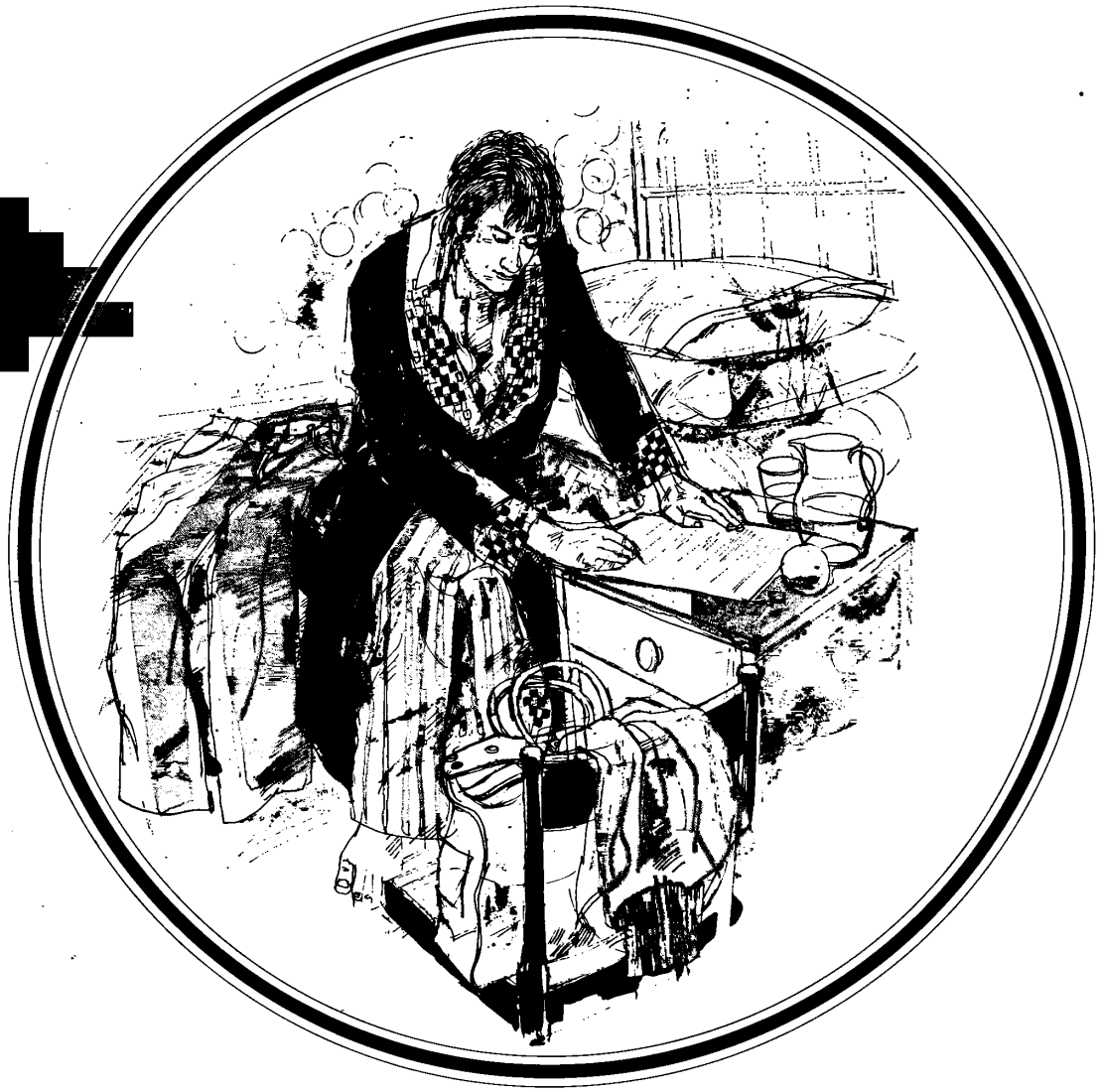
Patients and their hospitals



Published by King Edward's Hospital Fund for London

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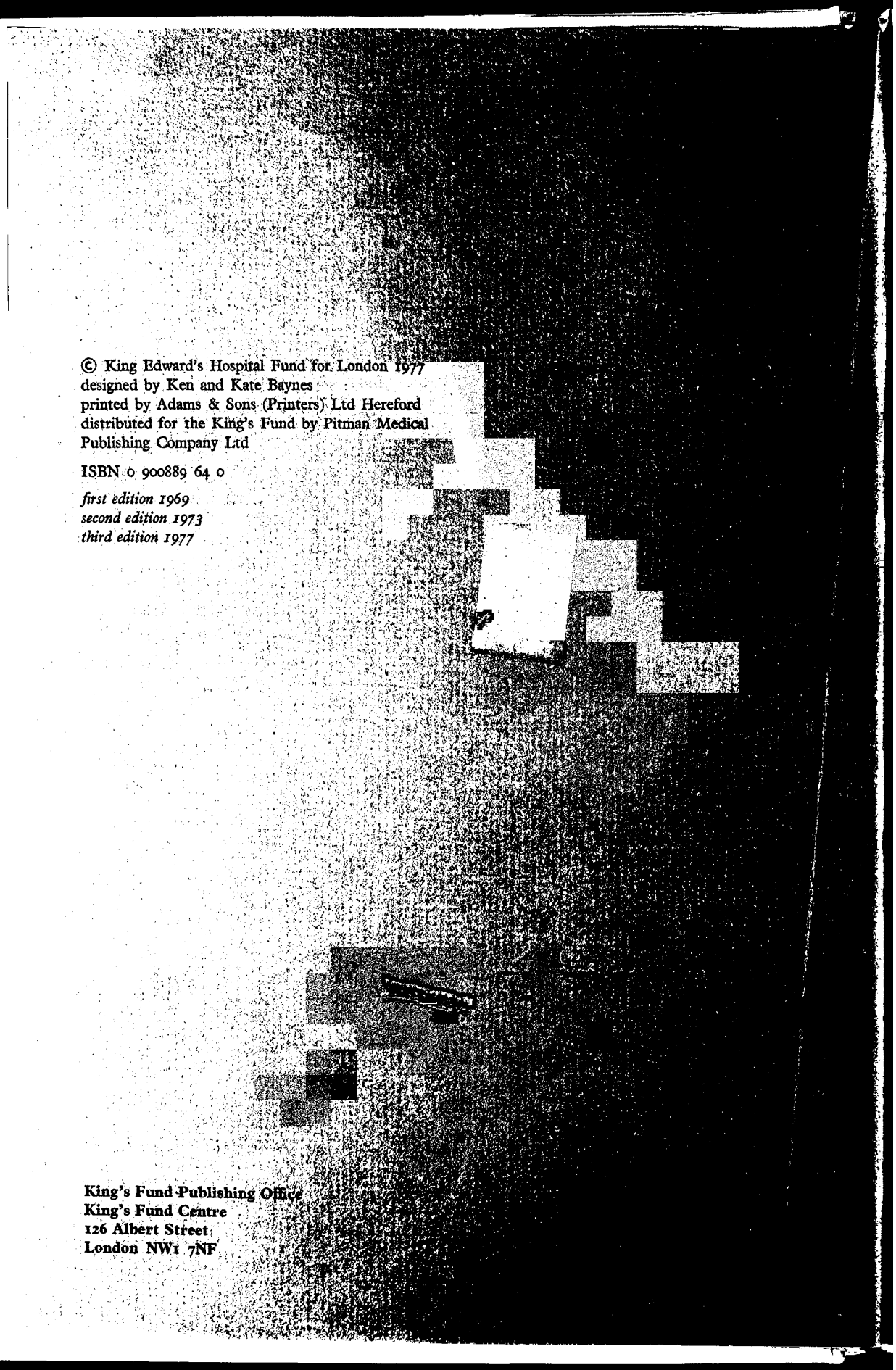
Patients and their hospitals

a survey of patients' views of life in general hospitals
by Winifred Raphael BSc FBPsS

Third edition

Published by King Edward's Hospital Fund for London 1977

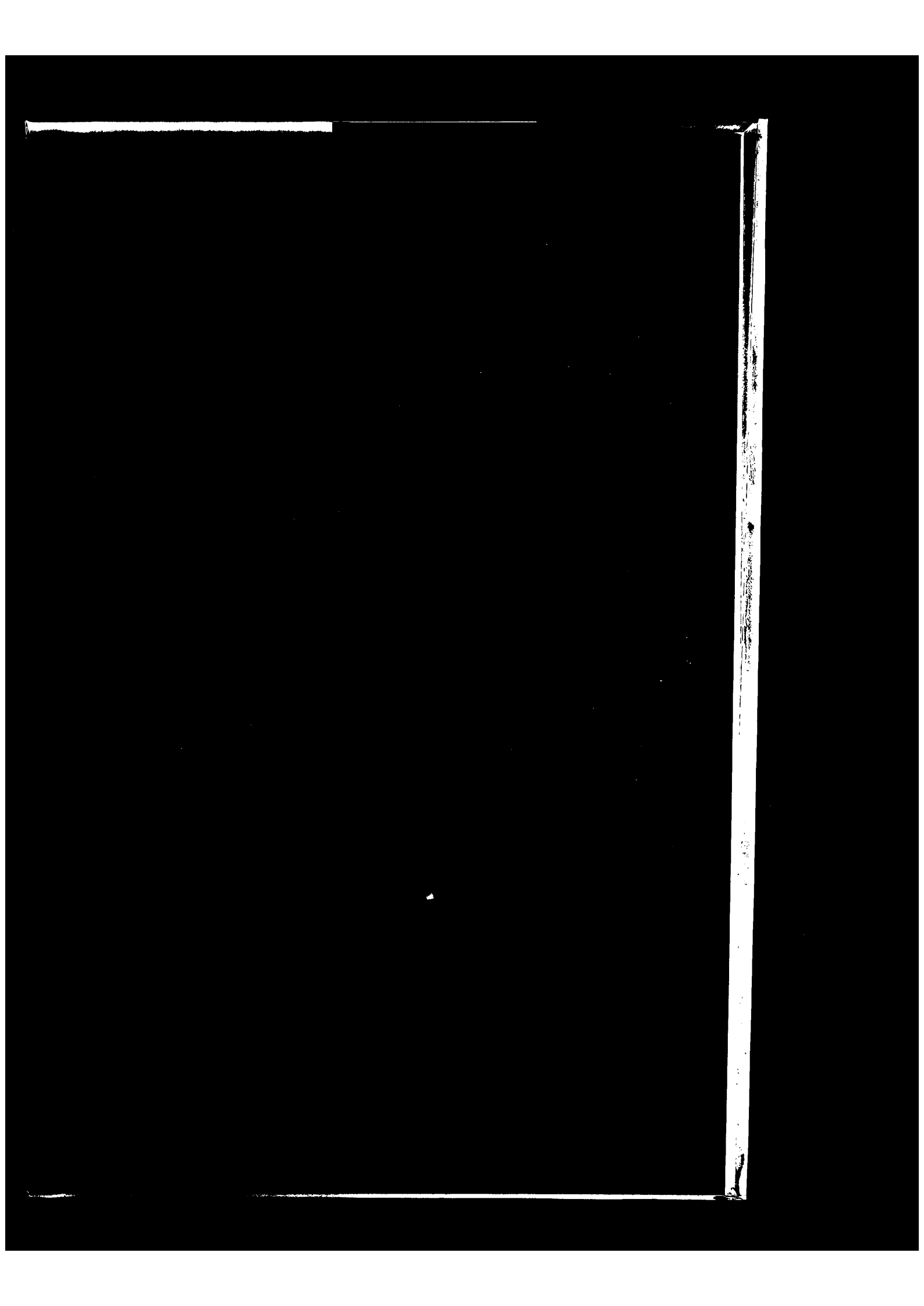


designed by Ken and Kate Baynes
printed by Adams & Sons (Printers) Ltd Hereford
distributed for the King's Fund by Pitman Medical Publishing Company Ltd

ISBN 0 900889 64 0

first edition 1969
second edition 1973
third edition 1977

King's Fund Publishing Office
King's Fund Centre
126 Albert Street
London NW1 7NF



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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. 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 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 surveys which Mrs Raphael is conducting are not

[illegible]

A C Dale
1977

Contents

Introduction to this

The survey method was given a pilot trial by the author in ten hospitals and the first two editions (1969 and 1973) were based on the results. Since then the method has been used in many hospitals in the United Kingdom and abroad.

This third edition is based on the results from 68 general hospitals in the United Kingdom, compiled over two periods, 1967-70 and 1971-74. The more recent results are the more favourable. It is interesting to speculate whether this indicates real improvement in hospitals which may be partly due to increased attention to the views of patients.

The results were collected by the King's Fund Centre in 1974. All hospitals in the UK were asked if they had undertaken surveys of patients' opinions since 1968 and what results had been achieved.[4] The replies covered 173 surveys, of which 68 were based on the King's Fund questionnaire devised for general hospitals, and 13 on that

Summary

Activities

Boredom was frequently mentioned as one of the problems of being a patient and to counter it patients suggested improved visiting hours, a better radio service and the provision of more diversional activities. The early time of being woken was often criticised.

Care

Very warm appreciation was expressed about the care given by all staff but especially by nurses. 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. These answers were analysed for the ten hospitals used in the pilot survey. Of the answers on what they liked best, 93 per cent gave human or organisational factors—71 per cent staff, 11 per cent atmosphere and relaxation, 9 per cent fellow patients, and 2 per cent visiting arrangements. Only 7 per cent gave physical matters—the food, the ward, and so on. The answers on what 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, which 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 (9 per cent).

Levels of dissatisfaction

In the period from 1971–74 far less dissatisfaction was expressed than in the earlier period. Improvement was shown on 23 topics, 9 were equal and none was worse.

Action

Each hospital received a report to the staff and sometimes to the [illegible] the local press. Various methods were used [illegible] That action included changes in org[illegible]utines, equipment, arrangements for

meals and in patients' facilities. Comparatively few of the changes required money. It was often reported that the survey had had excellent effect on the morale of staff and patients, and also on the local community if a report had been sent to the local press.

Extension of survey

It is hoped that other hospitals will find the method here described a useful way of monitoring patients' views. The questionnaire and instructions for conducting the survey are on pages 32–43. These pages may be copied for use in hospitals and there is no need to obtain permission from the publisher to do so. For ease of copying, an extra questionnaire has been inserted separately at the end of the book.

Aim and method

What is the point of doing surveys of patients' opinions about their stay in hospital?

First, surveys are concerned with a typical sample of patients, not only with the ones who have strong views, critical or favourable, and who tend to write to the hospital or make their views known in other ways. Second, surveys give information about priorities; about the relative importance that patients attach to various things which perhaps should be changed. Third, they allow comparisons to be made between hospitals, and show the degree to which contentment may be 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; for example, contentment with meals before and after a choice of menus is introduced. The existence of a recorded list of suggestions is a stimulus to action for the busy people involved in running the hospital. Finally, many patients appreciate the fact that their views have been invited. Several have written, '*Thank you for letting us give our views*'. A survey is a potent factor in good relations between patients and their hospital. During this enquiry a number of patients spontaneously enclosed a contribution with their completed questionnaires towards the cost of the survey—a reaction entirely unexpected by the organisers!

If surveys are to be used widely, or 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. The study described here aimed to devise a survey method by which, firstly, hospitals could conduct their own surveys and use the results to bring about improvement and, secondly, results could be collected and analysed centrally so that one hospital could measure its results alongside others. In the course of refining the method, the views of 10 863 patients from 68 general hospitals were collected and are here reported.

The work began as long ago as 1965 when the King's Fund supported a study planned by Anthony Dale, then a senior tutor at the Hospital Administrative Staff College (now King's Fund College). When he left the College in 1967 the Fund invited the author, who had been associated with the study, to continue with the help of a steering committee of which Mr Dale was chairman.

The questionnaire was redesigned and, after a preliminary trial, was printed for mass use. Though most of the questions were structured, plenty of room was left for free comment. This questionnaire continued in use until 1976 when it was revised. Clearer instructions were provided and five questions left out on which wide experience had shown that only four per cent of patients or less had expressed dissatisfaction. These five questions were on noise during the day, the service of meals, reception at the hospital, nursing by day (now day and night nursing are combined) and willingness to return to the hospital. The revised questionnaire is shown on pages 42-43.

The questionnaire does not follow accepted practice in certain ways. It offers only two possible answers, 'Yes' or 'No', and does not allow intermediate replies or graded answers; also, the questions are so phrased that the 'Yes' answer is the favourable one. This was done in the interests of simplicity for it was realised that many patients found any type of questionnaire difficult to understand and, on balance, ease of answering seemed the first priority. The form also facilitated the job of those summarising the results.

Validity

In any survey people often ask, 'But will they tell you the truth?' This question cannot be answered with certainty. It should perhaps be amended to, 'Will they tell you the truth as they see it?' All one can say is that on the whole similar replies came from ten pilot 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-elected for, in the total number of hospitals, only 73 per cent of the patients 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? Or did they not believe the promise of anonymity? This seems unlikely because in the pilot surveys more people answered from hospital than from home after discharge. But taking these and other limitations into consideration, there still seems to be much of value to be learnt from the findings.

Introduction and distribution of questionnaires

An essential preliminary to each survey was the support of the senior staff—medical, nursing and administrative. The interest of the rest of the staff was then sought by explaining the purpose of the survey, and by emphasising that resulting action was intended when practicable and that favourable as well as critical views were invited. Usually a staff member was appointed to be survey organiser, responsible for conducting the survey, summarising results, reporting back and following up with action. The wards to be included were selected: generally not more than ten or twelve (or the survey took too long to maintain interest), or less than three (for reliability). All types of wards were included except obstetric, paediatric, geriatric and psychiatric.* Which wards to include, from any one specialty and sex, were selected by chance—by the throw of a dice or by the initial of the ward sister's surname.

Each ward sister gave a questionnaire to the first 30 patients leaving her ward over a two-day period, or, if the ward had less than 20 beds, to the first 20 patients leaving. The patients had to be aged 15 or over, to have been in the ward at least four nights, and to be able to read and write English.

Pilot trial in ten hospitals

The questionnaire was first tried at ten general hospitals; 1348 were returned (a 62 per cent response rate). The low response rate was partly due to an experiment in which, in half the wards, the questionnaires were issued, as described above, shortly before the patients' discharge (67 per cent response rate), and in the other half of the wards, matched for sex, conditions and so on, the questionnaires were issued together with stamped envelopes after the patients had returned home (57 per cent response rate). In this pilot trial, the hospitals kindly supplied information about cost per inpatient-week and for catering. The relation between the costs and the patients' satisfaction is described on page 12 of this report.

Subsequent application

Since the pilot survey, the questionnaire and instructions for use have been in demand not only in the United Kingdom but in Australia, Canada, Europe and India. In some cases surveys were repeated at the same hospital to find the effect of change. In 1974, all hospitals in the United Kingdom were asked whether they had conducted a survey of patients' opinions since 1968 and if so to send the report and a summary of resulting action to the King's Fund Centre. Information was sent about 173 surveys, just under half (81) were based on one of the two questionnaires devised for general and psychiatric hospitals. This information, together with that previously collected, allowed comparable information to be collected for 68 general hospitals and 20 psychiatric hospitals.[4] The information on the general hospitals was divided into that relating to 28 surveys conducted between 1967 and 1970 and that for 40 surveys conducted between 1971 and 1974.

Methods of Analysis

The report is an amalgam of detailed information and patients' comments obtained by the author from the ten pilot surveys, and figures of the percentage of patients who expressed criticism on each topic obtained from the whole group of 68 hospitals.

Usually each hospital included two tables in its report. One showed results for each question by ward and by total, and the other showed results compared with those of all other hospitals combined. For this the median or middle percentage of critical replies was calculated. Also the interquartile range was found, that is, the range within which the middle half of the hospitals came. Similar information is shown in Table 10, page 31, for the 68 hospitals combined. It gives for each question the median percentage of critical replies and the interquartile range.

By studying these tables the staff in each hospital looked at the actual level of criticism in their hospital and saw 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 25 per cent answered 'No' to question 5, 'Were there enough bathrooms?', this would be a good result because the median critical response of the 68 hospitals was 40 per cent. If, however, the same proportion, 25 per cent, answered 'No' to question 15, 'Was your food generally hot enough?', this would be a poor result, far worse than the median response of 15 per cent critical.

Most patients took full opportunity to add comments, and summarising them was not easy. However, the comments gave a constructive and vigorous picture of conditions in each hospital, and even in each ward. A compilation was made for each of the ten pilot hospitals of the comments concerned with each question. This allowed the hospital to interpret the approval and disapproval expressed, and facilitated decisions on action.

*A further survey of patients' and staff's opinions of psychiatric units in general hospitals has been reported in *Just an Ordinary Patient*.[2]

Overall contentment (68 hospitals)

Of those who answered question 26, 'Did you like your stay here, apart from the discomfort of your illness and being away from home?', 56 per cent answered 'very much' and 38 per cent 'in most ways', leaving only 5 per cent who answered 'only fairly well' and 1 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 expectation of what life is like in hospital was very low, partly influenced by the many criticisms that appear in the press and partly by remnants of the belief that harsh discipline was meted out to 'charity cases'. So when they found that life there was reasonable they wrote such comments as, '*We were requested, never ordered, which was my worry prior to admission*', or, '*If this is a sample, fear of going into 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 essential features of hospital life. Of course, many patients may have had another and real fear on entering hospital, whether justified or not, of death or disablement. This survey was concerned with a selected sample—those who were discharged. Thus, questionnaires were not given to those who—at the time—were 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, '*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 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 the 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? In the quest for answers to some of these questions an analysis was made of the findings in the ten pilot hospitals from the 68 wards in which ten 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'.

Those who answered the questionnaires after they returned home were happier about the hospital than those who answered while still in the ward (57 per cent compared with 47 per cent, a statistically significant relationship). This held not only for overall contentment but for individual topics. For comparison, one question from each section was chosen for analysis: these were questions 2, 6, 14, 21 and 25. The analysis showed that, except for question 25, those answering from home expressed more contentment than those answering from hospital, and generally the difference was significant. To question 25, on information given about illness, those answering from hospital were more satisfied, perhaps because they still expected 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 1301 patients in the ten pilot hospitals 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 26, 'Did you like your stay here . . .?', is shown in Table 1.

There was a slight tendency for the patients in men's wards to be more contented than those in women's wards but the difference was not significant. The eight mixed wards were far more contented than either but the numbers

TABLE 1 Analysis, by age group, of answers to question 26 (10 pilot hospitals)

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

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 clinical condition was less clear. Leaving out the few orthopaedic and mixed wards, the order of contentment was: men's medical, gynaecological, men's surgical, women's medical, women's surgical. But again, the differences were not statistically significant. It is interesting that the most vociferous suggestions for improvement came from the gynaecological wards which, of all the women's wards, also showed the highest overall contentment.

Statistics were obtained from each of the ten pilot hospitals on the average cost per inpatient week and the average length of inpatient stay (weighting equally the average stay for surgical, medical, orthopaedic and gynaecological wards). Table 2 shows the hospitals in order of the level of contentment expressed and allows comparison with these statistics.

There is no close relationship between contentment and cost per inpatient 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. However, cost per inpatient week depends on many factors such as the size of the hospital and the length of stay. These may have had an effect on contentment, although there was also no significant relationship between contentment and length 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 or less speedily will tend to have the most contented patients.

Views on individual topics

The direct answers 'Yes' and 'No' 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 opposites would be mentioned. 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*'.

Five sections dealt with the ward and its equipment, sanitary accommodation, meals, activities and care. Tables in the following chapters cover, by section for the group of 68 hospitals, the median percentage of patients giving critical replies and the interquartile range or percentage for the middle half of the hospitals. The numbering of the questions has been altered to correspond with the revised questionnaire shown on pages 42-43. The five questions now omitted from it are marked O. Since many thousands of comments were made it is impossible to summarise them all, but some typical ones are quoted from the pilot group of ten hospitals.

TABLE 2 Pilot hospitals in order of level of contentment related to inpatient costs and length of stay

Hospital	Median level of contentment % 'very satisfied' order	Cost per inpatient week order (1 = most)	Length of stay order (1 = shortest)
A	1	10	4
B	2	2	$2\frac{1}{2}$
C	3	3	$2\frac{1}{2}$
D	4	5	9
E	5	4	8
F	6	6	5
G	7	1	1
H	8	9	$6\frac{1}{2}$
I	9	8	$6\frac{1}{2}$
J	10	7	10

The ward and its equipment

Were your bed and bedding comfortable?

The outstanding criticism about beds was the discomfort of a plastic or rubber undersheet, which, it was said, was sometimes used unnecessarily.

It makes one sweat.
It gets wrinkled and makes one slide down the bed.
Very hot—bad when one has a temperature.
The sheets slipped off it.

Mattresses were criticised as

hard
hollow and sagging
noisy springs.

Several patients suggested they would like foam mattresses. However, considering individual idiosyncracies about mattresses a comparatively small number was critical. A few people complained about hard pillows.

So hard my ear went numb.

Sometimes the hardness was thought to be due to the plastic under-pillowcase.

Made the pillow hard, lumpy and smelly.

Occasionally, patients complained that the bedsteads were too high to climb into (probably these were beds of a fixed height).

Too high for patients not sure of their balance.
Nurse found it difficult to lift them in.

Some suggested that a stool be placed under the bed to help patients climb in. Beds and bedclothes were also said to be too short or too narrow to cover a bed cradle. Some blankets were not warm enough and some sheets were

terribly starched.

A few thought that fitted sheets would wrinkle less.*

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

Half the comments made about noise referred to that made by other patients.

*A good deal of research and experiment on bedclothes and protective coverings suitable for hospital use has been undertaken since this report was first published. Information may be obtained from the equipment adviser at the King's Fund Centre, 126 Albert Street, London NW1 7NF.

†As only 4 per cent of the patients criticised excessive noise by day but 9 per cent by night, the question about noise by day has been omitted in the revised questionnaire. The question now reads, Was the ward reasonably quiet at night?

TABLE 3 The ward and its equipment (percentage critical: 68 hospitals)

		% Critical	
		Median	Middle half of hospitals
1	Were your bed and bedding comfortable?	8	5–10
0	Was the ward reasonably quiet by day?	4	2–6
2	Was the ward reasonably quiet at night?	9	5–13
3	Was the ward temperature pleasant?	10	7–14
0	Was the lighting satisfactory?	4	2–5
4	Had you enough privacy in the ward?	5	3–7

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 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 second highest number of comments was about noise made by nurses, especially the sound of their footsteps.

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

Some patients complained of nurses talking at night and of lights being flashed on. They said that a nurse-call system was required to stop the plaintive call of 'nurse . . . nurse'.

Although the main source of noise was other people, disturbance from equipment was mentioned by a very small number of patients.

Metal washbowls at 5.45am.

Several patients mentioned the need for rubber-tyred castors on trolleys. Noise due to the structure of the hospital, such as a side ward alongside a staircase, a creaking lift, a kitchen door that banged, was also criticised. And an equal number spoke of traffic or aircraft noise from outside the hospital. Surprisingly, very few people criticised the noise from television or transistors. In two ENT wards where there were children as well as adults, the latter found the noise of children crying and running about disturbing.

Was the ward temperature pleasant? If not, was it too hot, too cold?

This question elicited more criticism than any other about the ward, especially about excessive heat and stuffiness.

Heat unbearable at night.
Hot and airless.
Windows invariably closed.
Oppressive afternoons and evenings.
Not good for bronchitis.

Such comments were repeated again and again. Many hospitals have badly regulated central heating.

We can't turn down the heat.

Ideal temperature is a matter on which opinions differ sharply. When a window is opened to reduce the heat someone usually complains of the draught and the draught-haters generally win! Still, only a quarter as many people spoke of draughts and badly-fitting windows as of excessive heat. Some suggested that a spring on the door would reduce the problem. The contrast in temperature was criticised by patients who left the wards to go to the lavatory and bathroom, the day room or along passages when taken for treatment. After the excessive warmth of the ward this contrast was unpleasant and possibly dangerous to health.

Was the lighting satisfactory?

No strong feeling was expressed about lighting and the question has been omitted from the revised questionnaire. Some people found the general ward lighting insufficient.

Centre light poor.
Not bright enough.
Need reflectors.

On the other hand, about as many 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 some.

The light needed for nurses at night could be shaded.
Too bright a light on all night.

Some had no bed-light and wished they had; others lying flat could not reach the switch, and those sitting by their beds found the lights in the wrong place for reading.

Had you enough privacy in the ward?

Three points were made about the need for greater privacy in the ward. The first was that the curtains were not always drawn when patients 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 was the absence of curtains and the shortage of screens, especially when there were extra beds. And the third point was the unfortunate effect of over-crowded 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 about the ward

Many patients made comments about the ward in addition to the comments related to the six specific questions. More comments were favourable than were critical.

Our ward was cosy, bright and pleasant.
Well arranged and maintained.
Clean, tidy and well kept.

Some patients referred to the benefit of having a ward divided into small rooms and criticised large wards.

Too large—over thirty beds.
Need wards of four to twelve people.

The need to separate the old and the young was sometimes mentioned.

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.

The dull appearance of wards was criticised by a few.

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 appreciated by patients in wards which had them.

A quiet tasteful room.
An enclosed veranda, warm and good.

But many more patients expressed a wish for such a room.

For comfort, recreation and to see visitors.
Would like a day room with armchairs.
TV lounge would be nice.

Some were more ambitious in their wishes.

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

Others commented on the shortage of comfortable chairs.

Not enough armchairs.
Uncomfortable to sit on stool with no back.
More cushions needed.
Chairs too hard.

One point of interest, though rarely mentioned, is 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.

TABLE 4 Sanitary accommodation (percentage critical: 68 hospitals)

	% Critical	
	Median	Middle half of hospitals
5 Were there enough bathrooms?	40	26–48
6 Were there enough washbasins?	34	21–44
7 Were there enough lavatories?	33	20–44
8 Were they all clean?	11	7–17
9 Were they all private enough?	17	12–25

Analyses of questions (10 pilot hospitals)

		%
8	i Bathrooms not clean	20
	ii Washbasins not clean	26
	iii Lavatories not clean	54
		100
9	i Bathrooms not private enough	36
	ii Washbasins not private enough	44
	iii Lavatories not private enough	20
		100

Sanitary accommodation

When hospital staff tried predicting findings during the pilot surveys they often assumed that a chief cause for criticism would be shortage of sanitary accommodation. And they were quite right. A third of the patients criticised the shortage and the other two main complaints were dirtiness and lack of privacy (see Table 4). The seriousness of these two problems is not always fully realised by staff. Most people are very sensitive about cleanliness and privacy, and the conditions they have to put up with in some wards were a potent source of distress. It is perhaps of some significance that in almost all wards the staff take it for granted that their own sanitary accommodation should be separate from that used by the patients.

In the newer hospitals or rebuilt wards, where each six-bedded room had its own sanitary accommodation, patients approved highly: '*completely satisfactory*', '*clean, very good*'. But many hospitals were built in the days when patients were kept in bed. Now that most are up and about and can walk to the sanitary annexes, designed perhaps for only a few people, the shortage and generally poor conditions are more obvious. Patients found them '*dark, dingy, lacking in space*', '*Dickensian*', '*scandalously bad*'.

Views have improved since the pilot survey, however. The proportion of critical patients decreased by a third during the second four-year period. Even so, criticism is still higher on this aspect of hospital life than on any other. (See Table 10, page 31.)

Were there enough bathrooms?

Impossible to keep oneself clean.
Only one bathroom to a ward of forty patients.
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.

Were there enough washbasins?

Only two for a ward of forty patients.
Have to queue.
Should not be in bathroom.

Were there enough lavatories?

Totally inadequate.
Queue up to fifteen minutes.
Only two 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.

Were they all clean? If not which were dirty—bathrooms, washbasins, lavatories?

Some of the annexes were

super clean
kept clean and tidy

—but many were not. One patient wrote

Sanitary arrangements are dismally primitive. In my ward of 28 beds there are two badly sited and very obsolete washbasins 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.

Dirty baths were feared as a source of infection, especially by patients in gynaecological wards, and many wished that disinfectant cleaning material could be provided for patients to use. There were a few complaints about dirty washbasins, some about the slow drainage, others that they got clogged with hair. But the main complaints about lack of cleanliness were about the lavatories, and it was emphasised repeatedly that this was the patients' fault and that the staff did their best to prevent it.

They 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.

Were they all private enough? If not which were at fault—bathrooms, washbasins, lavatories?

It was impossible to maintain any kind of privacy 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 and of their real distress when this is denied them.

Bathrooms

Here the problem is the bath in a room with washbasins or various stored articles.

People come 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.
One room containing one bath, two washbasins, two trolleys, two laundry trolleys.
Nurses and cleaners in and out all the time.

Washbasins

Many wards had washbasins side by side without any attempt to shield them individually from general vision by cubicles or curtains. Sometimes the washbasins were in a bathroom and had to be passed by anyone going to the bath. The use of washbasins for a general wash is often more important in hospital than at home—some 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.
At night one can't get near washbasins as they are the only repository for trolleys, flowers and wheelchairs.

Lavatories

There were two worries about privacy in lavatories. One, and a real source of embarrassment, was the lavatory door with no bolt or even an indicator to show that it was in use.

People keep banging at the doors.

No wonder there is said to be a disease known as 'hospital constipation'!

Nurses must be able to get in to help patients in case of need, and there are types of bolts that can be easily opened from outside. Privacy in lavatories seems to be an elementary form of decency.

The other worry was that lavatories were often badly sited just opposite the washbasins, which was unpleasant because of lack of privacy and, sometimes, because of the smell.

Other comments

Patients made many suggestions for improvements, some would require structural alterations, but most could be introduced easily and at little cost.

More commodes needed.
Better-designed bottles and bedpans.
Hook needed (in the bathroom) 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.
Need shelf for shaving kit and sponge bags; would be invaluable for handicapped patients.
Mirrors—need more than one and lower for short people or those in wheelchairs.
Need sidegrips on wall (in lavatories) to pull oneself up.
Higher toilet, especially for arthritic patients.
Should have signalling system for patients that need help.
Chain 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.
Have some method of warming: icy cold.

Meals

'Meals are the only thing to look forward to', one patient commented. The hospitals varied widely in catering skill. Nevertheless, patients in general seemed reasonably satisfied about their meals. There was a 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.

I enjoyed every meal I had.
I must pay tribute to the amount and variety and they were beautifully served.
I gained fourteen pounds in five weeks.
No praise can be high enough.
As an ex-chef I confirm the meals were very good.

Did you have enough choice of dishes?

Seven hospitals in the pilot survey offered choice, one of midday meals only; the other three hospitals offered no choice. It is not surprising that patients who were offered choice showed far more satisfaction with their food than the others.

Choice better than in some hotels.
An interesting and tasty variety.

When offered no choice, patients had to eat food they disliked or food they felt was bad for them, for example, 'beefburgers', when they were just recovering from an operation.

Herrings which have too many bones for people lying on their backs.
Always carrots.
No choice in jams and spreads.
Too many sausages.

Even when there was a choice, supply of a popular dish sometimes ran out before all the patients had been served and getting what you wanted depended on where your bed was in the ward.

There has been a great improvement in arrangements to offer choice of meals over the period of the study. During the first four years 27 per cent of the patients were critical. In the second four years only 11 per cent—less than half as many.

Was your food generally hot enough?

When 30 or 40 people have to be served in a ward it is

TABLE 5 Meals (percentage critical: 68 hospitals)

		% Critical	
		Median	Middle half of hospitals
10	Were the meals satisfactory? breakfast	7	4–11
11	dinner/lunch	6	4–12
12	tea	6	4–9
13	supper	8	5–13
14	Did you have enough choice of dishes?	15	6–31
15	Was your food generally hot enough?	15	10–21
0	Was your food nicely served?	4	2–6
16	Was the right amount of food served?	13	10–15

difficult to keep food or drink warm enough for those who come last. In all the hospitals in the pilot survey, heated trolleys were used to carry the food from the kitchen. The food was hot in the trolley but could get cold while 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, more staff should help with serving, meals should be served from the trolley at each bedside and not from the kitchen or from the trolley placed at one end of the ward.

Fifty journeys made per meal from kitchen to ward.

Critical comments relating to the specific question, 'Was your food nicely served?', were only 4 per cent of the total. The question has therefore been omitted from the revised questionnaire. Patients who had complaints about service, however, often included them in their comments about food being hot enough.

Some complained that parts of a meal or a drink were 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.

In one of the hospitals, three wards had a tray service direct from the kitchen, and here patients tended to be satisfied with the temperature of the food, and with 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.

A few people criticised hurried meals.

Served and cleared away too quickly.
Hurried over meals to suit staff.
Stroke patients hurried: hardly got anything to eat.
Bad for gastric cases.

There were no complaints about lack of cleanliness, but a few patients wrote

Cups chipped.
Poor quality cutlery.
I dislike plastic cups.
Coloured china would be nice.

Was the right amount of food served? If not was there too much, too little?

The hospital tradition of serving two main meals, a cooked breakfast, a tea meal and morning and evening drinks, 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 patients were satisfied with quantity. To the supplementary question for those who answered 'No', about half thought too much food was served, and half thought they had too little. Three-quarters of those who thought they had too much were women. Many of the criticisms referred to too much food for supper; no one mentioned the midday meal.

Supper too heavy for a last meal.
Would prefer a snack to a large supper.
Too much to have two three-course meals.

Many of those who wrote that the food was inadequate were thinking especially of teenagers and men in orthopaedic wards. And some disliked having only biscuits for tea. It would seem that the best way of trying to please all the patients is to offer choice of both dishes and size of portion.

Other criticisms of meals

Although most people enjoyed their meals and praised the food, those who did not often referred to

Good material spoilt in the cooking.

The most usual complaints were about dry meat, watery cabbage and greasy bacon. Some thought the food was colourless and unappetising and that more effort should be made with sauces. One referred to '*third-class mutton*'.

Scarcity of green vegetables, salads and fresh fruit was often mentioned. Vegetables and fruit were too often tinned and potatoes were always mashed and made from dried powder. Some people criticised the meals as too starchy.

Too much stodge.
Excess of carbohydrates.

A few people criticised the spacing of the meals, for example, three meals served between midday and 6pm and then nothing till breakfast. Others said that 11.45am or midday was too early for lunch.

Tea and coffee are immensely important to patients, and many suggestions were made about these drinks, particularly a wish to have tea or coffee after all main meals.

Nearly half of the patients having special diets said they did not have enough choice. They also criticised lack of variety and interest.

Cost of meals

The annual catering cost per head per week, exclusive of service, was kindly supplied by each hospital participating in the pilot study. A comparison was made with the proportion of favourable comments about food and the overall contentment with the hospital. There was no relationship between the order of hospitals according to their catering costs and according to the proportion of favourable comments on food. Since people often project their views about the hospital in general on to the relatively impersonal matter of food, the order of the overall con-

tentment with the hospital was compared with the proportion 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.*

*Readers may like to be reminded of John Rice's *Better Food for Patients*, a folder with three booklets on how to improve menus, cooking and service, an audit for monitoring quality, a training programme for ward staff, and a report of a study of hospital catering in Wessex.[5]

Activities and ward routine

Leaving home to go into hospital jolts the patient out of his usual company, habits and occupations, and this happens when he is ill and perhaps least able to make the necessary adjustment. He is among strangers, his daily timetable is different, he sees long blank days ahead. Unlike hospital staff, patients have many unoccupied periods during the day and are often wakeful during the night too. Some people can easily adjust and happily fill their days by reading, gossiping or watching the ward routine. But many find adjustment more difficult. Opportunities to see their family and friends, and to help pass the time, are important.

Were the visiting arrangements suitable?

Visiting arrangements need to be looked at from three viewpoints: the patients', the visitors' and the staff's. The comments given here are almost entirely the patients' viewpoint. The ten hospitals in the pilot survey had a wide range of visiting arrangements: four had an hour or more every afternoon and every evening. The other six were more restricted; most of them had half an hour on five evenings and an hour in the afternoon on the two other days. In the four hospitals with longer visiting hours, nearly all the patients were satisfied.

Generous and convenient.
I feel better at seeing my family daily.
I am grateful that my children could visit me.

In the other six hospitals, quite a number was dissatisfied. Patients said 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. Many disliked visiting periods of only half an hour and they wanted two visiting periods every day. Some pointed out that men generally find it easier to visit in the evening but that many women have difficulty in leaving their children alone after school. Very few patients said visiting hours were too long or wished that visiting was restricted to two or three people at a time. Requests were made for more opportunities for children to visit. Suggestions for improving conditions for visitors included opportunity to buy tea for them, permission for elderly visitors to use lifts, better car parks and toilet facilities.

Did the time at which you were woken suit you?

Various attempts have been made to prevent the very early waking of patients. It has been stressed, for example, that all patients do not need to have their temperatures taken routinely every morning. All the same it is clear why night nurses like to start their morning duties early. When the senior nursing officers of the ten hospitals were asked about the regulations for waking patients, several said, 'Officially at seven but in practice earlier',

TABLE 6 Activities and ward routine (percentage critical: 68 hospitals)

		% Critical	
		Median	Middle half of hospitals
17	Were the visiting arrangements suitable?	6	3–11
18	Did the time at which you were woken suit you?	21	16–27
19	Was 'lights out' at a reasonable hour?	5	3–7
20	Could you rest undisturbed during the day?	8	6–10
21	Were there enough books, games, handwork, provided?	19	12–25
22	Was the radio satisfactory?	23	17–32

and 'It is supposed to be six-thirty but I suspect they start at six'.

Many patients complained that they were woken too early, 5.30 or 6am but some even said 5am.

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 3am and woken at 6.30.
It makes a terribly long day.

A very few people liked early waking because they slept badly. Some, though not enthusiastic, said they realised why the nurses started the day so early.

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 to be washed in bed had to be woken, but they could not see why people who could wash themselves were not allowed to sleep on till they woke naturally.

Was 'lights out' at a reasonable hour?

'Lights out' was too early for some, especially in one hospital which had the unusually early time of 9pm. Most of its patients said they would prefer 10pm, and in other hospitals a few asked for it to be postponed from 10 to 10.30 or 11pm. Others thought '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 get to sleep.
Sick people need sleep, yet some wards are quiet and dark for less than eight hours in twenty-four.

Could you rest undisturbed during the day?

Resting in the day in some wards seems as difficult as sleeping at night.

We have short nights and not much chance to rest by day.
I wish activities would stop and one could rest for an hour after lunch.
Too much attention from 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 who could get up were not allowed to rest on their beds at all during the day, even after lunch.

Were there enough books, games, handwork, provided?

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 it doesn't work out like that. They may be restless and suffering and then—

You need something to occupy your mind and keep it off your pains.

Or they may feel less ill and after a little time away from their usual ploys they get bored. Indeed, a large number complained of boredom and the need for more activity.

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.
Would like to be able to play cards, dominoes.
Would like games such as Scrabble.

The library service was appreciated.

They have a good choice of books.
Lots of trouble taken to get your requests.
The WRVS do a grand job.

But when the library trolley visited the ward only once a week it often meant a long wait without a book. In some cases there was said to be a limited selection.

Only love novels.

Some people suggested that books and light magazines should be kept in the ward. The newspaper service was said by a few people to be erratic or very late.

Other facilities much appreciated were hairdressing for men and women, a trolley shop, opportunities to sit in the garden, and a trolley telephone. Patients asked for these in hospitals which did not provide them.

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.

Was the radio satisfactory?

Many patients criticised the radio service. A few had no headphones. But the two main sources of complaint were poor servicing and lack of choice of programme.

Erratic reception.
Distortion from other channels.
Too loud—only of use to deaf patients.
Needs maintenance.
Only pop music.
Only Radio 2.
Would like Radio 4 sometimes.

A few patients found the headphones heavy and uncomfortable, or thought they were unhygienic. Some could

not reach the headphones or controls when lying down or sitting by the bed. Some people longed for television.

It would take people's minds off operations and bedpans as subjects of conversation.

However, they realised that some patients would be disturbed by television in the ward, and suggested either that it should be in the day room or that the sound should come through earphones or pillow phones.

TABLE 7 Care (percentage critical: 68 hospitals)

		% Critical	
		Median	Middle half of hospitals
23	Had you long enough notice of admission to hospital?	7	5–12
0	Was your reception satisfactory when you first reached the hospital?	3	2–5
24	Did the nurses come quickly when you needed them by day?	3	2–4
	by night?	2	1–5
25	Were you told enough about your illness and your treatment?	14	11–19
0	If you have to go to hospital again would you choose to come here?	4	2–6

Care

This section of the questionnaire elicited so much favourable comment that two questions seemed to be unnecessary and have been left out of the revised version (marked O in Table 7), and the two questions about nurses have been joined into one. Many patients used the section to express strong feelings of gratitude and approval about the hospital and the staff. A selection of these comments, including the few criticisms, appears on page 26.

Had you enough notice of admission to hospital?

It can be assumed that the patients who had been seriously inconvenienced by too short notice made up the 7 per cent who gave critical replies to this question. Some had received a letter asking them to go into hospital the same day, and others had had only one day's notice. Those in most difficulty were mothers who had to arrange for the care of their children, and 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 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 arrangements for discharge, a few people volunteered comments. Some complained of short notice, others of the poor transport arrangements.

They said to me after tea, 'You can go now', I am seventy-six and live alone.
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.

These comments came from only half the patients in the pilot survey—those answering after returning home. It is likely, therefore, that the problem occurred twice as often as it seemed from our results.*

Was your reception satisfactory when you first reached the hospital?

Very different accounts were given about reception, even from patients from the same hospital.

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.
Royalty could not have been better treated.

Quite another picture was drawn by the comparatively few critics. Patients who came as emergencies had the most to say.

Admitted 5pm in great pain, not seen or treated till 9pm, admitted to ward 10.15.
In casualty 5½ hours, after several appeals given one cup of tea.
Four and a half hours lying on stretcher without being examined or given anything to relieve pain.

Even non-emergency 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.
Kept waiting outside the ward and did not know what was the situation.
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 may feel vulnerable on arrival and the reception they get tends to leave a deep impression, good or bad.

*The King's Fund has published a study report, *Admission of Patients to Hospital*, which deals with these problems from a managerial and procedural viewpoint.[1]

Only 3 per cent of the patients criticised their reception, however, and this is one of the questions left out of the revised questionnaire.

Were you told enough about your illness and your treatment?

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 remarks were made by only a few people. Most wrote with much feeling how they were kept out of the picture.

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.
Told nothing, would like particulars for future reference.
I would like to know what caused my miscarriage, to avoid another.
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, so frequent and expressed with such feeling, show clearly that more information is one of the main needs. Explanation of tests and treatment is perhaps even more needed than knowledge of diagnosis and prognosis. Such information has to be given in terms that can be understood and may have to be repeated before it is understood. The old-fashioned view, as one patient put it, '*The don't-you-worry-let-us-do-your-worrying-for-you idea*', is not accepted by many in these days of better education and dislike of paternalism.

Staff

The questions which specifically mentioned staff were limited to the speed at which the nurses came when needed by day and by night. Both questions were answered very favourably and have now been combined. However, patients used this section to write many enthusiastic comments about the staff; mostly about the nurses and occasionally about the doctors.

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.
Admire pride of orderlies and ward cleaners and their cheerfulness.
The social workers and physiotherapists were helpful.

A few criticisms were made.

A lack of coordination and discipline even allowing for shortage of staff.
The domestic staff used bad language.

It gives the wrong impression to divide comments about the nursing staff into favourable and critical, for nearly all criticism was directed not at the staff but at the shortage of nursing staff and the need to pay them better. Praise for the nurses was warm.

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.
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.
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 10pm.
Continual calling wakes other patients.
Patients who are unable to get up have to ask another patient at night to fetch nurse.

Some thought there should be more help 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.

The very few real criticisms of the nurses were 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.

There were not many comments specifically about doctors, but many of the comments (both favourable and critical) about receiving information referred indirectly to them.

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 few critical comments were almost all on 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?

Only four per cent of the patients said they would not choose to return to the same hospital and this question is therefore omitted from the revised questionnaire. The generally high satisfaction may have been due to familiarity—'the devil you know'—but the comments seem to suggest 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.

One hundred per cent for atmosphere.
Free and easy.
Not too much red tape.

Many had enjoyed their stay.

As happy as could be.
Would come again with pleasure.

The few criticisms mainly referred to the building.

Rebuilding the hospital is the only answer to give the wonderful staff the benefits they deserve.

Another comment was

Would like to return but not in a ward with old people.

TABLE 8 Classified answers to questions 27 and 28 (10 pilot hospitals)

Liked most	%	H or P*
Nurses *superb nursing; gentle and kind, cheerful and amusing*	30	H
Staff *cheerfulness and kindness of everyone from top surgeon to ward maid*	29	H
Doctors *doctors magnificent, they got me well*	12	H
Fellow patients *friendliness; courage of chronics; companionship of my bedmates*	9	H
Rest and relaxation *no worries and no work; being waited on*	7	H
Happy atmosphere *minimum restrictions; it was all fun*	4	H
Food *I enjoyed my meals; food good and well served*	3	P
Ward small or single ward; cheerful and clean; day room; beds	4	P
Visiting arrangements *generous; children allowed to visit*	2	H
	100	

Liked least	%	H or P*
Sanitary facilities *inadequate; lacking in privacy; in bad condition*	12	P
Boredom, monotony *days dragged; no activities to prevent one from getting depressed*	11	H
Long sleepless nights *noise and lights at night: sound of other patients, also nurses; insomnia*	11	P
Other patients *seeing the suffering of others; those who are always complaining*	9	H
Food *lack of choice; tepid; sameness*	7	P
Early waking	7	H
Bedpans and being washed in bed *difficult to get; uncomfortable*	6	P
Nurses shortage, overworked; some unsympathetic	5	H
†**Pain and discomfort** operations, injections, dressings, drips	5	—
Ventilation of ward *hot and stuffy; draughty*	4	P
Lack of information *left to worry unnecessarily; doctors aloof; come seldom*	4	H
Too strict *not allowed to rest on bed; treated as though mentally retarded*	4	H
Visiting arrangements *too short a time; should allow children*	3	H
No day room *need day room for TV; to receive visitors*	3	P
Ward noisy; slippery floor; not clean; lack of privacy; lighting	2	P
Long waits for operation; x-rays; pathology report	2	H
Beds *uncomfortable; too high*	2	P
Armchairs *short of them; uncomfortable*	2	P
Moved too often to other ward or about the ward	1	H
	100	

*H = mainly human or organisational factors
P = mainly physical factors
†Pain and discomfort have not been included under either H or P.

Best and worst of hospital life

The patients took full advantage of the chance offered by the two final questions to tell what they liked best and least about hospital life. Their answers are classified under subjects mentioned (see Table 8), and analysed in sections in Table 9. They contributed twice as many comments on what they liked best as on what they liked least. Some gave no answer to the latter question, 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?*'

Perhaps the most striking finding of the whole survey is that 93 per cent of matters liked best depended on human factors (including organisation) and only 7 per cent on physical factors such as the food or the ward. The happiness of patients seems to depend on the skill, ability and kindness of other people far more than on physical factors. In dividing human and physical factors it must, of course, be remembered that the success of the former depends largely on being able to recruit, train and pay enough staff of the required level of ability.

The aspects of hospital life which were liked least were far more diversified than those which were liked best. 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. Much of what patients disliked could be remedied by modifications which do not require money.

TABLE 9 Analysis of answers to questions 27 and 28 (10 pilot hospitals)

	% Liked best	% Liked least
Ward	4	24
Sanitary facilities	0	18
Meals	3	7
Activities and ward routine*	18	28
Care	75	18
(Pain)		(5)
	100	100

*Including other patients

Action

Decisions taken

Information is interesting but action is what matters. Each hospital prepared a report, generally quite a lengthy document, occasionally printed, which was circulated widely among senior staff and often junior staff as well. Some hospitals sent summaries to the local press and a few gave an internal broadcast to the patients. The hospitals varied in the method of deciding on the action to be taken. Many found the best plan was to form working parties after a preliminary meeting. In a small hospital one working party was sufficient but larger hospitals often had several, organised either by department or by topic. The answers and comments on each topic were reviewed for each ward. Often one person, generally the survey organiser, was appointed to stimulate action. He or she went to all meetings, recorded decisions taken, noted the people made responsible for action, and 'prodded' if necessary.

Changes made

It is impossible to describe the variety and the great number of changes made as a result of the surveys. They have here been classified into categories with just a few examples under each. It was interesting to see how few of them involved spending a lot of money. Some hospitals reported that the survey had helped them to obtain grants for capital expenses. Others found that the survey helped to decide priorities in spending or when planning extensions.

Changes in organisation

Visiting arrangements: hours, children as visitors

Patients' daily programme: waking and lights out times, afternoon rest

Information: before arrival, on tests and examination, on progress

Minor changes in equipment

Control of ward temperature (generally too hot)

Reduction of noise at night: bells, doorstops, oiling of wheels

Sanitary accommodation: curtains, locks, shelves, hooks

Changes in meals

Choice of dishes and of size of portion, ensuring hot meals are really hot.

Changes in facilities

Servicing of radios, provision of games and handwork, more frequent library and telephone trolley service, staff wearing name badges.

Changes needing capital expenditure

Extension of sanitary accommodation, provision of day rooms, more comfortable chairs.

Effects on staff, patients and local community

Many of the hospitals reported that the survey had had a good effect on morale. The staff said they had been helped in three ways: by greater awareness of their patients' needs, by appreciation of the beneficial changes (many of which the staff had always wanted to make), and especially by the warm praise almost invariably expressed by the patients. The patients liked the opportunity for participation and the fact that their opinions had been sought. Those on a return visit were glad to see the resultant changes. The local press wrote favourable and reassuring articles on the survey—a welcome change from the tendency of many newspapers to report only defects and scandals.

Levels of dissatisfaction 1967 to 1974

Table 10 shows the median (or middle) percentage of patients who expressed criticisms on each topic, and figures for the interquartile range (or middle half) of hospitals. This table enables a hospital to find where it comes in the 'league' of the 68 hospitals. The table also shows the medians of surveys held in the first and second four-year periods, and the amount of change. On 23 topics the situation had improved over the period; on nine topics it had remained the same, and it had not deteriorated on any single topic. Is this striking result due to greater attention being paid to the views of the patients?

TABLE 10 Median percentage of critical patients

Question Number (revised)	Topic	68 Hospitals Median	68 Hospitals Range of middle half	28 Hospitals 1967-1970 Median	40 Hospitals 1971-1974 Median	Change Better %	Change Equal	Change Worse %
1	Bed	8	5–10	8	8		=	
0	Quiet—day	4	2–6	4	4		=	
2	Quiet—night	9	5–13	11	7	4		
3	Temperature	10	7–14	11	8	3		
0	Lighting	4	2–5	5	3	2		
4	Privacy—ward	5	3–7	5	5		=	
5	Bathrooms	40	26–28	45	30	15		
6	Washbasins	34	21–44	41	27	14		
7	Lavatories	33	20–44	40	27	13		
8	Cleanliness	11	7–17	16	9	7		
9	Privacy—sanitary	17	12–25	23	14	9		
10	Breakfast	7	4–11	8	6	2		
11	Dinner/lunch	6	4–12	10	6	4		
12	Tea	6	4–9	7	5	2		
13	Supper	8	5–13	12	7	5		
14	Choice of food	15	6–31	27	11	16		
15	Hot food	15	10–21	17	14	3		
0	Well served	4	2–6	5	4	1		
16	Quantity	13	10–15	14	12	2		
17	Visiting	6	3–11	9	5	4		
18	Wake-up time	21	16–27	25	21	4		
19	Lights-out time	5	3–7	5	5		=	
20	Rest—day	8	6–10	8	8		=	
21	Diversions	19	12–25	19	19		=	
22	Radio	23	17–32	29	20	9		
23	Admission notice	7	5–12	8	7	1		
0	Reception	3	2–5	3	3		=	
24	Nursing—day	3	2–4	3	3		=	
	Nursing—night	2	1–5	3	2	1		
25	Information	14	11–19	14	14		=	
0	Return	4	2–6	5	4	1		
26	Like stay 'very much'	56	51–64	55	59	4		
Forms returned		10 863		4254	6618			
Response rate		73	66–85	69	74	5		

Note: Questions listed **0** are omitted from the revised questionnaire.

Instructions for conducting the survey

1 Support for the general idea of the study should first be obtained from the senior medical, nursing and administrative officers and relevant committees. It is important that all these should be interested and prepared to consider the results seriously.

2 A survey organiser should be chosen who will be responsible for conducting the survey, summarising results, reporting back and following up subsequent action. This is a time-consuming job. The success of the survey largely depends on the tact, persistence and persuasive powers of the person selected. He or she could be one of the senior officers, a member of the community health council, a management trainee, a 'friend' of the hospital, or an outsider such as a postgraduate student from a local university.

Preparation

3 It is important to make known to the staff—and the patients—throughout the hospital that a survey is being undertaken. In addition to staff meetings, the hospital's newsletter or internal radio system (if there is one) can be used.

4 Up to ten wards should be chosen. Not more, or the survey will take too long. All types of ward should be included, except obstetric, paediatric, geriatric and psychiatric, where problems are often different. Which wards to include from any one specialty and sex should be selected by chance, such as by the throw of a dice, or the initial of the ward sister's surname. If the hospital has old and new wards, or wards of markedly different layout, both should be included so that a fully representative group is obtained.

5 The sisters or charge nurses of the selected wards should be made fully aware of the purpose and method of the survey. The initial explanation could be by letter—see page 35 for suggested wording—followed by discussion.

6 Each sister will be asked to give the questionnaire and a letter to the first 30 patients leaving her ward, or if the ward has less than 20 beds, to the first 20 leaving. These should not be selected. All those leaving should be included provided they are aged 15 or over, have been in the ward at least four nights and can read and write English. The questionnaire should be given during the patient's last two days in the ward. Suggested wording for the letter to patients is shown on page 35.

7 Experience has shown that it is better if the patients answer the questionnaire while still in hospital rather than posting it back from home after discharge. The latter method generally results in a lower response rate and more favourable replies. The results posted from home cannot, therefore, be compared with those obtained from other hospitals and are less likely to give constructive criticism.

8 Prepare a sealed carton with a posting slip for each ward. These should be placed in an open part of the ward, not in the office, so that patients can post their questionnaires assured of anonymity.

Organisation

9 The study should start on the same day in all wards. The patients should be urged to respond and to add comments, but the sister or charge nurse should tell the staff not to help them fill in the questionnaire even if asked to do so. If the patients are seen comparing answers or answering jointly, they should be asked not to. Each patient must give his or her own views.

10 After about one month the survey organiser should count the number of questionnaires returned from each ward. If there are very few from any ward, the reason should be discussed by the survey organiser with the sister or charge nurse. At the end of the second month, all the remaining questionnaires from the patients should be collected unless there is good reason for extending the time limit. Each sister or charge nurse should be asked to return any surplus questionnaires and letters.

Summarising numerical results

11 The summarising can start as soon as enough questionnaires are available for anonymity to be assured, and can continue as they come in so that most will already be summarised by the end of the two months.

12 As each batch of questionnaires becomes available, sort it out by ward and enter results on the work sheets. (See pages 36-37 and 40). Show each questionnaire has been entered by ticking it at the bottom of the answers column.

Each work sheet has space for five wards so usually two of each will be required. In that case, only fill in the space for grand total on the second sheet and not on the first.

13 *Work sheet 1* With questions 1 to 25, far more patients usually answer YES than NO, so it is less effort to record only the comparatively few who answer NO or who do not answer. Reading down each questionnaire enter a stroke opposite N for each question where the answer is NO and a stroke opposite NA for each question which has not been answered. The strokes should be small and entered in groups of five, four strokes and a cross-stroke—thus 𝍸

14 *Work sheet 2* With question 26 enter all answers under the appropriate heading, again in groups of five. With divided questions, 8, 9 and 16, enter results in groups of five, but do not enter 'not answered'.

15 *When the survey is complete* enter for each ward the number of questionnaires issued to patients and the number returned. For various reasons, such as having very long-stay patients or closing a ward, some sisters may not be able to issue all 30 questionnaires. Also enter totals for the hospital for each question and for numbers issued and returned.

Calculating results

16 Use Summary sheet A (pages 38-39) to enter results for each question 1 to 25 for each ward and for the hospital as a whole.

Ans = the number answered (total returned minus NA not answered)
No = the number answered No
% No = percentage No, $\frac{\text{number answered No} \times 100}{\text{number answered}}$

The sheet shown has only five spaces. If more than five wards have been taking part a second sheet will be required. The total for the hospital need not be entered on the first page. The calculation of the percentage is very quick if a slide rule or calculator is used.

17 Use Summary sheet B (page 41) to enter results for question 26.

Number = the number answered under each heading
Total = total answering whole question
% = percentage $\frac{\text{number under heading} \times 100}{\text{total answering question}}$

The total percentages for each question should add up to 100.

18 For the divided questions 8, 9 and 16, enter totals for each ward and the hospital but do not calculate percentages.

19 It is of interest to compare results with those of other general hospitals which have used the same questionnaire. The form suggested for the report is to mark questions that come into the best quarter (that is, lowest percentage of critical comments) with a plus sign, and those that come into the worst quarter (most critical comments) with a minus sign, and make no mark if they come within the middle half. The figures for other hospitals are given in Table 10, page 31 in the main text.

Summarising comments

20 The most interesting but most difficult part of studying results is summarising the comments. This can be started as soon as the questionnaires become available.

21 Prepare seven large sheets on A4 paper.

1 Comments on questions 1 to 4 headed 'Ward'
2 Comments on questions 5 to 9 headed 'Sanitary'
3 Comments on questions 10 to 16 headed 'Meals'
4 Comments on questions 17 to 22 headed 'Activities'
5 Comments on questions 23 to 25 headed 'Care'
6 Comments on question 27 headed 'Best'
7 Comments on question 28 headed 'Least'

Rule a vertical line about two-thirds of the distance from the left-hand margin. Write the comments to the left of the line and the code letter of the ward of each person making the comment (or one differently worded but with the same sense) on the right of it. On sheets 1 to 5, also rule a horizontal line about a quarter of the way down the sheet. Write favourable comments above the line and suggestions or criticisms below it.

22 Sort the questionnaires in ward order. Start with sheet 1 and record on it comments on questions 1 to 4 from all questionnaires collected to date, before starting on sheet 2. Read through a number of the questionnaires to find the main comments on questions 1 to 4 and then write in appropriate headings. For example, for question 2 these might be

other patients
emergency admission
nurses
door banging.

After each subheading leave sufficient space to write in a number of typical comments and telling phrases—comments should be mainly quotations. For example, as well as quoting 'nurses should wear rubber soled shoes', also quote 'they sounded like a herd of energetic elephants'. Then proceed with the other six sheets.

23 Note that questions 27 and 28 need no horizontal line; 27 is all favourable and 28 all suggestions and criticisms. However, under 28, patients often write some such complimentary comment as 'the hospital is so good there is nothing to criticise', and it is well to record these. In answer to question 27 there is usually much warm praise of the staff. A convenient way to record this is under 'staff' if all staff are mentioned, but under 'nurses', 'doctors', 'physiotherapists', 'cleaners', if they are mentioned separately.

24 Some patients will write a general comment such as 'good' or 'satisfied' against a question or even against a whole section. This adds nothing to the answer 'Yes', so the comment is not entered in the summary.

25 Patients often repeat previous comments when they come to questions 27 and 28. These are, however, entered on sheets 6 or 7 to show where the greatest weight of approval or criticism lies.

26 Sometimes patients make obvious mistakes in marking the questionnaire such as crossing out 'No' or in giving praise under question 28. Make adjustments to fit in with the patient's intentions.

Final summary

27 For the final summary seven similar sheets are needed. The headings from the rough summary have to be regrouped and compressed and the most appropriate quotations selected. This usually involves considerable change; the final summary is much shorter than the rough summary and has not nearly as many headings.

28 After each comment show how many people have made it by entering their ward code in ward order. If four or more people from one ward have made the comment, show in brackets the ward code followed by the number who have made it. Also give the total number. For example,

'Radio needs servicing', 'overlapping stations'
B C E (F x 5) G = 9

29 Prepare an outer page for the summary of comments, listing ward code, ward name, sex, specialty treated, number of beds, number of questionnaires issued and returned, percentage returned. For example,

N Nightingale F Med 24 28 21 75%

This enables an estimate to be made of the weight of opinion on each comment.

30 Divergent views are to be expected; they may come from different wards or from patients with different standards, tastes and situations. There is seldom unanimity of opinion on any topic. Of course, both kinds of views must be reported with an indication of their relative strength.

Report and action

31 The report should be widely distributed. The type of report required will, of course, vary with the circumstances of the hospital. It should include a note on the aim and method, dates when undertaken, tabulated results and a balanced selection of comments. You may find the form of tabulation used in the main text useful when setting out your own tables (see list of tables in the contents page).

32 The report should be sent to all the senior officers, the sisters and charge nurses of the wards concerned, heads of departments frequently mentioned and members of relevant committees. Some hospitals use the report as a basis for sisters' and students' study days. Copies are often put in the medical and nursing libraries and the patients' library. A summary is sometimes sent to the local newspaper. It is advisable not to send the whole report as, often, only the more sensational or critical points are extracted for publication. A fair summary or an interview with a reporter giving both suggestions for alteration and appreciations, promotes good relations and is an excellent way of expressing thanks to the patients who have participated and of reporting back to them.

33 In addition to the report, it is useful to make a summary of comments from each ward and about each department for the staff and senior officers directly concerned. This summary will include matters too detailed for wide circulation but provides information for action specific to the ward or department.

34 The success of a survey can be assessed by the amount of action it provokes. Soon after the report is issued the senior officers should have a general discussion on findings and determine ways of stimulating action. Often the best method is to appoint one or more small working parties with the survey organiser as secretary. An early meeting should be arranged with the sisters and charge nurses whose wards were included, together with other interested officers such as the principal tutor, catering officer, head of the maintenance department. Consideration should be given in constructive detail to the suggestions made for improvement. Further meetings may be needed with other staff or committees. The survey organiser should be present at all meetings and should record all decisions made.

35 After about three months, and again after six months, a short report should be written on the effects of the survey, the changes made and those recommended but not yet made. Sometimes it is useful to repeat part of the survey to see whether there has been a change in patients' opinions. For example, if changes have been made in the catering arrangements, a short duplicated questionnaire can be issued on questions 10 to 16 for comparing with the first survey.

LETTER TO WARD SISTERS AND CHARGE NURSES (suggested wording)

Dear .....

We shall be grateful if you will help us with a survey of the patients' views of this hospital. The hospital is too large for all wards to be included so we have chosen the wards by chance and your ward has turned up in the draw.

The survey organiser is..... and he/she will be getting in touch with you soon to show you the questionnaire and discuss the details. Briefly, we want 30 patients to fill in a simple questionnaire about two days before they leave the ward. The questionnaire will, of course, be anonymous and you and your staff are asked not to help patients fill them in, even if they ask you to.

We will send you a report of the results of the survey, without, of course, mentioning the names of the patients.

Thank you for your cooperation.

Yours sincerely

Hospital Administrator
or
Hospital Nursing Officer

LETTER TO PATIENTS (suggested wording)

Dear Patient

We are trying to find out what our patients think about their stay in hospital. We want to know both what you like about it and what you think could be improved. Would you be kind enough to answer the questions as frankly and fully as you can. You will be helping us to improve our hospital and so bring benefit to future patients. You will find plenty of space for additional comments, suggestions or explanations.

We do not want to know your name. Your completed questionnaire will be summarised with the answers of many other patients. Please fill in your form straight away by yourself and place it in the sealed box in the ward.

We shall be very grateful for your help.

Yours sincerely

Hospital Administrator
or
Hospital Nursing Officer

WORK SHEET 1 (QUESTIONS 1 to 25)

N = No

NA = No Answer

Ward		Total		Total		Total		Total		Total	Hospital Grand Total	
1 Bed	N		N		N		N		N			1
	NA		NA		NA		NA		NA			
2 Quiet night	N		N		N		N		N			2
	NA		NA		NA		NA		NA			
3 Temperature	N		N		N		N		N			3
	NA		NA		NA		NA		NA			
4 Privacy	N		N		N		N		N			4
in ward	NA		NA		NA		NA		NA			
5 Enough	N		N		N		N		N			5
baths	NA		NA		NA		NA		NA			
6 Enough	N		N		N		N		N			6
basins	NA		NA		NA		NA		NA			
7 Enough	N		N		N		N		N			7
lavatories	NA		NA		NA		NA		NA			
8 Clean	N		N		N		N		N			8
	NA		NA		NA		NA		NA			
9 Privacy	N		N		N		N		N			9
	NA		NA		NA		NA		NA			
10 Breakfast	N		N		N		N		N			10
	NA		NA		NA		NA		NA			
11 Lunch	N		N		N		N		N			11
	NA		NA		NA		NA		NA			

WORK SHEET 1 (QUESTIONS 1 to 25)

N = No

NA = No Answer

Ward		Total		Total		Total		Total		Total	Hospital Grand Total	
1 Bed	N		N		N		N		N			1
	NA		NA		NA		NA		NA			
2 Quiet night	N		N		N		N		N			2
	NA		NA		NA		NA		NA			
3 Temperature	N		N		N		N		N			3
	NA		NA		NA		NA		NA			
4 Privacy	N		N		N		N		N			4
in ward	NA		NA		NA		NA		NA			
5 Enough	N		N		N		N		N			5
baths	NA		NA		NA		NA		NA			
6 Enough	N		N		N		N		N			6
basins	NA		NA		NA		NA		NA			
7 Enough	N		N		N		N		N			7
lavatories	NA		NA		NA		NA		NA			
8 Clean	N		N		N		N		N			8
	NA		NA		NA		NA		NA			
9 Privacy	N		N		N		N		N			9
	NA		NA		NA		NA		NA			
10 Breakfast	N		N		N		N		N			10
	NA		NA		NA		NA		NA			
11 Lunch	N		N		N		N		N			11
	NA		NA		NA		NA		NA			
	NA		NA		NA		NA		NA			
13 Supper	N		N		N		N		N			13
	NA		NA		NA		NA		NA			
14 Choice	N		N		N		N		N			14
	NA		NA		NA		NA		NA			
15 Hot	N		N		N		N		N			15
	NA		NA		NA		NA		NA			
16 Amount	N		N		N		N		N			16
	NA		NA		NA		NA		NA			
17 Visiting	N		N		N		N		N			17
	NA		NA		NA		NA		NA			
18 Waking	N		N		N		N		N			18
	NA		NA		NA		NA		NA			
19 Lights out	N		N		N		N		N			19
	NA		NA		NA		NA		NA			
20 Rest	N		N		N		N		N			20
	NA		NA		NA		NA		NA			
21 Activities	N		N		N		N		N			21
	NA		NA		NA		NA		NA			
22 Radio	N		N		N		N		N			22
	NA		NA		NA		NA		NA			
23 Admission	N		N		N		N		N			23
	NA		NA		NA		NA		NA			
24 Nurses	N		N		N		N		N			24
	NA		NA		NA		NA		NA			
25 Told enough	N		N		N		N		N			25
	NA		NA		NA		NA		NA			
Forms issued												
Forms returned												
Percentage												

SUMMARY SHEET A (QUESTIONS 1 to 25)

Ward						Hospital		
	Ans No %N	Ans No %N	Ans No %N	Ans No %N	Ans No %N	Ans	No	% No
1 Bed 2 Quiet night 3 Temperature 4 Privacy in ward								
5 Enough baths 6 Enough basins 7 Enough lavatories 8 Clean 9 Privacy								
10 Breakfast 11 Lunch 12 Tea 13 Supper 14 Choice 15 Hot 16 Amount								

SUMMARY SHEET A (QUESTIONS 1 to 25)

Ward						Hospital		
	Ans No %N	Ans No %N	Ans No %N	Ans No %N	Ans No %N	Ans	No	% No
1 Bed								
2 Quiet night								
3 Temperature								
4 Privacy in ward								
5 Enough baths								
6 Enough basins								
7 Enough lavatories								
8 Clean								
9 Privacy								
10 Breakfast								
11 Lunch								
12 Tea								
13 Supper								
14 Choice								
15 Hot								
16 Amount								
17 Visiting								
18 Waking								
19 Lights out								
20 Rest								
21 Activities								
22 Radio								
23 Admission								
24 Nurses								
25 Told enough								
Forms issued								
Forms returned								
Percentage returned								

WORK SHEET 2 (QUESTIONS 26 AND DETAILS OF 8, 9 and 16)

Ward		Total		Total		Total		Total		Total	Hospital Grand Total	
26 Very much												26
Most ways												VM
Fair												MW
No												F
Not answered												No
												NA
8 Not clean												8
i bath												i
ii basin												ii
iii lavatories												iii
9 Not private												9
i bath												i
ii basin												ii
iii lavatories												iii
116 Food												16
i too much												i
ii too little												ii

WORK SHEET 2 (QUESTIONS 26 AND DETAILS OF 8, 9 and 16)

Ward		Total		Total		Total		Total		Total	Hospital Grand Total	
26 Very much												2
Most ways												V
Fair												M
No												F
Not answered												N
												N
8 Not clean												8
i bath												i
ii basin												i
iii lavatories												iii
9 Not private												9
i bath												i
ii basin												i
iii lavatories												iii
116 Food												16
i too much												i
ii too little												i

UMMARY SHEET B (QUESTION 26)

Ward						Hospital
	Number %	Number %	Number %	Number %	Number %	Number %
26 Very much						
Most ways						
Fair						
No						
Total						

Confidential

Questionnaire *Hospitals and Their Patients*

Will you kindly help the hospital by writing what you like about it and what you think should be improved? Your answers will be confidential; we do not want to know your name, but your views and those of many other patients will all be seriously considered.

Please read each question carefully and put a tick like this (✓) in the brackets by the answer that best expresses your views. By each group of questions there is a space for you to write explanations and suggestions which can be very helpful. There are 28 questions to answer.

A Name of your hospital .....

B Name of your ward .....

C What is your sex? **M ( ) F ( )**

D What is your age? **Under 30 ( ) 30 to 64 ( ) 65 or more ( )**

QUESTIONS		ANSWERS	EXPLANATIONS AND SUGGESTIONS
1	Were your bed and bedding comfortable?	**Yes ( ) No ( )**	
2	Was the ward reasonably quiet at night?	**Yes ( ) No ( )**	
3	Was the ward temperature pleasant? If not was it i too hot ( ) ii too cold ( )	**Yes ( ) No ( )**	
4	Had you enough privacy in the ward?	**Yes ( ) No ( )**	
5	Were there enough bathrooms?	**Yes ( ) No ( )**	
6	Were there enough washbasins?	**Yes ( ) No ( )**	
7	Were there enough lavatories?	**Yes ( ) No ( )**	
8	Were they all clean? If not which were dirty? i bathrooms ( ) ii washbasins ( ) iii lavatories ( )	**Yes ( ) No ( )**	
9	Were they all private enough? If not which were at fault? i bathrooms ( ) ii washbasins ( ) iii lavatories ( )	**Yes ( ) No ( )**	
10	Were the meals satisfactory? breakfast	**Yes ( ) No ( )**	
11	dinner/lunch	**Yes ( ) No ( )**	
12	tea	**Yes ( ) No ( )**	
13	supper	**Yes ( ) No ( )**	
14	Did you have enough choice of dishes?	**Yes ( ) No ( )**	
15	Was your food generally hot enough?	**Yes ( ) No ( )**	
16	Was the right amount of food served? If not was there i too much ( ) ii too little ( )	**Yes ( ) No ( )**	

Continued overleaf

QUESTIONS		ANSWERS	EXPLANATIONS AND SUGGESTIONS
17	Were the visiting arrangements suitable?	Yes ( ) No ( )	
18	Did the time at which you were woken suit you?	Yes ( ) No ( )	
19	Was 'lights out' at a reasonable hour?	Yes ( ) No ( )	
20	Could you rest undisturbed during the day?	Yes ( ) No ( )	
21	Were there enough books, games, handwork, provided?	Yes ( ) No ( )	
22	Was the radio satisfactory? (Only answer if provided by the hospital)	Yes ( ) No ( )	
23	Had you enough notice of admission to hospital? (Do not answer if you came as an emergency patient)	Yes ( ) No ( )	
24	Did the nurses come quickly when you needed them?	Yes ( ) No ( )	
25	Were you told enough about your illness and your treatment?	Yes ( ) No ( )	
26	Did you like your stay here, apart from the discomfort of your illness and being away from home?	Very much ( ) In most ways ( ) Only fairly well ( ) No ( )	

27 What did you like best about the hospital?

28 What did you like least about the hospital?

Thank you for your help

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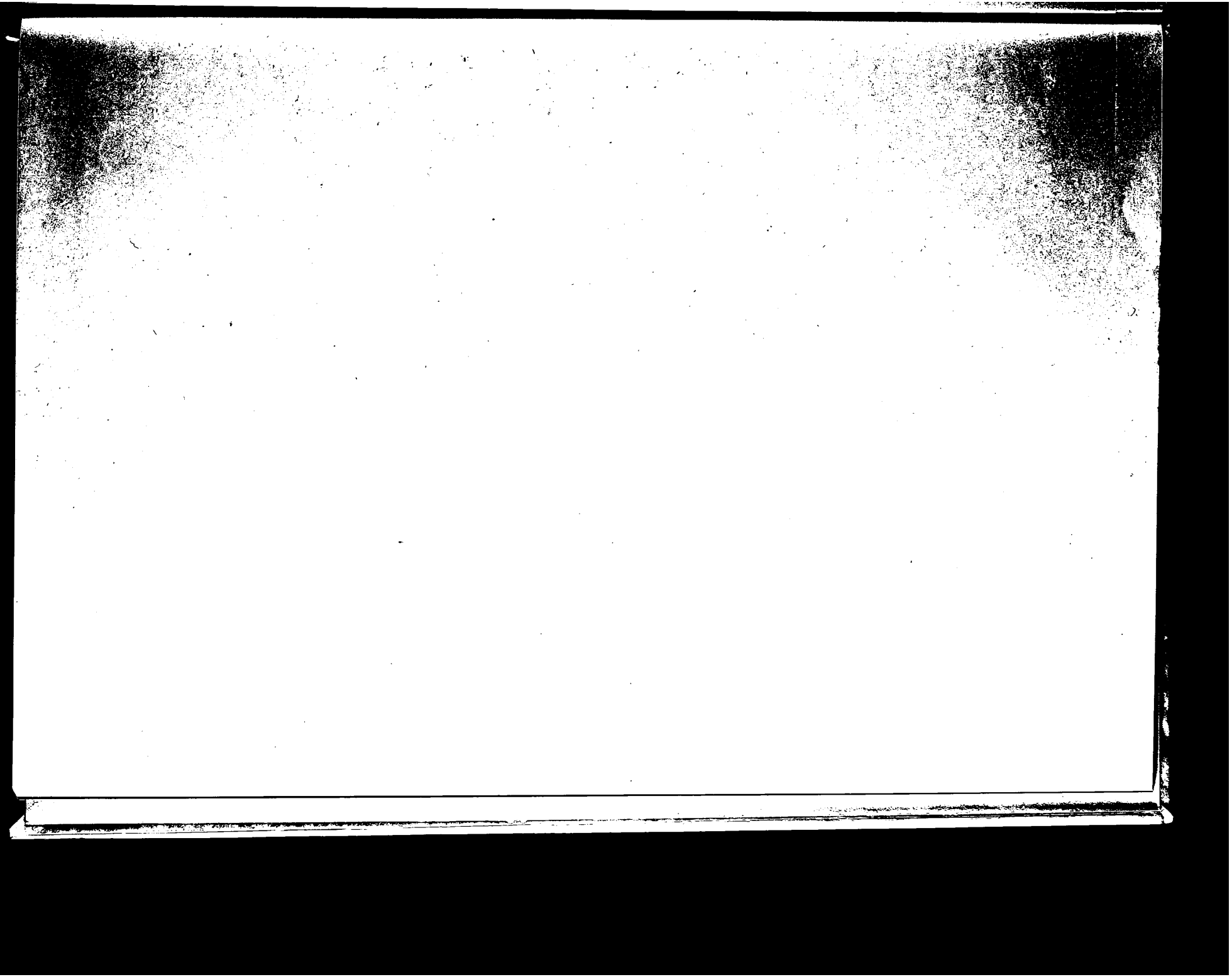


Confidential

Questionnaire Hospitals and Their Patients

Will you kindly help the hospital by writing what you like about it and what you think should be improved? Your answers will be confidential; we do not want to know your name, but your views and those of many other patients will all be seriously considered.

Please read each question carefully and put a tick like this (✓) in the brackets by the answer that best expresses your views. By each group of questions there is a space for you to write explanations and suggestions which can be very helpful. There are 28 questions to answer.

A Name of your hospital .....

B Name of your ward .....

C What is your sex? **M ( ) F ( )**

D What is your age? **Under 30 ( ) 30 to 64 ( ) 65 or more ( )**

QUESTIONS		ANSWERS	EXPLANATIONS AND SUGGESTIONS
1	Were your bed and bedding comfortable?	**Yes ( ) No ( )**	
2	Was the ward reasonably quiet at night?	**Yes ( ) No ( )**	
3	Was the ward temperature pleasant? If not was it i too hot ( ) ii too cold ( )	**Yes ( ) No ( )**	
4	Had you enough privacy in the ward?	**Yes ( ) No ( )**	
5	Were there enough bathrooms?	**Yes ( ) No ( )**	
6	Were there enough washbasins?	**Yes ( ) No ( )**	
7	Were there enough lavatories?	**Yes ( ) No ( )**	
8	Were they all clean? If not which were dirty? i bathrooms ( ) ii washbasins ( ) iii lavatories ( )	**Yes ( ) No ( )**	
9	Were they all private enough? If not which were at fault? i bathrooms ( ) ii washbasins ( ) iii lavatories ( )	**Yes ( ) No ( )**	
10	Were the meals satisfactory? breakfast	**Yes ( ) No ( )**	
11	dinner/lunch	**Yes ( ) No ( )**	
12	tea	**Yes ( ) No ( )**	
13	supper	**Yes ( ) No ( )**	
14	Did you have enough choice of dishes?	**Yes ( ) No ( )**	
15	Was your food generally hot enough?	**Yes ( ) No ( )**	
16	Was the right amount of food served? If not was there i too much ( ) ii too little ( )	**Yes ( ) No ( )**	

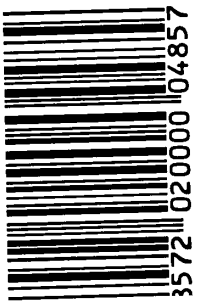
Continued overleaf

QUESTIONS		ANSWERS	EXPLANATIONS AND SUGGESTIONS
17	Were the visiting arrangements suitable?	Yes ( ) No ( )	
18	Did the time at which you were woken suit you?	Yes ( ) No ( )	
19	Was 'lights out' at a reasonable hour?	Yes ( ) No ( )	
20	Could you rest undisturbed during the day?	Yes ( ) No ( )	
21	Were there enough books, games, handwork, provided?	Yes ( ) No ( )	
22	Was the radio satisfactory? (Only answer if provided by the hospital)	Yes ( ) No ( )	
23	Had you enough notice of admission to hospital? (Do not answer if you came as an emergency patient)	Yes ( ) No ( )	
24	Did the nurses come quickly when you needed them?	Yes ( ) No ( )	
25	Were you told enough about your illness and your treatment?	Yes ( ) No ( )	
26	Did you like your stay here, apart from the discomfort of your illness and being away from home?	Very much ( ) In most ways ( ) Only fairly well ( ) No ( )	

27 What did you like best about the hospital?

28 What did you like least about the hospital?

Thank you for your help



Patients and their hospitals

by Winifred Raphael BSc FBPsS

This third edition of Mrs Raphael's first report, in the series of do-it-yourself surveys of patients' views of hospitals, follows up the original findings and includes new information collected from over 10 000 patients in general hospitals.

Anthony Dale, area administrator of Doncaster Area Health Authority, writes in his foreword, '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 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 report describes what patients think of ward life and hospital routine, the staff, food, privacy, visiting arrangements, and what they liked best and least about the hospital. Also in this edition are full instructions for conducting the survey and the questionnaire used.

'. . . a working document which will help hospitals to discover what, in their patients' view, is right and what is wrong . . .' *The Lancet*

'. . . it gave us the opportunity at least to catch a glimpse of ourselves as other see us.' *Radiography*

'The consumer is at last beginning to have his say.' *The Economist*