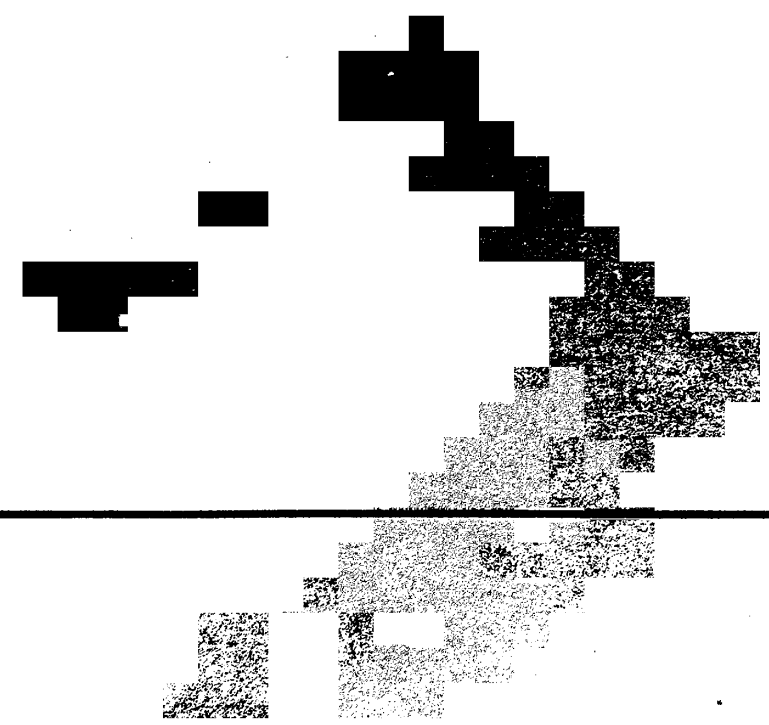
KING'S FUND
PROJECT PAPER

SURVEY OF PATIENTS' OPINION SURVEYS IN HOSPITAL



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KING'S FUND PROJECT PAPER

SURVEY OF PATIENTS' OPINION SURVEYS IN HOSPITALS

by

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INTRODUCTION

The aim of this report is to help those planning to survey patients' opinions on hospital care by summarising the experience of others who have already done so. It describes the different types of surveys used, the resulting action achieved and a summary is given of changes in levels of satisfaction over the years.

In February 1974, just before the reorganisation of the National Health Service, the King's Fund Centre circularised all hospital groups and teaching hospitals in Great Britain to ask whether they had conducted any surveys of patients' opinions since 1968 and, if possible, to send a copy of their report and a summary of any resulting action. The replies showed that 72 groups (or teaching hospitals) had conducted 173 surveys since 1968. This figure excluded surveys in some 20 hospitals that the King's Fund Centre staff had carried out themselves. It also excluded the results of letters sent out by group secretaries to a number of recently discharged patients on behalf of the Director of the Hospital Advisory Service asking for comments on the good points in the service, on any unsatisfactory features and for suggestions on improvement.*

Of the 173 surveys just under half (81) were based on one of the two questionnaires devised by the King's Fund for general** and psychiatric*** hospitals respectively for the hospitals to carry out themselves. The other surveys varied enormously in origin, purpose and type. Some were conducted in conjunction with a regional hospital board, a management course or a local university, many had been devised to meet the special needs of the group or hospital concerned. The survey methods used included different combinations of the following factors:

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*Annual Report 1972 National Health Service Hospital Advisory Service
**Patients and Their Hospitals by Winifred Raphael, 1973 second edition
***Psychiatric Hospitals Viewed by Their Patients by Winifred Raphael and Valerie Peers, 1972

Purpose of the survey - all aspects of hospital life or special topics
Patients participating
Survey while in hospital or after discharge
Structured or unstructured surveys
Answered in writing or by interview
In part 1 of this report, Different types of surveys, an attempt is made to analyse the advantages and disadvantages of these contrasting factors.

Groups were asked to report on action following the surveys in terms of changes made and planned and the effects on staff and patients. Some found this question too difficult to answer but information was given about the results of 85 per cent of the surveys. Part 2, Application of the survey results, describes the various methods used to report back on surveys and to decide on action and summarises the changes made as a result of the surveys and the effects on staff, patients and the local community.

In the instructions of the two King's Fund surveys figures were included to enable individual hospitals to compare their results with those of other hospitals. Those issued in 1971 for general hospitals were based on 28 hospitals and those issued in 1972 for psychiatric hospitals were based on 9 hospitals. These were expressed in terms of the percentage of patients answering each question who were not satisfied. These figures have been revised to include all those hospitals at which the survey was conducted in the standard way and where answers were obtained from 60 patients or more. In part 3, Changes in levels of satisfaction, the results of the earlier surveys are compared with the more recent ones. Most encouragingly the proportion of dissatisfied patients is lower on almost all of the questions. Whether this is due to real improvements in hospitals or is the effect of self selection in the hospitals deciding to conduct surveys it is impossible to say. It is interesting to note the topics on which improvement is most marked.

1 DIFFERENT TYPES OF SURVEYS

There is no one best form of opinion survey and much skill is required when planning a survey to meet a particular need. Consideration has to be given to the purpose of the survey, the type of patients involved, the time available and the experience of the survey organiser, so that a method can be chosen that will produce valid and reliable information about the patients' opinions.

Nearly half (81) of the surveys studied used one of the two questionnaires devised by the King's Fund and in the great majority of cases these had been applied in the manner recommended in the instructions. The remaining 92 surveys showed wide variety in purpose and method.

Purpose of the survey - all aspects of hospital life or special topics

Of the 173 surveys studied 119 were planned to find inpatients' opinions on all aspects of life in hospital. Of the remaining 54 surveys, 25 were specifically on catering (most at the request of another body such as a regional hospital board), 14 were on conditions for outpatients, 8 on admission procedures some including the design of a new information booklet, 5 on visiting arrangements and 1 each on having mixed wards (male and female) and on a school project scheme.

Several of the general surveys were in hospitals where they had been given before to find whether there had been a change in attitude; indeed one group consisting of four hospitals wrote 'we have carried out one or two surveys each year since 1968', (only the most recent surveys from this group were included in this enquiry). Another hospital had used an unstructured letter type survey with one in ten of all leavers and planned to increase the proportion to one in five. Sometimes comparisons of opinions were made on specific topics before and after a change had been made, for example extended hours of visiting or a plated meal service introduced. Several hospitals reported on the value of information from surveys when planning new buildings.

Patients participating

Most of the inpatient surveys were in general hospitals. Usually, but not always,

paediatric, geriatric and maternity wards were excluded, in the first two cases because of difficulties in answering written questionnaires and with maternity patients because of the many extra topics that should be added. Three surveys were held in maternity hospitals (including prenatal clinics) and a few other surveys were held in specialised hospitals such as for the chronic sick, TB patients, cancer patients, convalescent homes, etc. Fourteen surveys were held in psychiatric hospitals. The 14 outpatient surveys were spread over a large number of different clinics.

The number of patients responding in any one survey varied from 6 to 3795, but the most usual figures were between 100 and 200. When analysing the results, little notice was taken of surveys when fewer than 60 patients responded as it was felt they had insufficient validity, nor was undue weight given to the few hospitals where over 350 patients responded. In the instructions for the two King's Fund surveys, hospitals were advised to restrict their survey to some 10 or 12 wards possibly getting replies from about 200 patients. The reason for this advice was that if more wards were included, summarising the comments tended to be such a lengthy job that interest waned and action was less likely. But when a sample of wards had to be selected, it was essential to ensure that it was typical both as to type and condition of patient and of ward structure. Within these categories, the wards needed to be selected by chance such as by the throw of a dice or the initial of the ward sister's surname.

Survey while in hospital or after discharge

Almost all of those surveys in general hospitals that used the King's Fund questionnaire were answered by patients shortly before they left hospital, but the majority of surveys by other methods were answered from home after the patients were discharged. Occasionally patients were given the choice and one hospital reported that two-thirds waited until they had left. In psychiatric hospitals where most patients stay a longer time, all the surveys required the patients to answer while they were still in hospital.

When the King's Fund survey for general hospitals was being designed, a control experiment was made. In half the wards in each of 10 hospitals the questionnaire

was given to the patients to be filled in during their last day or two in the ward, and in the other half to be returned soon after they got home and stamped addressed envelopes were provided. The two sets of wards were marked for size, condition treated, sex of patients and ward structure. The response rate was 67 per cent for those answering while still in hospital and 57 per cent for those replying from home - a significant difference. Also, those replying from home gave significantly more favourable replies; 57 per cent expressed themselves as liking their stay in hospital 'very much' compared with 47 per cent of those still in hospital and similar differences were found on individual topics. Thus advantages of patients answering the questionnaire while still in hospital are a higher percentage return and, which is helpful, more criticism. This finding was confirmed by one group which had conducted surveys in 11 hospitals and reported 'those left were more favourable than those still there'. A further advantage of holding the survey with patients still in hospital is that the results can be summarised sooner as some patients did not return their questionnaires for several weeks.

The main advantages of the questionnaire being answered from home is that patients' views can be given about notice of discharge and instructions on further treatment. Some hospitals feared that if questionnaires were answered in the wards, the patients might be influenced by the staff or by discussing results with each other, but experience has shown that these difficulties seldom happen.

The comments given above refer to written surveys. If surveys are conducted by interview, it is very time and money consuming to visit the patients in their own homes, though this was done with five hospitals in one group in an enquiry about admission procedure.

Structured or unstructured surveys

Most of the surveys were structured, that is specific questions were asked, but 15 were either completely or mainly unstructured, that is patients were asked to give their comments about the hospital on the form provided, most in some such general terms as:

' We are interested in any suggestions or comments designed to improve

> the service of the hospital ..... any comments that you would like to make on any aspects of your stay, and which, in your opinion, would benefit patients in the hospital, would be greatly appreciated. Your reply will, of course, be treated in confidence and it is not necessary to sign this form.'

A few other surveys based on interviews were mainly unstructured, but suggested a few headings. But structured/unstructured is far from being a complete dichotomy - there is a continuum from completely structured questions with a fixed choice of answers (suitable for full analysis by computer) through structured questions with a choice of answers (either 'yes' and 'no' or more alternatives) but supplemented with a request for explanatory comments, to questionnaires with additional unstructured questions such as 'what did you like best about your stay in hospital?' and 'what did you like least?' through a questionnaire virtually unstructured but with general suggestions on areas for comment 'the ward', 'meals','nurses' care', etc to the completely unstructured form.

The main advantages of a structured questionnaire is that the views of all patients are invited on the various topics counted as most important. It is difficult to design but easy to summarise the results and to make comparisons according to the patient's ward, age, sex, length of stay, etc. Also, it is possible to compare different hospitals or the same hospital at different times. A question on overall satisfaction with four or five graded answers is a useful addition and allows comparisons to be made with various factors such as age. On the whole, patients found structured questionnaires easier to answer as they did not have to think up the topics to include. One hospital reported that when the patients had a written survey, 65 per cent replied, but to a letter from the chairman inviting comment sent at another time, only 26 per cent replied.

The advantages of an unstructured survey, especially if conducted by interview, lies in the rich variety and vividness of response - often items are included that surprise those planning the survey, so an unstructured interview is a valuable preliminary to designing a structured questionnaire. But many

patients find it difficult to write without specific questions and often resort solely to expressing their gratitude to doctors and nurses - in one survey it was found that 64 per cent of the replies fell into this category. This same hospital commented about non-structured surveys, 'it is difficult to detect trends or areas where there may be particular problems'.

Perhaps the best compromise is to have a structured questionnaire with additional space for free comment that can often give a clue to the reason for the answer. One hospital calculated that 76 per cent of those answering added comments. This was the form adopted in most of the surveys - of course, by all those using the King's Fund questionnaires, but also by nearly all those using other questionnaires. Very few had no space for comment.

Answered in writing or by interview

Only 21 (or 12 per cent) of the 173 surveys were conducted by interview. Most, but not all, of these were either with patients who might find writing difficult, such as the geriatric or mentally handicapped, or with people only available for a short time, such as outpatients or parents of children in a paediatric ward. Interviews in depth were held at a few hospitals - in one case to get information valuable for planning the extension of the hospital. Almost always the interviews were held while the patients were still in hospital, the time and cost of interviewing people at home has already been discussed. If more than one interview was employed, it was important to ensure that there was no divergence between them in the methods and standards used - considerable training was required if investigator bias was to be avoided. No examples of the use of tape recorders were found among the 173 surveys analysed. Some interviewers like this method, but others feel it embarrasses the subject and is lengthy to analyse. Certainly, interviews are far harder to apply and summarise than written surveys, but in some situations are very valuable.

When the King's Fund questionnaire for psychiatric patients was being devised, some people wondered if many patients would find it difficult to write the answers. In the instructions, hospitals were asked to record from those participating (usually about 70 per cent of patients in the ward) the proportion of forms returned that

were irrational or incomplete. The findings were that, on average, only three p er cent were irrational and two per cent incomplete - a clear vindication of the suitability of written questionnaires for psychiatric patients which will not come as a surprise to those familiar with such patients.

2 APPLICATION OF THE SURVEY RESULTS

Reports on surveys

Most of the surveys were clearly described in reports. Reports were sent (or promised if not yet completed) for all but 2 of the 81 surveys using the King's Fund questionnaires. They were also sent for 55 (71 per cent) of the 77 surveys using other methods excluding the 25 surveys on catering. The catering surveys are exceptional as they were mostly conducted at the request of other bodies who coordinated and kept the results. Some of the reports were quite short, but most were long documents, occasionally printed, and sometimes covering all hospitals in a group or connected with a teaching hospital. The reports covered method, response, topics raised and comments most frequently given, but were generally issued before decisions had been taken on action, so these were not included. Often comparisons were drawn between wards, between hospitals in a group or with figures based on many hospitals supplied by the King's Fund (see part 3 of this report). Sometimes results were compared with those obtained previously from the same hospital, thus highlighting changes in attitude. Most hospitals had circulated these reports widely to management committees and to medical, administrative and nursing staff including sisters of all the wards concerned. A few had sent copies to the medical and nursing libraries of the hospital and some had sent copies or summaries to the local press.

Decisions on Action

The vital step is from information to action and this is where hospitals varied enormously. Some hospitals considered the necessary action on literally hundreds of items conducting detailed enquiries ward by ward - two hospitals reporting about action wrote 'nil' or 'nothing of any significance'.

The form circulated to all groups on which this 'survey of surveys' is based asked for information on the main changes made or planned and the effect of the survey on staff, patients and others. Some information on these matters was provided by 70 per cent of the sample if the 25 surveys specifically on catering are excluded. Although this figure

is not high it is not unsatisfactory if it is realised that some surveys were too recent for action to have been implemented and many more had been applied several years ago so that their direct effect was difficult to disentangle from other reforms initiated by the hospital especially where there had been changes in administrative staff.

However there were still too many cases where the survey was merely considered an interesting exercise to be followed by action on just a few obvious problems, easily remedied, such as the service of warmer meals, extended visiting hours and improved radio service, but leaving untouched more fundamental needs.

A large number of hospitals had made full use of the information gained with far reaching practical reforms in hospital efficiency and patient convenience and having marked influence on staff and patient morale and on local public relations. In these hospitals the initial preliminary discussion was often followed by the formation of working parties whose job it was to make detailed recommendations on action, sometimes assessing the effects of such actions by repeating surveys. These inter-disciplinary working parties were usually formed after the preliminary discussions had been held with different groups of staff who were thanked for their co-operation and given a general idea of the main results of the survey. Unless the hospital was very small more than one working party was required to get action without undue delay. Sometimes each working party discussed a different topic, sometimes they were organised by wards or departments. For example organisation by topic at one hospital group resulted in four working parties each composed of the relevant officers to deal with the four major topics emerging from the survey i) noise at night, ii) toilets and baths, iii) information about treatment and progress, notice of discharge and follow up treatment, iv) hospital food. Each working party issued a full report on its activities and recommendations. On topics i) and ii) the situation in each ward was examined in detail. On iii) a leaflet was prepared for both inpatients and out patients to encourage them to ask questions and copies of the leaflet were given to all members of the medical staff. On iv) recommendations were made about food and its service. Another group of hospitals formed five sub-committiees dealing respectively with catering, occupational therapy, nursing matters, admission procedure and miscellaneous. This survey was held shortly

before the 1974 reorganisation of the health service and policy documents were prepared for the new district management team. A psychiatric hospital set up three working parties, one of medical staff to consider patients'comments on medical care, one to investigate patient participation in social activities and one to investigate lack of privacy in WCs and bathrooms.

Organisation of working parties by ward or groups of wards was favoured by some hospitals. In one, for example, each nursing officer was asked to discuss in detail the results of the survey for her own wards 'seeking the involvement of other staff normally working in the ward including the medical officers ..... These discussions should be of assistance i) in dealing with financial priorities in each of your wards with estimate exercises in mind, ii) in providing a basis for discussion among staff on problems of their wards which could be resolved by their action without involving major financial support'. It was explained that the hospital executive would consider matters which were a general problem throughout the hospital such as catering service improvements and would allocate resources accordingly. Another hospital emphasised the need for the report to be discussed at different levels to obtain action: first in the individual wards, then at unit meetings, officers' meetings, the medical staff committee and by group officers in order to prepare a full list of recommendations.

Of course when a survey had narrower terms of reference such as on catering, organisation of visiting or admission procedure implementation of the findings was easier. There was a known problem and the survey produced suggestions for its solution from the patients' point of view.

Experience with similar surveys in industry have shown the value of having one individual (preferably the survey organiser) present at all meetings to record decisions on action and on the individual responsible for that action. He can then serve as a reminder or even a goad if action is unduly delayed. However such an appointment was not mentioned in any of the hospital survey reports.

Changes Made

It is not the function of this short report to give a full account of the many hundreds of changes reported as a result of the surveys - they were as varied as the hospitals that achieved them. However classification into the main categories with a few examples under each may indicate the variety of topics covered and also the fact that in most cases serious financial outlay was not required.

Changes in organisation. Visiting hours, allowing patients' children to come as visitors. Waking up time in the morning. Admission procedure, notice of admission, information sent on hospital arrangements. Information on progress, reasons for tests etc.

Minor changes in equipment or care of equipment. Reduction of noise at night including stops to prevent doors banging, oiling of trolley wheels, nurses' shoes, telephone bells. Control of ward temperature (far more often too hot than too cold). Privacy in sanitary accommodation. Shelves, hooks etc in bathrooms and wash rooms. Limitation of the use of waterproof sheets that wrinkle.

Changes in meals. Ensuring that hot food is not tepid, revision of patients' menus, times of meals, choice of dishes.

Improved patient facilities. Occupations provided including games available in ward and use of volunteer occupational experts. Hairdressing. Servicing of radios, hospital's own request and news programme. Staff wearing name badges and out patient consultants having name-plates on desks.

Changes needing capital expense. Alterations to building: extensions to sanitary annexes. Provision of day-rooms. Furniture. Bedside chairs. Lockers. When action involved considerable financial expense some hospitals found that the survey had helped considerably in deciding priorities such as which wards should be upgraded first. Several hospitals mentioned that the survey had helped them to obtain grants, as one expressed it 'the survey brought pressure to bear on the Regional Hospital Board who agreed to finance improvements'. Also, as already mentioned, the information was of help in planning new hospital buildings: 'the lessons learnt will be used in the proposed expansion'.

Effect on staff, patients and local community

Effects on staff. Many hospitals mentioned the striking effects surveys had on the staff in three directions. First 'the greater awareness the staff had of patients' needs and opinions': 'we feel that the project has been invaluable in the information it has given us'. Sometimes the staff said that they already knew many of the points raised but did not always realise the relative priorities for change. The second effect was gratitude for the changes on behalf of their patients, 'general satisfaction in the feeling of improvement in patient care and resultant appreciation from the patient'. The third effect was increased morale due to 'the high praise and gratitude' almost invariably expressed by the patient about the staff.

Some hospitals had used the surveys for staff training. At one a study day was held before the survey at which staff from all disciplines discussed the survey's probable use and then divided into small syndicates to guess what the patients' reaction would be on various topics. This was thought to make staff more ready to accept criticism and certainly they were surprised and pleased at the amount of appreciation expressed in the subsequent survey. Other hospitals used their survey not only for training student and pupil nurses but many other grades of staff including the doctors: 'the comments from patients on lack of information from medical staff concerning their illness have been discussed by the medical staff and the situation has improved' and other staff including nursing assistants and catering staff.

Effects on patients. 'Patients were very happy to participate in the survey and appreciated being asked their opinion' was a remark typical of those from many hospitals. Rather naively it was said in one survey 'they appreciated that the hospital authority was interested in them'. 'A number of patients have written indicating their support for the patient satisfaction questionnaires' was reported from a psychiatric hospital. The paitents liked being consulted but they welcomed the resultant changes even more warmly. Regular ward meetings of staff and patients have been introduced in one psychiatric hospital due to the interesting information obtained from the survey.

Effect on the local community. Those surveys that had been reported in the local press improved public relations: 'the release of information to the local press produced very favourable editorial comment of benefit to both staff and prospective patients'.

Continuation of surveys

A survey gives an indication of patients' opinions at one cross section of time but a hospital is a dynamic organisation and needs to repeat the operation periodically. The ideal frequency of conducting surveys is a matter for experiment - if they are too frequent much of the content will be repeated, interest will tend to wane and therefore action will be less effective. If the intervals are too long useful information will be lost. Perhaps once every two years may be a satisfactory arrangement. Most of the surveys were with inpatients but the success with this group encouraged some hospitals to extend their enquiries, duly modified, to other groups such as out patients and geriatric patients. One group planned contact by holding meetings between recently discharged inpatients and administrative, medical and nursing staff.

Overall opinions on surveys

Some hospitals summarised succinctly their overall opinion on their surveys. For example one concluded 'Although the conduct of this type of study is very time-consuming, the administrative staff who led the exercise and the staff who participated feel that this is justified by the amount of information produced. The overall hospital picture highlighted various aspects requiring general attention ..... the results from individual wards indicated individual needs ..... This double approach to a satisfaction study is important and the results of such an exercise may be very valuable'. Another hospital said 'It provides information from the consumer and most importantly not just from the patient who feels strongly enough about his stay in hospital to write either in praise or criticism but also from the silent majority about all aspects of the service we provide'. Another group wrote that the survey was so valuable both at hospital and group level that they were thinking of organising a Patients Satisfaction Division as part of the District Administrative Department to conduct surveys and evaluate and pass on the results.

A detailed assessment of the effects of the King's Fund questionnaire was made by two large psychiatric hospitals who kindly gave permission for this information to be published. An article 'Practical Results of Surveys' by Winifred Raphael and Valerie Peers appeared in the Health and Social Service Journal, June 2, 1973.

3 CHANGES IN LEVELS OF SATISFACTION

The information in any one hospital of the proportion of patients who are dissatisfied with the various aspects of hospital care is useful in itself. But it is even more valuable to see how the findings of that hospital compare with those of other similar hospitals - to see for each topic if they are about average or unusually good or poor. For example if a general hospital finds that 15 per cent of its patients are dissatisfied on a topic this would be about average for the question 'was your food generally hot enough?' but far better than average for 'were there enough bathrooms?' (where the median is 40 per cent dissatisfied) and far worse than most for 'were your bed and bedding comfortable?' (where the median is 8 per cent dissatisfied). To facilitate such comparisons the instructions for the King's Fund questionnaires include tables showing for each question the combined results from a number of hospitals. They gave the median (or middle) score when the hsopitals are arranged in order and also the interquartile range, that is the range of scores within which the middle half of the hospitals came. Thus a hospital can see for each question if it has an ordinary result coming within the middle half of the hospitals, or is in the most satisfied quarter or the least satisfied quarter.

General hospitals

The table for comparisons issued in January 1971 gave figures for 28 hospitals which had conducted surveys between 1967-70. The present enquiry has enabled figures to be added for another 40 hospitals that had conducted surveys between 1971-74 making 68 hospitals in all. Hospitals have only been included if they had results from 60 patients or more and had applied the survey by the standard method.

The following table shows the median percentage of dissatisfied patients for each question for the first 28 and for the subsequent 40 hospitals and the amount of change over the period between the two. The final columns refer to all 68 hospitals giving the median and the range of the middle half.

TABLE 1. MEDIAN PERCENTAGE OF DISSATISFIED PATIENTS. GENERAL HOSPITALS

Topic (abbreviated)	28 hospitals 1967-70	40 hospitals 1971-74	Improved	Equal	Deterio-rated	68 hospitals Median	Range of Middle Half
1 Bed	8	8		=		8	5-10
2 Quiet-Day	4	4		=		4	2-6
3 Quiet-Night	11	7	4			9	5-13
4 Temperature	11	8	3			10	7-14
5 Lighting	5	3	2			4	2-5
6 Privacy-Ward	5	5		=		5	3-7
7 Bathrooms	45	30	15			40	26-48
8 Washbasins	41	27	14			34	21-44
9 WCs	40	27	13			33	20-44
10 Cleanliness	16	9	7			11	7-17
11 Privacy Sanitary	23	14	9			17	12-25
12 Breakfast	8	6	2			7	4-11
13 Lunch	10	6	4			6	4-12
14 Tea	7	5	2			6	4-9
15 Supper	12	7	5			8	5-13
16 Choice of Food	27	11	16			15	6-31
17 Hot Food	17	14	3			15	10-21
18 Well Served	5	4	1			4	2-6
19 Quantity	14	12	2			13	10-15
20 Visiting	9	5	4			6	3-11
21 Wake-up Time	25	21	4			21	16-27
22 Lights out Time	5	5		=		5	3-7
23 Rest-Day	8	8		=		8	6-10
24 Diversions	19	19		=		19	12-25
25 Radio	29	20	9			23	17-32
26 Admission Notice	8	7	1			7	5-12
27 Reception	3	3		=		3	2-5
28 Nursing- Day	3	3		=		3	2-4
29 Nursing- Night	3	2	1			2	1-5
30 Information	14	14		=		14	11-19
31 Return	5	4	1			4	2-6
34 Percentage stating Like stay 'very much'	55	59	4			56	51-64
Forms returned	4,245	6,618				10,863	
Response rate	69	74	5			73	66-85

It is striking that of the 32 questions there is improvement in 23 of them, the results are the same in nine of them and in no single case is there a deterioration with more patients dissatisfied. Indeed in seven of the nine cases where the results are the same there was little room for improvement for the percentage of dissatisfied patients was already very low, varying from three to eight.

The most marked improvements are in satisfaction with the sanitary accommodation, the choice of food and the radio service, but are also striking on matters where there was not much criticism before such as quiet at night, lunch and supper and visiting arrangements. There is little change in attitude on questions concerned with patient care.

A change has been made in the method of expressing results. Now it is in terms of the percentage dissatisfied, before it was in terms of the percentage satisfied. It is thought that stating that '28 per cent are dissatisfied' is a greater stimulus to action than reporting '72 per cent are satisfied' although it has the disadvantage that in some cases undue attention may be paid to a small minority dissatisfied and unfair blame apportioned.

Psychiatric hospitals

A similar comparison was calculated on the results of the King's Fund questionnaire for psychiatric hospitals but on smaller numbers so that the validity may be less. Results based on nine surveys conducted between 1970-71 were published in January 1972 and now another eleven surveys conducted 1972-74 have been added making 20 surveys in all.

TABLE 2. MEDIAN PERCENTAGE OF DISSATISFIED PATIENTS. PSYCHIATRIC HOSPITALS

Topic (abbreviated)	9 hospitals 1970-71	11 hospitals 1972-74	Improved	Equal	Deterio-rated	20 hospitals Median	Range of Middle Half
5 Meals	22	18	4			18	13-25
6 Clothes (hospital)	19	17	2			18	14-24
7 Space in Ward	14	11	3			14	10-16
8 Ward Quiet	28	16	12			23	15-27
9 Dayroom	10	8	2			9	7-11
10 Dormitory	9	6	3			8	5-10
11 Lockers	24	18	6			20	16-27
12 Privacy	25	22	3			22	18-28
13 Washbasins, Baths	18	14	4			14	11-20
14 WCs	17	15	2			17	12-20
15 See Doctors Enough	31	34			3	32	28-36
16 Doctors Tell Enough	39	38	1			39	35-43
17 Nurses' Care	12	7	5			10	6-13
18 Feel Free	17	15	2			16	12-19
19 Work	13	9	4			11	7-16
20 Occupational Therapy	14	10	4			12	8-13
21 Social Activities (participate)	(47)	(45)	2			(47)	(40-54)
22 Interest	36	33	3			33	27-38
23 Other Patients	15	10	5			12	8-15
24 Like hospital 'very much' or 'in most ways'	57	62	5			60	55-64
Forms returned	2148	1871				4019	

Again there is the extraordinary result of improvement in the patients' level of satisfaction on 19 questions out of 20. The sole exception was the question 'do you see the doctors enough?' where there was slight deterioration. The most marked improvement is shown in satisfaction with the quietness of the wards, the lockers, the nurses' care and relations with other patients.

What is the cause of this striking improvement in patients' satisfaction at both general and psychiatric hospitals? One group expected it and wrote in its report 'It should be noted that the King's Fund average of 28 hospitals dates from the introduction of the original satisfaction survey and is liable to adjustment upwards as expectations rise and are met'. Is it a real improvement in hospital conditions to which surveys and the Hospital Advisory Service may have contributed or is it merely due to self-selection of the hospitals participating and that it is the more progressive that decide to undertake surveys? Whatever the cause it is particularly interesting that now, when the popular press constantly refers to deterioration in hospitals, the patients themselves think otherwise!