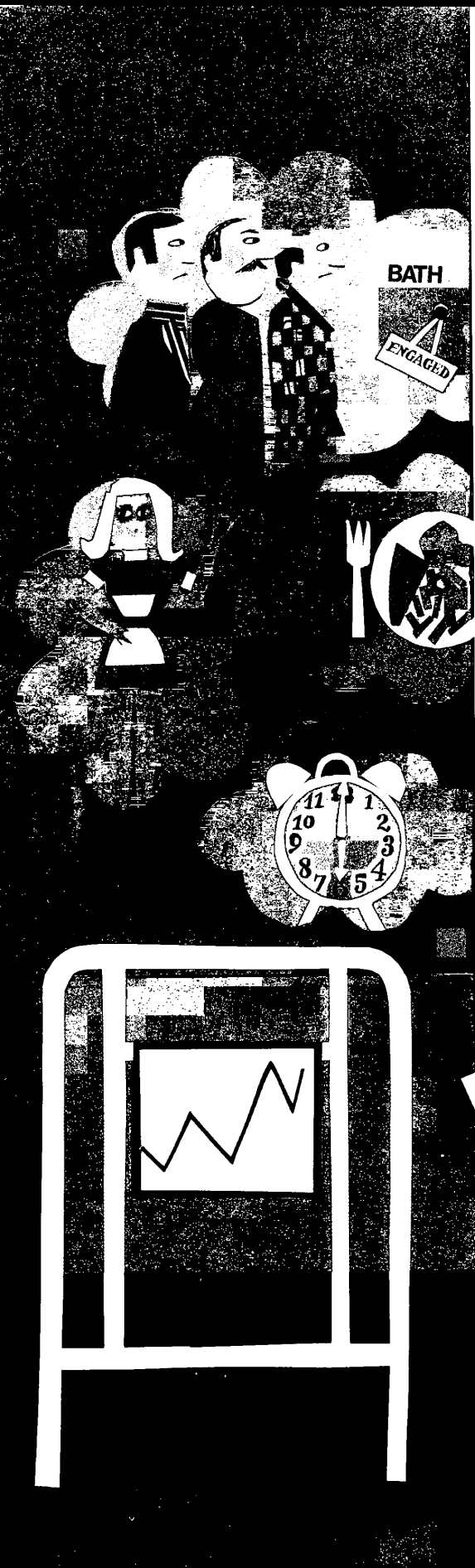


gynaecological wards and to any ward for specialties such as ENT or dermatology but not to paediatric, maternity or psychiatric wards. The number of wards varied from 5 to 13 per hospital.

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The study was continued in three other hospitals, one from Mr Dale's group and two, on a paying basis, who had requested surveys to be carried out. With two of these, Method A only was used and the response rates were 76 and 74 per cent respectively. It has been decided, therefore, to use Method A in future. This report, however, is only based on the ten hospitals in the main enquiry.





Most of the questions have YES and NO printed after each. Draw a circle round YES if your answer is 'yes', draw a circle round NO if your answer is 'no'. There are a few other questions where you put a tick in the brackets by the right answer. By each group of questions there is a space in which we hope you will write explanations and suggestions. There is more space for these at the back of the form.



QUESTIONS	ANSWERS	EXPLANATIONS AND SUGGESTIONS
1 Were your bed and bedding comfortable? 2 Was the ward reasonably quiet by day? 3 Was the ward reasonably quiet by night? 4 Was the ward temperature kept at a reasonable level? 5 Was the lighting satisfactory? 6 Did you have enough privacy in the ward?	1 YES NO 2 YES NO 3 YES NO 4 YES NO 5 YES NO 6 YES NO	about the ward:
7 Were there enough bathrooms? 8 Were there enough washbasins? 9 Were there enough WCs? 10 Were they all kept clean? If your answer is NO, which were at fault? i) bathrooms ( ) ii) washbasins ( ) iii) WCs ( ) 11 Were they all private enough? If your answer is NO, which were at fault? i) bathrooms ( ) ii) washbasins ( ) iii) WCs ( )	7 YES NO 8 YES NO 9 YES NO 10 YES NO 11 YES NO	about sanitary arrangements:
12 Were the meals satisfactory? breakfast? 13 lunch? 14 tea? 15 supper? 16 Did you have enough choice of dishes? 17 Was your food generally hot enough? 18 Was your food nicely served? 19 Was the right amount of food served? If your answer is NO was there i) too much ( ) ii) too little ( ) Were you on a special diet? iii) YES iv) NO	12 YES NO 13 YES NO 14 YES NO 15 YES NO 16 YES NO 17 YES NO 18 YES NO 19 YES NO	about meals:
20 Did the visiting arrangements suit you? 21 Did the time at which you were woken suit you? 22 Was 'lights out' at a reasonable hour? 23 Had you enough chance to rest undisturbed during the day? 24 Were you provided with enough books, games, handwork, etc? 25 Did you find the radio satisfactory? (only answer if it was provided by the hospital)	20 YES NO 21 YES NO 22 YES NO 23 YES NO 24 YES NO 25 YES NO	about visiting, ward time-table and activities:
26 Did you have long enough notice of your admission to hospital? (Do not answer if you came as an emergency patient) 27 Was your reception satisfactory when you first reached the hospital? 28 In the ward, did the nurses come quickly when you needed them by day? 29 Did the nurses come quickly when you needed them by night? 30 Were you told enough about your illness and your treatment? 31 If you have to go to hospital again would you choose to come here?	26 YES NO 27 YES NO 28 YES NO 29 YES NO 30 YES NO 31 YES NO	about reception, information and care:

PLEASE TURN TO BACK PAGE



QUESTIONS	ANSWERS	EXPLANATIONS AND SUGGESTIONS
1 Were your bed and bedding comfortable? 2 Was the ward reasonably quiet by day? 3 Was the ward reasonably quiet by night? 4 Was the ward temperature kept at a reasonable level? 5 Was the lighting satisfactory? 6 Did you have enough privacy in the ward?	1 YES NO 2 YES NO 3 YES NO 4 YES NO 5 YES NO 6 YES NO	about the ward:
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PLEASE TURN TO BACK PAGE



In questions 32, 33 and 34 put a tick in the brackets after the right answer

32 What is your sex? i) man ( ) ii) woman ( )

33 What is your age? i) under 40 ( ) ii) 40 to 64 ( ) iii) 65 or more ( )

34 Did you like your stay here, apart from the discomfort of your illness and being away from home?  
i) very much ( ) ii) in most ways ( ) iii) only fairly well ( ) iv) no ( )

35 What did you like best about your stay in hospital?

36 What did you like least about your stay in hospital?

37 Please write below any other comments about what you liked in hospital and what could be improved

38		
H		
39		
W		
40		
I		

Rev 5/10/67

*Thank you for your help*



# 3

## General findings

**Validity** In any survey people are inclined to ask 'but will they tell you the truth?' This question cannot be answered with certainty. The question should perhaps be amended to 'will they tell you the truth as they see it?' All that one can say is that on the whole similar replies came from the ten hospitals except where varying conditions led one to expect a difference in reply. There are serious limitations to the survey method in general and to this study in particular. First, the selection of hospitals was not random. Then those answering were self-selected for only 62 per cent answered. Did the remaining patients have similar opinions to those who answered or did they abstain from replying because they were more critical or less so? There may be a fear too that the promise of anonymity cannot be believed. However, this seems unlikely due to the fact that a higher proportion of people answered from the hospital than from home. But taking these and other limitations into consideration there still seems to be much of value to be learnt from the findings.

### Methods of analysis

A separate analysis was made of the direct answers to the questions and of the supplementary comments. The answers 'yes' and 'no' were tabulated by computer to give the percentage of favourable replies to those answering each question for each ward, for each hospital and for the ten hospitals combined. A tabulation was also made of the sex and age of the respondents and of the degree of approval they recorded about their stay.

Two tables were included in the report sent to each hospital, one showing its results for each question by ward and by total and the other showing its results compared with the results for the ten hospitals combined. For this the interquartile range was calculated for each question, that is, the range within which the middle half of the hospitals came. A similar table is shown in the Appendix for the ten hospitals combined. It gives for each question the average percentage of favourable replies, the interquartile range and the extreme range of replies.

By studying these tables the staff in each hospital could look at the actual level of contentment in their hospital and see how it compared with other hospitals. They could tell whether on any particular topic their hospital came in the top quarter, the middle half or the bottom quarter. This was important for interpreting the results. For example, if 75 per cent of those answering the question assented, this was a very good response if the question was 'were there enough washbasins?', but a very poor response if the question was 'was your food generally hot enough?' and about average for 'did the time at which you were woken suit you?'.

The great majority of patients availed themselves fully of the opportunity to add comments so summarising them was not an easy task. However, they gave a constructive and vigorous picture of conditions in each hospital and even in each ward. The comments were often pungent and sometimes humorous like that from one man who answered the question 'did the nurses come quickly when you needed them by night?' with 'the nurses at night were very fast in the nicest possible sense!' A compilation was made for each hospital of the comments concerned with each question. Often these were quoted verbatim and an indication was given of the number coming from each ward. This compilation was sent to the hospital concerned which allowed interpretation to be made of the approval and disapproval expressed and facilitated decisions on action to be taken. In this report information on patients' opinions is mainly based on those comments.

### Overall contentment

Of those who answered the question 'if you have to go to hospital again would you choose to come here?', 95 per cent said 'yes'. To the question 'did you like your stay here, apart from the discomfort of your illness and being away from home?', 53 per cent answered 'very much' and 41 per cent 'in most ways' leaving only 4 per cent who answered 'only fairly well' and



2 per cent who answered 'no'. These are such striking figures that it is necessary to try to interpret them.

It may be that people's opinion of what life is like in hospital is very low, partly influenced by the many criticisms that appear in the press and partly by remnants of the belief that harsh discipline is meted out to 'charity cases'. So when they find that life there is reasonable they write such comments as 'we were requested, never ordered, which was my worry prior to admission' or 'if this is a sample, fear of going to hospital will be a thing of the past', and a number said 'I liked the happy relaxed atmosphere'. Because of ignorance of hospital conditions some patients may have been over tolerant about certain matters such as early waking, overcrowding and noise, believing them to be an essential feature of hospital life. Of course many patients had another and real fear on entering hospital, whether it was justified or not, of death or disablement. This survey was concerned with a selected sample – those who were discharged. To put it bluntly, questionnaires were not given to the dead or to those who remained too ill to go home. So relief at recovery and gratitude for the part that the hospital played in it may have contributed to the surprisingly high level of satisfaction expressed.

Many people clearly developed a feeling of identification with their hospitals 'this is the hospital for me', 'I wouldn't dream of going to any other hospital', and, even more strongly, regarding fairly typical old regional board hospitals 'there is not another hospital like it in the world', or 'this must be one of the finest hospitals'. Sometimes enthusiasm was expressed about the hospital as a whole, more often it was made personal by praise for the staff, especially for the nurses – as one man put it rather grandiloquently 'they say angels never leave heaven, I can assure you they do. When you are a patient in this hospital they are there caring for you'.

What factors were associated with overall contentment? Were patients more contented when they were still in hospital or when they recollected their stay there after leaving? Were patients of a given age, sex or clinical condition more contented than others? Did the level of expenditure by the hospital or the average length of stay in the hospital have an effect on contentment? In the quest for answers to some of these questions an analysis was made of the findings from the 68 wards in which 10 or more patients had answered. With each group of wards the median (or middle) score was found showing the percentage of patients who had answered 'very satisfied'.

Place of reply showed a statistically significant relationship with overall contentment – those who reported on the hospital after they returned home were happier about it than those who answered the questionnaire while they were still in the ward (57 per cent compared with 47 per cent). This held not only for overall contentment but for individual topics. For comparison one question was chosen for analysis from each section: the quiet by night, the supply of washbasins, the choice of food, the provision of books, games, etc, and whether they were told enough about their illness. With all these questions, with the exception of the last, those answering from home were more contented than those answering from hospital, and generally the difference was significant. To the question about information, those answering from hospital were more satisfied presumably because they still hoped that information would be given to them before they left.

Another factor that showed a significant relationship with overall contentment was the age of the patient – the older the happier. An analysis was made of the 1,301 patients who stated both their age group and their level of contentment. The percentage of each age group who chose the answer 'very much' to Question 34 'Did you like your stay here ... ?' was as follows:



Age Group	Number in Group	Percentage 'very much'
65 or more	294	62
40 to 64	597	53
39 or less	410	46

There was a slight tendency for the patients in men's wards to be more contented than those in women's wards (53 per cent and 47 per cent) but the difference was not significant. The eight mixed wards were far more contented (69 per cent) than either but the numbers were too few to draw conclusive results. Rather surprisingly identical results were obtained from the long 'Nightingale' wards and the wards subdivided into bays or smaller sections. The relationship of contentment and the clinical conditions nursed in the wards was less clear. Leaving out the few orthopaedic and mixed wards, the order of contentment was as follows: men's medical (57), gynaecological (52), men's surgical (51), women's medical (49), women's surgical (37). But again the differences were not significant. It is rather surprising that the overall contentment of the gynaecological wards were the highest of the women's wards for they were the most vociferous in advancing suggestions for alterations.

Statistics were obtained from each hospital on the average cost per in-patient week and the average length of in-patient stay (weighting equally the average stay for surgical, medical, orthopaedic and gynaecological wards). The following table shows the hospitals in order of the level of contentment expressed and allows comparison with these statistics.

Hospital	Median Level of Contentment		Cost per In-patient Week 1967-68				Order of Length of Stay
	Order	%	Order	Cost			(1 = shortest)
A	1	63	10	£36	3	4	4
B	2	57	2	£47	13	6	2½
C	3	55	3	£47	9	7	2½
D	4	54	5	£47	8	0	9
E	5	54	4	£47	8	10	8
F	6	53	6	£47	1	6	5
G	7	52	1	£53	6	0	1
H	8	50	9	£40	7	9	6½
I	9	47	8	£42	11	7	6½
J	10	36	7	£46	17	8	10

There is no close relationship between contentment and cost per in-patient week - in fact the most contented hospital had by far the lowest cost per week and the hospital with much the highest cost came seventh in contentment out of ten. However, cost per in-patient week depends on many factors such as the size of the hospitals and the speed of turnover of patients. These may have had an effect on contentment, although there was also no significant relationship between contentment and shortness of stay. Overall contentment then depends on other factors and one cannot assume that the hospital that spends most on its patients or discharges them more speedily will tend to have the most contented patients.



# 4

## Views on individual topics



### The ward and its equipment

The direct answers 'yes' and 'no' to the questions in the form give an indication of the level of approval expressed by patients on the various topics but it needed an analysis of comments to interpret these results constructively – to know the reasons for approval or criticism. The answers to the questionnaire generally showed a high level of approval but individual comments tended to be critical. This is to be expected for most people take satisfactory matters for granted: there are unlikely to be comments such as 'the sheets were long enough'; 'I could easily reach the bed-lamp switch'; 'the cups were not cracked'; although the opposite situations would receive mention. Also people would often generalise about a favourable situation 'the meals were excellent in every way' but would make particular criticisms such as 'there wasn't enough choice'; 'the soup was cold'; 'we had sausages too often'.

There were five sections in the questionnaire dealing with the ward and its equipment, sanitary accommodation, meals, activities and care. Tables are included in this chapter of the report covering each section; comprising the relevant questions, the figures showing favourable answers in percentage, and the numbers of favourable and critical comments. Since 6,131 comments were made (an average of 4.5 a head) it is impossible to summarise them all but those quoted were made by a number of people though, exceptionally, some that seemed constructive are reported when only given by one or two.

	% Approving		Comments		
	Mean	Extremes	Favourable	Critical	Total
1 Were your bed and bedding comfortable?	92	89-97	5	139	144
2 Was the ward reasonably quiet by day?	96	93-100	1	172	173
3 Was the ward reasonably quiet by night?	85	80-93			
4 Was the ward temperature kept at a reasonable level?	88	81-95	4	175	179
5 Was the lighting satisfactory?	94	92-100	5	57	62
6 Did you have enough privacy in the ward?	94	88-98	2	45	47
General comment			95	65	160
Day room			2	41	43
Other comments				36	36
Total			114	730	844

**Were your bed and bedding comfortable?**  
144 comments  
Favourable 5  
Critical 139

The outstanding criticism made by 49 people about their beds was the discomfort of having a plastic or rubber undersheet.

**it makes one sweat  
it gets wrinkled and makes one slide down the bed  
very hot – bad when one has a temperature  
the sheet slipped off it**

It was said that they were used automatically, often unnecessarily with younger patients. Mattresses were criticised by 30 people –

**hard  
hollow and sagging  
noisy springs**

– and several suggested that they would like foam mattresses. However, considering individual idiosyncrasies about mattresses perhaps 2.2 per cent



complaining is not such a serious number. Hard pillows were complained about by 18 people.

**so hard my ear went numb**

Sometimes this was thought to be due to the plastic under-pillowcase –

**which made the pillow hard, lumpy and smelly**

It looks as if a systematic enquiry is needed into the best ways of protecting mattresses and pillows.

It is probable that the bedsteads of the patients who complained that they were too high were of fixed height\*; 14 people said that their bed was too high to climb into.

**too high for patients not sure of their balance  
nurse found it difficult to lift them in**

Some suggested that a stool should be placed under the bed so that patients could climb in on that. Beds were thought too short by 6 people and bedclothes were also said to be too short or, sometimes, too narrow to cover a cradle in the orthopaedic wards. Some blankets were not warm enough and some sheets were –

**terribly starched**

Some thought that fitted sheets would wrinkle less.

**Was the ward reasonably quiet by  
day and by night?**

173 comments

Favourable 1

Critical 172

Half the comments made about noise (83) referred to the noise made by other patients.

**chest patients coughing  
the mentally ill who talk all night  
those in agony  
senile patients who call out**

Some also stressed the disturbance caused by emergency admissions at night. The solution put forward by many was the obvious need to have single rooms for those who were noisy, very ill, or for those admitted during the night. Four-bedded wards were said to offer no solution.

**if one is very ill it keeps the others awake worse than in a big ward**

The next most serious source of noise was that made by the nurses especially by the sound of their footsteps (21).

**they sound like a herd of young elephants  
couldn't nurses wear rubber-soled shoes (also doctors and cleaners)  
the noise comes from the floor above vibrating as well as from  
our own ward**

Others (10) complained of the nurses talking at night and of lights being flashed on. Others (7) said that a nurse-call system was required to stop the plaintive call of 'nurse . . . nurse'.

Although other people were the main source of noise, disturbance from equipment was mentioned by 12 people –

**metal washbowls at 5.45 am**

– and several mentioned the need for rubber castors on the trolleys. Noise due to the structure of the hospital, such as the case of a side ward alongside a staircase, a creaking lift, a kitchen door that banged, was criticised by 10 people and an equal number spoke of traffic or aircraft noise from outside the hospital. Surprisingly only 3 people criticised the noise from television or transistors. In two ENT wards where there were children as well as adult patients, the latter found the noise of children crying and running around disturbing (4).

\*The King's Fund report, *Design of Hospital Bedsteads*, recommends that hospital bedsteads for general purposes should be variable in height.



**Was the ward temperature kept at a reasonable level?**

179 comments  
Favourable 4  
Critical 175

Complaints of excessive heat and stuffiness were the most frequent criticisms made about the wards. 126 people wrote in such terms as –

**heat unbearable at night  
hot and airless  
windows invariably closed  
oppressive afternoons and evenings  
not good for bronchitis**

– such comments being repeated again and again. Many hospitals have introduced all too efficient central heating and –

**we can't turn down the heat**

– the patients said. The ideal temperature is a matter on which opinions differ sharply and when a window is opened to reduce the heat someone usually complains of the draught and the draught-haters generally win! Still, 34 people spoke of draughts and badly fitting windows. Some suggested that a spring on the door would reduce the problem. Another 15 spoke of the contrast in temperature when they left the wards to go to the toilet area, the day room or along passages when taken for treatment. The excessive warmth of the ward makes this contrast unpleasant and possibly dangerous to health.

---

**Was the lighting satisfactory?**

62 comments  
Favourable 5  
Critical 57

No strong feeling was expressed about lighting. 19 people found the general ward lighting insufficient.

**centre light poor  
not bright enough  
need reflectors**

On the other hand 13 patients suffered from glare.

**centre light glares in eyes when lying flat  
no shades therefore too bright on eyes**

The light at night in the ward or shining through the window was too bright for 9 people: they remarked –

**that the light needed for nurses at night could be shaded  
too bright a light on all night**

Bed-lights were referred to by 14 people; some did not have them, others could not reach the switch when they were lying flat and for others they were not in the correct place especially when they were sitting by their beds.

---

**Did you have enough privacy in the ward?**

47 comments  
Favourable 2  
Critical 45

Three points were made about the need for greater privacy in the ward, each by 13 patients. The first was the fact that the curtains were not always drawn when they were being examined, treated or washed.

**if I had more privacy while being examined I could talk more freely to doctors**

**curtains leave large gaps  
should be pulled at visiting times  
not drawn to give privacy while washing**

The second point referred to the absence of curtains and the shortage of screens especially when there were extra beds. And the third point was about the unfortunate effect of having overcrowded wards.

**the beds are cramped together back to back and only four feet apart  
can hear all that the doctor says to others  
unpleasant smell from being too close to incontinent patients**

---



**Other Comments**

239

Favourable 97

Critical 142

Many extra comments were given about the ward not in response to any of the six specific questions. Of these, 160 were about the ward in general, 95 favourable and 65 critical. The favourable comments were generally couched in such terms as –

**our ward was cosy, bright and pleasant  
well arranged and maintained  
clean, tidy and well kept**

– but 8 of them referred to the benefit of having a ward divided into small rooms. 30 people criticised the large size of their wards.

**too large – over thirty beds  
ward overcrowded  
need wards of four to twelve people**

Another 19 people spoke of the need for separating the old and the young –

**young patients upset by putting them with the old and confused patients  
teenagers should have separate wards  
should divide patients into the over and under fifty**

– were various views expressed. The appearance of their wards was criticised by 9 patients.

**depressing – need more colour  
dislike grey curtains  
need brighter paint  
bed curtains should be made of brighter material  
pictures needed to enliven corridor walls**

Day rooms were mentioned by 43 people: 2 were grateful because they had –

**a quiet tasteful room  
an enclosed veranda, warm and good**

– but 41 expressed a wish for such a room.

**for comfort, recreation and to see visitors  
would like a day room with armchairs  
a TV lounge**

Some people were more ambitious in their wishes – they would like, they said –

**a social room, perhaps shared by several wards with cafeteria and bar  
where you can take visitors and exchange books**

Others (14), from seven out of the ten hospitals, spoke of a shortage of comfortable chairs –

**not enough armchairs  
uncomfortable to sit on stool with no back  
more cushions**

– or

**chairs too hard**

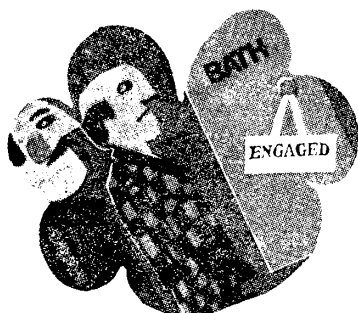
One point is, perhaps, of interest though only mentioned by 2 patients, the comfort of being able to see a clock.

**a clock at each end of the ward would be helpful  
we have only one clock – a mirror on a beam would allow others  
to see it.**

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## Sanitary accommodation



	% Approving		Comments		
	Mean	Extremes	Favourable	Critical	Total
7 Were there enough bathrooms?	55	34-70	—	203	203
8 Were there enough washbasins?	58	42-78	—	165	165
9 Were there enough WCs?	55	31-65	—	236	236
10 Were they all kept clean?	83	69-95	29	87	116
11 Were they all private enough?	74	68-90	—	181	181
Other comments			20	125	145
<b>Total</b>			<b>49</b>	<b>997</b>	<b>1,046</b>

Analyses of Questions		Number
10 (i) Bathrooms not clean		53
(ii) Washbasins not clean		67
(iii) WCs not clean		140
		<b>260</b>
11 (i) Bathrooms not private enough		153
(ii) Washbasins not private enough		189
(iii) WCs not private enough		84
		<b>426</b>

## Amount of Accommodation

When hospital officers discussed with the organiser the findings they expected, they often assumed that a chief cause for criticism would be the shortage of sanitary accommodation and they were quite right. Both the answers to the questions and the supplementary comments showed the seriousness of the position in many of the hospitals. Patients made general remarks such as 'dark, dingy and lacking in space'; 'scandalously bad'; 'Dickensian - more appropriate to 1868 than 1968' and a more hopeful patient, 'should build new sanitary annexes while waiting for rebuilding of hospital'. However, in a few wards the annexes had been rebuilt and in one hospital there were three wards with accommodation attached to each six-bedded room and here there was high approval: 'completely satisfactory'; 'clean, very good'. The hospitals were built when most patients remained in bed. Now most patients are up and can walk to annexes that were built for perhaps a third of their number. The gravest shortage was of WCs, next of bathrooms and less of washbasins but there was serious inadequacy with all three as shown by the comments quoted.

Shortage of accommodation was, to some extent, responsible for the two other main areas of complaint: lack of cleanliness and lack of privacy. The seriousness of these two problems was not always fully realised by the staff and certain improvements on these matters could be made even with existing shortages. Many people are very sensitive about the need for cleanliness and privacy and the conditions that they had to face in some wards seemed a potent source of distress. Is it perhaps significant that in almost all wards staff take it for granted that they need sanitary accommodation apart from that used by patients?



<p><b>Were there enough bathrooms ?</b>  203 comments  Favourable 0  Critical 203</p>	<p>impossible to keep oneself clean  only one bathroom to a ward of forty patients  queue  have to rush as others waiting  constant walk to find if empty, should have a sign in the ward  some patients have to have baths as part of their treatment</p> <hr/>
<p><b>Were there enough washbasins ?</b>  165 comments  Favourable 0  Critical 165</p>	<p>only two for a ward of forty patients  have to queue  should not be in bathrooms</p> <hr/>
<p><b>Were there enough WCs ?</b>  236 comments  Favourable 0  Critical 236</p>	<p>totally inadequate  queue up to 15 minutes  only two WCs for ward of forty  awful to see old and feeble patients queueing  sometimes can't wait, not only embarrassing but painful  desperate when enemas have been given to several patients  bad in surgical ward where some patients must use them frequently</p> <hr/>
<p><b>Were they all kept clean ?</b>  116 comments  Favourable 29  Critical 87</p>	<p>Some of the annexes were described as –  super clean  kept clean and tidy  – but many more were criticised: 1 patient, for example, said  sanitary arrangements are dismally primitive. In my ward of twenty-eight beds there are two badly sited and very obsolete wash-basins with ineffectual plugs, a bath which lets water out so slowly that it was bound to show scum and dirt. No bath brush to eliminate this. Smell from what seemed out-of-date equipment for cleaning bedpans always filling washing and bath spaces. This criticism is NOT aimed at ward staff who always did their best to overcome these very real problems  The dirty baths (25 comments) were feared as a source of infection, especially by patients from gynaecological wards, and many wished that disinfectant cleaning material could be provided for patients to use. There were only 8 complaints about dirty washbasins, with some about the slow drainage, with others that they got clogged with hair. But the main complaints about lack of cleanliness, 56 of them, were about the unpleasant state of the WCs, and here it was emphasised repeatedly that this was the patients' fault and that the staff did their best to prevent it.  <b>WCs start clean but almost invariably become soiled  most unpleasant as the day wore on  floors wet all the time  smell permeated the whole ward  should be cleaned more than once a day</b></p> <hr/>
<p><b>Were they all private enough ?</b>  181 comments  Favourable 0  Critical 181</p>	<p>One of the great fears that many patients have when going into a general ward is that various treatments and functions will not have adequate privacy. In point of fact privacy is usually well guarded on the ward by means of curtains and screens (though there are exceptions as described previously) but it was impossible to maintain any kind of privacy when in many sanitary annexes. Indeed, there seemed sometimes to be a curious blindness about the normal desire of most people for seclusion while washing or performing natural functions, the absence of which caused real distress.</p>
<p><b>Bathrooms</b>  60 comments</p>	<p>Here there is the problem of the bath in a room with washbasins and various stored articles.</p>



**people came in without knocking as the bathroom is used as a store place  
only a curtain round the bath and you can't dry without moving it**

From the comments it became clear that some nurses, used to washing patients in bed, did not realise that people dislike being disturbed while bathing.

**Washbasins**  
83 comments

In many wards the washbasins were put side by side without any attempt to shield them individually from general vision by cubicles or curtains. Sometimes one or more of these basins were in a bathroom and had to be passed by anyone going to the bath. The use of washbasins for having a general wash is often more important in hospital than at home – many patients are not allowed to have baths or may have wounds or disabilities they do not want to show.

**one can't give oneself a good wash even if unable to have a bath  
great difficulty for colostomy patients  
I dislike washing my dentures in public**

Another difficulty is that the washroom is often used to store other articles.

**at night one can't get near washbasins as they are the only repository for trolleys, flowers and wheelchairs  
one room containing one bath, two washbasins, two trolleys, two laundry trolleys  
nurses and cleaners in and out all the time**

**WCs**  
38 comments

There were two worries about privacy in lavatories. A major worry, a real source of embarrassment to the 27 people who commented on it, was that the lavatory doors in many wards had no bolts or even indicators to show that they were engaged.

**people keep banging at the doors**

No wonder there is said to be a disease known as hospital constipation! Obviously nurses must be able to get in to help patients in case of need, but there are types of bolts available quite cheaply that can be easily opened from outside and the need for privacy in lavatories seems to be an elementary form of decency. The other complaint was that WCs were often badly sited just opposite the washbasins.

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**Other Comments**  
145  
Favourable 20  
Critical 125

Many points were raised apart from adequacy of the sanitary accommodation, its privacy and cleanliness. Although some of these would involve structural alterations many of them could be introduced with little or no cost and would add greatly to the convenience and comfort of the patients.

**more commodes needed  
better designed bottles and bedpans**

**Bathrooms**

**hook needed to hang dressing gowns and  
not too high up for those who can't stretch**

**bath grips needed and bath should be lower**

**showers would take less space and could be used by some who  
cannot get into bath**

**need chair and handrail**

**Washbasins**

**have soap and paper towels in basin near toilet, now have to walk  
twenty yards from WC to basin**

**need shelf for shaving kit and sponge bags, would be invaluable  
for handicapped patients (also in bathroom)**

**mirrors – need more than one and lower for short people**

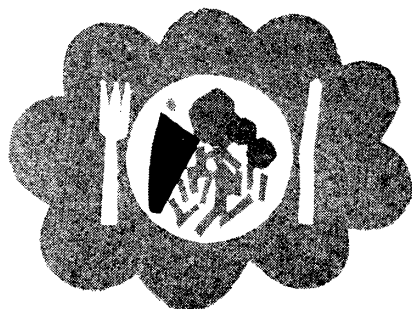


**WCs** have some method of warming: icy cold  
 need sidegrips on wall to pull oneself up  
 higher toilet, especially for arthritic patients  
 should have signalling system for patients that need help  
 plug too high to reach after operation  
 have doors wide enough for wheelchairs to go in  
 should have annexe at both ends or in the middle of the ward  
 not only at one end

## Meals

	%Approving		Comments		Total
	Mean	Extremes	Favourable	Critical	
12 Were the meals satisfactory?	94	87-97	—	—	—
13 breakfast?	91	83-98	—	—	—
14 lunch?	93	87-98	—	—	—
15 tea?	91	81-97	—	—	—
16 supper?	75	48-96	24	153	177
16 Did you have enough choice of dishes?	84	70-94	6	82	88
17 Was your food generally hot enough?	95	90-99	26	35	61
18 Was your food nicely served?	87	79-93	—	85	85
19 Was the right amount of food served?	—	—	154	—	154
General comment	—	—	2	67	69
Cooking	—	—	3	62	65
Planning and Timing	—	—	1	24	25
Drinks	—	—	2	15	17
Diet Meals					
Total			218	523	741

Analysis of Question 19		Questionnaire	Comments
19 (i) Was too much food served?		43 replies	36
(ii) Was too little food served?		52 "	21
		—	—
		95	57
		—	—
(iii) Choice for those on diet	YES	34 "	
	NO	28 "	
		62	
		—	





### Degree of satisfaction

Meals are a form of occupational therapy in hospital for not only do they make a break in the day but they act as a topic of mutual interest for conversation with others in the ward: 'meals are the only thing to look forward to' as one patient frankly expressed it. The ten hospitals varied widely in their catering skill. Over half the comments from patients were favourable in some of the hospitals while in others only 6 per cent. Nevertheless, patients in general seemed reasonably satisfied about their meals as shown by the high proportion of favourable answers to all the questions about food except the choice of dishes and the temperature of the meals. There was also some criticism about the amount of food served but this was split fairly equally between those who thought they had too much and those who thought they had too little. Praise in general terms was given in the comments made by 154 people.

**I enjoyed every meal I had**

**I must pay tribute to the amount and variety and they were beautifully served**

**I gained 14 lbs in five weeks**

**no praise can be high enough**

**as an ex-chef I confirm the meals were very good**

Appreciation of the choice of dishes was expressed in the comments of 24 people from those hospitals that offered a choice.

**choice better than in some hotels**  
**an interesting and tasty variety**

About an equal number (24) praised the service.

**delightfully served**

**to have one's own teaset was wonderful**

**I liked them asking whether you wanted a small, medium or large helping**

### Did you have enough choice of dishes?

177 comments

Favourable 24

Critical 153

Tastes differ in no respect more than in food. If a choice is not offered some people will obviously have to eat what they dislike so it is not surprising that patients in the seven hospitals that offered choice to a greater or lesser degree showed far more satisfaction with their food than those from the other three hospitals. The proportion of comments expressing satisfaction about meals was 54, 50, 47, 38, 28, 24, 18 compared with 11, 6, 6. Where there was no choice people had to eat food they actually disliked, for example, cooked cheese; or food that they felt was bad for them, for example, beef hamburgers, when they were just recovering from an operation or –

**herrings which have too many bones for people lying on their backs**

Lack of variety was also criticised.

**always carrots**

**no choice in jams and spreads**

**too many sausages**

16 people complained of the monotony of breakfasts.

**nearly always eggs boiled too hard.**

Even when theoretically there was a choice, in practice it sometimes depended on one's place in the ward for a popular dish was soon finished.

A further proof of the importance of having some choice of food was gained by ranking the hospitals in order of satisfaction with supper.



Of the four hospitals which gave no choice for this meal (one giving a choice for the mid-day meal only), three came at the bottom of the list.

---

**Was your food generally  
hot enough?**

88 comments

Favourable 6

Critical 82

When thirty or even forty people have to be served successively in a ward it is sometimes difficult to keep the food or drink warm for those served towards the end. In all the hospitals heated trolleys were used to carry the food from the kitchen. It was thought that the food was warm in the trolley but became cool when it was being served. A number of suggestions were made to overcome this difficulty: soup should be served from insulated jugs, nurses should carry more than one plate at a time, better to push the trolley round rather than leaving it outside the ward or even at one end of the ward –

**fifty journeys made per meal from kitchen to ward**

– and that more of the staff should help with serving. Some of the complaints were concerned with part of a meal or a drink being served separately.

**tea served long before the rest of breakfast**

**tea cold as sugar brought some time after by another person  
eggs and spoons don't come together**

Three wards in one hospital had a tray service direct from the kitchen: 100 per cent of the patients in two of these wards were satisfied with the temperature of the food.

---

**Was your food nicely served?**

61 comments

Favourable 26

Critical 35

Of the 61 comments about the service of food 26 were favourable and have been summarised above. Two matters were criticised most frequently, each by 11 people. The first was that meals were too hurried.

**served and cleared away too quickly**

**hurried over meals to suit staff**

**stroke patients hurried: hardly got anything to eat  
bad for gastric cases**

The other matter was dislike of the crockery or cutlery.

**cups chipped**

**poor quality cutlery**

**I dislike plastic cups**

**coloured china would be nice**

However, not one complaint was made about lack of cleanliness.

---

**Was the right amount of  
food served?**

85 comments

Favourable 0

Critical 85

The hospital tradition of serving two main meals, each of three courses, together with a cooked breakfast, a tea meal and various snacks, is not the pattern of eating that many people are used to, especially when they are taking little or no exercise. Nevertheless, 87 per cent of the people who answered the questionnaire were satisfied with the quantity. To the supplementary question for those who answered 'no', 43 thought too much food was served and 52 thought too little but about a third of those 52 came from one hospital. Were the criticisms related to the sex of the respondent? With the 52 who said there was too little food, there was an almost equal number of men and women, 25 and 27 respectively. With the 43 who thought there was too much there were far more women than men, 33 compared with 10. When the 57 free comments were examined, 36 people said there was too much and 21 that there was too little. Many of the criticisms about too much food referred to supper – no-one mentioned lunch –

**supper too heavy for a last meal**

**would prefer a snack to a large supper**

**too much to have two three-course meals**



Those who said the food was inadequate spoke specially of teenagers and men in orthopaedic wards, and 25 people disliked having only biscuits for tea. Obviously patients have different sized appetites. They come from all sections of the community and are used to meals of various types and at different times so it would be impossible to please them all unless they had a choice of food and of size of portion.

**Cooking**  
69 comments  
Favourable 2  
Critical 67

If patients did not like the food they often put their dislike down to -

**good materials spoilt in the cooking**

- though one person did talk about -

**third-class mutton**

The most usual complaints were about dry meat, watery cabbage and greasy bacon. Some said that the food was colourless and unappetising and that more effort should be made with sauces. In weighing the importance of these comments the high praise of their food given by 154 people must not be forgotten.

**Planning and Timing**  
65 comments  
Favourable 3  
Critical 62

The main complaint (22) was the need for more green vegetables, salads and fresh fruit. It was said vegetables and fruit were too often tinned and potatoes always mashed and made from dried powder. 13 people said the meals were too starchy, varying in description from -

**too much stodge**

- to -

**excess of carbohydrates**

Only 11 people criticised the timing of the meals saying that three meals were served between mid-day and six pm and then nothing till breakfast, others said that 11.45 am or 12 was too early for lunch.

**Drinks**  
25 comments  
Favourable 1  
Critical 24

The provision of tea and coffee are matters of immense importance to the average patient and numerous but varied suggestions were given about the supply. The most usual suggestions were for an opportunity to have tea or coffee after all meals and for the tea to be stronger or weaker.

**Diet Meals**  
17 comments  
Favourable 2  
Critical 15

Of the 62 patients on diet who answered, 34 said they had and 28 said they did not have enough choice. Most of the 17 comments criticised the diet meals as insufficient or lacking in variety or interest.

**Cost of Meals**

One of the standard returns all hospitals have to send in annually is of the catering cost per head per week exclusive of service. This figure was kindly supplied by each hospital participating in the study and a comparison was made with the proportion of comments on food that were favourable and the overall contentment of the hospital (described previously).

Hospital	Catering Cost per Week			Percentage Favourable Comments		Overall Content- ment Order
	Cost	Order		on Food	Order	
<b>C</b>	£3 3 5	1 Choice		47	3	3
<b>D</b>	£3 3 0	2 No choice		6	9½	4
<b>G</b>	£2 18 8	3 Choice		38	4	7
<b>J</b>	£2 17 6	4 No choice		6	9½	10
<b>I</b>	£2 16 0	5 Choice		28	5	9
<b>F</b>	£2 15 3	6 Choice		18	7	6

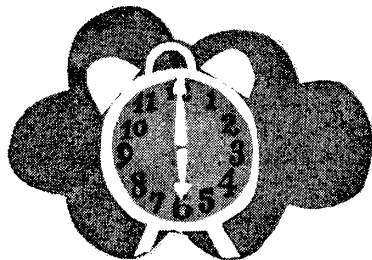


Hospital	Catering Cost per Week		Percentage Favourable Comments		Overall Contentment Order
	Cost	Order	on Food	Order	
E	£2 14 3	7 Choice	50	2	5
A	£2 14 1	8 Choice	54	1	1
B	£2 12 10	9 No choice	12	8	2
H	£2 8 6	10 Choice	24	6	8

lunch only

There is no relationship between the order of hospitals according to their catering cost and according to the percentage of favourable comments on food. Since it is known that people often project their views about the hospital in general on to the relatively impersonal matter of food, the order of the hospitals' overall contentment was compared with the percentage of favourable comments on food. Here again there was no relationship of statistical significance. It seems that opportunity for choice of food has a closer relationship to satisfaction with meals than the amount spent on them.

### Activities



	%Approving		Comments		Total
	Mean	Extremes	Favourable	Critical	
20 Did the visiting arrangements suit you ?	90	82-98	35	163	198
21 Did the time at which you were woken suit you ?	75	59-86	8	133	141
22 Was 'lights out' at a reasonable hour ?	94	88-99	—	31	31
23 Had you enough chance to rest undisturbed during the day ?	90	88-94	3	31	34
24 Were you provided with enough books, games, handwork, etc ?	78	67-88	20	111	131
25 Did you find the radio satisfactory ?	74	56-87	5	171	176
Other comments			7	61	68
<b>Total</b>			<b>78</b>	<b>701</b>	<b>779</b>

### Need for Diversion

So far this report has described the patients' reactions to tangible matters: the ward, the sanitary arrangements and the meals. The next two sections are more concerned with how patients' feelings are affected by activities and relationships. Leaving the familiar environment of home to go into hospital jolts the patient out of his usual company, habits and occupations, and this happens when he is ill and least able to make the necessary adjustment. The people he knows are not round him, his daily timetable is different and his normal occupations, whether work or recreation, are not available. He sees long blank days ahead for, unlike hospital staff who are very rushed, patients have many unoccupied periods during the day and are often wakeful during the night too. Some people are used to being away from their families, can easily adjust to other conditions and happily fill their days by reading, gossiping or watching the ward routine. But there are many who find adaptation more difficult and for them opportunities to see their family and friends, and provision for helping them to pass the time, are matters of great importance.



The two matters in this section most often praised in the free comments (though even these were far more often criticised) were the visiting arrangements and the provision of books. The visiting arrangements were described in some such terms as –

**generous and convenient**

– by 35 people but 19 of these came from two hospitals that allowed long periods of visiting every afternoon and evening.

**I feel better at seeing my family daily  
I am grateful that my children could visit me**

Appreciation of the library service was given by 14 people.

**it comes twice weekly  
they have a good choice of books  
lots of trouble taken to get your requests  
WRVS do a grand job**

4 people, all from the same hospital, said they appreciated the games and activities provided. Other matters mentioned favourably were the radio –

**nice that all beds have it**

– and the telephone trolley. 8 people commented favourably on the early waking, some of them said they liked it as they slept badly, the others, though not enthusiastic, said they realised the need for it.

---

**Did the visiting arrangements  
suit you?**

198 comments

Favourable 35

Critical 163

Visiting arrangements need to be looked at from three angles: the convenience of the patients, of the visitors and of the staff. The comments given here are almost entirely from the patients' point of view. The ten hospitals studied had a wide range of visiting arrangements: four had very generous conditions of an hour or more every evening and also an hour on all or most afternoons. The other six were more restricted, most of them had half an hour on five evenings and an hour or more in the afternoon on the two other days. The answers to the question on visiting for the four hospitals with generous visiting showed 98, 98, 94 and 91 per cent of the patients satisfied; for the other six hospitals 91, 90, 86, 85 and 82 per cent were satisfied. So far as patients were concerned they liked a fairly long period twice daily but not one of them suggested that they should have 'open' visiting with visitors coming at any time. Of the 163 suggestions, 70 deprecated visiting periods of only half an hour and 59 either wanted two visiting periods every day or evening visiting on days when there was currently only afternoon visiting. Some pointed out that men generally find it easier to come in the evening after work but that many women have difficulty in leaving their children out of school hours. Only 11 said visiting hours were too long, especially periods of one-and-a-half hours, or wished that visiting was restricted to two or three people at the same time. More opportunities for children to visit were asked for by seven people. Some other comments were made for improving conditions for the visitors such as an opportunity to purchase tea for them, permission for elderly visitors to use lifts, better car parks and toilet facilities.

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**Did the time at which you were  
woken suit you?**

141 comments

Favourable 8

Critical 133

Much effort has been expended by various authorities to try to prevent the very early waking of patients and it has been stressed that all patients do not need to have their temperatures, for example, taken automatically every morning. Still, there is an understandable desire on the part of many junior night nurses to start their morning duties very early. When we asked the matrons of the ten hospitals what were their regulations about waking patients several said 'officially at seven but in practice earlier'; 'it is supposed to be six-thirty but I suspect they start at six'.



The 133 patients who complained that they were woken too early generally quoted 5.30 or 6 am but some even said they were woken at 5 am. They stressed their dislike of being woken so early.

**the only relief from pain is sleep  
we often are disturbed by noisy nights  
I sometimes take a long time to get to sleep and hate being woken  
I was given tablets at 3 am and woken at 6.30  
it makes a terribly long day**

Most hospitals do not serve breakfast till 8 or 8.30 and the long wait from waking till breakfast was much disliked. Patients realised that those who needed treatment or washing had to be woken but regret was often expressed that patients who could wash themselves were not allowed to sleep on till they woke naturally.

---

**Was 'lights out' at a reasonable hour?**

31 comments  
Favourable 0  
Critical 31

'Lights out' time was too early for 21 people, 9 of these being from the same hospital which had the unusually early time of 9 pm. Most of these people said they would prefer 10 pm but from other hospitals some asked for it to be postponed from 10 to 10.30 or 11 pm. 10 people had the opposite complaint – they found the 'lights out' time too late.

**lights are not put out till 11.15 and we are woken at 5.15  
only have from 11 to 5.30 with lights out  
lights out time is sometimes delayed when we long to have it**

'Lights out' time and waking time are linked but considering the importance of sleep in restoring people to health it seems serious to have some wards that are quiet and dark for less than eight hours.

---

**Had you enough chance to rest undisturbed during the day?**

34 comments  
Favourable 3  
Critical 31

Sleep is a healer but in some hospitals it seems difficult to achieve by day as well as by night, as one patient put it –

**we have short nights and not much chance to rest by day**

31 patients said they would like to rest after lunch but found it impossible.

**I wish activities would stop and one could rest for an hour after lunch  
too much attention from the nurses to be able to rest, they take  
temperatures and so on  
too much noise from patients and nurses to rest**

In one hospital patients were not allowed to rest on their beds at all during the day, even after lunch.

---

**Were you provided with enough books, games, handwork, etc?**

131 comments  
Favourable 20  
Critical 111

When people are well they sometimes think how lovely it would be to have a rest in bed with a clear conscience and be able to sleep and read. But somehow when people are ill this happy dream does not always materialise. Either they are restless and suffering and then, as one patient expressed it –

**you need something to occupy your mind and keep it off your pains**

– or they are less ill and after a little time away from their usual plays acute boredom may set in. Indeed, as many as 111 patients complained of boredom and the need for more activities to be provided.

**we get very bored  
nothing to keep one's mind occupied  
some patients have not the concentration to read and would  
welcome games  
would love handwork  
should have occupational therapy for all patients staying more**



**than two weeks**  
**very bored when waiting for operation**

Repeatedly requests were made for more games –

**would like to be able to play cards, dominoes, etc**  
**would like games such as scrabble**

– or for handwork such as felt toys that could be bought either from the occupational therapist or from the trolley shop.

Suggestions were made by 21 people for the improvement of the library service. This service was appreciated but when the library trolley visited the ward only once a week it often meant a long wait without a book. In other cases there was said to be a limited selection.

**only love novels**

Some people suggested that a bookcase full of books and light magazines should be kept in the ward for all to use. 11 people requested a trolley telephone service.

**we need a telephone trolley or at least a kiosk on each floor**  
**we sometimes have a trolley phone but I wish it came earlier**  
**and more often**

The newspaper service was said by 4 people to be erratic or very late. There were several other suggestions – the need for a hairdresser for men and women, a trolley shop, more exercise in the garden.

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**Did you find the radio satisfactory ?**

176 comments

Favourable 5

Critical 171

Of the 171 criticisms of the radio service only 14 were concerned with the fact that the patients had no headphones. There were two main sources of complaint: the need for servicing and lack of choice of programme. The need for servicing was expressed by 79 people.

**erratic reception**  
**distortion from other channels**  
**too loud – only of use to deaf patients**  
**needs maintenance**

Now that there are at least four radio stations, 57 patients were unhappy because they could not have the station of their choice.

**only pop music**  
**only Radio 2**  
**would like Radio 4 sometimes**

12 people found the headphones heavy, uncomfortable or unhygienic and a further 5 could not reach the headphones or controls when lying down or sitting by the bed.

Some people (39) longed for television.

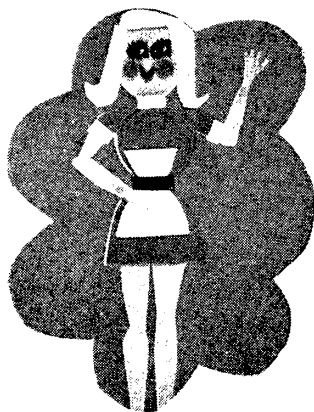
**it would take people's minds off operations and bedpans as subjects of conversation**

However, they realised the problems connected with installing television in wards for although some patients would like it others would find it disturbing. Therefore most suggested either that it should be in a day room or that the sound should come through ear-phones or, better, pillow-phones. The wish for television was one of the chief reasons for recommending that wards should have day rooms as has been reported above.

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## Care of patients



	%Approving		Comments		
	Mean	Extremes	Favourable	Critical	Total
26 Did you have long enough notice of your admission to hospital?	92	82-100	3	28	31
27 Was your reception satisfactory when you first reached the hospital?	95	92-99	35	46	81
28 Did the nurses come quickly when you needed them by day?	96	92-100 91-100	123	100	223
29 ... needed by night?	96				
30 Were you told enough about your illness and your treatment?	82	72-89	15	95	110
31 If you have to go to hospital again would you choose to come here?	95	93-100	138	13	151
Staff in general			85	6	91
Doctors			15	7	22
Other comments			—	14	14
<b>Total</b>			<b>414</b>	<b>309</b>	<b>723</b>

The answers to this section of the questionnaire were very favourable except to Question 30 'Were you told enough about your illness and treatment?' and sometimes to Question 26 'Did you have long enough notice of your admission?' It was difficult to allocate some of the comments to specific questions for many patients used this section to express strong feelings of gratitude and approval about the hospital in general and about the staff. The so-called critical comments about the nurses almost all referred to staff shortages but praised the way they did their best to overcome this. Comments on notice of admission (and discharge), reception and information are described here first, then the more general comments about the staff and the hospital. The favourable and critical comments are discussed together.

### Did you have long enough notice of your admission to hospital?

31 comments  
Favourable 3  
Critical 28

Since 28 out of the 31 comments on notice of admission were critical in spite of 92 per cent recording approval in the questionnaire, it can be assumed that virtually only those people commented who had been seriously inconvenienced by the short notice. Some people had received a letter asking them to go into hospital the same day and a lot had only had one day's notice. Difficulty was mainly felt by mothers who had to arrange for the care of their children and for employees who could not inform their employers. Others had problems when they had made careful arrangements and then the admission was postponed.

**arranged for me to go in then I was put off  
difficult as I had arranged for a substitute for my professional work  
postponed twice, then third time phoned on morning of admission**

Some people made great efforts to arrange their home affairs so that they could come in and then found that they had been called in long before anything was done.

**called in too long before my operation: did not see the doctor,  
just lay there worrying  
left home the day I got the letter, arranged for the children with  
difficulty, and then found the specialist had gone and would not be  
back for three days**



Although no question was asked about discharge, 10 people volunteered comments. Some complained of short notice.

**they said to me after tea 'you can go now', I am seventy-six and live alone**

Others spoke of the poor arrangements for transport.

**had to wait about all day  
my stay in hospital was spoilt by the transport home  
better arrangements needed for relatives to pick up patients**

Since these comments could only have come from half the patients – those from the B wards who answered the questionnaire after returning home – it is likely that the problem occurred twice as frequently as it seemed to from the survey.

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**Was your reception satisfactory  
when you first reached the  
hospital?**

81 comments  
Favourable 35  
Critical 46

Very different accounts were given about reception even from patients from the same hospital. Those satisfied with reception described it as –

**very speedy and efficient  
reassuring, none of the old stiff and starchy feeling  
short staffed but managed wonderfully  
delighted I was made so welcome and introduced to neighbours**

– and, by one enthusiast –

**royalty could not have been better treated.**

Quite another picture was drawn by the critics and naturally patients who came as emergencies had the most to say. A number of detailed stories were given about the situation in casualty such as –

**admitted 5 pm in great pain, not seen or treated till 9 pm, admitted  
to ward 10.15  
in casualty 5½ hours, after several appeals given one cup of tea  
4½ hours lying on stretcher without being examined or given anything  
to relieve pain**

Even 'list' patients had difficulty.

**a large queue at reception, kept waiting 1½ hours  
had to make my own way to the ward and then wait an hour  
before admission**

Some people said they were –

**kept waiting outside the ward and did not know what was the situation**

– or –

**left on chair in ward feeling lost, not greeted by anyone**

– but perhaps that was better than the greeting another patient received from a nurse 'Oh no! Not another one!' Patients were often vulnerable to fear and distress on arrival in hospitals and the reception they got tended to leave a deep impression for good or for ill.

---

**Were you told enough about your  
illness and your treatment?**

110 comments  
Favourable 15  
Critical 95

**the most important thing to me was that I was informed just what had  
happened and what the treatment consisted of  
I was impressed with the way the doctors told me the nature of  
their tests and treatment**

Such appreciative remarks were made by 15 people. But no fewer than 95 people wrote, generally with much feeling how, as one put it, they are kept out of the picture. They made such comments as –

**more information would bring greater peace of mind and possibly  
quicker recovery**



**had to have traction, a frightening experience if not warned beforehand  
I was told nothing about my treatment and this worried me**

Some made the point that they needed information so as to know what to do later.

**told nothing, would like particulars for future reference  
I would like to know what caused my miscarriage to avoid another**

Others felt hurt at –

**being treated as a cipher  
doctors inclined to treat patients as completely stupid  
would not give even elementary information any reasonably  
intelligent patient wants to know**

Such comments were so frequent and expressed with such feeling that it seemed as if the provision of more information is one of the main needs of the patient and this refers to an explanation of tests and treatment perhaps even more than knowledge of diagnosis and prognosis. Obviously such information has to be given in terms that the individual can understand and recent research has stressed that information may have to be repeated before it is understood. If doctors, sometimes with sisters acting as interpreters, can explain treatment and when suitable, diagnosis and prognosis to those who want to know, there would not be nearly as many worried patients. The old-fashioned view, as one patient put it 'the don't-you-worry-let-us-do-your-worrying-for-you idea', is just not accepted by many in these days of better education and dislike of paternalism.

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**Staff** The actual questions about staff in the questionnaire were limited to the speed at which the nurses came when needed by day and by night and were both answered very favourably. However, patients used this section to write many and enthusiastic comments about a wide range of staff: 91 about the staff in general, 223 about the nurses and 22 about the doctors. Of these 91 comments of the staff in general, 85 were favourable.

**I cannot speak too highly of the way I was cared for by all  
doctors, sisters and nurses are tops  
the team spirit was marvellous  
I will remember the staff in my prayers**

Sometimes specific grades were mentioned such as –

**admire pride of orderlies and ward cleaners and their cheerfulness  
the social workers and physiotherapists were helpful**

– but generally it was omnibus praise.

**I was treated very well by everyone – doctors, sisters, nurses and staff**

The few criticisms suggested –

**a lack of coordination and discipline even allowing for shortage of staff  
– and –**

**the domestic staff used bad language**

It gives the wrong impression to divide the 223 comments about the nursing staff into 123 favourable and 100 critical for 90 of these criticisms were directed not at the staff but at their absence – to the shortage of nursing staff and the need for better pay for them. The praise of the nursing staff was in the warmest terms.

**competent and cheerful, good and kind  
the infinite patience of the nursing staff  
everyone knew her job and did it well  
an efficient charming sister with an excellent team of nurses  
sister a gem**



**sister strict but a great woman when you are really ill  
the wonder that young girls could be so tolerant and gentle and that  
older staff were not hardened**

Many patients commented on the way the nurses were –

**always cheerful though they had a lot to put up with from some  
patients  
nothing seemed to bother them even when hurried off their feet**

The 90 people who spoke of the shortage of nurses stressed that it was not fair to staff or patients.

**we are short staffed with nurses by day and night  
ceaseless hurrying by nurses  
meant a long wait for essential treatment but nurses all did their best  
did a very good job but sometimes could not give enough attention  
could not get dressing changed between 6 and 10 pm  
continual calling wakes other patients  
patients who are unable to get up have to ask another patient at  
night to fetch nurse**

11 people wished there was more assistance from domestic staff.

**to relieve nurses serving meals, giving out washbowls, attending  
to flowers  
should only do nursing duties and not have to deal with food**

There were only 10 real criticisms of the nurses – mostly of their lack of sympathy.

**some night nurses not very gracious, they don't realise what it is like  
on long nights when you are in pain and cannot sleep  
a few nurses rude or uninterested  
smoke too much at night  
confuse elderly by using technical terms**

Although there were only 22 comments specifically about doctors, many of the comments (both favourable and critical) about receiving information referred indirectly to them. 15 of the comments expressed gratitude to the doctors.

**the fine work and devotion to duty of the surgeon and his team  
treatment could not be surpassed  
they were kind and had time to listen  
I thank the doctors for saving my life**

The 7 critical comments were almost all of lack of contact.

**my doctors had very little interest once the operation was over  
I wish they could visit more often  
doctors should be more accessible to patients**

---

**If you have to go to hospital again  
would you choose to come here?**

151 comments

Favourable 138

Critical 13

The surprising fact that 95 per cent of the patients said that if they had to go into hospital again they would like to return to the same one (and that in none of the ten hospitals was this figure less than 93 per cent) may be due to the comfort of familiarity 'the devil you know . . .' but from comments it seemed to represent far more positive appreciation.

**would return as could not have better treatment anywhere  
this must rank among the best hospitals in the world  
restored my faith in human nature**

Others referred to the hospital atmosphere –

**100% for atmosphere  
free and easy  
not too much red tape**



– and many said how they had enjoyed their stay which had been –

**as happy as could be  
would come again with pleasure**

Only 13 people had criticisms – 12 of these were from one hospital and referred to the building –

**rebuilding the hospital is the only answer to give the wonderful  
staff the benefits they deserve**

– leaving only one critical person and even he or she said –

**would like to return but not in a ward with old people**

## **The best and worst of life in hospital**

On what aspects of hospital life did patients have really strong views for better and for worse? So far the report has discussed, section by section, the different topics that were liked or criticised to some extent but has not been able to show which views were held most vigorously. Question 35 asked 'What did you like best about your stay in hospital?' To this the 1,348 people who answered the questionnaire contributed 1,355 answers for although a few did not reply others gave more than one answer. To Question 36 'What did you like least about your stay in hospital?' only 643 gave relevant answers. Some gave no answer, others wrote that they most disliked being away from home, and some enthusiasts wrote 'nothing', or 'when I was told I would have to leave' or even 'in such a wonderful hospital how can there be any least?'

<b>Liked Most</b>	<b>No.</b>	<b>%</b>	<b>H or P*</b>
<b>Nurses</b> 'superb nursing'; 'gentle and kind, gay and amusing'	403	30	H
<b>Staff</b> 'cheerfulness and kindness of everyone from top surgeon to ward maid'	394	29	H
<b>Doctors</b> 'doctors magnificent, they got me well'	161	12	H
<b>Fellow patients</b> 'friendliness'; 'courage of chronics'; 'companionship of my bedmates' (sic)	127	9	H
<b>Rest and Relaxation</b> 'no worries and no work'; 'being waited on'	96	7	H
<b>Happy atmosphere</b> 'minimum restrictions'; 'it was all fun'	58	4	H
<b>Food</b> 'I enjoyed my meals'; 'food good and well served'	42	3	P
<b>Ward</b> 'small or single ward; cheerful and clean; day room'	34	3	P
<b>Visiting arrangements</b> 'generous'; 'children allowed to visit'	25	2	H
<b>Others</b> telephone; hot baths; beds	15	1	P
<b>Total</b>	<b>1,355</b>	<b>100</b>	

\*H=mainly human or organisational factors

P=mainly physical factors

*It is noteworthy that 93 per cent of the matters that are liked best depend on human factors (including organisation) and that only 7 per cent depend on physical factors such as the ward or the food. This is perhaps the most striking finding of the whole survey. The happiness of the patients depends on the kindness and skill of other people, which costs nothing other than thoughtfulness, infinitely more than on the physical factors that cost money. In this division between the human factors and the physical factors it must, of course, be realised that the success of the former largely depends on being able to recruit sufficient staff with a satisfactory level of ability.*



Liked Least	No.	%	H or P*
<b>Sanitary facilities</b> 'inadequate'; 'lacking in privacy'; 'in bad condition'	77	12	P
<b>Boredom, monotony</b> 'days dragged'; 'no activities to prevent one getting depressed'	74	11	H
<b>Long sleepless nights</b> 'noise and lights at night'; 'sound of other patients also nurses'; 'insomnia'	68	11	P
<b>Other patients</b> 'seeing the suffering of others'; 'those who are always complaining'	53	8	H
<b>Food</b> 'lack of choice'; 'tepid'; 'sameness'	49	7	P
<b>Early waking</b>	47	7	H
<b>Bed-pans and being washed in bed</b> 'uncomfortable'; 'difficult to get'	40	6	P
<b>Nurses</b> shortage, overworked; some unsympathetic	29	5	H
<b>Pain and discomfort</b> operations, injections, dressings, drip	29	5	—
<b>Ventilation of ward</b> 'hot and stuffy' or 'draughty'	25	4	P
<b>Lack of information</b> 'left to worry unnecessarily'; 'doctors aloof' and 'come seldom'	23	4	H
<b>Too strict</b> 'not allowed to rest on bed'; 'treated as though mentally retarded'	23	4	H
<b>Visiting arrangements</b> 'too short a time'; 'should allow children'	19	3	H
<b>No day room</b> 'need day room for TV'; 'to receive visitors'	18	3	P
<b>Ward</b> noisy; slippery floor; not clean; lack of privacy; lighting	15	2	P
<b>Long waits</b> wait for operation; x-rays; pathology report, etc.	15	2	H
<b>Beds</b> 'uncomfortable'; 'too high'	15	2	P
<b>Armchairs</b> 'short of them'; 'uncomfortable'	10	2	P
<b>Moved too often</b> to other ward or about the ward	8	1	H
<b>Others</b>	6	1	H
<b>Total</b>	<b>643</b>	<b>100</b>	

\*H=mainly human or organisational factors

P=mainly physical factors

— =pain and discomfort have not been included under either H or P

The aspects of the hospital which were liked least were far more diversified than those which were liked best. The biggest number, 12 per cent, disliked the sanitary facilities, but almost as many, 11 per cent in each case, disliked the boredom and the difficulty of sleeping under ward conditions. Of the matters liked least just under half (49 per cent) were primarily physical, 46 per cent were primarily due to people and organisation, and the remaining 5 per cent were of pain and discomfort which cannot properly be included under either heading. Here also, then, a large proportion of the patients' dislikes could be remedied by modifications that would not need financial support.

When the topics chosen by the patients as 'liked most' and 'liked least' are classified under the five areas of conditions listed in the questionnaire and in this report the following results are obtained.

	Liked best	Liked least
<b>Ward</b>	3 per cent	24 per cent
<b>Sanitary accommodation</b>	0 " "	18 " "
<b>Meals</b>	3 " "	7 " "
<b>Activities</b>	18 " "	29 " "
<b>Care</b>	75 " "	16 " "
<b>Others</b>	1 " "	1 " "
<b>(Pain)</b>		5 " "
	<b>100 per cent</b>	<b>100 per cent</b>



# 5

## Action taken

Information is interesting but action is what counts. With this end in view each hospital was sent as many copies of the final report of its own study as it required, sometimes over 100, for circulation to the committee, the senior officers and the ward sisters. In addition, some copies of the detailed summary of comments showing distribution by ward were given to the principal officers. When the hospitals had had sufficient time to study these, the Survey Organiser went to discuss results and possible action. Usually two meetings were held, the first with the principal officers and sometimes the chairman of the hospital management committee, the second with the ward sisters and department heads. Discussion at these meetings was frank and constructive and consideration was given to the use that could be made in practice of the information gained. Three to six months later a letter was sent to each hospital asking what action had been taken or was planned, wholly or partly as a result of the study. It also asked whether any general effect on the attitude of the staff had been noticed.

All the hospitals except one had taken a fair amount of action, some a great deal, and long lists of changes introduced or planned were submitted. Some changes were said to be wholly due to information gained from the study, others were said to have been already under consideration but had been given an impetus or increased priority from the study. Of course other suggestions made by the patients, such as those involving considerable structural alterations, were approved but could not usually be implemented or even planned till money was available.

In the table below the suggestions on which action had already been taken or planned as a result of the study are divided under the five main areas used throughout this report.

Suggestions		Number of Hospitals	
		Already Applied	Planned or Under Consideration
	<b>WARD AND EQUIPMENT</b>		
	<b>Planning</b> Upgrading of Wards Report used as a guide to priorities. Case made out for psycho-geriatric ward	1	2
	<b>Overcrowding</b> Four wards reduced by three or four beds each	1	
	<b>Beds</b> Mattresses improved	3	
	<b>Protection of Bedding</b> Now only used when essential	1	
	<b>Armchairs</b> Replacement scheme started through 'Friends'	1	2
	<b>Lighting</b> Have replaced old types	1	1
	<b>Heating and Ventilation</b> Stressed with staff need and method of adjusting apparatus	2	
	<b>Noise</b> Replaced metal bowls, furniture without castors. Resurfacing floor	2	1
	Reminded staff rubber shoes, rules on transistors	3	
	Considering a night-admission centre, using day ward at night		2
	<b>Cleaning</b> Appointed domestic supervisors		
	Arranged more cleaning of WCs	2	1
	<b>SANITARY ACCOMMODATION</b>		
	<b>New Bathrooms and/or WCs</b> Have new baths, basins, WCs	2	1
	<b>Privacy</b> Locks put on WC doors, screening between washbasins	3	1
	<b>New Bath and Basins</b> Replaced those in bad condition	2	



**Bathroom or Toilet Amenities** Wall grips,  
shelves, hooks, mirrors, etc

1 1

#### MEALS

**Choice of Food** Salads as alternatives. Selective menu planned

1 2

**Tea Served** with food at breakfast

1

**Diet Cook** Will try to appoint one

1

#### ACTIVITIES

**Waking Time** Being called later. Cancellation of taking non-essential temperatures

6

**Radio and TV** Improved service, more stations, better headphones, servicing

4

**Lights Out** Earlier

1

**Visiting Times** Lengthened from half an hour

More afternoon visiting

2 1

**Games and Occupations** More games, activity kits on trolley, library improved

3 1

#### CARE

**Reception** Reviewed procedure for casualty and for list patients, stressed need for refreshments

1 1

**Information** Consultants stressed need to junior doctors

1

**Information Booklet** for patients being prepared

1

#### Total

46 18 = 64

or average of 6.4 per  
hospital over three to  
six months.

The effect of the survey on the staff in five hospitals was described as follows. 'We have been extremely impressed to note the considerable interest taken in the results of the survey by all grades and types of staff and it has been very pleasing to note the reactions of staff seeing comments . . . This may well encourage a more broadminded attitude towards the patients' position, and I am sure if this is so, a large amount of the credit must be due to the survey'; ' . . . staff have shown great enthusiasm in providing information for improving deficiencies shown up by the survey'; 'the above (eight) changes have been made wholly as a result of the satisfaction study. Matron feels that your report has been of great value to the ward sisters and they appreciated your discussion with them. She is sure that participation by the senior nursing staff in these discussions has resulted in the improvement in the staff-patient relationship in the hospital and suggests that the survey might be repeated after an interval'; 'notes (on comments) will almost serve as a list of points to be checked at regular intervals. We are greatly in your debt'; 'I feel the report has been good for me' (Hospital Secretary).

Four of the other five hospitals also wrote expressing appreciation for the results of the survey. A letter from the remaining one said 'I cannot identify any immediate changes in attitude due to the survey but this does not diminish its value as "feed-back". Attitudes do not change over night!'

#### Extension of survey

Surveys are unlikely to be widely used if they have to be conducted by outside agencies. The aim of this study was to plan a survey that hospitals could apply themselves. At the end of the experiment with ten hospitals (plus three additional ones that requested it), certain minor modifications were made in the procedure to adapt it to a do-it-yourself form. Detailed instructions for its conduct were prepared, divided into: preliminaries, summarising numerical results (it was assumed most hospitals would not have access to a computer), summarising comments, report and action.



The survey in its latest form has been tried out in six further hospitals, three with some help from the Survey Organiser, three without, to find whether the instructions were clear. Preliminary results suggest that the hospitals are finding no difficulty in applying the survey method themselves and are getting much higher response rates than was the case in this survey, one hospital obtaining a response of 96 per cent.

The questionnaires (at cost price) and instructions (free) are now available from the King's Fund Hospital Centre, and it is hoped that many hospitals will use them. The cost of questionnaires and envelopes amounts to about £3 10s 0d a hundred. As for the time required, from experience gained at the hospitals which conducted their own studies, it seems that for every hundred questionnaires completed and returned, twenty working hours should be allowed for the purpose of classifying the answers and preparing a report; a task, incidentally, that could well be given to administrative trainees or to voluntary helpers.

There have been comparatively few systematic studies in this country of the views of patients discharged from psychiatric hospitals about their stay in hospital. The King's Fund intends shortly to make a pilot survey to find if there are satisfactory methods of making such a study.



# Appendix

Percentage of patients answering  
each question who expressed  
satisfaction

	Average Ten Hosps. %	Range of Middle Half Ten Hosps. %	Extreme Range of Ten Hosps. %
1 Bedding	92	91-93	89-97
2 Quiet - Day	96	94-97	93-100
3 Quiet - Night	85	82-89	80-93
4 Temperature	88	86-92	81-95
5 Lighting	94	92-95	92-100
6 Privacy - Ward	94	93-96	88-98
7 Bathrooms	55	52-60	34-70
8 Washbasins	58	47-68	42-78
9 WCs	55	49-61	31-65
10 Cleanliness	83	77-91	69-95
11 Privacy - Sanitary	74	70-75	68-90
12 Breakfast	94	92-95	87-97
13 Lunch	91	88-95	83-98
14 Tea	93	90-95	87-98
15 Supper	91	86-95	81-97
16 Choice of Food	75	54-85	48-96
17 Hot Food	84	77-89	70-94
18 Well Served	95	93-96	90-99
19 Quantity	87	82-91	79-93
20 Visiting	90	86-93	82-98
21 Wake-up Time	75	68-78	59-86
22 Lights out Time	94	91-96	88-99
23 Rest - Day	90	89-92	88-94
24 Diversions	78	74-82	67-88
25 Radio	74	70-77	56-87
26 Admission Notice	92	88-95	82-100
27 Reception	95	93-96	92-99
28 Nursing - Day	96	94-97	92-100
29 Nursing - Night	96	94-97	91-100
30 Information	82	78-85	72-89
31 Return	95	94-96	93-100
32 Sex - Male	39	37-41	35-49
33 Age - Under 40	33	28-34	23-49
40-64	46	44-51	30-51
65 or more	21	19-23	12-27
34 A) Very Much	53	49-54	36-63
B) Most Ways	41	37-45	35-57
C) Fairly Well	4	2-5	1-8
D) No	2	1-3	0-4
	Total	Per Hospital	
FORMS ISSUED	2,171	150-292	99-329
FORMS RETURNED	1,348	90-172	67-206
RESPONSE RATE	62	58-67	51-73







King's Fund Hospital Centre  
24 Nutford Place  
London W1

Dear Patient,

We would be very grateful for your help. Your hospital and the King's Fund - an organisation which exists to help hospitals with advice and money - are trying to find out what you and other patients think about the general care given to you during your stay. We want to know what you liked about your hospital and what you think could be improved. We should explain that our enquiry is not concerned with the medical treatment which you have received.

Would you, therefore, be kind enough to answer the questions inside and on the back of this form. If you answer them as frankly and fully as you can, you will be helping your hospital improve its service and so bring benefit to future patients. You will find plenty of space for additional comments or suggestions you might like to make.

We think you will find the form easy to fill in and, indeed, hope that you will enjoy doing it. Incidentally, everyone in your hospital knows about this enquiry. We all look forward to hearing your comments but we do not need to know your name. Your answers to the questions will go forward anonymously and be summarised with the answers of many other patients so that your hospital can act upon the suggestions made. There are quite a number of hospitals taking part in the survey.

As you see, we have provided a stamped addressed envelope. May we ask you to post us your completed form straight away? It is important that we should have answers to these questions from everyone so please send us the form even if you have few or no additional comments to make.

Once again, we would like to say how grateful we shall be for your help.

Yours sincerely,

*Winifred Raphael*

Winifred Raphael  
Survey Organiser

		ANSWERS	EXPLANATION
	1	YES	NO
	2	YES	NO
	3	YES	NO
	4	YES	NO
	5	YES	NO
	6	YES	NO
	7	YES	NO
	8	YES	NO
	9	YES	NO
re	10	YES	NO
	11	YES	NO
	12	YES	NO
	13	YES	NO
	14	YES	NO
	15	YES	NO
	16	YES	NO
	17	YES	NO
D	18	YES	NO
	19	YES	NO
	20	YES	NO
	21	YES	NO
	22	YES	NO
if?	23	YES	NO
etc?	24	YES	NO
	25	YES	NO
pital?	26	YES	NO
	27	YES	NO
l	28	YES	NO
ght?	29	YES	NO
ht?	30	YES	NO
me here?	31	YES	NO



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## NS AND SUGGESTIONS

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gements:

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---

d time-table and activities:

---

formation and care:

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PLEASE TURN TO BACK PAGE

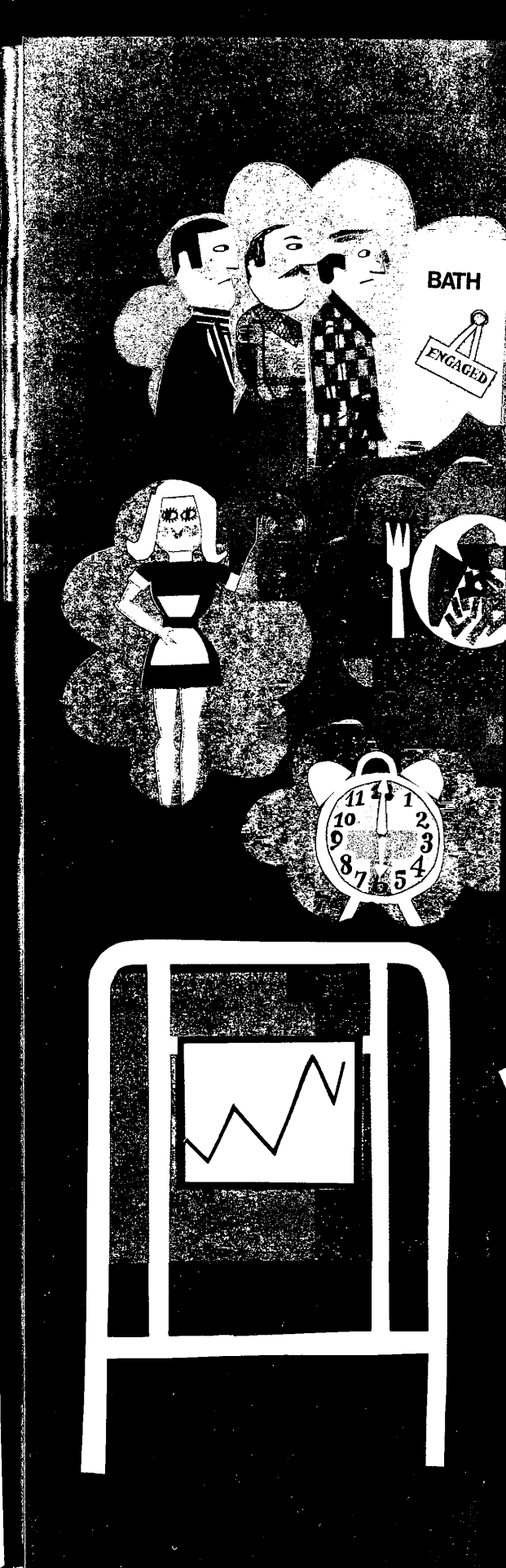


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FORMS RETURNED	1,348	90-172	67-206
RESPONSE RATE	62	58-67	51-73





Most of the questions have YES and NO printed after each. Draw a circle round YES if your answer is 'yes', draw a circle round NO if your answer is 'no'. There are a few other questions where you put a tick in the brackets by the right answer. By each group of questions there is a space in which we hope you will write explanations and suggestions. There is more space for these at the back of the form.



QUESTIONS		ANSWERS		EXPLANATIONS AND SUGGESTIONS
1	Were your bed and bedding comfortable?	1	YES NO	about the ward:
2	Was the ward reasonably quiet by day?	2	YES NO	
3	Was the ward reasonably quiet by night?	3	YES NO	
4	Was the ward temperature kept at a reasonable level?	4	YES NO	
5	Was the lighting satisfactory?	5	YES NO	
6	Did you have enough privacy in the ward?	6	YES NO	
7	Were there enough bathrooms?	7	YES NO	about sanitary arrangements:
8	Were there enough washbasins?	8	YES NO	
9	Were there enough WCs?	9	YES NO	
10	Were they all kept clean? If your answer is NO, which were at fault? i) bathrooms ( ) ii) washbasins ( ) iii) WCs ( )	10	YES NO	
11	Were they all private enough? If your answer is NO, which were at fault? i) bathrooms ( ) ii) washbasins ( ) iii) WCs ( )	11	YES NO	
12	Were the meals satisfactory? breakfast?	12	YES NO	about meals:
13	lunch?	13	YES NO	
14	tea?	14	YES NO	
15	supper?	15	YES NO	
16	Did you have enough choice of dishes?	16	YES NO	
17	Was your food generally hot enough?	17	YES NO	
18	Was your food nicely served?	18	YES NO	
19	Was the right amount of food served? If your answer is NO was there i) too much ( ) ii) too little ( ) Were you on a special diet? iii) YES iv) NO	19	YES NO	
20	Did the visiting arrangements suit you?	20	YES NO	about visiting, ward time-table and activities:
21	Did the time at which you were woken suit you?	21	YES NO	
22	Was 'lights out' at a reasonable hour?	22	YES NO	
23	Had you enough chance to rest undisturbed during the day?	23	YES NO	
24	Were you provided with enough books, games, handwork, etc?	24	YES NO	
25	Did you find the radio satisfactory? (only answer if it was provided by the hospital)	25	YES NO	
26	Did you have long enough notice of your admission to hospital? (Do not answer if you came as an emergency patient)	26	YES NO	about reception, information and care:
27	Was your reception satisfactory when you first reached the hospital?	27	YES NO	
28	In the ward, did the nurses come quickly when you needed them by day?	28	YES NO	
29	Did the nurses come quickly when you needed them by night?	29	YES NO	
30	Were you told enough about your illness and your treatment?	30	YES NO	
31	If you have to go to hospital again would you choose to come here?	31	YES NO	

PLEASE TURN TO BACK PAGE



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31	If you have to go to hospital again would you choose to come here?	31	YES NO	

PLEASE TURN TO BACK PAGE



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In questions 32, 33 and 34 put a tick in the brackets after the right answer

32 What is your sex? i) man ( ) ii) woman ( )

33 What is your age? i) under 40 ( ) ii) 40 to 64 ( ) iii) 65 or more ( )

34 Did you like your stay here, apart from the discomfort of your illness and being away from home?  
i) very much ( ) ii) in most ways ( ) iii) only fairly well ( ) iv) no ( )

---

35 What did you like best about your stay in hospital?

---

36 What did you like least about your stay in hospital?

---

37 Please write below any other comments about what you liked in hospital and what could be improved

38		
H		
39		
W		
40		
I		

Rev 5/10/67

*Thank you for your help*



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