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INFORMATION ON METHODOLOGICAL ISSUES

CONSUMER FEEDBACK RESOURCE

INFORMATION ON METHODOLOGICAL ISSUES

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DECIDING WHICH METHOD TO USE

There is no single, recommended or standard method for obtaining user views. The best approach to adopt will depend upon the types of user involved and the aim of the exercise.

Types of User

Users have different characteristics. Some will find it hard to complete a questionnaire themselves. These include:

- Elderly people, who often have arthritic hands, poor eyesight and find forms confusing;
- Children under about twelve years of age;
- Black and minority groups, who may not read English or the language they speak;
- People suffering from a mental illness, who may feel too threatened to fill in a form or may have difficulty reading because of the effects of prescribed drugs;
- People with learning difficulties, who may find it difficult to make decisions and so find some questionnaires confusing.

If the service area or section of the population includes many people who fall into one of these categories or who have characteristics which make it difficult for them to complete a questionnaire themselves, then an alternative to the self completion questionnaire should be sought in order to obtain a representative sample of users.

Aim of User Feedback

User views can be collected for a number of different purposes. These include the following:

Service planning – information to help planners to decide the form a service should take. This will include epidemiological and demographic information about health need, information about the style and mix of service that users prefer, and comments on existing services.

Service evaluation – information about the way the service is being used, user views on service appropriateness, quality etc, in order to assess how well the service is fulfilling its aims.

Service monitoring – user views can be an important way of monitoring service standards as part of the quality improvement process.

Measuring outcome – user perceptions and health state can be sources of information or variables in the assessment of different health and social care programmes and treatments.

Different types of information from users will be needed to fulfill the different aims and this can influence the choice of method – primarily whether a quantitative or qualitative method is used.

As a general guide it is best to use quantitative methods for monitoring or answering 'how many?' questions and qualitative methods for the exploration of issues or answering 'why?' questions.

METHODS

The methods available for use mainly come from the social science tradition, although in some cases informal or 'quasi' methods can be adapted and may be more useful. There are two types of social science method: quantitative and qualitative.

Quantitative Methods

These involve the collection and analysis of information in numerical form. That is, incidence or rates of occurrences – death rates, accident rates, throughput figures, the number of people answering 'yes' to a particular question, etc.

The main way that quantitative information about the views and experiences of people is collected is by structured questionnaire. That is, a form with a list of questions, each having a choice of response.

There are three main ways that this type of questionnaire can be completed: a self-completion questionnaire either collected by the person or delivered by post; a telephone questionnaire; or an interview schedule.

The Self-Completion Questionnaire

This type of questionnaire requires the respondent to tick or circle the appropriate response to each question and then return the questionnaire to the administrators. It has a number of advantages as follows:

It is relatively cheap to run, although if a postal method is used rather than a personal distribution method, there is likely to be an initial low response rate and so the necessary chasing up of non-respondents adds to the cost (probably two reminders at two week intervals will be necessary).

The expertise required is located mostly at the initial state and not throughout – that is, a skilled person is needed to design and pilot the questionnaire, but an administrator can collate replies, chase up non-respondents and arrange for computer coding and analysis. A skilled person is needed again at the end to interpret the results and write up recommendations.

It is relatively quick to complete, although sufficient time must be allowed for at least two small pilots of the questionnaire to check that, firstly, questions are understandable and unambiguous, and secondly, that analysis of the results will answer the questions being asked or provide the information required.

This method also has a number of disadvantages as follows:

Those who complete them tend to be the most well educated and generally the higher income groups. Those who have difficulty reading for whatever reason, are unlikely to respond.

The respondent must work within the structure of the questionnaire and so is limited in the response she/he can give. This is not too much of a problem if work has been done to check that the questions asked are those the respondent finds important (through interviews at an early stage and during piloting of the questionnaires) and also if space is allowed for comments.

The respondent is not allowed any participation in the decision-making process – she/he cannot help by suggesting solutions to problems.

Telephone Questionnaire

There are similar advantages and disadvantages where the telephone format is concerned, with the following additional advantages:

- A higher initial response rate than to the postal questionnaire is likely.
- The respondent can query the question if it is not clear and similarly the administrator can ask the respondent for an explanation.

However, there is also an additional disadvantage:

- Only those with telephones can respond and this may bias the sample towards those on a higher income.

Structured Interviews

Using this method an interviewer completes the questionnaire for the respondent, either at home or at another location.

The advantages are:

- A large amount of detailed information can be collected.
- More people are likely to respond, including those with reading difficulties.

The main disadvantage of this method is that it is costly and labour intensive: large surveys of 400-500 respondents will require a team of trained interviewers, plus a supervisor or researcher to check questionnaires for systematic interviewer errors in order to eliminate them early and generally keep the standard of recording at a high level and debrief interviewers about problems and emotional stress.

Further information about the questionnaire survey method in the context of health care can be found in Dixon and Carr-Hill (1), Luck, Lawrence, Pocock and Reilly (2), Cartwright (3) and Cartwright (4) and HMSO (5). Information can also be found in general social science texts on methods, such as Moser and Kalton (6).

Examples of recent large surveys are those carried out by North West Thames Regional Health Authority (report available from 30 Eastbourne Terrace, London W2 3QR, priced £20), Wandsworth Health Authority (see Raferty, Skingsley & Carr 'Preferential Insights', The Health Service Journal, 22 November 1990 and East Dorset Community Health Council (460 Christchurch Road, Bournemouth, Dorset, GH1 4BA, priced £1.00).

Qualitative Methods

These methods involve the collection and analysis of narrative information. The main social science methods are semi-structured and unstructured interviews, discussion groups, observation and keeping a diary.

Semi-structured and unstructured interviews

The degree of structuring during an interview refers to the extent to which questions are set by the interviewer. In semi-structured interviews, some questions are set and some left open for the respondent to bring up for discussion in their own way. In an open interview, no questions are formally set – the person being interviewed talks about their experiences and opinions in the way they want.

Critical Incident Technique (CIT) is another approach to interviewing. It is directed at collecting information about what happened to a person and about what they liked or disliked about their experiences. Details on its use can be obtained from North West Thames Regional Health Authority (7) and Pryce-Jones (8, 9).

Discussion Groups

This method is not yet widely used within health or social research in Britain, but it is regularly used by market research companies, where it is commonly known as the group depth interview; focus group, or focused group discussion. In the USA, where it has been used extensively since the 1950s, the number of group interview projects commissioned each year far exceeds the number of surveys (10).

In Britain, the discussion group has been used extensively by Social and Community Planning Research (SCPR), an organisation which also runs training workshops on research methods, including the discussion group. The SCPR publication Keeping in touch with the Talking: The Community Care Needs of People with a Mental Illness (21) gives details of use of this method. Also the Department of Social Policy, Birmingham University is currently running a project using this method with Shropshire Health Authority.

Observation

Observation can be either qualitative or quantitative. It is possible to have a number of predetermined events written down and to tick a box every time this event occurs. It is also possible to write down what is observed in a narrative form, or to video record these events.

Both methods are useful, mainly when interviews or questionnaires may be too disruptive, or where events are more important than opinions or experiences. In some instances personal experience may be difficult to relate due to traumatic circumstances or unconscious actions and then it is more useful to watch and record (e.g. working habits can be 'automatic' and so below the level of conscious awareness).

An extension of this technique is that of participant observation, which is similar to 'shadowing'. Its aim is to obtain some experience of what it feels like to be involved in a particular activity, such as using a particular type of service. Some people may object to being observed in some situations, however. For example, clients in a study by Atkinson (11) were happy to be observed at home but not outside it.

Keeping a Diary

Some individuals can be encouraged to keep a diary of 'what happens to them during their visit...' and this can produce useful information, particularly if they are encouraged to record their thoughts and feelings as well as events which happen to them. Atkinson (11) successfully used this method with people who had learning difficulties, which implies that use is not heavily dependent upon writing ability.

Further information about qualitative or non-survey methods can be found in Walker (12) and McIver (13), as well as general social science texts on methods.

Informal Methods

There are a number of other ways to obtain information from service users, although as this is not their main task, those involved may have their own agenda and the task of information provision will need to be negotiated.

Some of these ways are:

- Patient Advocates
- Liaison Officers
- Advisory Groups
- Health Forums
- Patients' Councils
- Public Meetings

For further details about use of these methods, see McIver (13) Winn (14) and Winn and Quick (15).

Also useful are:

- Suggestion Boxes
- Routine contact between service providers and users
- Complaints
- Telephone Help Lines

Some examples are contained in McIver and Carr-Hill (16) and International Hospital Federation (17).

ASKING THE RIGHT QUESTIONS

These are questions which focus upon the service user's agenda of importance, as well as that of the service provider. They are also questions which produce information which facilitates improvements in service quality.

There are two types of questions which can be asked: ones collecting user judgements about services – that is, how satisfactory they find services; and ones eliciting information about users' experiences of a service – user accounts of what happened to them.

User judgements

Asking users for their opinion about service quality assumes that they possess sufficient knowledge of services to compare them with an expected standard. Yet users are rarely informed about service standards or given enough information to know what to expect from a service.

If users are to be asked about their satisfaction with a particular service, or if they are to be asked about the style of service they prefer, then they should be well informed about standards aimed at, or about alternative service styles.

For example it is possible to ask patients about their opinion about privacy in a format similar to the following:

How do you rate the level of privacy given during your stay in hospital?

Very highly Highly Fair Low Very low

This requires patients to make a judgement and so patients must be provided with a list of standards which illustrate the level of privacy aimed at by the hospital. That is, a charter or service agreement which details what constitutes a high standard of privacy at the hospital. This might include:

a) All beds will be separated by partitions of such and such a height / or all patients will have a choice of bed in a single room.

b) All lavatory doors will have locks.

c) All wash basins will be screened individually.

d) All patients will have access to a telephone which is sound-proofed.

e) All patients will have access to a room or area where they can talk to their visitors without being overheard.

Either these details will have to be included above the question on the questionnaire, or in a separate information sheet which is given out at the same time. If they are made available earlier, it is difficult to be sure that patients have read and remembered the information.

Another limitation of the format is that it will not be clear from the response which aspects of privacy the patient is referring to in their response. Providing space for comments will help to overcome this, by allowing the patient to qualify their response. This can be done simply by writing *comments* after each question and providing a space, or the rating question may be followed by an instruction such as:

Please describe any circumstances where the level of privacy was low.

A better approach would be to split the different aspects of privacy into separate questions, but this will lengthen the questionnaire or interview schedule. The aim should be to discover the key aspects of a particular issue (such as privacy, access, etc.) for patients in a particular service area, by using a qualitative method, and include only these. Others (such as locks on doors, sound proofed telephones, etc.) may be monitored using a staff checklist. Standards relating to working practices, however, are best monitored by asking patients, because rules are not always put into practice.

User Accounts

Where service users are poorly informed about service standards and so expectations might be low, unrealistic or confused, it is advisable to collect details about their experiences. Service providers can then match these accounts to their standards and make their own judgements about quality.

Currently within the NHS, service standards have been made explicit to users in very few instances and so asking users about their experiences is probably the best approach to adopt. Using privacy as an example, patients can be asked questions such as:

1. Were/are you always able to speak to your visitors in a place where you could/cannot be overheard?

   Yes No Comments:

2. Did/do you feel that you have/had a personal bedroom?

   Yes No Comments:

3. Did/do you have a locker with a key where your belongings were/are safe?

   Yes No Comments:

The yes/no/comments format is suggested because it is simple yet allows patients to elaborate or explain if they wish. Further details on using this approach can be found in McIver (13, 18, 19).

ACTING ON USER VIEWS

Collecting accurate information from service users about their experiences and views is only part of the process. The information collected must be used to inform service development or improve service quality. This can be a difficult task but there are two ways to help ensure that changes take place: by good planning of the project and by developing a customer-service oriented culture.

Planning the Project

A well planned project will include a number of different stages, the first is of key importance.

Stage One – Set up the project

- Establish the main aim.
- Be clear about the questions which need answering.
- Do a literature/activity search to find out what has been done before.
- Decide on the method, taking into account aim and type of user.
- Present an outline of the aim and method to the Ethical Committee if necessary.
- Draw up a project timetable, allowing sufficient time for analysis and writing up.
- Allocate tasks.

Stage Two - Collect the Data

Stage Three - Code and Analyse the Data

Stage Four - Write the Report

Stage Five - Disseminate the Results

There are a number of books which give advice on how long the various stages of user feedback projects are likely to take. See Morton-Williams (20) for those involving qualitative methods, such as interviews and discussion groups; and Dixon and Carr-Hill (1) for surveys. See McIver (13) for further details of the different stages.

A Customer-Service Oriented Culture

A customer-service oriented culture is one in which the user is responded to as a person, with rights and responsibilities. It means a move away from a traditional public service approach where the service provider 'knows best' what the user wants and needs.

In order to change in the right direction, staff will need help to change their attitudes, knowledge and behaviour. This change is best brought about within an organisational atmosphere which is dedicated to total quality (for staff and service users). One which is management led, but where staff are encouraged to think of initiatives to increase user dialogue and improve service quality from the user perspective themselves. It is also important that staff receive sufficient training in order that they understand the user perspective and change their behaviours and attitudes appropriately. Information from users can be an important part of this training.

Some of the important aspects of developing effective user feedback initiatives include:

- management leadership and support for user influenced service change
- staff ownership of user feedback initiatives
- staff training to change attitudes, behaviour and knowledge
- regular feedback activities to monitor service quality and explore user experiences and views
- well planned feedback initiatives
- obtaining expert advice and using trained staff where necessary
- adopting the right methods to suit the aim and service user
- it is usually best to use a number of different methods
- increasing user knowledge of services by improving information provision
- where possible encouraging user involvement in service planning, review and monitoring.

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