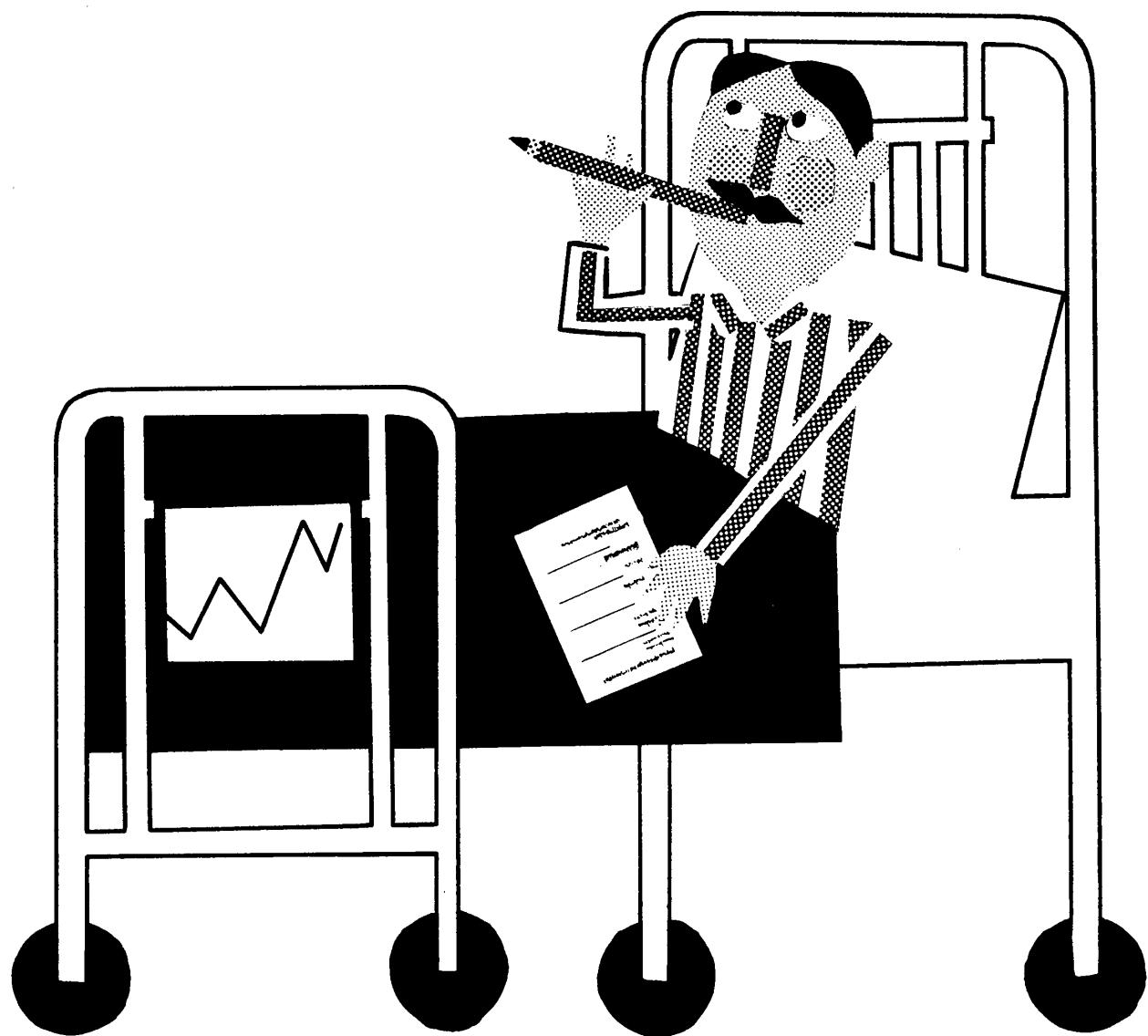


# **Patients and Their Hospitals**

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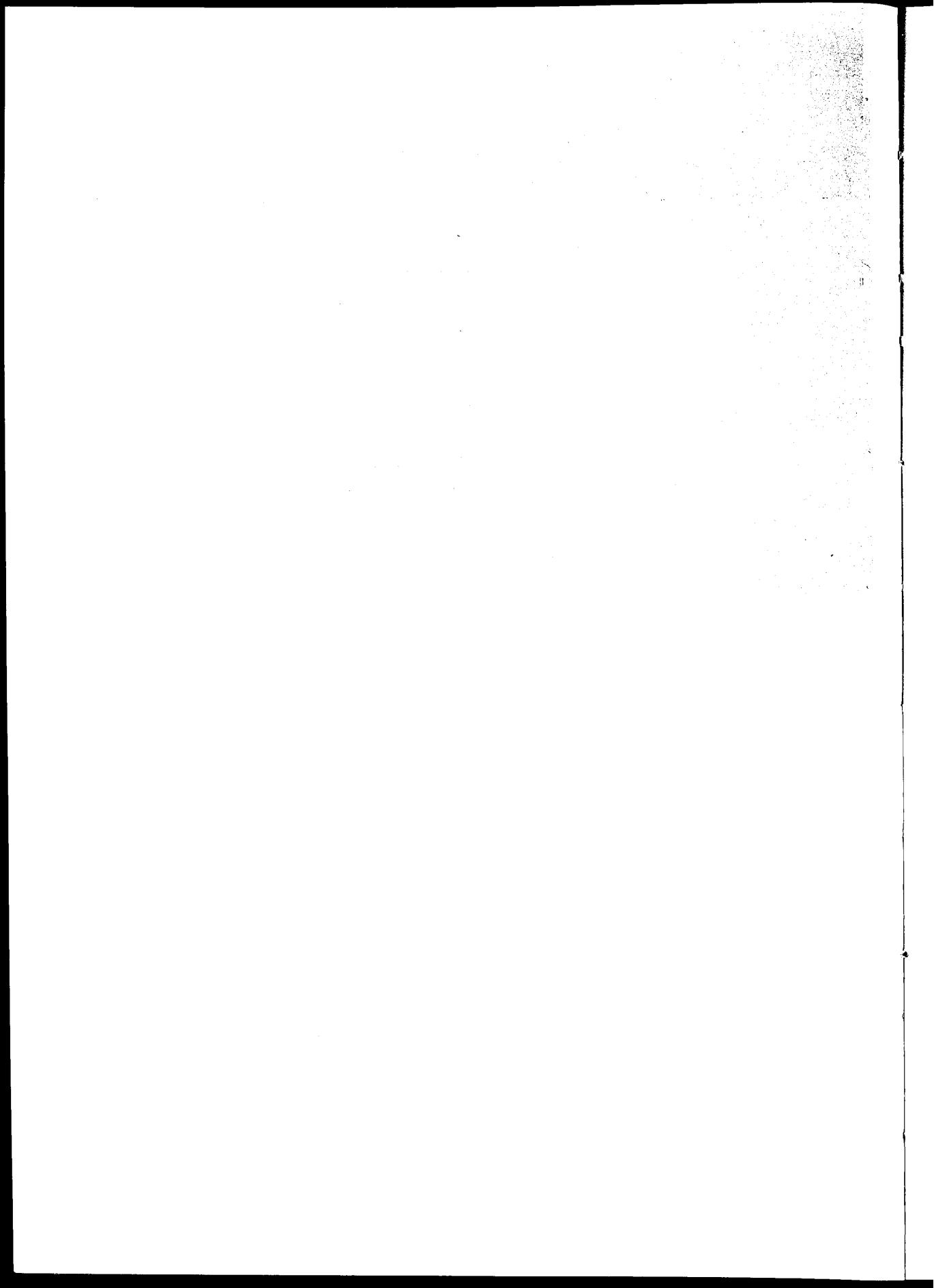
**King Edward's  
Hospital Fund  
for London**

**14 Palace Court London W2 4HT  
Telephone: 01-727 0581**

# **Patients and Their Hospitals**

**A survey of patients' views  
of life in general hospitals  
by Winifred Raphael BSc FBPss**

**Published by King Edward's Hospital  
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### Author's Acknowledgements

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

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

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

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

Farnborough Hospital, Kent	St Stephen's Hospital, Chelsea
The General Hospital, Dewsbury	Southend-on-Sea General
Mayday Hospital, Thornton Heath	Hospital
Queen Mary's Hospital, Sidcup	Wanstead Hospital
Royal Halifax Infirmary	West Middlesex Hospital,
Royal Northern Hospital, Holloway	Isleworth

**Winifred Raphael**



## Chairman's Foreword

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

People come into hospital to receive medical treatment, and the quality of this treatment is what matters most to them. There is, however, no reason why they should be uncomfortable, unimaginatively fed, uninformed as to what is happening to them or shown lack of consideration in any other way. 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 study which Mrs Raphael conducted was not conceived as an academic research exercise. Its purpose was to evolve, demonstrate and make generally available a practical tool of management. As far as acute general hospitals are concerned we believe that it has now gone some considerable way towards achieving its purpose.

Continued demand for the report has led to the publication of this revised edition which, we hope, will encourage more general hospital authorities to conduct regular surveys of their patients' opinions. Since this report was first published, some 70 hospitals have undertaken their own surveys, some repeating the survey after action has been taken to evaluate changes in the views of the patients. Mrs Raphael has extended her work to psychiatric hospitals, helped by Mrs Valerie Peers, and their report, *Psychiatric Hospitals Viewed By Their Patients*, was published by the King's Fund in 1972. A further survey is now being undertaken in psychiatric units in general hospitals.

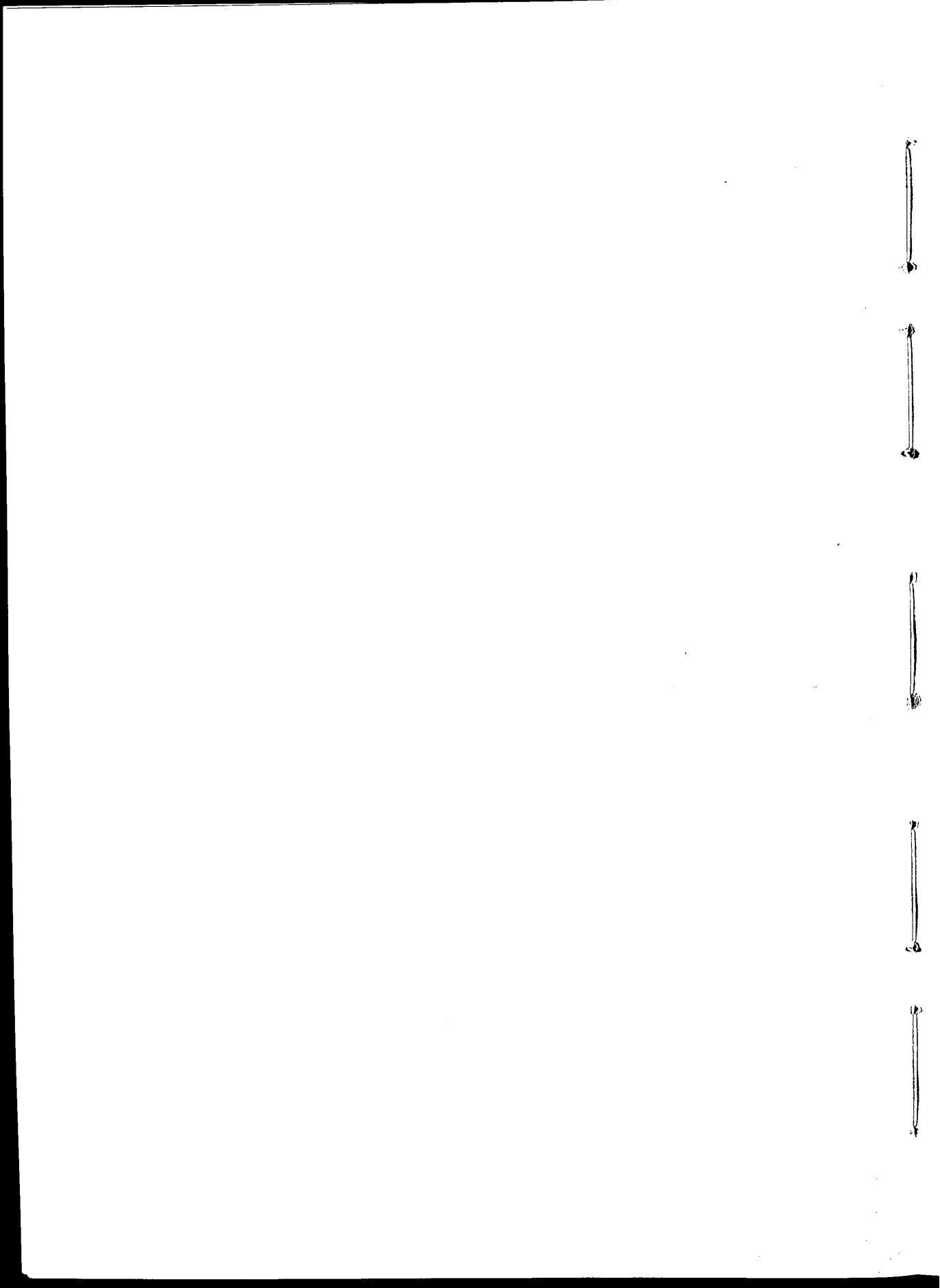
On behalf of the steering committee, I would like to place on record our appreciation of the invaluable work which Mrs Raphael is doing to enable greater weight to be given to the patients' point of view.

**A C Dale**  
1973

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# 1 Summary of Survey

**Aim and Method** The aim of the survey was to devise a questionnaire that hospitals could use themselves to find the views of their patients about their stay in hospital. The questionnaire consists of a series of questions on five areas affecting life in hospital: the ward and its equipment, sanitary accommodation, meals, activities and care; also a question on overall contentment. Patients were invited to add supplementary comments and to write what they liked best and least about their stay. The questionnaire was tried out in ten general hospitals and was answered anonymously by 1348 patients shortly before or after they were discharged.

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

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

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

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

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

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

**Best and Worst of Life in Hospital** Patients were asked to state what they liked best and what they liked least about their stay in hospital. Of the 1355 answers to what they liked best, 93 per cent gave human or organisational factors: 30 per cent nurses, 29 per cent staff in general, 12 per cent doctors, 11 per cent atmosphere and relaxation, 9 per cent fellow patients and 2 per cent visiting arrangements. Only 7 per cent gave physical matters: the food, the ward, and so on. The 643 comments on aspects that they liked least were almost equally divided between physical matters (49 per cent) and human and organisational factors (46 per cent), leaving 5 per cent who said pain or discomfort, 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 (8 per cent).

**Action Taken** The report of the study carried out in each hospital was fully discussed with the senior officers and ward sisters. After three to six months each of the ten hospitals was requested to report on the actions taken or contemplated as a result of the study and 64 such actions have been described.

**Extension of Survey** Detailed instructions have been prepared for hospitals wishing to conduct similar studies themselves and it is hoped that a number of hospitals will do so.\*

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\*Questionnaires and instructions for conducting the survey can be obtained from the King's Fund Centre, 24 Nutford Place, London W1H 6AN (01-262 2641). Questionnaires £4.00 per 100, instructions free. When ordering, please make clear that the questionnaires or instructions needed are for a survey in *general* hospitals.

## 2 Description of Survey

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

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

If the use of surveys is to be widespread, sometimes even given repeatedly in the same hospital, it is essential that they should be in a form capable of application by the hospital staff and not necessarily conducted by an outside organisation. Do-it-yourself is the order of the day and the long-term plan for this enquiry was for individual hospitals to undertake their own surveys, with the results compiled centrally so that comparative figures from similar hospitals would be available. This report is largely concerned with the views expressed during the enquiry by 1348 patients from ten hospitals.

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

**Method** In 1965 the King's Fund sponsored a study to devise a questionnaire to help hospitals to gain information on the views of their patients, so enabling them to take remedial action when desirable and practical; and to enable results to be compiled centrally for ease of comparison between hospitals. Anthony Dale, at that time a senior tutor at the King's Fund Hospital Administrative Staff College (now the King's Fund College), planned the survey. He devised a short questionnaire to be given to patients from surgical, medical, orthopaedic, gynaecological and ENT wards on their leaving hospital. The questionnaires were to be answered anonymously and reply-paid envelopes were supplied addressed to the college. He wrote to the secretaries of the four metropolitan regional hospital boards and of the Leeds Regional Hospital Board asking for the names of two fair-sized acute general hospitals in their regions, one with costs constantly above the average and one with costs below.

All the hospitals suggested agreed to participate in the enquiry. About 3300 copies of the pilot version of the questionnaire were issued to the ten hospitals, in January to June 1966 and again in August to December 1966, with response rates of 52 per cent and 44 per cent respectively. The group secretaries of the hospitals concerned were given the statistical results of the enquiry and were sent any questionnaires that had comments written on them. They were invited to a meeting in February 1967 to discuss the results and suggest modifications to the questionnaire.

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

The questionnaire was redesigned completely and was given a striking illustration on the outside to make it look unlike an official form in the hope that this would improve the response rate. Though the questionnaire is structured, plenty of room is left for free comment. Some of the questions are different from those in the pilot version. A few were omitted because almost all the replies were highly favourable, showing little spread, and others were added covering topics that seemed important from the supplementary comments. A facsimile of the questionnaire is reproduced in Appendix A, page 46.

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

#### **Introduction and Distribution of Questionnaires**

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

A further meeting was then called by the matron at which the author met the ward sisters. The purpose of the survey was explained to them, the method discussed and their cooperation invited. The ward sisters were asked to give out the questionnaires during the last day or two that patients spent in wards, together with postage-stamped envelopes addressed to the King's Fund Hospital Centre, as it was then called. These were used instead of Post Office reply-paid envelopes because they had been found to produce a better response. If her ward had 20 beds or more, the sister was asked to give questionnaires to the first 30 patients leaving. She was not to select the patients but to take the first 30 patients who were aged 16 or over, had been in the ward for at least two nights and could read and write English. In small wards of between 10 and 19 beds, questionnaires were to be given to the first 20 patients leaving - there were only 18 such wards among the 84 wards included in the survey.



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

**Extent of Study** Nine of the ten hospitals participating in the pilot trials agreed to continue with the survey. The group secretary of the tenth asked whether another general hospital in the same group could be substituted. In each hospital the questionnaire was distributed to medical, surgical, orthopaedic and gynaecological wards and to any ward for specialties such as ENT or dermatology, but not to paediatric, maternity or psychiatric wards. The number of wards varied from 5 to 13 per hospital.

The number of questionnaires distributed was 2171 (varying from 99 to 329 per hospital) and the number returned was 1348 (varying from 67 to 206 per hospital). Thus the response rate was 62 per cent (varying from 51 to 73 per cent). In wards using the A method, the response rate was 67 per cent; in those using the B method, it was 57 per cent.

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

### 3 General Findings

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

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

Two tables were included in the report sent to each hospital, one showing its results for each question by ward and by total and the other showing its results compared with the results for the ten hospitals combined. For this the interquartile range was calculated for each question, that is, the range within which the middle half of the hospitals came. A similar table is shown in Appendix B, page 47, for the ten hospitals combined. It gives for each question the average percentage of favourable replies, the interquartile range and the extreme range of replies.

By studying these tables the staff in each hospital could look at the actual level of contentment in their hospital and see how it compared with other hospitals. They could tell whether on any particular topic their hospital came in the top quarter, the middle half or the bottom quarter. This was important for interpreting the results. (For example, if 75 per cent answered 'Yes' to question 8, 'Were there enough wash-basins?', this would be a good result because the average favourable response of the ten hospitals was 58 per cent. If, however, the same proportion, 75 per cent, answered 'Yes' to question 17, 'Was your food generally hot enough?', this would be a poor result, well below the average response of 84 per cent favourable).

Most patients took full opportunity to add comments and summarising was not an easy task. However, they gave a constructive and vigorous picture of conditions in each hospital and even in each ward. The comments were often pungent and sometimes funny. One man answered the question, 'Did the nurses come quickly when you needed them by night?' with, '*The nurses at night were very fast in the nicest possible sense!*' A compilation was made for each hospital of the comments concerned with each question. Often these were quoted verbatim and an indication given of the number from each ward. This compilation was sent to the hospital to allow interpretation to be made of the approval and disapproval expressed, and to facilitate decisions on action to be taken.

#### Overall Contentment

Of those who answered question 31, 'If you have to go to hospital again would you choose to come here?', 95 per cent said 'Yes'. To question 34, 'Did you like your stay here, apart from the discomfort of your illness and being away from home?', 53 per cent answered 'very much' and 41 per cent 'in most ways', leaving only 4 per cent who answered 'only fairly well' and 2 per cent who answered 'No'. These are such striking figures that it is necessary to try to interpret them.

It may be that people's expectation of what life is like in hospital is very low, partly influenced by the many criticisms that appear in the press and partly by remnants of the belief that harsh discipline is meted out to 'charity cases'. So when they find that life there is reasonable they write such comments as, '*We were requested, never ordered, which was my worry prior to admission*', or, '*If this is a sample, fear of going to hospital will be a thing of the past*'. And a number said, '*I liked the happy relaxed atmosphere*'. Because of ignorance of hospital conditions some patients may have been over tolerant about certain matters such as early waking, overcrowding and noise, believing them to be essential features of hospital life. Of course, many patients had another and real fear on entering hospital, whether it was justified or not, of death or disablement. This survey was concerned with a selected sample - those who were discharged. Thus, questionnaires

**TABLE 1** Analysis of Answers to Question 34

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

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 for the nurses – as one man put it rather grandiloquently, '*They say angels never leave heaven, I can assure you they do. When you are a patient in this hospital they are there caring for you*'.

What factors were associated with 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 on contentment? In the quest for answers to some of these questions an analysis was made of the findings from the 68 wards in which 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 3, 8, 16, 24 and 30. The analysis showed that, except for question 30, those answering from home were more contented than those answering from hospital, and generally the difference was significant. To question 30 on information given about illness, those answering from hospital were more satisfied, perhaps because they still hoped that information would be given to them before they left.

Another factor that showed a significant relationship with overall contentment was the age of the patient – the older the happier. An analysis was made of the 1301 patients who stated both their age group and their level of contentment. The percentage of each age group who chose the answer '*very much*' to question 34, 'Did you like your stay here . . .?', 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 (53 per cent and 47 per cent) but the difference was not significant. The eight mixed wards were far

more contented (69 per cent) than either but the numbers were too few to draw conclusive results. Rather surprisingly, identical results were obtained from the long 'Nightingale' wards and the wards subdivided into bays or smaller sections. The relationship of contentment and clinical condition was less clear. Leaving out the few orthopaedic and mixed wards, the order of contentment was: men's medical (57), gynaecological (52), men's surgical (51), women's medical (49), women's surgical (37). 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 hospital 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 out of ten. 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 shortness of stay. Overall contentment, then, depends on other factors and one cannot assume that the hospital that spends most on its patients or discharges them more speedily will tend to have the most contented patients.

## 4 Views on Individual Topics

The 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 this chapter cover each section, comprising the relevant questions, the figures showing favourable answers in percentage, and the numbers of favourable and critical comments. Since 6131 comments were made (an average of 4.5 per patient) it is impossible to summarise them all. Those quoted were made by a number of people though some, only given by one or two people, are reported because they seemed particularly constructive.

**TABLE 2 Hospitals in Order of Level of Contentment Related to Inpatient Costs and Length of Stay**

Hospital	Median Level of Contentment		Cost per Inpatient Week 1967-68					Order of Length of Stay (1 = shortest)
	Order	%	Order	Cost				
<b>A</b>	1	63	10	£36	3	4	(£36.17)	4
<b>B</b>	2	57	2	£47	13	6	(£47.68)	2½
<b>C</b>	3	55	3	£47	9	7	(£47.48)	2½
<b>D</b>	4	54	5	£47	8	0	(£47.40)	9
<b>E</b>	5	54	4	£47	8	10	(£47.44)	8
<b>F</b>	6	53	6	£47	1	6	(£47.08)	5
<b>G</b>	7	52	1	£53	6	0	(£53.30)	1
<b>H</b>	8	50	9	£40	7	9	(£40.39)	6½
<b>I</b>	9	47	8	£42	11	7	(£42.58)	6½
<b>J</b>	10	36	7	£46	17	8	(£46.88)	10

**TABLE 3 The Ward and Its Equipment (Percentage Approving, and Comments)**

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

**The Ward and Its Equipment (see Table 3)**

Were your bed and bedding comfortable?

144 comments

Favourable 5

Critical 139

The outstanding criticism made by 49 people about their beds was the discomfort of a plastic or rubber undersheet, which, it was said, was used routinely and often 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 by 30 people -

*hard  
hollow and sagging  
noisy springs*

Several suggested they would like foam mattresses. However, considering individual idiosyncrasies about mattresses perhaps 2.2 per cent complaining is not serious. Hard pillows were complained about by 18 people.

*so hard my ear went numb*

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

*which made the pillow hard, lumpy and smelly*

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

Fourteen 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 were thought too short by six people and bedclothes were also said to be too short or, sometimes, too narrow to cover a bed cradle. Some blankets were not warm enough and some sheets were –

*terribly starched*

Some thought that fitted sheets would wrinkle less.

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

173 comments

Favourable 1

Critical 172

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

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

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

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

The second highest number of comments was about noise made by nurses, especially the sound of their footsteps (21).

*they sound like a herd of young elephants*

---

\*The King's Fund report, *Design of Hospital Bedsteads*, recommended that hospital bedsteads for general purposes should be adjustable.

*couldn't nurses wear rubber-soled shoes (also doctors and cleaners)?  
the noise comes from the floor above vibrating as well as from our own ward*

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

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

*metal washbowls at 5.45 am*

– several 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 criticised by ten people and an equal number spoke of traffic or aircraft noise from outside the hospital. Surprisingly, only three people criticised the noise from television or transistors. In two ENT wards where there were child as well as adult patients, the latter found the noise of children crying and running about disturbing (4).

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

**179 comments**

**Favourable 4**

**Critical 175**

Excessive heat and stuffiness were the most frequent criticisms made about the wards: 126 people wrote of –

*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 introduced badly regulated central heating and –

*we can't turn down the heat*

– the patients said. The ideal temperature is a matter on which opinions differ sharply, and when a window is opened to reduce the heat someone usually complains of the draught and the draught-haters generally win! Still, 34 people spoke of draughts and badly fitting windows. Some suggested that a spring on the door would reduce the problem. Another 15 spoke of the contrast in temperature when they left the wards to go to the 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?**

**62 comments**

**Favourable 5**

**Critical 57**

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

*centre light poor  
not bright enough  
need reflectors*

On the other hand, 13 patients suffered from glare.

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

The light at night in the ward or shining through the window was too bright for nine people –

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

Bed-lights were referred to by 14 people; some had none and wished they had; some lying flat in bed could not reach the switches, others sitting by their beds found the lights in the wrong place for reading.

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

**47 comments**  
**Favourable 2**  
**Critical 45**

Three points were each made by 13 patients 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 overcrowded wards.

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

**Other comments**  
**239**  
**Favourable 97**  
**Critical 142**

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

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

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

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

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

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

The appearance of wards was criticised by nine patients.

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

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

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

– and 41 expressed a wish for such a room.

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

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

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

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

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

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

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

**Sanitary Accommodation  
(see Table 4 overleaf)**

**Amount of Accommodation**

When hospital officers discussed with the author the findings they expected, they often assumed that a chief cause for criticism would be the shortage of sanitary accommodation, and they were quite right. Both the answers to the questions and the supplementary com-



ments showed the seriousness of the position in many of the hospitals. Patients made general remarks such as: 'dark, dingy and lacking in space'; 'scandalously bad'; 'Dickensian - more appropriate to 1868 than 1968'; and a more hopeful patient, 'should build new sanitary annexes; while waiting for rebuilding of hospital'. However, in a few wards the annexes had been rebuilt. One hospital had three wards with sanitary accommodation attached to each six-bedded room and the patients approved highly of this: 'completely satisfactory'; 'clean, very good'. The hospitals were built in the days when patients were kept in bed. Now most patients are up and can walk to annexes that were built for perhaps a third of their number. The greatest shortage was of WCs, next of bathrooms and less of washbasins but there was serious inadequacy with all three as shown by the comments quoted.

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

TABLE 4 Sanitary Accommodation  
(Percentage Approving, and  
Comments)

	7	Were there enough bathrooms?	% Approving		Comments		
			Mean	Extremes	Favourable	Critical	Total
	8	Were there enough washbasins?	58	42-78	—	165	165
	9	Were there enough WCs?	55	31-65	—	236	236
	10	Were they all kept clean?	83	69-95	29	87	116
	11	Were they all private enough?	74	68-90	—	181	181
		Other comments			20	125	145
					<b>Total</b>	<b>49</b>	<b>997</b>
							<b>1046</b>
		Analyses of Questions					
	10	(i) Bathrooms not clean					Number
		(ii) Washbasins not clean					53
		(iii) WCs not clean					67
							140
							—
							260
	11	(i) Bathrooms not private enough					—
		(ii) Washbasins not private enough					153
		(iii) WCs not private enough					189
							84
							—
							426

**Were there enough bathrooms?**

**203 comments**

**Favourable 0**

**Critical 203**

*impossible to keep oneself clean  
only one bathroom to a ward of forty patients  
queue  
have to rush as others waiting  
constant walk to find if empty, should have a sign in the ward  
some patients have to have baths as part of their treatment*

**Were there enough washbasins?**

**165 comments**

**Favourable 0**

**Critical 165**

*only two for a ward of forty patients  
have to queue  
should not be in bathroom*

**Were there enough WCs?**

**236 comments**

**Favourable 0**

**Critical 236**

*totally inadequate  
queue up to 15 minutes  
only two WCs for ward of forty  
awful to see old and feeble patients queueing  
sometimes can't wait, not only embarrassing but painful  
desperate when enemas have been given to several patients  
bad in surgical ward where some patients must use them frequently*

**Were they all kept clean?**

**116 comments**

**Favourable 29**

**Critical 87**

Some of the annexes were described as -

*super clean  
kept clean and tidy*

- but many more were criticised: one patient, for example, said

*sanitary arrangements are dismally primitive. In my ward of twenty-eight 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.*

The dirty baths (25 comments) were feared as a source of infection, especially by patients from gynaecological wards, and many wished that disinfectant cleaning material could be provided for patients to use. There were only eight complaints about dirty washbasins, some

about the slow drainage, others that they got clogged with hair. But the 56 main complaints about lack of cleanliness were about the unpleasant state of the WCs, and it was emphasised repeatedly that this was the patients' fault and that the staff did their best to prevent it.

*WCs start clean but almost invariably become soiled  
most unpleasant as the day wore on  
floors wet all the time  
smell permeated the whole ward  
should be cleaned more than once a day*

**Were they all private enough?**

**181 comments**

**Favourable 0**

**Critical 181**

One of the great fears that many patients have when going into a general ward is that they will not have adequate privacy. Privacy is usually well guarded on the ward by curtains and screens (though there are exceptions as we have seen) but 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**

**60 comments**

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

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

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

**Washbasins**

**83 comments**

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

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

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

*at night one can't get near washbasins as they are the only repository for*

*trolleys, flowers and wheelchairs  
one room containing one bath, two washbasins, two trolleys, two laundry  
trolleys  
nurses and cleaners in and out all the time*

**WCs**

**38 comments**

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

*people keep banging at the doors*

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

**Other comments**

**145**

**Favourable 20**

**Critical 125**

Although some of the other points raised would involve structural alterations, many of them could be introduced with little or no cost and would add greatly to the convenience and comfort of the patients.

*more commodes needed  
better designed bottles and bedpans*

**Bathrooms**

*hook needed to hang dressing gowns and not too high up for those who  
can't stretch  
bath grips needed and bath should be lower  
showers would take less space and could be used by some who cannot get  
into bath  
need chair and handrail*

**Washbasins**

*need shelf for shaving kit and sponge bags, would be invaluable for  
handicapped patients (also in bathroom)  
mirrors - need more than one and lower for short people*

**WCs**

*have some method of warming: icy cold  
need sidegrips on wall to pull oneself up  
higher toilet, especially for arthritic patients  
should have signalling system for patients that need help  
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*

**Meals  
(see Table 5)**

**Degree of Satisfaction**

Meals are a form of therapy in hospital: they make a break in the day and are a topic of mutual interest for conversation. 'Meals are the only thing to look forward to', as one patient frankly expressed it. The ten hospitals varied widely in their catering skill. Over half the comments from patients were favourable in some of the hospitals while in others only six per cent. Nevertheless, patients in general seemed reasonably satisfied about their meals as shown by the high proportion of favourable answers to all the questions about food except the choice of dishes and the temperature of the meals. There was also some criticism about the amount of food served but this was split fairly equally between those who thought they had too much and those who thought they had too little. Praise in general terms was given in the comments made by 154 people.

*I enjoyed every meal I had*

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

*I gained 14 lbs in five weeks*

*no praise can be high enough*

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

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

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

About an equal number (26) praised the service.

*delightfully served*

*to have one's own teaset was wonderful*

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

**Did you have enough choice of dishes?**

**177 comments**

**Favourable 24**

**Critical 153**

There are more likes and dislikes about food than about anything else. Seven hospitals offered choice, one in midday meals only; the other three hospitals offered no choice. It is not surprising that patients offered choice showed more satisfaction with their food than the others. The proportion of favourable comments in the seven hospitals was 54, 50, 47, 38, 28, 24, 18 (the last being the one offering choice at midday meals only), compared with 11, 6, 6, in the other three hospitals. When not offered choice, people 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. Then there were the -

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

Lack of variety was also criticised.

*always carrots*  
*no choice in jams and spreads*  
*too many sausages*

**Table 5 Meals and Service  
(Percentage Approving, and  
Comments)**

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

Sixteen people complained of the monotony of breakfasts.

*nearly always eggs boiled too hard*

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.

**Was your food generally hot enough?**

**88 comments**

**Favourable 6**

**Critical 82**

When 30 or 40 people have to be served in a ward it is difficult to keep food or drink warm enough for those who come last. In all the hospitals heated trolleys were used to carry the food from the kitchen. The food was warm in the trolley but could become cool 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 of the 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*

Some of the complaints were that part of a meal or a drink was served separately.

*tea served long before the rest of breakfast*

*tea cold, as sugar brought some time after by another person*

*eggs and spoons don't come together*

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

**Was your food nicely served?**

**61 comments**

**Favourable 26**

**Critical 35**

Of the 61 comments about food service, 26 were favourable. The two most frequent criticisms, each made by 11 people, concerned the 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*

and the crockery or cutlery –

*cups chipped  
poor quality cutlery  
I dislike plastic cups  
coloured china would be nice*

There were no complaints about lack of cleanliness.

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

**85 comments**

**Favourable 0**

**Critical 85**

The hospital tradition of serving two main meals, a cooked breakfast, a tea meal and various snacks, is not the pattern of eating that many people are used to, especially when they are taking little or no exercise. Nevertheless, 87 per cent of the people who answered the questionnaire were satisfied with the quantity. To the supplementary question for those who answered 'No', 43 thought too much food was served, and 52, a third of whom were in the same hospital, thought they had too little. Of those 52, 25 were men and 27 women; of the 43 who thought

TABLE 6 Analysis of Answers to Question 19

	<b>Replies</b>	<b>Comments</b>
<b>(i) Was too much food served?</b>	43	36
<b>(ii) Was too little food served?</b>	52	21
	—	—
	<b>95</b>	<b>57</b>
	—	—
<b>(iii) Choice for those on diet? YES</b>	34	—
<b>NO</b>	28	—
	—	—
	<b>62</b>	<b>—</b>
	—	—

they had too much, however, 33 were women and 10 men.

There were also 57 free comments on this point; 36 people said there was too much food and 21 too little. Many of the criticisms referred to too much food for supper; no-one mentioned lunch -

*supper too heavy for a last meal  
would prefer a snack to a large supper  
too much to have two three-course meals*

Many of those who said the food was inadequate were thinking specially of teenagers and men in orthopaedic wards. And 25 of them disliked having only biscuits for tea. It would seem that the best way of trying to please all the patients would be to offer choice of dishes and size of portion.

**Cooking**  
**69 comments**  
**Favourable 2**  
**Critical 67**

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

*good material spoilt in the cooking*

The most usual complaints were about dry meat, watery cabbage and greasy bacon. Some said that the food was colourless and unappetising and that more effort should be made with sauces. One person talked about '*third-class mutton*'. In judging the importance of these comments it must not be forgotten that 154 people praised the food highly.

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

The main complaint (22) was the scarcity of green vegetables, salads and fresh fruit. It was said vegetables and fruit were too often tinned and potatoes always mashed and made from dried powder. Thirteen people said the meals were too starchy -

*too much stodge  
excess of carbohydrates*

Only 11 people criticised the spacing of the meals, saying that three meals were served between midday and 6 pm and then nothing till breakfast. Others said that 11.45 am or midday was too early for lunch.

**Drinks**  
**25 comments**  
**Favourable 1**  
**Critical 24**

Tea and coffee are immensely important to most patients, and a lot of suggestions were received. Patients particularly wanted tea or coffee after all main meals. Some wanted the tea to be stronger and some weaker.

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

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

**Cost of Meals (see Table 7)**

The annual catering cost per head per week exclusive of service was kindly supplied by each hospital participating in the study. A comparison was made with the proportion of favourable comments and the overall contentment in the hospital. There is no relationship between the order of hospitals according to their catering cost and according to the percentage of favourable comments on food. Since people often project their views about the hospital in general on to the relatively impersonal matter of food, the order of the hospital's overall contentment was compared with the percentage of favourable comments on food. Here again there was no relationship of statistical significance. It seems that opportunity for choice of food has a closer relationship to satisfaction with meals than the amount spent on them.

**Activities  
(see Table 8)**

**Need for Diversion**

So far this report has described the patients' reactions to tangible matters: the ward, sanitary arrangements and meals. The next two sections are more concerned with how patients' feelings are affected by activities and relationships. 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 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 who are very rushed, patients have many unoccupied periods during the day and are often wakeful during the night too. Some people are used to being away from their families, can easily adjust to other conditions and happily fill their days by reading, gossiping or watching the ward routine. But there are many who find adaptation more difficult; for them opportunities to see their family and friends, and to help pass the time, are important.

Two matters in this section frequently praised and criticised in the free comments were visiting arrangements and provision of occupations. Visiting arrangements were described as —

*generous and convenient*

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

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

The library service was mentioned favourably by 14 people.

**TABLE 7 Favourable Comments on Food Compared with Catering Costs and Overall Contentment**

Hospital	Catering Cost		Percentage Favourable Comments on Food		Overall Contentment Order
	per Week	Order	Order	Comments	
<b>C</b>	£3 3 5 (£3.17)	1 Choice	47	3	3
<b>D</b>	£3 3 0 (£3.15)	2 No choice	6	9*	4
<b>G</b>	£2 18 8 (£2.94)	3 Choice	38	4	7
<b>J</b>	£2 17 6 (£2.88)	4 No choice	6	9*	10
<b>I</b>	£2 16 0 (£2.80)	5 Choice	28	5	9
<b>F</b>	£2 15 3 (£2.76)	6 Choice	18	7	6
<b>E</b>	£2 14 3 (£2.71)	7 Choice	50	2	5
<b>A</b>	£2 14 1 (£2.70)	8 Choice	54	1	1
<b>B</b>	£2 12 10 (£2.64)	9 No choice	12	8	2
<b>H</b>	£2 8 6 (£2.43)	10 Choice	24	6	8
			(lunch only)		

\*Tie

**TABLE 8 Activities (Percentage Approving, and Comments)**

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

*it comes twice weekly  
they have a good choice of books*

*lots of trouble taken to get your requests  
WRVS do a grand job*

Four people, all from the same hospital, said they appreciated the games and activities provided. Other matters often mentioned were the radio and the telephone trolley.

**Did the visiting arrangements suit you?**

**198 comments**

**Favourable 35**

**Critical 163**

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 from the patients' viewpoint. The ten hospitals had a wide range of visiting arrangements: four had an hour or more every evening and an hour on all or most afternoons. The other six were more restricted; most of them had half an hour on five evenings and an hour or more in the afternoon on the two other days. In the four hospitals with longer visiting hours, 98, 98, 94 and 91 per cent of the patients were satisfied. In the other six hospitals, 91, 90, 86, 85 and 82 per cent were satisfied. 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. Of the 163 suggestions, 70 deprecated visiting periods of only half an hour and 59 either wanted two visiting periods every day, or evening visiting on days when there was only afternoon visiting. Some pointed out that men generally find it easier to visit in the evening after work but that many women have difficulty in leaving their children at home after school. Only 11 said visiting hours were too long, especially periods of an hour and a half, or wished that visiting was restricted to two or three people at a time. More opportunities for children to visit were asked for by seven people. Other comments 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?**

**141 comments**

**Favourable 8**

**Critical 133**

Various authorities have tried to prevent the very early waking of patients and it has been stressed that all patients do not need to have their temperatures, for example, taken routinely every morning. All the same it is understandable why junior night nurses like to start their morning duties early. When we asked the matrons of the ten hospitals what were their regulations about waking patients, several said, 'Officially at seven but in practice earlier' and 'It is supposed to be six-thirty but I suspect they start at six'.

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

*the only relief from pain is sleep  
we often are disturbed by noisy nights*

*I sometimes take a long time to get to sleep and hate being woken  
I was given tablets at 3 am and woken at 6.30  
it makes a terribly long day*

Eight people commented favourably on the early waking; some of them said they liked it as they slept badly, the others, though not enthusiastic, said they realised the need for it.

Most hospitals do not serve breakfast till 8 or 8 30 and the long wait from waking till breakfast was much disliked. Patients realised that those who needed treatment or washing had to be woken but questioned why those who could wash themselves were not allowed to sleep on till they woke naturally.

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

**31 comments**

**Favourable 0**

**Critical 31**

'Lights out' time was too early for 21 people, nine of them from the same hospital which had the unusually early time of 9 pm. Most of these people said they would prefer 10 pm but from other hospitals some asked for it to be postponed from 10 to 10 30 or 11 pm. Ten people, however, thought the 'lights out' time too late.

*lights are not put out till 11 15 and we are woken at 5 15  
only have from 11 to 5 30 with lights out*

*lights out time is sometimes delayed when we long to get to sleep*

*Sick people need sleep, yet some wards are quiet and dark for less than  
eight hours in 24*

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

**34 comments**

**Favourable 3**

**Critical 31**

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

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

Thirty-one patients said they would like to rest after lunch but found it impossible.

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

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

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

**131 comments**

**Favourable 20**

**Critical 111**

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

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

- or they are less ill and after a little time away from their usual ploys

acute boredom may set in. Indeed, as many as 111 patients complained of boredom and the need for more activities to be provided.

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

Repeatedly requests were made for more games –

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

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

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

*only love novels*

Some people suggested that books and light magazines should be kept in the ward. The newspaper service was said by four people to be erratic or very late. There were several other suggestions – a hairdresser for men and women, a trolley shop, more exercise in the garden, and a trolley telephone.

*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*

**Did you find the radio satisfactory?**

**176 comments**  
**Favourable 5**  
**Critical 171**

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

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

Fifty-seven patients were unhappy because they could not have the station of their choice.

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

Twelve people found the headphones heavy, uncomfortable or unhygienic. Another five could not reach the headphones or controls when lying down or sitting by the bed. Thirty-nine 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.

**Care of Patients  
(see Table 9)**

The answers to these questions were very favourable except to questions 26 and 30. It was difficult to allocate some of the comments to specific questions because many patients used this section to express strong feelings of gratitude and approval about the hospital and the staff. The 'critical' comments about the nurses almost all referred to staff shortages and included praise for the way the nurses overcame the difficulty. The favourable and critical comments about the hospital and the staff are discussed on page 38, under the heading, Staff.

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

**31 comments**

**Favourable 3**

**Critical 28**

**TABLE 9 Care of Patients  
(Percentage Approving, and  
Comments)**

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

Since 28 of the 31 comments on notice of admission were critical, in spite of 92 per cent recording approval in the questionnaire, it can be assumed that virtually only those people commented who had been seriously inconvenienced by too short notice. Some people had received a letter asking them to go into hospital the same day and a lot 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 discharge, ten people volunteered comments. Some complained of short notice.

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

Others spoke of the poor transport arrangements.

*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 survey – those answering under method B, that is, after returning home. It is likely, therefore, that the problem occurred twice as often as it seemed to from our results.

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

**81 comments**  
**Favourable 35**  
**Critical 46**

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

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

– and by one enthusiast –

*royalty could not have been better treated*

Quite another picture was drawn by the critics. Patients who came as emergencies had the most to say. Detailed stories were given.

*admitted 5 pm in great pain, not seen or treated till 9 pm, admitted to ward 10 15  
in casualty 5½ hours, after several appeals given one cup of tea  
4½ hours lying on stretcher without being examined or given anything to relieve pain*

Even 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*

Some people said they were -

*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 were often vulnerable to fear and distress on arrival and the reception they got tended to leave a deep impression, good or bad.

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

**110 comments**

**Favourable 15**

**Critical 95**

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

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

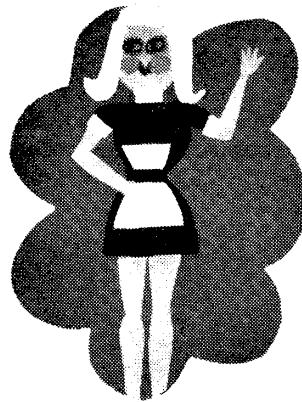
*more information would bring greater peace of mind and possibly quicker recovery  
had to have traction, a frightening experience if not warned beforehand  
I was told nothing about my treatment and this worried me*

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

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

Others felt hurt at -

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



Such comments, 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. However, patients used this section to write many enthusiastic comments about a wide range of staff: 91 about the staff in general, 223 about the nurses and 22 about the doctors. Of the 91 comments of the staff in general, 85 were favourable.

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

Sometimes specific grades were mentioned -

*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 the 223 comments about the nursing staff into 123 favourable and 100 critical, for 90 of these criticisms were directed not at the staff but at the shortage of nursing staff and the need to pay them better. Praise for the nursing staff was in the warmest terms.

*competent and cheerful, good and kind  
the infinite patience of the nursing staff  
everyone knew her job and did it well  
an efficient charming sister with an excellent team of nurses  
sister a gem  
sister strict but a great woman when you are really ill  
the wonder that young girls could be so tolerant and gentle and that older staff were not hardened  
always cheerful though they had a lot to put up with from some patients  
nothing seemed to bother them even when hurried off their feet*

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

*we are short staffed with nurses by day and night  
ceaseless hurrying by nurses  
meant a long wait for essential treatment but nurses all did their best*

*did a very good job but sometimes could not give enough attention  
could not get dressing changed between 6 and 10 pm  
continual calling wakes other patients  
patients who are unable to get up have to ask another patient at night to  
fetch nurse*

Eleven people wished there was 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*

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

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

There were only 22 specific comments about doctors, but many of the comments (both favourable and critical) about receiving information referred indirectly to doctors. Fifteen comments expressed gratitude 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 seven 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?**

**151 comments**

**Favourable 138**

**Critical 13**

Ninety-five per cent of the patients said they would like to return to the same hospital. In none of the ten hospitals was this figure less than 93 per cent. This may be due to familiarity, 'the devil you know' – but the comments seemed 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 –

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

Many said how they had enjoyed their stay –

**TABLE 10 Classified Answers to Questions 35 and 36 (Liked Most and Liked Least)**

Liked Most	No.	%	H or P*
<b>Nurses</b> 'superb nursing'; 'gentle and kind, gay and amusing'	403	30	H
<b>Staff</b> 'cheerfulness and kindness of everyone from top surgeon to ward maid'	304	29	H
<b>Doctors</b> 'doctors magnificent, they got me well'	161	12	H
<b>Fellow patients</b> 'friendliness'; 'courage of chronics'; 'companionship of my bedmates' (sic)	127	9	H
<b>Rest and Relaxation</b> 'no worries and no work'; 'being waited on'	96	7	H
<b>Happy atmosphere</b> 'minimum restrictions'; 'it was all fun'	58	4	H
<b>Food</b> 'I enjoyed my meals'; 'food good and well served'	42	3	P
<b>Ward</b> small or single ward; cheerful and clean; day room	34	3	P
<b>Visiting arrangements</b> 'generous'; 'children allowed to visit'	25	2	H
<b>Others</b> telephone; hot baths; beds	15	1	P
<b>Total</b>	<b>1355</b>	<b>100</b>	
<hr/>			
Liked Least	No.	%	H or P*
<b>Sanitary facilities</b> 'inadequate'; 'lacking in privacy'; 'in bad condition'	77	12	P
<b>Boredom, monotony</b> 'days dragged'; 'no activities to prevent one getting depressed'	74	11	H
<b>Long sleepless nights</b> 'noise and lights at night'; 'sound of other patients also nurses'; 'insomnia'	68	11	P
<b>Other patients</b> 'seeing the suffering of others'; 'those who are always complaining'	53	8	H
<b>Food</b> 'lack of choice'; 'tepid'; 'sameness'	49	7	P
<b>Early waking</b>	47	7	H
<b>Bedpans and being washed in bed</b> 'difficult to get'; 'uncomfortable'	40	6	P
<b>Nurses</b> shortage, overworked; some unsympathetic	29	5	H
<b>†Pain and discomfort</b> operations, injections, dressings, drips	29	5	—
<b>Ventilation of ward</b> 'hot and stuffy' or 'draughty'	25	4	P
<b>Lack of information</b> 'left to worry unnecessarily'; 'doctors aloof' and 'come seldom'	23	4	H
<b>Too strict</b> 'not allowed to rest on bed'; 'treated as though mentally retarded'	23	4	H
<b>Visiting arrangements</b> 'too short a time'; 'should allow children'	19	3	H
<b>No day room</b> 'need day room for TV'; 'to receive visitors'	18	3	P
<b>Ward</b> noisy; slippery floor; not clean; lack of privacy; lighting	15	2	P
<b>Long waits</b> for operation; x-rays; pathology report, etc	15	2	H
<b>Beds</b> 'uncomfortable'; 'too high'	15	2	P
<b>Armchairs</b> 'short of them'; 'uncomfortable'	10	2	P
<b>Moved too often</b> to other ward or about the ward	8	1	H
<b>Others</b>	6	1	H
<b>Total</b>	<b>643</b>	<b>100</b>	

\*H = mainly human or organisational factors

P = mainly physical factors

†Pain and discomfort have not been included under either H or P.

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

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

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

The other criticism was -

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

**The Best and Worst of Life  
in Hospital  
(see Tables 10 and 11)**

The patients took full advantage of the chance offered by the final two questions to tell what they thought was best and worst about hospital life. They contributed 1355 answers on what they liked best and 643 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 depend on human factors (including organisations) and only 7 per cent on physical factors such as 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 or finance. 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 and train 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 five per cent were of pain and discomfort which cannot properly be included under either heading. Much of what patients dislike could be remedied by modifications that would not necessarily require financial support.

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

**TABLE 11 Analysis of Answers  
to Questions 35 and 36**

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

## 5 Action Taken

Information is interesting but action is what counts. Each hospital was sent as many copies of the final report of its own study as it required, sometimes over 100, for circulation to the management committee, senior officers and ward sisters. In addition, some copies of the detailed summary of comments showing distribution by ward were given to the principal officers. When the staff and committee had had sufficient time to study these, the author discussed results and possible action with them. Usually two meetings were held, the first with the principal officers and sometimes the chairman of the hospital management committee, the second with the ward sisters and department heads. Discussion was frank and constructive, and consideration was given to the use that could be made in practice of the information gained. Three to six months later a letter was sent to each hospital asking what action had been taken or was planned, wholly or partly as a result of the study.

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

**Suggestions** Table 12 lists the suggestions on which action had been taken or planned under the five main areas used throughout this report.

The letter also asked whether any general effect on the attitude of the staff had been noticed. The hospitals reported –

‘We have been extremely impressed to note the considerable interest taken in the results of the survey by all grades and types of staff and it has been very pleasing to note the reactions of staff seeing comments . . . This may well encourage a more broadminded attitude towards the patients’ position, and I am sure if this is so, a large amount of the credit must be due to the survey.’

‘. . . staff have shown great enthusiasm in providing information for improving deficiencies shown up by the survey.’

‘The eight changes have been made wholly as a result of the satisfaction study. Matron feels that your report has been of great value to the ward sisters and they appreciated your discussion with them. She is sure that participation by the senior nursing staff in these discussions has resulted in the improvement in the staff-patient relationship in the hospital and suggests that the survey might be repeated after an interval.’

‘Notes (on comments) will almost serve as a list of points to be checked at regular intervals. We are greatly in your debt.’

‘I feel the report has been good for me’ – hospital secretary.

‘I cannot identify any immediate changes in attitude due to the survey but this does not diminish its value as feedback. Attitudes do not change over night?’

**Extension of Survey** Surveys are unlikely to be widely used if they have to be conducted by outside agencies. The aim of this study was to plan a survey that hospitals could apply themselves. At the end of the experiment with

**TABLE 12 Patients' Suggestions Applied, Planned or Under Consideration**

	Number of Hospitals	
	Already Applied	Planned or Under Consideration
<b>WARD AND EQUIPMENT</b>		
<b>Planning Upgrading of Wards</b> Report used as a guide to priorities. Case made out for psychogeriatric ward	1	2
<b>Overcrowding</b> Four wards reduced by three or four beds each	1	
<b>Beds</b> Mattresses improved	3	
<b>Protection of Bedding</b> Now only used when essential	1	
<b>Armchairs</b> Replacement scheme started through League of Friends	1	2
<b>Lighting</b> Old types replaced	1	1
<b>Heating and Ventilation</b> Staff instructed on method of adjusting apparatus	2	
<b>Noise</b> Metal bowls, furniture without castors replaced. Floor resurfaced	2	1
Staff reminded to wear rubber shoes and of rules on transistor radios	3	
Night-admission centre considered		2
<b>Cleaning</b> Domestic supervisors appointed		
More cleaning of WCs arranged	2	1
<b>SANITARY ACCOMMODATION</b>		
<b>Bathrooms and/or WCs</b> New baths, basins, WCs installed	2	1
<b>Privacy</b> Locks put on WC doors, washbasins screened	3	1
<b>New Bath and Basins</b> Those in bad condition replaced	2	
<b>Bathroom or Toilet Amenities</b> Wall grips, shelves, hooks, mirrors fixed	1	1
<b>MEALS</b>		
<b>Choice of Food</b> Salad as alternative; selective menu planned	1	2
<b>Tea</b> Served with food at breakfast	1	
<b>Diet Cook</b> Appointment planned		1
<b>ACTIVITIES</b>		
<b>Waking Time</b> Patients called later		
Non-essential taking of temperatures cancelled	6	
<b>Radio and TV</b> Service improved, more stations, better headphones, servicing	4	
<b>Lights Out</b> Earlier	1	
<b>Visiting Times</b> Lengthened; more afternoon visiting	2	1
<b>Games and Occupations</b> More provided; library improved	3	1
<b>CARE</b>		
<b>Reception</b> Procedure for casualty and for waiting list patients reviewed, provision of refreshments considered	1	1
<b>Information</b> Consultants reminded junior doctors of patients' need	1	
<b>Information Booklet For Patients</b> being prepared	1	
<b>Total</b>	46	18 = 64

The total of 64 represents an average of 6.4 per hospital over three to six months

ten hospitals (plus three additional ones that requested it), certain minor modifications were made in the procedure to adapt it to a do-it-yourself form. Detailed instructions for its conduct were prepared, divided into preliminaries, summarising numerical results (it was assumed most hospitals would not have access to a computer), summarising comments, report and action.

The survey was then tried in six further hospitals, three with some help from the author, three without, to find out if the instructions were clear. Results suggested that the hospitals were finding no difficulty in applying the survey method themselves and were getting much higher response rates than was the case in this survey. One hospital obtained a response of 96 per cent.

Instructions for conducting the survey have been revised again and are now available without charge from the King's Fund Centre.\* The instructions include tables that allow hospitals to compare their results with those obtained by 28 other hospitals. The questionnaire itself has been modified; the letter inviting participation has been removed so that a letter from the hospital itself can be attached; instructions for patients have been clarified and question 37 omitted.

Since the first edition of this report surveys have been held in some 70 hospitals and the results used as a basis for action. Some hospitals repeated the survey after action had been taken in order to evaluate changes in the views of patients.

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\*See footnote on page 10 for address and price

## Appendices

**APPENDIX A Questionnaire**



und Hospital Centre  
rd Place  
l

ient,

be very grateful for your help.  
pital and the King's Fund - an  
tion which exists to help  
s with advice and money - are  
o find out what you and other  
think about the general care  
you during your stay. We want to  
t you liked about your hospital  
you think could be improved.  
d explain that our enquiry is  
erned with the medical treatment  
u have received.

u, therefore, be kind enough to  
he questions inside and on the  
this form. If you answer them as  
and fully as you can, you will  
ng your hospital improve its  
and so bring benefit to future  
s. You will find plenty of space  
tional comments or suggestions  
t like to make.

you will find the form easy to  
and, indeed, hope that you will  
ing it. Incidentally, everyone in  
pital knows about this enquiry.  
ook forward to hearing your  
s but we do not need to know your  
ur answers to the questions  
forward anonymously and be  
ed with the answers of many other  
s so that your hospital can act  
e suggestions made. There are  
number of hospitals taking part  
survey.

see, we have provided a stamped  
ed envelope. May we ask you to  
your completed form straight away?  
portant that we should have  
to these questions from everyone  
se send us the form even if you  
v or no additional comments

ain, we would like to say how  
l we shall be for your help.

incerely,

ed Raphael

d Raphael  
Organiser

	ANSWERS		EXPLANATIONS AND SUGGESTIONS
	1	YES	about the ward:
	2	YES	
	3	YES	
	4	YES	
	5	YES	
	6	YES	
	7	YES	about sanitary arrangements:
	8	YES	
	9	YES	
re	10	YES	
h were	11	YES	
	12	YES	about meals:
	13	YES	
	14	YES	
	15	YES	
	16	YES	
	17	YES	
	18	YES	
O	19	YES	
	20	YES	about visiting, ward time-table and activities:
	21	YES	
	22	YES	
y?	23	YES	
etc?	24	YES	
	25	YES	
pital?	26	YES	about reception, information and care:
	27	YES	
d	28	YES	
ght?	29	YES	
nt?	30	YES	
me here?	31	YES	

**VS AND SUGGESTIONS**

---

---

ements:

---

---

me-table and activities:

---

---

nation and care:

---

---

**PLEASE TURN TO BACK PAGE**

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

**EXPLANATIONS AND SUGGESTIONS**

means:

meals and activities:

nation and care:

---

## **STAND SUGGESTIONS**

---

---

ments:

---

---

---

ne-table and activities:

---

---

nation and care:

---

---

**PLEASE TURN TO BACK PAGE**

ONS		ANSWERS	EXPLANATIONS	AND SUGGESTIONS
ur bed and bedding comfortable?	1	YES      NO	about the ward:	
ward reasonably quiet by day?	2	YES      NO		
ward reasonably quiet by night?	3	YES      NO		
ward temperature kept at a reasonable level?	4	YES      NO		
lighting satisfactory?	5	YES      NO		
have enough privacy in the ward?	6	YES      NO		
re enough bathrooms?	7	YES      NO	about sanitary arrangements:	
re enough washbasins?	8	YES      NO		
re enough WCs?	9	YES      NO		
y all kept clean? If your answer is NO, which were i) bathrooms ( ) basins ( ) iii) WCs ( )	10	YES      NO		
y all private enough? If your answer is NO, which were i) bathrooms ( ) basins ( ) iii) WCs ( )	11	YES      NO		
meals satisfactory? breakfast? lunch? tea? supper?	12	YES      NO	about meals:	
have enough choice of dishes?	13	YES      NO		
food generally hot enough?	14	YES      NO		
food nicely served?	15	YES      NO		
right amount of food served? If your answer is NO i) too much ( ) ii) too little ( ) on a special diet? iii) YES iv) NO	16	YES      NO		
visiting arrangements suit you?	17	YES      NO	about visiting, ward time-table and activities:	
ime at which you were woken suit you?	18	YES      NO		
ts out' at a reasonable hour?	19	YES      NO		
enough chance to rest undisturbed during the day?	20	YES      NO		
provided with enough books, games, handwork, etc?	21	YES      NO		
ind the radio satisfactory? (only answer if it was by the hospital)	22	YES      NO		
have long enough notice of your admission to hospital? nswer if you came as an emergency patient)	23	YES      NO	about reception, information and care:	
reception satisfactory when you first reached the	24	YES      NO		
rd, did the nurses come quickly when you needed day?	25	YES      NO		
urses come quickly when you needed them by night?	26	YES      NO		
told enough about your illness and your treatment?	27	YES      NO		
ve to go to hospital again would you choose to come here?	28	YES      NO		
	29	YES      NO		
	30	YES      NO		
	31	YES      NO		

**REMARKS AND SUGGESTIONS**

Comments:

Meals-table and activities:

Nursing and care:

**PLEASE TURN TO BACK PAGE**

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

32 What is your sex? i) man ( ) ii) woman ( )  
33 What is your age? i) under 40 ( ) ii) 40 to 64 ( ) iii) 65 or more ( )  
34 Did you like your stay here, apart from the discomfort of your illness and being away from home?  
i) very much ( ) ii) in most ways ( ) iii) only fairly well ( ) iv) no ( )

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

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

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

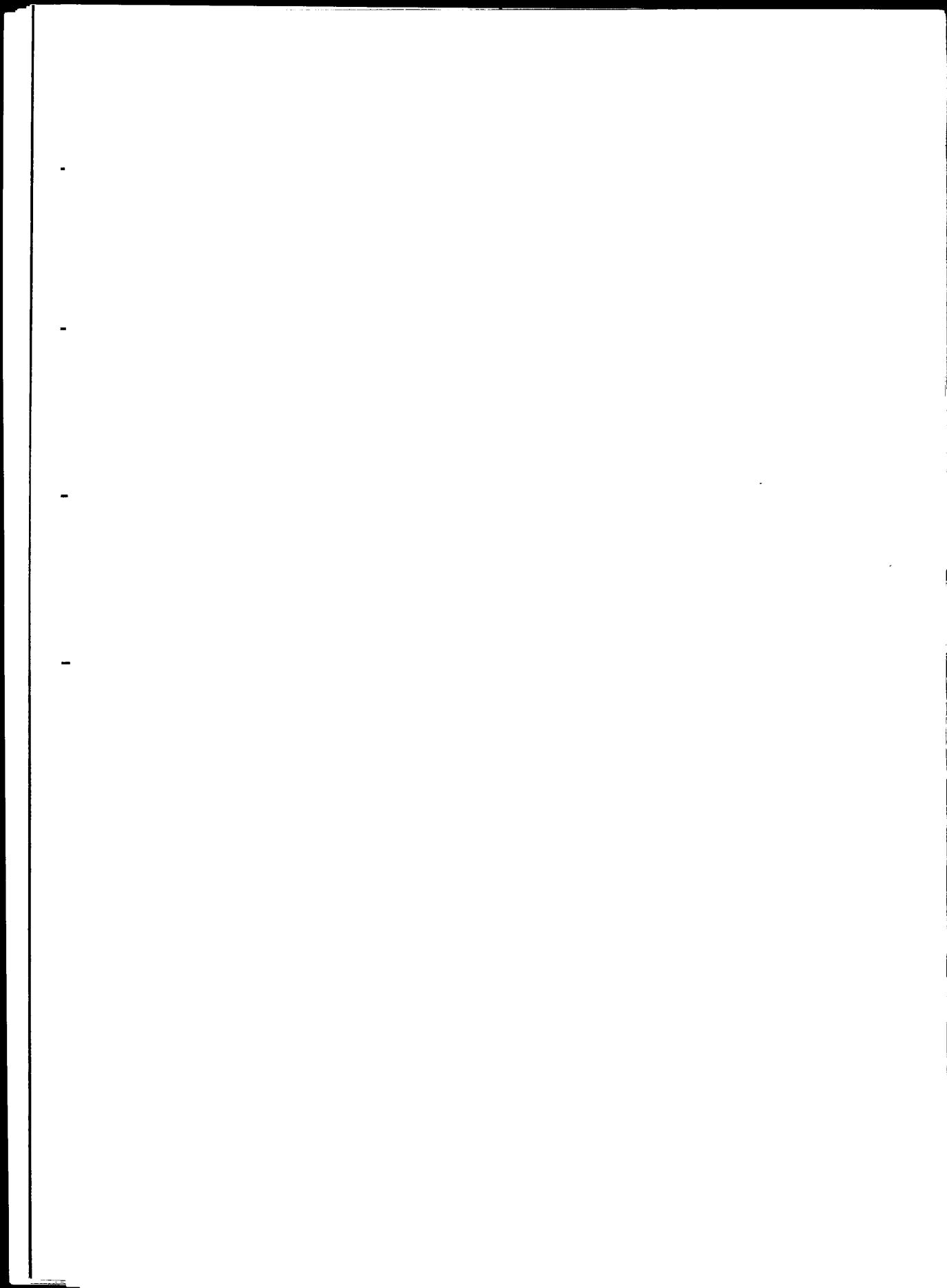
38		
H		
39		
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40		
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*Thank you for your help*

**APPENDIX B Percentage of patients answering each question who expressed satisfaction**

	<b>Average</b> <b>%</b>	<b>Ten Hospitals</b> <b>Range of Middle Half</b> <b>%</b>	<b>Extreme Range</b> <b>%</b>
1 <b>Bedding</b>	92	91-93	89-97
2 <b>Quiet - Day</b>	96	94-97	93-100
3 <b>Quiet - Night</b>	85	82-89	80-93
4 <b>Temperature</b>	88	86-92	81-95
5 <b>Lighting</b>	94	92-95	92-100
6 <b>Privacy - Ward</b>	94	93-96	88-98
7 <b>Bathrooms</b>	55	52-60	34-70
8 <b>Washbasins</b>	58	47-68	42-78
9 <b>WCs</b>	55	49-61	31-65
10 <b>Cleanliness</b>	83	77-91	69-95
11 <b>Privacy - Sanitary</b>	74	70-75	68-90
12 <b>Breakfast</b>	94	92-95	87-97
13 <b>Lunch</b>	91	88-95	83-98
14 <b>Tea</b>	93	90-95	87-98
15 <b>Supper</b>	91	86-95	81-97
16 <b>Choice of Food</b>	75	54-85	48-96
17 <b>Hot Food</b>	84	77-89	70-94
18 <b>Well Served</b>	95	93-96	90-99
19 <b>Quantity</b>	87	82-91	79-93
20 <b>Visiting</b>	90	86-93	82-98
21 <b>Wake-up Time</b>	75	68-78	59-86
22 <b>Lights out Time</b>	94	91-96	88-99
23 <b>Rest - Day</b>	90	89-92	88-94
24 <b>Diversions</b>	78	74-82	67-88
25 <b>Radio</b>	74	70-77	56-87
26 <b>Admission Notice</b>	92	88-95	82-100
27 <b>Reception</b>	95	93-96	92-99
28 <b>Nursing - Day</b>	96	94-97	92-100
29 <b>Nursing - Night</b>	96	94-97	91-100
30 <b>Information</b>	82	78-85	72-89
31 <b>Return</b>	95	94-96	93-100
32 <b>Sex - Male</b>	39	37-41	35-49
33 <b>Age - Under 40</b>	33	28-34	23-49
40-64	46	44-51	30-51
65 or more	21	19-23	12-27
34 A) <b>Very Much</b>	53	49-54	36-63
B) <b>Most Ways</b>	41	37-45	35-57
C) <b>Fairly Well</b>	4	2-5	1-8
D) <b>No</b>	2	1-3	0-4
<b>FORMS ISSUED</b>	<b>Total</b> <b>2171</b>	<b>Per Hospital</b> <b>150-292</b>	<b>99-329</b>
<b>FORMS RETURNED</b>	<b>1348</b>	<b>90-172</b>	<b>67-206</b>
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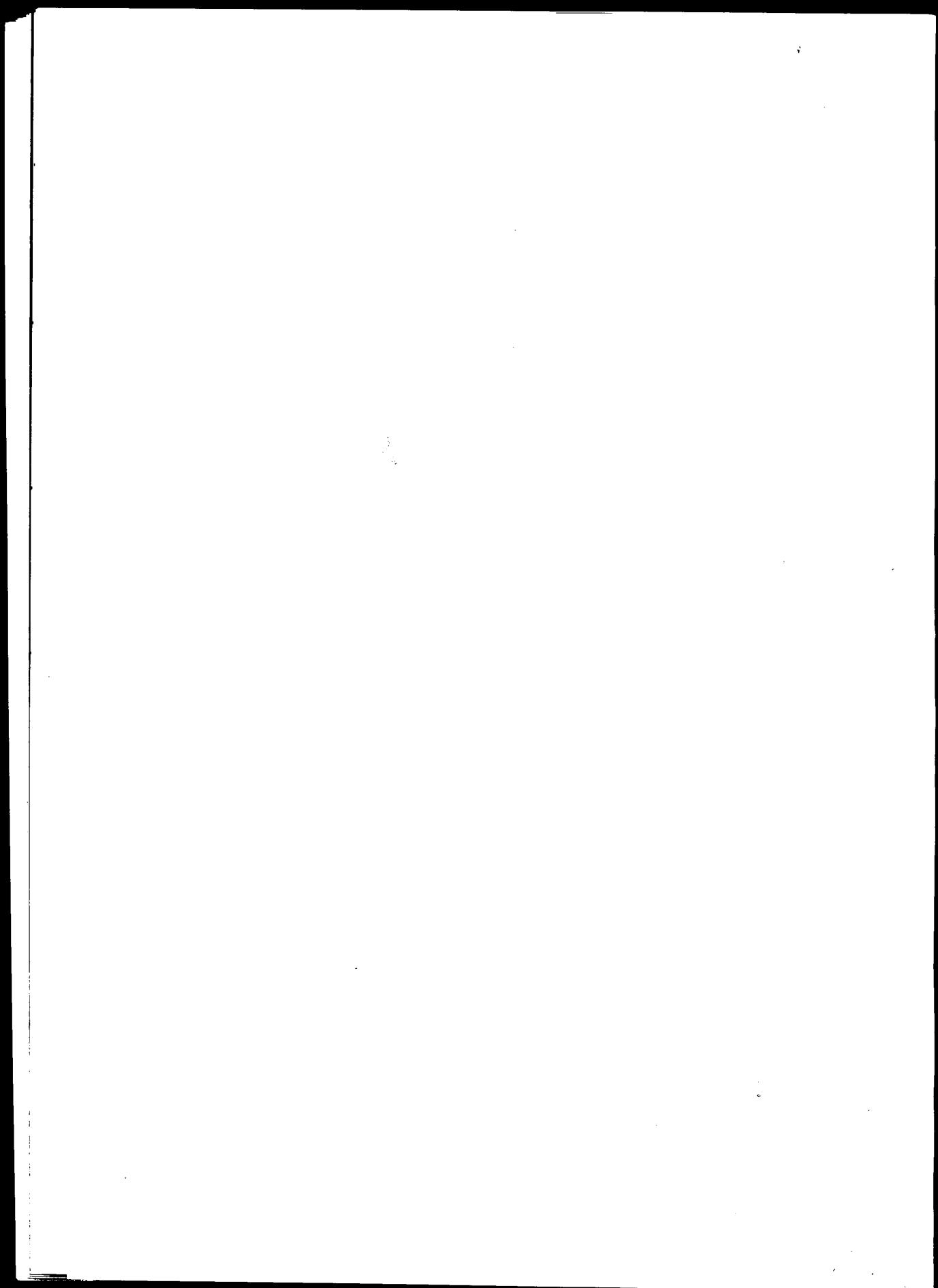
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