

PSYCHIATRIC HOSPITALS  
Instructions for patients'  
satisfaction studies

KINGS FUND

KING'S FUND CENTRE24 NUTFORD PLACE, LONDON, W1H 6ANPSYCHIATRIC HOSPITALS  
INSTRUCTIONS FOR PATIENTS' SATISFACTION STUDIES

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6. PPSS Number of Questionnaires Completed and Attempted
7. Suggested Form of Report - St. Serena's Hospital

June 1974

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### AIM AND SCOPE OF STUDY

1. The aim of the study is:
  - a) to assist psychiatric hospitals to gain information on the views of their patients, both favourable and on priorities for change, enabling them to take action when desirable and practicable
  - b) to enable hospitals to compare their results with those of other psychiatric hospitals.
2. The first step is to obtain support for the general idea of a satisfaction study from the senior medical, nursing and administrative officers. It is important that all three groups should be interested and prepared to consider the results seriously. One person should be chosen as Survey Organiser to be responsible for the conduct of the survey, summarising the results, reporting back and following up subsequent action. This is an interesting but time consuming job. He or she could be a senior nursing officer, a management trainee, a Community Health Council member, a 'friend' of the hospital, a post graduate student from a local university or possibly an officer recently retired.
3. About twelve wards but not more should be included in the study. Most psychiatric hospitals are too large to include all wards in a reasonable time and interest in the study wanes. All the patients in the chosen wards should be invited to cooperate. It has been found advisable to exclude wards containing a large proportion of geriatric patients as many of these find questionnaires difficult to answer. All the remaining wards should be divided into four groups, short stay men, short stay women, long and medium stay men, long and medium stay women, and about three wards chosen from each group by chance, say by the throw of a dice. Some adjustments may need to be made to secure adequate representation of various types of ward: for example to include, if there are any, new and old wards, villas, locked wards, rehabilitation units, drug units, mixed wards of men and women etc. so that the final group selected shall be a typical sample of the wards.

#### PREPARATIONS

4. The following preparation should be made:
  - a) Order a copy of the report 'Psychiatric Hospitals Viewed by Their Patients' from Research Publications Services Ltd, Victoria Hall, East Greenwich, London SE10 ORF or buy a copy over the counter at the King's Fund Centre, 24 Nutford Place, London W1H 6AN.
  - b) Ask the King's Fund Centre for four copies of each of the Appendices 2,3,4,5 and 6.
  - c) Complete the form shown in Appendix 2, PPSS Wards Included in the study. If the wards are known by name allot a code letter preferably the first letter(s) of the name.
  - d) Buy from the King's Fund Centre as many copies of the Questionnaire (Appendix 1) as there are patients in the wards selected and some further copies to show the staff. If there are not enough copies over further ones may need to be bought later to include in the report.
  - e) Duplicate and circulate a letter for the sisters and charge nurses of the wards selected along similar lines to that shown in Appendix 3.
  - f) Have enough sharpened pencils available for the maximum number of patients in any one ward.
  - g) Have one large envelope for each ward in which the patients can themselves place their questionnaire as they complete them to ensure anonymity.

#### PROMOTING INTEREST IN THE STUDY

5. The aims and general methods of the study should be discussed with the Senior Officers, the Medical Staff Committee and any other relevant Committees. It should also be considered in detail, at a meeting of the sisters and charge nurses of the wards concerned and they should be shown copies of the questionnaire. If there is a hospital news letter a brief description should be included. The following points should be covered:
  - a) Aim of Study To find the views - satisfactions as well as suggestions for improvements - of a typical group of patients. Many of the views may already be known but the results will help to decide priorities for action and can be compared with the views of patients from a number of similar hospitals.

- b) Method Used All the patients in the sample of wards concerned will be asked to answer the written questionnaire anonymously directly they are handed out but no pressure will be exerted on them to do so. Some specific questions are asked in the questionnaire and there is plenty of space for additional comments and suggestions.
- c) Reporting Back The results of the study will be reported back to medical, nursing and administrative staff and to relevant committees and individuals so that action can be taken on the points raised when desirable and practicable.

#### ISSUE OF QUESTIONNAIRE

6. The Survey Organiser should fix a time for each ward, in discussion with the sister or charge nurse, when most of the patients can be present, if necessary brought back from industrial or occupational therapy. Often just before a meal is convenient especially as the patients can then be sitting at the tables. No pressure should be exerted on those who definitely do not want to participate or who cannot due to language difficulties, bad eyesight or who are too ill etc. Most patients take about thirty minutes to complete the questionnaire.
7. When the patients are sitting down to answer the questionnaire the Survey Organiser explains the idea of the study, guarantees anonymity and asks them each when they have finished to put their questionnaire in the big envelope (which he places on a side table) and then they can leave. He then distributes the questionnaires and pencils, reads out the instructions at the top of the form, reminds them that the questionnaire is on three pages and that it is very helpful if they add suggestions and explanations. Before they leave they should be reminded to complete the last page about what they like best and least about the hospital although not all can do this. Staff are discouraged from helping the patients even if asked to do so, but one patient can help another and the Survey

Organiser can repeat the instructions to an individual if he or she appears not to understand them. The Survey Organiser waits till all have finished but if any patients take much longer than about half an hour they should be told that they will have another five minutes and then should give in as much as they have done. Pencils should be retrieved also questionnaires that have been left blank.

8. While the patients are answering the questionnaire a quick count should be made of those patients actually present in the ward who did not want to participate but excluding those who could not do so because they were too ill, had bad eyesight, or language difficulties etc. This count should not include those who sat down to do the survey but returned blank questionnaires. These blanks should also later be counted.

#### SUMMARISING NUMERICAL RESULTS

9. The direct answers 'YES' and 'NO', as well as answers to questions on sex, age etc. are summarised separately from the additional comments and the final page on what is liked best and least about the hospital. The wards are arranged in order - short stay men, short stay women, medium and long stay men, medium and long stay women and each ward is summarised separately. First the questionnaires should be sorted and those excluded that are irrational, very incomplete (less than half the direct questions answered) or blank and the results of the remaining questionnaires should be entered on PPSS Work Sheet 1, (Appendix 4), ward by ward. Each work sheet has space for six wards so usually two will be required and the total for the hospital entered on the final sheet only. It is quicker if the Survey Organiser has an assistant who can read out entries to be made.

10. With questions 5 to 23 far more patients 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 N.A. (No Answer) 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 ~~1111~~. The only exception is question 6 where entries are made for YES opposite Y. and NO opposite N. but no entry is made for 'no answer' as patients are instructed only to answer if they have clothes supplied by the hospital.
11. With questions 2,3,4, and 24 enter all answers classified as on the form and also 'no answer'. The totals in all cases should be the same for any one ward, that is the number of patients whose forms are being analysed. With question 2 if no answer has been given the sex can be filled in if the ward has patients all of the same sex.
12. Complete PPSS Summary Sheet A (see Appendix 5) for each ward, and on the final page only for the hospital as a whole. For questions 5 to 23 (except 6, 19 and 20) enter
- |     |                                                                            |
|-----|----------------------------------------------------------------------------|
| Ans | The number answered YES or NO (total forms analysed minus NA not answered) |
| N   | The number answering NO                                                    |
| %N  | Percentage 'No' = $\frac{N}{Ans} \times 100$                               |
- The calculation of the percentage is very quick if a slide rule is used.
13. For question 6 enter the number having hospital clothes (YES plus NO) and the percentage dissatisfied with them =
- $$\frac{No}{Yes+No} \times 100$$
- For question 19 enter the number doing work YES to 19a) and the number doing work who dislike it NO to 19b) and



find the percentage of those doing work who dislike it -

$$\frac{\text{No (to question 19b)}}{\text{Yes (to question 19a)}} \times 100$$

Question 20 is treated in a similar way to question 19.

14. For questions 2,3,4 and 24 calculate the percentage giving each answer omitting those who gave no answer. The total in each case should come to 100.
15. As well as obtaining information on the hospital as a whole and on individual wards figures can be calculated, if desired, for separate groups such as for short stay patients compared to medium and long stay patients and for men compared to women. The order of entering the different wards recommended in paragraph 9 will facilitate this.
16. Complete the form PPSS Numbers of Questionnaires Completed and Attempted (see Appendix 6) for each ward and for the hospital as a whole. The headings are self explanatory.
17. It is interesting to compare these numerical results with figures based on the results from twenty other psychiatric hospitals which have participated in the enquiry. The method suggested for the report is to mark questions that come into the top quarter with a plus sign and those that come into the bottom quarter with a minus sign. The actual figures for the group of hospitals are given in paragraph 9 of the specimen report attached as Appendix 7 of these instructions.

## SUMMARISING COMMENTS

### Rough Summary

18. The most interesting but the most difficult part of studying results is summarising the comments made. Prepare six large sheets of lined paper:
 

Sheet 1	Comments on questions 5 to 6 headed Meals and Clothes
2	Comments on questions 7 to 14 headed Ward
3	Comments on questions 15 to 18 headed Care
4	Comments on questions 19 to 23 headed Activities
5	Comments on questions 25 headed Best
6	Comments on questions 26 headed Least
  
19. 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 ward code letter of each person making the comment (or one differently worded but with the same sense) on the right of it. With sheets 1 to 4 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.
  
20. Enter the questionnaires a ward at a time but it is easier to complete Sheet 1 for all the questionnaires in the ward before starting on Sheet 2 and so on. Read through a number of questionnaires to find the main comments and write in appropriate headings. For example with question 5 on meals there might be:
 

Quality, Quantity, Excess of 'stodge', Variety and Choice, Service, Temperature, Diet Meals.

Under each heading leave sufficient space to write in a number of typical comments and telling phrases. Each time a comment is repeated (not necessarily in the same words) underline it but remember to put the ward letter of the person making it in the column on the right. It helps analysis if red ink is used for men and green for women.

21. Some patients write a general comment such as 'satisfactory' or 'poor' against a question or even against a whole section. These comments should not be entered as they just confirm the 'YES' or 'NO' direct answer and do not add specific information.
22. Note that questions 25 and 26 need no horizontal lines - 25 is all favourable and 26 nominally all suggestions and criticisms. However under 26 patients often write some such complimentary comment as 'nothing I dislike' and it is well to record these at the bottom of sheet 25 under general. The comments under 25 and 26 can be conveniently recorded under nine headings:

Staff, Freedom, Ward, Meals, Treatment and Security, Work, Patients' Activities, Other Patients, Grounds and Building with, of course, sub-headings under each. For example under Staff the sub-headings might be Nurses, Doctors, Staff in General, Social Workers. Questions 25 and 26 give very important information as they indicate what patients believe to be the best and worst aspects of the hospital irrespective of specific questions asked and a full summary of the results should be given in the report.
23. Repetitions of previous comments are often given in questions 25 and 26. These are however entered on sheets 5 and 6 with the ward letter of all patients giving them to show where the greatest weight of approval or criticism lies.
24. Sometimes patients make obvious mistakes in marking the questionnaire such as crossing out YES or NO instead of ticking it or in giving praise under question 26. Make adjustments to fit in with the patient's intended meaning.

Final Summary

25. For the final summary six similar sheets are needed except that a column is ruled for each ward and for the total. Generally the headings from the rough summary have to be regrouped and compressed and the most appropriate quotations selected. This usually involves considerable change and the final summary is shorter and has fewer sub headings than the rough summary.
26. After each comment show in the appropriate column the number of people from each ward that have made it and give the total figure for the hospital. Add vertically the totals of appreciative comments under each of the nine headings for each ward and for the hospital as a whole and then similarly for the critical comments.
27. Prepare an outer page for the summary of comments listing: Ward Code, Ward Name, Number of Forms Analysed. This enables an estimate to be made of the proportion of patients from each ward making each comment.
28. Often contradictory statements are made - some patients praise a situation which others criticise. Divergent views are to be expected for patients differ and ward conditions differ and of course both views are entered in the summaries. Indeed in the report it is useful to show under each of the nine headings (given in paragraph 22) favourable comments minus critical comments listed in order of size of the resulting figure to show the balance of opinion.

## REPORT AND ACTION

### Report

29. When both the summaries of the numerical results and of the comments have been completed the report should be written. This should be widely circulated to staff and committees; in a large hospital maybe two hundred copies will be distributed and as well copies may be deposited in the medical and nursing libraries. The needs of each hospital will vary but generally the contents should cover an extended version of the matters included in the sample report given in Appendix 7.
30. In addition to the report it is useful to make a full summary of the comments from each ward and department and to have a few copies available just for its staff and senior officers. This summary will be on matters too detailed for wide circulation but provides information for action specific to the ward or department.

### ACTION

31. To have a survey on which no action is taken and results not reported to the staff and patients is worse than having no survey at all. A meeting of the senior officers (including at least one member of the medical staff) should be held to have a general discussion on the findings and to determine ways of stimulating action - often the best method is to appoint a small working party with the Survey Organiser as secretary. An early meeting should also be held of the Sisters and Charge Nurses of the wards concerned possibly two meetings, one for each shift. Other interested staff should be invited to these meetings such as the Principal Tutor, the Catering Officer, the Psychologist, Heads of Occupational and Industrial Therapy Departments and of the Maintenance Department, the Club Leader etc. The staff should be thanked for their cooperation and told both of the many topics praised by patients (especially the gratitude they have expressed to the staff) and of their suggestions and criticisms. A full discussion should

be encouraged. The Survey Organiser should be present at all meetings including those of specific wards and departments to consider the summaries described in paragraph 30. He should record all decisions made on action to be taken.

32. The patients should be thanked for participating in the survey by notices in the wards concerned or in the News Letter if there is one. They should be assured that their suggestions for change are being seriously considered and some examples should be given where change has been decided upon. If there is a Patients' Committee the report should be discussed with its members. Possibly a copy should be deposited in the Patients' library.
33. Sometimes it is useful to give the local press a summary of the results of the Survey or for the Survey Organiser to have an interview with a reporter. However it is generally best not to send the full report otherwise they may tend to pick out only matters they consider sensational.
34. After about three months and again after six months lists should be compiled of the changes that have actually been made as a result of the survey. Sometimes the effect of action can be found by repeating a part of the survey. A short duplicated questionnaire can be issued confined to questions on the matter concerned to see whether there has been an alteration in patients' opinion compared with the original replies.

## APPENDICES

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1. Questionnaire. 'Patients' Views of Hospital'
2. PPSS Wards Included in the Survey
3. Letter to Ward Sisters and Charge Nurses
4. PPSS Work Sheet 1
5. PPSS Summary Sheet A
6. PPSS Numbers of Questionnaires Completed and Attempted
7. Suggested Form of Report - 'St Serena's Hospital'

# Questionnaire      Patients' Views of Hospital

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.

1	Name of your ward		
2	What is your sex?	Man (    )	Woman (    )
3	What is your age?	Under 30 (    )	30 to 64 (    ) 65 or more (    )
4	How long have you been here this time?	Under 1 year (    )	1 to 4 years (    ) 5 years or more (    )

QUESTIONS	ANSWERS	EXPLANATIONS AND SUGGESTIONS
5 Do you generally like the meals?	Yes (    ) No (    )	About meals and clothes:
6 Are your clothes satisfactory? (Only answer if they were supplied by the hospital.)	Yes (    ) No (    )	
7 Is there enough space in the ward?	Yes (    ) No (    )	About the ward:
8 Is the ward generally quiet enough?	Yes (    ) No (    )	
9 Is the day room pleasant and comfortable?	Yes (    ) No (    )	
10 Is your dormitory or bedroom comfortable?	Yes (    ) No (    )	
11 Is your locker or cupboard satisfactory?	Yes (    ) No (    )	
12 Do you get enough privacy, in the ward, bathroom, etc	Yes (    ) No (    )	
13 Are the washbasins and baths satisfactory?	Yes (    ) No (    )	
14 Are the WCs satisfactory?	Yes (    ) No (    )	
15 Do you see the doctors enough?	Yes (    ) No (    )	About your treatment:
16 Do they tell you enough?	Yes (    ) No (    )	



QUESTIONS	ANSWERS	EXPLANATIONS AND SUGGESTIONS
17 Do you get sufficient care from the nurses?	Yes ( ) No ( )	
18 Do you feel reasonably free?	Yes ( ) No ( )	
19a) Do you do any work while you are in the hospital?	Yes ( ) No ( )	About your work and your social activities:
b) If so do you like your work?	Yes ( ) No ( )	
20a) Do you do occupational or art therapy?	Yes ( ) No ( )	
b) If so do you like doing it?	Yes ( ) No ( )	
21 Do you take part in any social activities such as concerts, games, dancing, bingo etc?	Yes ( ) No ( )	
22 Do you find life in hospital interesting with plenty to do?	Yes ( ) No ( )	
23 Do most of the patients in your ward get on reasonably well together?	Yes ( ) No ( )	
24 Do you like your stay here, apart from being away from home?	Very much ( ) In most ways ( ) Only fairly well ( ) No ( )	
25 What do you like best about the hospital?		
26 What do you like least about the hospital?		

## APPENDIX 2

### WARDS INCLUDED IN THE STUDY

**Hospital**

District

Area

Date \_\_\_\_\_

[illegible]

APPENDIX 3

LETTER TO WARD SISTERS AND CHARGE NURSES

To the Ward Sister/Charge Nurse,

Ward .....

We are planning to hold a satisfaction survey with the patients in this hospital to find what they like about it and any suggestions they have for improving it. Such surveys have been held in a number of psychiatric hospitals and have proved interesting and useful for both staff and patients.

Our 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 wards drawn are:

Mr X who is organising the survey here will shortly be getting in touch with you to show you the questionnaire and arrange a convenient time for the survey when all or nearly all the patients can be present, if necessary brought back from Industrial Therapy or Occupational Therapy. Sometimes just before or after a meal is a good time when the patients will be sitting at their tables. Mr X will explain the idea of the survey to them and distribute questionnaires and pencils so that it can be answered at once and will only take about half an hour. The questionnaires will be answered anonymously and would you kindly ask your staff not to help the patients even if asked to do so.

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

Yours sincerely,

Y Z  
Principal Nursing Officer

APPENDIX 4

PPSS WORK SHEET 1      N = No,   NA = No Answer,   Y = Yes

Ward		Tot	Tot	Tot	Tot	Tot	Tot	Hospital Tot	
5 Meals	N								5
	NA								
6 Clothes	Y								6
	N								
7 Space	N								7
	NA								
8 Quiet	N								8
	NA								
9 Day room	N								9
	NA								
10 Dormitory	N								10
	NA								
11 Locker	N								11
	NA								
12 Privacy	N								12
	NA								
13 Basin bath	N								13
	NA								
14 W.C.	N								14
	NA								
15 Drs.enough	N								15
	NA								
16 Tell "	N								16
	NA								
17 Nurses' care	N								17
	NA								
18 Free	N								18
	NA								
19a Work	N								19a
	NA								
b Like it	N								b
	NA								
20a Occ.Art. Th.	N								20a
	NA								
b Like it	N								b
	NA								
21 Soc.Activ.	N								21
	NA								
22 Interest- ing	N								22
	NA								
23 Other Patients	N								23
	NA								
24 Like stay	VM								24
	IMW								
	OPW								
	N								
	NA								
	Tot								

WARD		Tot	Tot	Tot	Tot	Tot	Tot	Hospital Tot	
2 Sex	M								2
	F								
	Tot								
3 Age	-30								3
	30-64								
	65+								
	NA								
	Tot								
4 Stay	-1								4
	1-4								
	5+								
	NA								
	Tot								

## APPENDIX 5

## PPSS SUMMARY SHEET A

Ans = Number answering that question.  
 No = Number answering NO  
 %No = Percentage of those  
 answering whose answer is NO

WARD	Ans	No	%No	Ans	No	%No	Ans	No	%No	Ans	No	%No	Ans	No	%No	HOSPITAL
																Ans No %No
5 Meals																5
6 Clothes	(Y+N)	N	$\frac{Nx100}{Y+N}$	(Y+N)	N	$\frac{Nx100}{Y+N}$	(Y+N)	N	$\frac{Nx100}{Y+N}$	(Y+N)	N	$\frac{Nx100}{Y+N}$	(Y+N)	N	$\frac{Nx100}{Y+N}$	(Y+N) N $\frac{Nx100}{Y+N}$
7 Space																7
8 Quiet																8
9 Day room																9
10 Dormitory																10
11 Locker																11
12 Privacy																12
13 Basin, bath																13
14 W.C.																14
15 Doctors enough																15
16 Tell enough																16
17 Nurses' care																17
18 Free																18
19a Work	Yes	-		Yes	-		Yes	-		Yes	-		Yes	-		19a
b Like it	No	$\frac{Nx100}{Yes19a}$		No	$\frac{Nox100}{Yes19a}$		No	$\frac{Nox100}{Yes19a}$		No	$\frac{Nox100}{Yes19a}$		No	$\frac{Nox100}{Yes19a}$		b
20a Occ. Art Therapy	Yes	-		Yes	-		Yes	-		Yes	-		Yes	-		20a
b Like it	No	$\frac{Nox100}{Yes20a}$		No	$\frac{Nox100}{Yes20a}$		No	$\frac{Nox100}{Yes20a}$		No	$\frac{Nox100}{Yes20a}$		No	$\frac{Nox100}{Yes20a}$		b

WARD		Ans	No	%No	Ans	No	%No	Ans	No	%No	Ans	No	%No	Ans	No	%No	HOSPITAL
																	Ans No %No
21	Social Activities																21
22	Interesting																22
23	Other Patients																23
		Ans		%	Ans		%	Ans		%	Ans		%	Ans		%	Ans
24	Like Stay																VM
																	IMW
																	OPW
																	N
	Total		100			100			100			100			100		100
2	Sex																M
																	F
	Total		100			100			100			100			100		100
3	Age																-30
																	30-64
																	65+
	Total		100			100			100			100			100		100
4	Stay																-1 yr
																	1-4 "
																	5+
	Total		100			100			100			100			100		100

## APPENDIX 6

PPSS NUMBERS OF QUESTIONNAIRES - COMPLETED AND ATTEMPTED

WARDS											Total Hosp- ital
A	<u>Forms Analysed</u>										
	Male										
	Female										
	Total										
B	<u>Forms Excluded</u>										
	Irrational										
	Incomplete										
	Total										
C	<u>Total Forms Filled in (A+B)</u>										
D	Blank Forms Returned										
E	In Ward able to answer but not attempted										
F	<u>Total not participating (D+E)</u>										
<u>Percentages</u>											
Percentage $\frac{A}{C} \times 100$											
(Forms analysed of those filled in)											
Percentage $\frac{A}{C+F} \times 100$											
(Forms analysed of total patients in ward able to answer)											



APPENDIX 7 SUGGESTED FORM OF REPORT FOR HOSPITALS TO  
MODIFY ACCORDING TO THEIR WISHES

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SURVEY OF PATIENTS' OPINIONS AT ST SERENA'S HOSPITAL

Survey Organiser: John Smith-Jones League of Friends  
Dates of Survey: January 1 to 30, 1974

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APPENDICES

1. Questionnaire 'Patients' Views of Hospital'
2. Analysis of Numerical Results by Ward.

## SURVEY OF PATIENTS' OPINIONS AT ST SERENA'S HOSPITAL

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### AIM OF SURVEY

1. The aim of the survey was:-
  - a) to gain information on the views of a typical sample of patients enabling action to be taken when desirable and practicable
  - b) to enable the hospital to compare the views of its patients with those in twenty other psychiatric hospitals.

### PROCEDURE FOLLOWED

2. The support of the Medical Committee and of the Nursing and Administrative Staff was sought and Mr Smith-Jones (an active member of the 'Friends' of the Hospital) was appointed Survey Organiser. Six wards were selected for the survey representing short and long stay wards and special units. When there were several similar wards the choice was made by the throw of a dice. Geriatric wards with many confused patients were not included as experience has shown that such patients find questionnaires difficult.
3. The questionnaire devised by the King's Fund shown in Appendix 1 was used. This asks specific questions to be answered 'YES' or 'NO' but leaves plenty of space for comments and additional topics.
4. The Survey Organiser arranged a convenient time with the Charge Nurse or Sister of each ward when those patients able and willing to cooperate, could be together. The Survey Organiser gave a questionnaire to each patient which they answered at once and placed their replies in a container so that they could remain anonymous.

NUMBERS OF PATIENTS REPLYING

5. Of the 121 patients present in the wards well enough to attend 105 returned questionnaires. Of these only three were too irrational to use, a strikingly low number. Therefore 102 questionnaires were analysed which came from 84 per cent of the patients in the wards. The following table shows the distribution of returns by ward:

<u>Short Stay Wards</u>	Number Included		<u>Age</u>								<u>Irrational</u>	<u>Not participating</u>
	<u>M</u>	<u>F</u>	<u>29-</u>	<u>64</u>	<u>65+</u>	<u>N/A</u>	<u>yr</u>	<u>yrs</u>	<u>yrs</u>	<u>N/A</u>		
Red	15		8	4	2	1	12	2		1		
Green	7	10	6	10	1	0	14	1		2		1
Blue		21	5	11	4	1	18	2	1		1	2
Total Short Stay Wards	22	31	19	25	7	2	46	5	1	3	1	3
<u>Long Stay Wards</u>												
Orange	22										1	2
Yellow		12	(filled in as above)-----									6
Purple	10	5									1	5
Total Long Stay	32	17									2	13
GRAND TOTAL	54	48									3	16

OVERALL SATISFACTION

6. Question 24 ran: "Do you like your stay here apart from being away from home?" followed by four answers: 'Very much', 'In most ways', 'Only fairly well' and 'No'. The percentage of patients expressing satisfaction by giving one of the first two answers is given below. It will be seen that the long stay patients tend to be

slightly more contented than the short stay. For comparison the median figures are given for a group of twenty other hospitals - St Serena's figure is just about average.

Percentage of patients answering 'Very much' or 'In most ways'

	<u>St Serena's Hospital</u>	<u>Twenty other Hospitals</u>	
		Median	Range of Middle Half
Whole group	58	60	55 - 64
Short Stay	56		
Long stay	60		

7. Some of the answers to Question 25 'What do you like best about the hospital?' and to Question 26 'What do you like least?' were in general terms. Favourable general remarks were made by 24 people such as 'I like it all', 'the whole set up is good' or 'the effort to improve matters as shown by giving patients this questionnaire'. Critical general remarks were made by nine people 'nothing to like', 'a feeling of becoming institutionalised and being written off'.

VIEWS ON SPECIFIC ASPECTS OF THE HOSPITAL

Methods of Analysis

8. The questionnaires were analysed in three ways:
- a) the answers to the direct questions - the percentage answering critically
  - b) the additional comments favourable and critical
  - c) the answers to questions 25 and 26 on what patients liked best and least about the hospital.

DIRECT QUESTIONS

## a) Numerical Results

9. The following table shows the percentage of patients who gave a critical response to each question, first for St Serena's Hospital and then for a group of twenty other psychiatric hospitals for comparison. The questions are arranged in order of approval at St Serena's Hospital. For the full questions see Appendix 1 and for analysis by ward see Appendix 2.

Percentage of Patients Giving Critical Replies to Each Question

Order St. Serena	Question (abbreviated)	St. Serena	Twenty Hospitals Median	Range of Middle Half	+ St.S in most sat- isfied quarter - St.S in least sat- isfied quarter
1	Dayroom	6	9	7-11	+
2	Dormitory	9	8	5-10	
3½	Nurses' care	10	10	6-13	
3½	Meals	10	18	13-25	+
5	W C's	13	17	12-20	
6½	Washbasins, baths	14	14	11-20	
6½	Occupational Therapy	14	12	8-15	
9	Work	15	11	7-16	
9	Other patients	15	12	8-15	
9	Space in ward	15	14	10-16	
11	Privacy	18	22	18-28	
12	Feel free	23	16	12-19	-
13	Clothes (hospital)	24	18	14-24	
14	Lockers	28	20	16-27	-
15½	Ward quiet	31	23	15-27	-
15½	Social activities	31	47	40-54	+
17	Doctors tell enough	36	39	35-43	
18	Interest	38	33	27-38	
19	See doctors enough	44	31	28-36	-

10. Looking first at St Serena's own results it is satisfactory that less than 15 per cent of the patients criticised the important matters of the ward, nurses' care, the meals sanitary arrangements and occupational therapy. Main criticisms coming from over a third of the patients were on the shortage of doctors and the lack of

information received from them and on boredom.

Nearly a third also criticised the lack of social activities and, so far as the ward was concerned the noise and the lockers.

11. It is also instructive to compare the views of the patients at St Serena's with those of the patients at twenty other large psychiatric hospitals. The patients at St Serena's came into the most satisfied quarter of the hospitals about their day room and meals and although many were concerned about the shortage of social activities still this came in the top quarter compared with the other hospitals. They were less happy than the patients at the other hospitals on four matters where St Serena's came into the bottom quarter - about feeling reasonably free, the lockers, the noise in the ward and that they thought they did not see the doctors enough.

b) Comments

12. In the summary shown below the topics are divided into four sections given in their order in the questionnaire: meals and clothing, the ward, patient care and activities. Patients tend to give more critical comments than favourable ones even on matters on which they are reasonably contented.

Meals and Clothing

13. Q.5 Meals
- |                       |    |
|-----------------------|----|
| Per Cent dissatisfied | 10 |
| Comments Favourable   | 22 |
| Critical              | 27 |

Main appreciations: Food plentiful, like puddings  
generous breakfasts

Main criticisms: Cooking of joints, lack of  
fresh vegetables and fruit,  
Sunday supper insufficient,  
food too stodgy.

Q.6 Clothes (supplied by hospital)

Per Cent dissatisfied	24
Comments Favourable	4
Critical	8

Main appreciations: Personal clothing, like sports jackets, nice summer dresses.

Main criticisms: Women's underclothes old fashioned, sometimes get second-hand clothes.

14. Ward

<u>Q.7</u> Enough Space	Per Cent dissatisfied	15
	Comments Favourable	10
	Critical	17

Main appreciations: Individual bedrooms. Blue ward with three day rooms.

Main criticisms: Dormitories more crowded than day rooms, especially orange ward where four extra beds have been added.

<u>Q.8</u> Noise	Per Cent dissatisfied	31
	Comments Favourable	2
	Critical	16

Main criticisms: Noise from TV especially where only have one day room: nurses talking at night. Sanitary annexe door bangs at night in yellow ward.

(Continue with questions 9-14. Then para.15 Patient Care Q.15 - 18 and para.16 Patient Activities Q.19-23)

Liked Best and Least about the Hospital

17. The comments about what patients liked best and least about the hospital were classified under nine headings. In the table below the number of comments for 'liked best and for 'liked least' are given, and then as a rough check of order best minus least. It is not surprising that the two lists overlap and the same topics appear in 'liked best' and 'liked least' for patients' tastes differ and so do conditions in the different wards.

<u>Heading</u>	<u>Number of Comments</u>		<u>Best minus Least</u>
	<u>Liked Best</u>	<u>Liked Least</u>	
Staff	28	4	24
Treatment and Security	16	4	12
Grounds	10	0	10
Ward	10	4	6
Patients' Activities	24	21	3
Meals	9	8	1
Work	5	7	-2
Freedom	8	14	-6
Other patients	5	16	-11

18. More patients were enthusiastic about the staff than about any other matter. The nurses had the warmest praise but much appreciation was expressed about the doctors' care. Sometimes the whole range of staff was included 'everyone helpful from doctors to cleaners'. The only two criticisms of staff given were that a few nurses were brusque and that some servers in the canteen got impatient.  
(Continue similarly for other headings apart from those given in para.19).

19. When patients were asked what they liked best and least certain aspects of hospital life were given that were not included in the specific questions. The three main matters were:

<u>The Hospital Grounds</u>	Ten comments were made on the beauty and peace of the grounds.
<u>Feeling of Security</u>	Nine patients said how they appreciated the feeling of security and reassurance they had at the hospital and that it was like a second home.
<u>Treatment</u>	Seven patients said they appreciated the treatment and the feeling they were regaining health but four said they were given too many drugs or 'I want to solve my problems not talk about them'.



SUGGESTED ACTION

20. This report is being widely circulated to the committees and staff. In addition a few copies will be prepared of the detailed comments about each ward or department. These are too numerous for general circulation but comments on their own ward or department will be discussed with the staff of the wards concerned and of the departments mentioned. After the information has been digested a series of meetings will be held to decide what action is desirable and practicable and the Survey Organiser will list the recommendations made and follow up the results after three and six months. A letter of thanks to the patients for their valuable cooperation has already been posted up in each ward surveyed saying also that the suggestions given are under active consideration. The staff also have been most helpful and deserve grateful thanks for the part they have played in the study.

John Smith-Jones  
Survey Organiser.

King's Fund



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Percentage of Patients Giving Critical Replies to Direct Questions by Ward

Order of Total Group	Questions (abbreviated)	Short Stay Wards			Long Stay Wards			Total
		<u>Red</u> 15M	<u>Green</u> 7M 10F	<u>Blue</u> 21F	<u>Ora- nge</u> 22M	<u>Yel- low</u> 12F	<u>Pur- ple</u> 10M 5F	
1	Day room	4	12	5	3	7	6	6
2	Dormitory	10	13	12	7	4	8	9
3†	Nurses' Care							10
3†	Meals							10
5	W C's							13
6	Washbasins, Baths							14

Continue as above for 19 questions shown in paragraph 9.

