

# Developing a service user survey for NAPT: A qualitative study

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## INTRODUCTION

In 2010, the Royal College of Psychiatrists' Centre for Quality Improvement will be running the National Audit of Psychological Therapies for people with anxiety and depression in primary and secondary care. A key aspect of the audit is to collect data on people's satisfaction with the psychological service they have received.

To carry out an audit cycle that delivers recommendations for possible quality improvement, it is crucial that the collected data captures feedback on the main aspects of people's care and elicits information for the service provider to identify areas for improvement.

Two problems are associated with many conventional satisfaction measures:

- The language of satisfaction questionnaires  
The language used often satisfies the needs of the researcher but might be inappropriate for the person completing it. Williams (1994, p.515) argues: "Patient satisfaction questionnaires do not access an independent phenomenon but, in a sense, actively construct it by forcing users to express themselves in alien terms."
- The usefulness of the obtained information/satisfaction score  
Although a service may be pleased to hear that a large percentage of people are satisfied with the care they receive, it does not provide them with specific information on aspects that did not work so well and negates an opportunity for quality improvement.

Following a **systematic literature review**, the project team agreed that none of the obtained surveys fulfilled the necessary criteria or provided a feedback measure that satisfied the needs of the audit.

This study therefore aimed to design a service user survey that

- Asks those completing the survey questions that are meaningful to them
- Based the questionnaire's wording on the language used by service users
- Elicits data of a person's experience that informs quality improvement

## METHODS

### Development of first draft questionnaire

Items were selected from the questionnaires identified in the literature review that would reflect a person's care pathway from referral to discharge in a mental health service based in the

community. The first draft of the questionnaire consisted of 26 items in total.

### Focus groups with service users

Four focus groups were conducted with people who have experience with receiving psychological therapies to obtain their views and feedback on the draft questionnaire.

Table 1: Focus Group Participants' demographic Characteristics

	Mind	Rethink	No Panic	Age Concern
Number of participants	10	7	5	6
Gender	Male	3	3	1
	Female	7	4	4
Age Range	25-74	35-64	60-65	75-93
Ethnicity	White British	7	7	5
	Other White	1	0	0
	Indian	1	0	0

### Data Analysis

The transcribed text was analysed according to a 'thematic content analysis' as described by Green (2007). The emerging themes identified were further separated into high and low order themes (Burnard, 1991)

## RESULTS

The following themes emerged from the content analysis.

Table 2: Themes resulting from thematic content analysis

High order theme	Low order theme
1. understanding the client's journey (affecting the wording of questions)	accessing help
	assessment vs treatment
	treatment end
2. client-focused (affecting the type of questions)	appropriate involvement
	therapeutic alliance
	individual differences
3. effect of illness (layout & format)	simplifying
	need of support
	timing

### 1. Understanding the client's journey

Several questions were reworded in order to reflect an understanding of the challenges people face with anxiety and depression.

#### For example

*I had to wait too long to start my therapy.*

If someone is suffering from anxiety and depression, any length of time that one has to wait will seem too long.

As one participant put it: "See the phrase too long, it doesn't tell you anything because tomorrow is too long if you're desperate..."

[Participant 1]

Change: The item was reworded to:

**I feel the waiting time for my therapy to start was reasonable.**

### 2. Client-focused

Questionnaire items were added or removed to allow an expression for people's individuality and personal experiences.

For example: Participants stated that people might have very different reasons for expressing a negative experience and that it is important to have the chance explaining your reasons in more detail.

*"You'll see the same answer coming up time and time again but you will never know why."* [Participant 2]

Change: Prompts were included to allow comments on each of the items to elicit qualitative feedback that provides services with specific information on what could be improved.

### 3. Effect of illness

Emergence of this themes informed changes to the length of the questionnaire, layout and response scale.

For example: All focus groups felt that a 5-point Likert scale is too demanding when feeling unwell.

*"When I've been in that sort of state, to say 'strongly agree, disagree, strongly agree'...I just want a 'yes' or 'no'."* [Participant 20]

Change: The response scale was modified to simple yes & no answers.

## CONCLUSION

This study has highlighted the problems associated with the wording, the content and the format of conventional satisfaction questionnaires for this population. It is hoped that the new measure 'Talking Treatment' (Gideon, Hancock & Nelstrop, 2009) provides a meaningful way of asking people, who receive psychological therapies for anxiety and depression, in a sensitive and understanding manner about their experiences.

The project team recognises that this was the first stage of developing this new instrument and they will strive to further progress this throughout the course of the National Audit.

#### References

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