'Piloting of a national perinatal patient satisfaction scale - feedback and patient satisfaction in perinatal mental health services'

Melbury Lodge MBU,

Royal Hampshire County Hospital

Catherine Crocker – Final Year medical student, University of Southampton

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## Project Background

Measuring patient satisfaction is a broadly acknowledged method of assessing quality of healthcare services<sup>1</sup>. Healthcare satisfaction has been assessed for more than 30 years, and routinely used to implement service improvements<sup>2</sup>. Mental health services have studied this less commonly than other specialities and questionnaires such as The Client Satisfaction Questionnaire, were briefly used then discontinued<sup>3</sup>. Mental health services have preferentially opted for several low powered, independent questionnaires to measure satisfaction<sup>4</sup>. For example, the Mother and Baby Unit Satisfaction Questionnaire was first used in 2005, thenonce again in 2008<sup>5,6</sup>. Although it demonstrated an improvement in satisfaction over time, the study was under powered<sup>6</sup> and the questionnaire was abandoned, like many other early, small studies before<sup>4-6</sup>.

Theinfluence of age, gender, ethnicity and mental health<sup>6-9</sup>on satisfaction is disputed, butemotional distress and educational attainment are relevant<sup>2,7,10</sup>.

Questionnaires often include Likert scales, which are susceptible to acquiescence bias and readily criticised for imprecisely measuring satisfaction<sup>11</sup>. Nonetheless, with all these factors playing a part, patients rarely differentiate between levels of satisfaction regardless of the satisfaction measure<sup>12</sup>, and report90% satisfaction in most surveys<sup>13</sup>.

Still, however nebulous a concept satisfaction may be it is linked to better patient outcomes<sup>13,14</sup>, and would benefit from improved standards of survey to enhance its credibility as a measure.

## <u>Aims</u>

This project aimed to pilot the Patient Rated Outcome and Experience Measure (PROM), designed to assess patient satisfaction across a number of perinatal mental health services in the UK.

The PROM was psychometrically evaluated to assess suitability for continued use, and provided preliminary patient satisfaction data for each MBU.

## **Method**

## <u>Design</u>

The PROM was designed by Dr Alain Gregoire, consultant perinatal psychiatrist at Melbury Lodge MBU. Themes were identified from independent satisfaction tools already used in MBUs and other community mental health services. Communication, sensitivity towards

patients, referral speed, provision of information and ward facilities were common themes. A focus group of MBU inpatientsalongsideconsultation with MBUsdecided the most suitable questions.

### PROM Contents

The PROM consists of 23 Likert scaled statements surrounding satisfaction with general and inpatient care (Figure 1). Respondents can select 'strongly agree', 'agree', 'disagree', 'strongly disagree' or 'don't know'. Two further questions ask the patient to assess their health before and after treatment as 'very well', 'well', 'unwell', 'very unwell' or 'extremely unwell'. The final Likert scaled question states 'This questionnaire was easy to fill in', selecting 'strongly agree', 'agree', 'disagree' or 'strongly disagree' as a response. Questions 5 and 6 ask the respondentto state the number of days their mental health had interfered with usual activities in the last 30 days,before and after treatment. The PROM has space for respondents to provide comments about the service and questionnaire design. The potential for acquiescence bias was reduced by reverse formatting approximately half of the questions<sup>11</sup>. An online version of the PROM was available through KwikSurveys.com. The PROM was anonymous, but patients could provide contact details should they wish to be informed of the project's outcome.

#### Sample Selection

The questionnaire was sent to MBUs at Glasgow, Newcastle, Welwyn Garden City, Bournemouth, Leeds, Birmingham, London and Winchester. The PROMwas offered to inpatients less than 24 hours fromdischarge, and sent to outpatients post discharge.Each patientreceived two PROMs, allowing a partner or family member tocompletea questionnaire. PROMs were returned via stamped addressed envelope to the originating MBU, and forwarded to Melbury Lodge MBU for analysis. MBUs were sent a survey towards the end of the study, asking their opinion on the content and practicalities of the PROM (Figure 2).

#### Analysing Collected Data

SPSS 21 was used for psychometric evaluation and Microsoft Excel 2010 was used to collate data and produce graphical analysis of the results.

Cronbach's alpha was used to assess internal consistency, using a threshold of 0.7 to represent good reliability<sup>15</sup>. A threshold of 0.8 was used to assess split-half reliability<sup>15</sup>.

Six items regarding inpatient carewere not analysed, owing to considerable amounts of missing data. This was caused by outpatients completing inpatient questions in error, highlighted by a MBU that cares for all patients on the same site.

'Don't know' has been recorded in SPSS as the meanof the respondent's 17 answers regarding general satisfaction. This increased data set size and minimised biasby creating a neutral centre. 'Don't Know' islaston the Likert scale, so not interchangeable with 'Neither Agree or Disagree' in rank order, but has been used previouslyas a neutral point in surveys when placed mid scale<sup>16</sup>. Many respondents wrote 'N/A' on the PROM, potentially owing to no experience of the question asked. 'N/A' has been scoredidentically to 'Don't Know'to maximise the study number for analysis.Missing data analysis can be more sophisticated, but has been limited by the author's ability.

Answers marked between two anchor pointswere conservatively rounded down, for example from 'Disagree' to 'Strongly Disagree'. Answers marked between 'Agree' and 'Disagree' were recorded as 'N/A' and a mean score calculated.

Questions 5 and 6, as described, were removed from analysis owing toseveral PROMsbeingsent without these questions (n=22, 32%). One third of PROMs including these questions had unanticipated answers in percentages or words, rather than numbers, so impossible to analyse.

## **Results**

Six MBUs returned sixty eight questionnaires. Most were returned by patients (n=53, 78%). One questionnaire was completed online. Only two sites recorded response rates of100% (n = 7) and 25% (n = 5), so an overallrate could not be calculated. The usualexpected response rate for a questionnaire around  $55\%^{17}$ .

## **Satisfaction Analysis**

				Blank/Not Applicable
	Satisfied% (n)	Dissatisfied% (n)	Don't Know % (n)	% (n)
Staff did not				
communicate with				
others involved in my		$1 E_{0} (1)$	$1 E_{0} (1)$	1 E9/ (1)
care	95.0% (05)	1.5%(1)	1.5%(1)	1.5%(1)
stan gave me the				
support	98 5% (67)	0.0% (0)	1 5% (1)	0.0% (0)
I did not get help	501070 (077	0.070 (07	1.070 (1)	0.070 (0)
quickly enough after				
referral	83.8% (57)	7.4% (5)	8.8% (6)	0.0% (0)
Staff listened to me			. ,	
and understood my				
problems	95.6% (65)	4.4% (3)	0.0% (0)	0.0% (0)
Staff did not treat me				
with respect and				
dignity	97.1% (66)	2.9% (2)	0.0% (0)	0.0% (0)
The information I				
received from staff		0.0% (0)	1 10/ (2)	0.0% (0)
was useful and helpful	95.0% (05)	0.0% (0)	4.4% (3)	0.0% (0)
starr did not involve				
and treatment	98,5% (67)	1.5% (1)	0.0% (0)	0.0% (0)
The service provided	30.070 (07)	1.070 (1)		0.070 (0)
me with the				
information I needed	95.6% (65)	1.5% (1)	2.9% (2)	0.0% (0)
Staff were not				
sensitive to my needs	95.6% (65)	1.5% (1)	1.5% (1)	1.5% (1)
Staff helped me to				
understand my		4 50( (4)	2.00( (2)	
illness/difficulties	95.6% (65)	1.5% (1)	2.9% (2)	0.0% (0)
Staff were not				
sensitive to the needs	97 1% (66)	1 5% (1)	0.0% (0)	1 5% (1)
OF THY DADY	57.170 (00)	1.370(1)	0.070 (0)	1.578 (1)
well supported by the				
service	77.9% (53)	2.9% (2)	10.3%(7)	8.8% (6)
The service definitely				( - )
helped me to get				
better	95.6% (65)	0.0% (0)	1.5% (1)	2.9% (2)
Staff helped me be				
more confident with				
caring for my baby	91.2% (62)	0.0% (0)	2.9% (2)	5.9% (4)
The service involved				
other relevant people	83.8% (57)	1 5% (1)	7 /0/ (5)	7 1% (5)
In a neiptul way	03.070 (37)	1.370 (1)	7.470 (3)	7.470 (J)
the service was not				
well organised	73.5% (50)	7.4% (5)	10.3% (7)	8.8% (6)
I would recommend				
this service to others	97.1% (66)	0.0% (0)	2.9% (2)	0.0%(0)

Figure 3 –Table showing satisfaction with general patient care in percentages and numbers. The anchor points 'Strongly Agree' and 'Agree' have been merged, as have 'Strongly Disagree' and Disagree'. Reverse formatting of questions has been taken into account.







Figure 4 – Bar charts demonstrating frequency of answers to seventeen items on general satisfaction. All questions spread over at least two responses, and over half spread over three responses. The lack of ceiling or floor effect demonstrates the PROM questions are sufficiently sensitive to distinguish between patients that have different level of agreement or disagreement<sup>18</sup>.







Figure 5 – Stacked bar charts for each question, for each site. There are a couple of unexpected answers in the data, but looking back through SPSS it appears these answers may be mistakes in marking as the other answers, and comments at the end do not reinforce the response. The raw data can be found in the appendix (Figure 6).





Figure 7 demonstrates the change in respondent's perception of their health before contact with their MBU and after discharge.

#### Comparison amongst MBU Sites

Figure 5 compares the responses given by each MBU. The lower quartile, upper quartile and median responses for each question and site were calculated (Figure 8).

			Site N	lames		
Question	Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London
a)	1.0(1.0,1.0)	1.0(1.0,1.5)	1.0(1.0,1.0)	1.5(1.0,2.0)	2.0(1.0,2.0)	1.5(1.0,2.0)
b)	1.0(1.0,1.0)	1.0(1.0,1.5)	1.0(1.0,1.5)	1.5(1.0,2.0)	2.0(2.0,2.0)	1.5(2.0,2.0)
c)	1.0(1.0,2.0)	1.0(1.0,1.5)	1.0(1.0,1.0)	1.5(1.0,2.0)	2.0(2.0,2.0)	1.5(1.0,2.5)
d)	1.0(1.0,1.0)		1.0(1.0,1.0)	1.5(1.0,2.0)	2.0(1.0,2.0)	1.5(1.0,2.0)
e)	1.0(1.0,1.0)	1.0(1.0,1.5)		1.0(1.0,1.5)		1.5(1.0,2.0)
f)	1.0(1.0,2.0)		1.0(1.0,2.0)	1.5(1.0,2.0)	2.0(2.0,2.0)	2.0(1.0,2.0)
g)	1.0(1.0,1.0)	1.0(1.0,1.5)	1.0(1.0,1.0)	1.0(1.0,2.0)	1.0(1.0,2.0)	1.5(1.0,2.0)
h)	1.0(1.0,2.0)	1.5(1.0,2.0)	1.0(1.0,2.0)	1.5(1.0,2.0)		2.0(1.5,2.0)
i)	1.0(1.0,1.0)	1.0(1.0,1.5)		1.0(1.0,2.0)		2.0(1.0,2.0)
j)	1.0(1.0,1.0)	1.0(1.0,1.5)	1.0(1.0,1.0)	1.5(1.0,2.0)	2.0(2.0,2.0)	2.0(1.0,2.0)
k)	1.0(1.0,1.0)	1.0(1.0,1.5)	1.0(1.0,1.5)	1.0(1.0,1.5)	1.0(1.0,1.0)	2.0(1.0,2.0)
I)	1.0(1.0,1.0)	1.0(1.0,1.5)	1.0(1.0,1.5)	2.0(1.0,2.0)	2.0(1.0,2.0)	2.0(1.5,2.0)
m)	1.0(1.0,1.0)		1.0(1.0,1.0)	1.0(1.0,2.0)	2.0(2.0,2.0)	1.5(1.0,2.0)
n)	1.0(1.0,2.0)	1.0(1.0,1.5)	1.0(1.0,2.0)	2.0(1.5,2.0)		1.5(1.0,2.0)
o)	1.0(1.0,2.0)	1.5(1.0,2.0)	1.0(1.0,2.0)	2.0(1.0,2.0)		2.0(1.0,2.0)
p)	1.0(1.0,2.0)	1.0(1.0,1.5)	1.0(1.0,1.5)	1.0(1.0,2.0)	1.0(1.0,2.0)	2.0(1.5,2.0)
q)	1.0(1.0,1.0)		1.0(1.0,1.0)	1.0(1.0,1.5)	2.0(1.0,2.0)	1.5(1.0,2.0)

Figure 8 – table showing the median, lower quartile and upper quartile across each site for each question. This is formatted as Median (Lower Quartile, Upper Quartile).

The Kruskal-Wallis Test was conducted to compare eachsiteagainst the others, stemming from the differing mean responses amongst sites. Ten questions had statistically significantly different answers amongst sites (p=<0.05)(Figure 9).

	Staff did			The		Staff			Staff	
	not		Staff	service		helped me	Mypartner	The	helped me	
	communic	Staff gave	listened to	provided	Staff were	to	was not	service	be more	I would
	ate with	me the	me and	me with	not	understan	well	definitely	confident	recomme
	others	right	understoo	the	sensitive	d my	supported	helped me	with caring	nd this
	involved in	amount of	dmy	informatio	to my	illness/diffi	by the	to get	for my	service to
	mycare	support	problems	n I needed	needs	culties	service	better	baby	others
Asymp. Sig.	.017	.006	.036	.036	.004	.030	.024	.003	.014	.012

Figure 9 – The ten questions identified by Kruskal-Wallis Test as having statistically different outcomes amongst the sties surveyed. "Asymp. Sig" is the p value.

A Mann-Whitney U test was conducted, comparing each site for each statistically significant question identified. The p value was set at <0.01, to correct for a Type 1 error occurring from repeated testing of the same values (Figure 10).

	Staff did not communicate with others involved in my care							Staff gave me the right amount of support					
	Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London		Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London
Leeds		0.670	0.893	0.049	0.087	0.104	Leeds		0.755	0.62	0.086	0.019	0.009
Winchester			0.684	0.446	0.413	0.57	Winchester			1	0.521	0.19	0.214
Newcastle				0.078	0.104	0.135	Newcastle				0.319	0.082	0.069
Birmingham					0.879	0.91	Birmingham					0.383	0.384
Bournemouth						0.833	Bournemouth						0.943
London							London						

	Staff listened to me and understood my problems							The service provided me with the information I needed					
	Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London		Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London
Leeds		0.589	0.62	0.118	0.183	0.221	Leeds		0.55	0.869	0.271	0.011	0.056
Winchester			0.862	0.17	0.19	0.214	Winchester			0.684	0.953	0.286	0.57
Newcastle				0.078	0.104	0.135	Newcastle				0.443	0.037	0.135
Birmingham					1	0.792	Birmingham					0.195	0.521
Bournemouth						0.833	Bournemouth						0.524
London							London						

	Staff were not sensitive to my needs							Staff helped me to understand my illness/difficulties					
	Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London		Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London
Leeds		0.67	0.599	0.126	0.725	0.027	Leeds		0.932	0.799	0.178	0.04	0.067
Winchester			0.521	0.599	0.556	0.368	Winchester			0.862	0.521	0.19	0.283
Newcastle				0.089	1	0.02	Newcastle				0.178	0.048	0.082
Birmingham					0.195	0.571	Birmingham					0.383	0.521
Bournemouth						0.065	Bournemouth						0.833
London							London						

	My partner was not well supported by the service							The service definitely helped me to get better					
	Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London		Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London
Leeds		0.977	0.94	0.039	0.22	0.024	Leeds		0.842	0.663	0.21	0.008	0.073
Winchester			1	0.262	0.413	0.154	Winchester			0.684	0.379	0.063	0.214
Newcastle				0.089	0.279	0.047	Newcastle				0.514	0.048	0.238
Birmingham					0.879	0.571	Birmingham					0.16	0.571
Bournemouth						0.524	Bournemouth						0.435
London							London						

	Staff helped me be more confident with caring for my baby							I would recommend this service to others					
	Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London		Leeds	Winchester	Newcastle	Birmingham	Bournemouth	London
Leeds		0.887	0.869	0.024	0.011	0.406	Leeds		0.842	0.964	0.391	0.068	0.073
Winchester			0.862	0.17	0.063	0.57	Winchester			0.862	0.521	0.19	0.214
Newcastle				0.089	0.037	0.571	Newcastle				0.514	0.104	0.135
Birmingham					0.442	0.384	Birmingham					0.279	0.384
Bournemouth						0.171	Bournemouth						0.833
London							London						

Figure 10 – Mann-Whitney U test between each combination of sites, for each questions. Only two questions gave results of statistically significant responses between sites (p=<0.01);

Leeds/London - 'staff gave me the right amount of support' and Leeds/Bournemouth - 'the service definitely helped me to get better'

## **Psychometric Evaluation**

### Face Validity

Questions have been developed from pre-existing perinatal mental health service questionnaires<sup>19</sup>. Themes were gained from inpatient groups and MBUs, providing a relevant foundation for the questions asked. Validity in satisfaction questionnaires suffers from being unable to provide a 'gold standard' to test against<sup>1</sup>, but the PROM's face validity is well established.

### Principal Components Analysis (PCA)

PCA identifies variables underpinning the PROM, by grouping them and establishing common 'components'<sup>15,20</sup>. This reduces the number of correlations produced amongst variables, presenting trends in the data collected<sup>20,21</sup>.

PCA was used on seventeen items, using oblique rotation in anticipation of variables being correlated<sup>21</sup>. The Keiser-Meyer-Olkin (KMO) value was calculated at 0.823, allowing PCA to be used<sup>21</sup> (*Figure 11*).

Kaiser-Meyer-Olkin Measure	.823	
	Approx. Chi-Square	610.511
Bartlett's Test of Sphericity	df	136
	Sig.	.000

#### KMO and Bartlett's Test

Figure 11 – SPSS output for PCA analysis of data. The KMO value measure whether reliable values can be made from the data set and 0.823 is a good score. Bartlett's Test of Sphericity is statistically significant and says that there are correlations amongst the data, enabling PCA to happen<sup>21</sup>.

PCA found four significant components with Eigenvalues >  $1^{20}$ . The Scree plot demonstrates this pictorially (*Figure 12*).

The Total Variance Matrix (*Figure 13*)demonstratesthat 42% of variance is from the first component, with the total variance across four components at 66%. 0.722 is a generally accepted loading level for this sample size<sup>21</sup> and was used to assess the rotated structure matrix (*Figure 14*).

The questions in each component are;

- Component 1 'The service provided me with the information I needed' 'Staff helped me to understand my illness/difficulties' 'The service involved other relevant people in a helpful way'
- Component 2 'Staff were not sensitive to my needs'
- Component 3 'Staff gave me the right amount of support'

'The service definitely helped me to get better'

'I would recommend this service to others'

Component 4 - 'Staff did not communicate with others involved in my care'

'Staff did not involve me enough in my care and treatment'

	Initial Figenvalues Extraction Sums of Squared Loadings Rotation Sums of Squared Loadings												
		iniuai Elgenvalu	ies	Extraction	n sums of square	ed Loadings	Rotation	sums of Square	a Loadings				
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %				
1	7.177	42.218	42.218	7.177	42.218	42.218	3.621	21.301	21.301				
2	1.715	10.087	52.305	1.715	10.087	52.305	2.914	17.141	38.442				
3	1.228	7.225	59.530	1.228	7.225	59.530	2.637	15.514	53.956				
4	1.066	6.268	65.797	1.066	6.268	65.797	2.013	11.841	65.797				
5	.934	5.492	71.290										
6	.825	4.851	76.140										
7	.706	4.155	80.296										
8	.634	3.730	84.025										
9	.547	3.216	87.242										
10	.465	2.738	89.980										
11	.426	2.505	92.485										
12	.302	1.777	94.262										
13	.279	1.644	95.906										
14	.222	1.306	97.212										
15	.202	1.189	98.401										
16	.153	.902	99.303										
17	.119	.697	100.000										
Extraction Met	.119 hod: Princip	1 .697 al Component Ar	100.000 nalysis.										

Total Variance Explained

Figure 13 - PCA Total Variance Matrix, showing that the first four components with Eigenvalues over 1 are responsible for 66% of variance. There should be as many total Components as there are questions in the questionnaire<sup>21</sup>.

Structure Matrix										
		Fac	tor							
	1	2	3	4						
Staff did not communicate with others involved in my care_Recoded	.326	.374	320	.740						
Staff gave me the right amount of support	.543	.395	761	.569						
l did not get help quickly enough after referral_Recoded	.656	.534	363	.401						
Staff listened to me and understood my problems	.587	.241	286	.146						
Staff did not treat me with respect and dignity_Recoded	.140	.547	207	.278						
The information I received from staff was useful and helpful	.713	.490	638	.204						
Staff did not involve me enough in my care and treatment_Recoded	.269	.514	427	.830						
The service provided me with the information I needed	.735	.446	584	.152						
Staff were not sensitive to my needs_Recoded	.513	.903	366	.410						
Staff helped me to understand my illness/difficulties	.749	.466	633	.423						
Staff were not sensitive to the needs of my baby_Recoded	.218	.634	350	.348						
My partner was not well supported by the service_Recoded	.547	.578	524	.448						
The service definitely helped me to get better	.466	.324	864	.284						
Staff helped me be more confident with caring for my baby	.594	.118	342	.267						
The service involved other relevant people in a helpful way	.798	.303	462	.257						
My discharge from the service was not well organised_Recoded	.245	.419	257	.185						
l would recommend this service to others	.418	.420	777	.352						

Extraction Method: Principal Axis Factoring. Rotation Method: Oblimin with Kaiser Normalization.

Figure 14 – A PCA Structure Matrix demonstrating the questions that are best associated with each component. The loading level for relevance is 0.722 and -0.722.

#### **Reliability**

#### PCA subscales with Cronbach's Alpha

Reliability was measured for each factor identified by PCA<sup>21</sup>. Components 1 and 3 were highly reliable (alpha> 0.8) withno indication that item deletion would improve reliability<sup>15,21</sup>.

#### General satisfaction - Cronbach's Alpha

PCA highlighted few questions, soCronbach's alphawas conducted with all 17 items. The alpha score was 0.903, hence very reliable *(Figure 15)*.Removal of two questions improved the alpha score to  $0.91^{15}$ . Item Total Correlation ascertains whether individual questions correlate positively with the full questionnaire, and reinforce the PROM's internal consistency. Correlation > 0.3 demonstrates good correlation<sup>21</sup> (Figure 16).

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Staff did not communicate with others involved in my care_Recoded	21.6912	29.739	.497	.899
Staff gave me the right amount of support	21.6176	28.747	.701	.894
l did not get help quickly enough after referral_Recoded	21.5294	27.447	.661	.894
Staff listened to me and understood my problems	21.6324	29.281	.443	.902
Staff did not treat me with respect and dignity_Recoded	21.7353	29.959	.346	.905
The information I received from staff was useful and helpful	21.5735	28.666	.699	.894
Staff did not involve me enough in my care and treatment_Recoded	21.6765	29.058	.548	.898
The service provided me with the information I needed	21.5000	28.582	.656	.895
Staff were not sensitive to my needs_Recoded	21.7500	28.907	.717	.894
Staff helped me to understand my illness/difficulties	21.6029	28.213	.752	.892
Staff were not sensitive to the needs of my baby_Recoded	21.6912	29.530	.470	.900
My partner was not well supported by the service_Recoded	21.5441	28.222	.690	.893
The service definitely helped me to get better	21.7353	29.660	.592	.897
Staff helped me be more confident with caring for my baby	21.5147	29.925	.441	.901
The service involved other relevant people in a helpful way	21.4412	28.668	.640	.895
My discharge from the service was not well organised_Recoded	21.5147	29.477	.361	.906
l would recommend this service to others	21.7794	29.757	.621	.897

Item-Total Statistics

Figure 15–SPSS data output for Cronbach's alpha reliability testing. Overall alpha score is 0.903. 'Staff did not treat me with respect and dignity' and 'My discharge from the service was not well organised' are two questions that, if removed, would improve already excellent reliability.

lt	em-Total Statistic	s		
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Staff did not communicate with others involved in my care_Recoded	19.0000	24.418	.487	.908
Staff gave me the right amount of support	18.9265	23.442	.709	.900
l did not get help quickly enough after referral_Recoded	18.8382	22.317	.657	.903
Staff listened to me and understood my problems	18.9412	23.877	.455	.910
The information I received from staff was useful and helpful	18.8824	23.329	.716	.900
Staff did not involve me enough in my care and treatment_Recoded	18.9853	23.746	.549	.906
The service provided me with the information I needed	18.8088	23.232	.676	.901
Staff were not sensitive to my needs_Recoded	19.0588	23.847	.663	.902
Staff helped me to understand my illness/difficulties	18.9118	22.888	.776	.898
Staff were not sensitive to the needs of my baby_Recoded	19.0000	24.328	.441	.910
My partner was not well supported by the service_Recoded	18.8529	23.053	.679	.901
The service definitely helped me to get better	19.0441	24.252	.605	.904
Staff helped me be more confident with caring for my baby	18.8235	24.386	.473	.908
The service involved other relevant people in a helpful way	18.7500	23.295	.663	.902
I would recommend this service to others	19.0882	24.410	.617	.904

# Figure 16 – Cronbach's Item-Total Statistics, demonstrating that after deletion of the two items, item total correlation is above 0.3 for the other items, so are measuring the same outcome<sup>20</sup>.

### Split-half reliability

Split-half reliability divides the PROM intwo and assesses correlation between both halves<sup>21</sup>. Correlation of>0.80 is deemed an acceptable level of reliability<sup>15,20</sup>. The PROM scored0.92.

### Inter-Item Correlation

Spearman's rho was used to calculate Inter-Item Correlation (Figure 17). Values of>0.7 and <0.3 denote strong and weak correlation respectively.

All strong correlations were highly statistically significant (p=<0.01). All results are positively correlated and the majority are highly statistically significant (p=<0.01).

#### Ease of PROM completion

78% of respondents felt the PROM was easy to complete. Those who disagreed felt reverse formatted questions were confusing, andthat the questionnaire was too long.

								Correlations									
			Staff did not communicate with others involved in my care_Recode d	Staff gave me the right amount of support	l did not get help quickly enough after referral_Reco ded	Staff listened to me and understood my problems	The information I received from staff was useful and helpful	Staff did not involve me enough in my care and treatment_Re coded	The service provided me with the information I needed	Staff were not sensitive to my needs_Recod ed	Staff helped me to understand my illness/difficult ies	Staff were not sensitive to the needs of my baby_Recode d	My partner was not well supported by the service_Reco ded	The service definitely helped me to get better	Staff helped me be more confident with caring for my baby	The service involved other relevant people in a helpful way	l would recommend this service to others
Spearman's rho	Staff did not communicate	Correlation Coefficient	1 000	536"	440**	292	318	562**	258	430**	452**	325	438**	286	193	230	292
opcannanonno	with others involved in my	Sig. (2 tailed)	1.000	.550	.440	.232	.510	.502	.230	.430	.432	.525	.430	.200	.155	.233	.232
	care_Recoded	Sig. (2-tailed)		.000	.000	.010	.008	.000	.033	.000	.000	.007	.000	.010	.114	.050	.010
	Stoff gove meethe right	N Operation Operations	68	68	68	68	68	68	80	80	68	68	68	68	68	68	68
	amount of support	Correlation Coefficient	.536	1.000	.413	.408	.533	.536	.538	.389	.554	.413	.605	.679	.374	.510	.580
	announcereuppent	Sig. (2-tailed)	.000		.000	.001	.000	.000	.000	.001	.000	.000	.000	.000	.002	.000	.000
		N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	l did not get help quickly	Correlation Coefficient	.440	.413	1.000	.385	.494	.468	.518	.612	.612	.444	.549	.312	.471	.598	.347
	referral Recoded	Sig. (2-tailed)	.000	.000		.001	.000	.000	.000	.000	.000	.000	.000	.010	.000	.000	.004
		N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	Staff listened to me and	Correlation Coefficient	.292	.408	.385	1.000	.487	.254	.486	.424	.498	.209	.418	.390	.301	.498	.411
	understood my problems	Sig. (2-tailed)	.016	.001	.001		.000	.037	.000	.000	.000	.088	.000	.001	.013	.000	.000
		N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	The information I received	Correlation Coefficient	.318	.533	.494	.487**	1.000	.385	.767	.480	.721	.437**	.459	.542	.343	.582	.446
	from staff was useful and	Sig. (2-tailed)	.008	.000	.000	.000		.001	.000	.000	.000	.000	.000	.000	.004	.000	.000
	neipiui	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	Staff did not involve me	Correlation Coefficient	.562	.536	.468	.254	.385	1.000	.357	.589	.477**	.715	.464**	.440**	.193	.303	.542
	enough in my care and	Sig. (2-tailed)	.000	.000	.000	.037	.001		.003	.000	.000	.000	.000	.000	.114	.012	.000
	treatment_Recoded	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	The service provided me	Correlation Coefficient	258	538	518	486**	767**	357**	1.000	499	686**	395	478**	518**	297	624**	440**
	with the information I	Sig. (2-tailed)	033	000	000	000	000	003		000	000	001	000	000	014	000	000
	needed	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	Staff were not sensitive to	Correlation Coefficient	430	390	612	424	480	589**	100	1 000	549**		610**	326	260	405**	390
	my needs_Recoded	Sin (2-tailed)	.450	.303	.012	.424	.400		.435	1.000	.545	.035	.013	.520	027	.405	.550
		N	000.	100.	000.	000.	.000.	000.	.000.		.000.	.000.	000.	100.	.027	100.	00.
	Staff heined me to	Correlation Coefficient	452**	554 <sup>**</sup>	612	409**	701**	477**	eoe**	540***	1 000	255	547 <sup>**</sup>	542 <sup>**</sup>	501 <sup>**</sup>	560**	515 <sup>**</sup>
	understand my	Sig (2 tailed)	.432	.000	.012	.430	.121	.477	.000	.349	1.000	.300	.347	.343	.501	.509	.515
	illness/difficulties	oly. (z-talleu)	.000	.000	.000	.000	.000	.000	.000	.000		.003	.000	.000	.000	.000	.000
	Staff ware not consitive to	N Occurrent of the occu	68	68	68	68	68	68	68	80	68	68	68	68	68	68	68
	the needs of my	Correlation Coefficient	.325	.413	.444	.209	.437	./15	.395	.699	.355	1.000	.548	.310	.143	.391	.484
	baby_Recoded	Sig. (2-tailed)	.007	.000	.000	.088	.000	.000	.001	.000	.003		.000	.010	.244	.001	.000
		N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	My partner was not well supported by the	Correlation Coefficient	.438	.605	.549	.418	.459	.464	.478	.619	.547	.548	1.000	.400	.298	.469	.521
	service_Recoded	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000		.001	.014	.000	.000
		N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	The service definitely	Correlation Coefficient	.286	.679	.312	.390	.542	.440	.518	.326	.543	.310	.400	1.000	.328	.451	.700
	neipeu nie to get better	Sig. (2-tailed)	.018	.000	.010	.001	.000	.000	.000	.007	.000	.010	.001		.006	.000	.000
		N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	Staff helped me be more	Correlation Coefficient	.193	.374**	.471	.301	.343	.193	.297	.268	.501	.143	.298	.328""	1.000	.539"	.306
	confident with caring for	Sig. (2-tailed)	.114	.002	.000	.013	.004	.114	.014	.027	.000	.244	.014	.006		.000	.011
	Thy baby	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	The service involved other	Correlation Coefficient	.239	.510	.598	.498	.582	.303	.624	.405**	.569	.391	.469	.451	.539	1.000	.381
	relevant people in a	Sig. (2-tailed)	.050	.000	.000	.000	.000	.012	.000	.001	.000	.001	.000	.000	.000		.001
	neipiul way	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
	I would recommend this	Correlation Coefficient	.292	.580	.347**	.411**	.446	.542**	.440	.390	.515	.484**	.521**	.700**	.306	.381**	1.000
	service to others	Sig. (2-tailed)	.016	.000	.004	.000	.000	.000	.000	.001	.000	.000	.000	.000	.011	.001	
		N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68

Corrolatione

\*\*. Correlation is significant at the 0.01 level (2-tailed). \*. Correlation is significant at the 0.05 level (2-tailed).

Figure 17 – Inter-Item Correlation for 17 item PROM questionnaire. Strong correlation is often classed as being >0.5, however in this situation I have chosen a higher correlation, as many of my

questions are correlated strongly<sup>21</sup>. A level of >0.7 has been selected as it denotes very strong correlation in my questions, and is still highly statistically significant (p=<0.01).

## **Discussion**

### **Satisfaction**

Similar to previous studies, patients are generally satisfied across all areas measured<sup>5,6</sup>. In thirteen of seventeen general questions over 90% of respondents were satisfied. Respondents were least satisfied withdischarge organisation,speed of referral and perceived support of their partner.Only two sites had highly statistically significant differences in satisfaction experienced, in just two questions (Figure 16).

Both 'My discharge from the service was not well organised' and 'My partner was not well supported by the service' hadequal highest levels of answers 'Don't Know' (n = 7, 10.3%), blank or 'N/A' (n = 6, 8.8%).Dissatisfaction with discharge organisationmay be owing to respondents assessing the efficiency of something they are yet to experience. Additionally, respondents maynot have a partner and havemarked 'Don't Know' for want of analternative. Of course there may be care quality issues in these areas.

#### Reported Health

Respondents reportingas 'Very Well' increased from 2% before contact with an MBU to 29% postcontact. Respondents that were 'Well' increased from 6% to 49%. Confounding factors such as medication, naturally improving mood and increased insight contribute to these findings. This should replace Questions 5 and 6, asacutely unwell respondents may have had no mental health issues until admission. Respondents appeared to find this question more acceptable, with only three respondents (4.5%) not answering the question.

#### Qualitative Responses

Qualitative questions highlight topics not already covered by a questionnaire<sup>5</sup>. 62% (n = 42) of respondents elaborated on previous answersand thanked MBU staff members for their help. Some reported frustration at reduced independence in daily tasks, whilst others requested access to basic housekeeping equipment.

### <u>PCA</u>

PCA shows variability in the PROM as follows;

Component 1 - perceived support from the MBU

Component 2 - staff sensitivity

Component 3 - MBU treatment effectiveness

Component 4 - staff communication

A sample size of 68 is not large enough for PCA; 300 subjects are required to ensure reliable results<sup>21</sup>by decreasing the loading value required to includequestions in each component<sup>21</sup>.

### Cronbach's Alpha

Cronbach's alpha reliability was calculated as 0.91, increased from 0.903 by removing 'Staff *did not treat me with respect and dignity*' and '*My discharge from the service was not well organised*' from the PROM. Although it is optional to remove questions that do not substantially improve reliability<sup>21</sup>, patients cannot comment on their impending discharge.

#### Inter-Item Correlation

Some items correlated strongly with high statistical significance (p=<0.01);

## 'The information I received from staff was useful and helpful'and 'The service provided me with the information I needed'and 'Staff helped me to understand my illness/difficulties'

Only one question about information is required. Although '*The service provided me with the information I needed*' asks about all types on information in one question, '*Staff helped me to understand my illness*' highly correlates and teststhe ability to convey clinical information with good communication skills and sensitivity towardspatients.

## 'Staff did not involve me enough in my care and treatment' with 'Staff were not sensitive to the needs of my baby'

Both questions above should remain as they measure care towards the patient and baby separately, and only weakly correlate with other questions. MBU feedback suggests baby specific questions are seldom asked, making potentially unique to the PROM.

## 'The service definitely helped me to get better'and'I would recommend this service to others'

Neither question is required. The former duplicates measuring health before and after MBU involvement (Figure 13) and the latter is the NHS Friends and Family Test question, which is already asked.

### Questionnaires returned by MBUs

Three MBUs returned site surveys. They agreed reverse formatted questions cause confusion and considered the bias against non-English speaking respondents.Questions surrounding care planning and specific treatmentswere requested. MBUsconfirmed that many patients are single, or do not want their partner involved in their care, making such questions unnecessary.PROM completion on the day of discharge was effective, and preferable to low response rates forpostal questionnaires.

## Limitations to study

### Missing data

Missing data makespsychometric evaluation difficult to complete. Calculating a mean respondent score for missing data allowed evaluation to occur, but would have been more valuable had all questions been completed.

Questions 5 and 6 had 63% missing data but, as already discussed, these can be replaced by measuring health before and after contact with MBUs. Additionally, this produces a measurable result without excluding acute patients or complicating data collection with unexpected answers.

Patients should be asked to identify as inpatients or outpatients at the start of the PROM to prevent respondents answering questions not intended for them, and wasting data through uncertainty of its source. Additionally it would highlight issues unique to either group which may be valuable to the originating MBU.

Missing data increased towards the end of the questionnaire, from 1% to 5% total blank items by the end of the general questions. Respondents may be losing interest in the PROM, or not understanding the later questions, soshortening the PROMmay improve completion.

### Likert Scale

The PROM Likert scale is not without issues. As already discussed, there are differing opinions about the positioning of 'Don't Know' to denote neutrality<sup>22</sup>.

Previous studies found neutral middle points dissuade respondents away from negative answers<sup>23, 24</sup>, and encourage central tendency bias through consistently neutral responses<sup>25</sup>. However, a neutral midpoint does not force a respondent into an opinion<sup>22</sup>, providing an alternative for people who 'Don't Know'<sup>24</sup>. Some PROM respondents asked why there was no neutral response, so a midpoint on the Likert scale would be useful.

### **Reverse Formatted Questions**

Nine respondents (13%) commented that reverse worded questions were confusing. Reverse format questions are commonly used to avoid bias<sup>11</sup>, but can make questionnaires harder to complete, risking mistakes through confusion with no material change to bias levels<sup>26</sup>.

#### Response Rate

The response rate could not be calculated without, but as the PROM is designed for a small patient population it is imperative that response rates are optimised. Other than complicating statistical analysis, a poor response rate introduces bias by overlooking characteristics of non-responders, compromising the reliability of conclusions drawn<sup>22</sup>.

## **Conclusion**

The following revisions are suggested to the PROM to improve reliability, psychometric properties and acceptability to patients as a satisfaction questionnaire.

• Remove;

'Staff did not treat me with respect and dignity'

'My discharge from the service was not well organised'

'The information I received from staff was useful and helpful'

'I would recommend this service to others'

'The service definitely helped me to get better'

'My partner was not well supported by the service'

- Ask respondents to identify as inpatients or outpatients
- Consider rewording reverse formatted questions.
- Consider additional questions regarding care planning and specific treatments.
- Create a neutral anchor point of 'neither agree nor disagree' on the Likert scale to encourage non-responders to provide an answer

## **Future considerations for PROM**

### Non-English speaking participants

The pilot version of PROM has not considered the need for foreign language PROMs. Future studies would need to consider this.

#### Questionnaire burden

It is unknown how long the PROM takes to complete.Lengthy questionnaires are sufficiently burdensome to cause lowresponse rates<sup>28</sup>. Future studies would assess the time required to complete the PROM, being cautious not to shorten further at the expense of the psychometric properties<sup>27</sup>.

### MBU Feedback

The various care structures found in MBUs need further investigation so that a useful, service wide PROM can be achieved. The PROM would be an additional satisfaction questionnaire for patients to complete, so minimising the additional burden on staff to deliver the PROM must be considered.

### **Online Questionnaire**

The PROM received one online response, so is unsuitable for measuring satisfaction in this setting. It is unknown why an online PROM is undesirable, but may be owing to the lack of human involvement in the process<sup>17</sup>.

WORD COUNT - 2987

## **References**

1. Barnett SF, Alagar RK, Grocott MP, Giannaris S, Dick JR, Moonesinghe SR. Patientsatisfaction measures in anesthesia: qualitative systematic review. Anesthesiology. 2013;119(2):452-78.

2. Ladhari R, Rigaux-Bricmont B. Determinants of patient satisfaction with public hospital services. Health Mark Q. 2013;30(4):299-318.

3. Stallard P. The role and use of consumer satisfaction surveys in mental health services. Journal of Mental Health. 1996;5(4):16.

4.UI-haq I. Patients' Satisfaction with a Psychiatric Day Hospital in the West Galway Catchments Area. Irish Journal of Psychological Medicine. 2012;29(2):85-90.

5.Neil S, Sanderson H, Wieck A. A satisfaction survey of women admitted to a Psychiatric Mother and Baby Unit in the northwest of England. Arch Womens Ment Health. 2006;9(2):109-12.

6.Antonysamy A, Wieck A, Wittkowski A. Service satisfaction on discharge from a psychiatric mother and baby unit: a representative patient survey. Arch Womens Ment Health. 2009;12(5):359-62.

7.Sitzia J, Wood N. Patient satisfaction: a review of issues and concepts. Soc Sci Med. 1997;45(12):1829-43.

8.Greenwood N, Key A, Burns T, Bristow M, Sedgwick P. Satisfaction with in-patient psychiatric services. Relationship to patient and treatment factors. Br J Psychiatry. 1999;174:159-63.

9.Längle G, Baum W, Wollinger A, Renner G, U'Ren R, Schwärzler F, et al. Indicators of quality of in-patient psychiatric treatment: the patients' view. Int J Qual Health Care. 2003;15(3):213-21.

10.Thomas LH, McColl E, Priest J, Bond S, Boys RJ. Newcastle satisfaction with nursing scales: an instrument for quality assessments of nursing care. Qual Health Care. 1996;5(2):67-72.

11.Dexter F, Aker J, Wright WA. Development of a measure of patient satisfaction with monitored anesthesia care: the Iowa Satisfaction with Anesthesia Scale. Anesthesiology. 1997;87(4):865-73.

12.Collins K, O'Cathain A. The continuum of patient satisfaction--from satisfied to very satisfied. Soc Sci Med. 2003;57(12):2465-70.

13. Avis M, Bond M, Arthur A. Satisfying solutions? A review of some unresolved issues in the measurement of patient satisfaction. J Adv Nurs. 1995;22(2):316-22.

14. Siegrist R. Patient Satisfaction: History, Myths and Misperceptions. American Medical Association Journal of Ethics. 2013;15(11):982-7.

15.Maltby J, Day L, Macaskill A. Personality, individual differences, and intelligence. 2nd ed. ed. Upper Saddle River, N.J.: Prentice Hall ; London : Pearson Education [distributor]; 2010.

16.Nunnally JC. Psychometric theory. 2nd ed. ed. New York ; London: McGraw-Hill; 1978.

17.Nulty D. The adequacy of response rates to online and paper surveys: what can be done? Assessment & Evaluation in Higher Education. 2008;33(3):301-14.

18.Rust J, Golombok S. Modern psychometrics : the science of psychological assessment. 3rd ed. ed. London: Routledge; 2009.

19.Smith C. Validation of a Patient Satisfaction System in the United Kingdom. Quality Assurance in Health Care. 1992;4(3):171-7.

20.Howitt D, Cramer D. An introduction to statistics in psychology. 3rd ed. ed. Harlow: Pearson/Prentice Hall; 2005.

21.Field AP. Discovering statistics using IBM SPSS statistics : and sex and drugs and rock 'n' roll. 4th ed. ed. London: SAGE; 2013.

22.Machin D, Campbell MJP. Design of studies for medical research. Chichester: J. Wiley; 2005.

23.Garland R. The Mid-Point on a Rating Scale: Is it Desirable? Marketing Bulletin. 1991;2:66-70.

24.Tsang K. The use of midpoint on Likert Scale: The implications for educational research. Hong Kong Teachers' Centre Journal. 2012;11:121-30.

25.Petrie A, Sabin C. Medical statistics at a glance. 3rd ed. ed. Chichester: Wiley-Blackwell; 2009.

26.van Sonderen E, Sanderman R, Coyne J. Ineffectiveness of Reverse Wording of Questionnaire Items: Let's Learn from Cows in the Rain. PLoS ONE. 2013;8(7).

27.Rolstad S, Adler J, Rydén A. Response burden and questionnaire length: is shorter better? A review and meta-analysis. Value Health. 2011;14(8):1101-8.

## Appendix

### Winchester Perinatal PROM Patient Rated Outcome and Experience Measure

We are always trying to improve the quality of the service we provide. To help us do this we would be grateful if you could give us your views regarding the service you have received from us. If you have a partner, or someone who has been closely involved in supporting you, who would also like to express their views on the care we offered you, we have enclosed another form for them to fill in. If you would prefer to complete this online please visit <a href="http://goo.gl/TiXvfg">http://goo.gl/TiXvfg</a>

- I am a patient
- □ I am a partner/other (when answering questions, 'me' or 'my' means the mum/patient)

1. Please rate your view of the service based on your own experiences. Please try to tick one answer for each	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
of the questions:					
Staff did not communicate with others involved in my care					
Staff gave me the right amount of support					
I did not get help quickly enough after referral					
Staff listened to me and understood my problems					
Staff <b>did not</b> treat me with respect and dignity					
The information I received from staff was useful and helpful					
Staff <b>did not</b> involve me enough in my care and treatment					
The service provided me with the information I needed					
Staff were not sensitive to my needs					
Staff helped me to understand my illness/difficulties					
Staff were not sensitive to the needs of my baby					
My partner was not well supported by the service					
The service definitely helped me to get better					
Staff helped me be more confident with caring for my baby					
The service involved other relevant people in a helpful way					
My discharge from the service <b>was not</b> well organised					
I would recommend this service to others					

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2. If you have been on the Mother and Baby Unit:	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
The unit was clean and hygienic					
The unit <b>did not</b> provide a good place for me to recover in					
The unit <b>did not</b> provide helpful activities and therapies					
The unit provided a good place for my baby to be with me					
The unit supported me in my contact with family and friends					
The food provided was not acceptable to me					

3. Please rate how your mental health has been	Very well	Well	Unwell	Very unwell	Extremely unwell					
When I first came into contact with the service, I was										
When I was discharged from the service, I was										
When you first came into contact with the service, how many days out of the previous 30 had your mental health interfered with your usual activities?										
When you were discharged from the service, how many days out of the previous 30 had your mental health interfered with your usual activities?										

4. Please use this space for any other comments about the service and how we could improve it

 5. This questionnaire was easy to fill in
 Strongly agree
 Agree
 Disagree
 Strongly disagree

 Please use the space below for any other comments about this questionnaire

Thank you for completing this questionnaire. If you wish to find out more about the Perinatal Feedback Questionnaire please contact the Perinatal Quality Network on 0207 977 6691

Would you be interested in contributing to the improvement of our service by participating in discussion/meetings? No Yes

<u>OPTIONAL</u>: If you want to be contacted about helping with our service improvement, please write your name address/email below. If you prefer, you can tear off and send it to us separately.

Figure 1 – Perinatal Patient Rated Outcome and Experience Measure (PROM) Questionnaire that was sent to eight MBUs as part of the project.

# <u>Staff views on Patient Rated Outcome Measure –</u> <u>SURVEY</u>

Thank you for your assistance with the PROM pilot. Please could you give me some brief feedback regarding your experiences with the PROM.

Thank you.

Site Name:-

Number of PROMs sent out:-

1. Your comments/suggestions about the form itself :

2. Any difficulties/comments/suggestions made by patients/partners about the form itself:

3. Your difficulties/comments/suggestions with distributing the PROM:

5. Were	there	benefits	of using	the	PROM?
5	cifere	Deficities	or using	circ	

6. Suggestions for improving response rates:

7. Any other comments;

Figure 2 – Questionnaire on staff views of the PROM. This was sent out to the six MBUs that returned questionnaires to assess their opinion on the PROM, and comment on the practicalities of implementation

#### Staff did not communicate with others involved in my care\_Recoded

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Disagree	24	88.9	88.9	88.9
		Disagree	3	11.1	11.1	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Disagree	3	75.0	75.0	75.0
		Disagree	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Disagree	11	91.7	91.7	91.7
		Disagree	1	8.3	8.3	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Disagree	6	50.0	50.0	50.0
		Disagree	5	41.7	41.7	91.7
		Agree	1	8.3	8.3	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Strongly Disagree	2	40.0	40.0	40.0
		Disagree	3	60.0	60.0	100.0
		Total	5	100.0	100.0	
London	Valid	Strongly Disagree	4	50.0	50.0	50.0
		Disagree	4	50.0	50.0	100.0
		Total	8	100.0	100.0	

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Agree	23	85.2	85.2	85.2
		Agree	4	14.8	14.8	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Agree	3	75.0	75.0	75.0
		Agree	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Agree	9	75.0	75.0	75.0
		Agree	3	25.0	25.0	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Agree	6	50.0	50.0	50.0
		Agree	6	50.0	50.0	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Strongly Agree	1	20.0	20.0	20.0
		Agree	4	80.0	80.0	100.0
		Total	5	100.0	100.0	
London	Valid	Strongly Agree	2	25.0	25.0	25.0
		Agree	6	75.0	75.0	100.0
		Total	8	100.0	100.0	

Staff gave me the right amount of support

#### I did not get help quickly enough after referral\_Recoded

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Disagree	19	70.4	70.4	70.4
		Disagree	6	22.2	22.2	92.6
		Agree	2	7.4	7.4	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Disagree	3	75.0	75.0	75.0
		Disagree	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Disagree	11	91.7	91.7	91.7
		Disagree	1	8.3	8.3	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Disagree	6	50.0	50.0	50.0
		Disagree	6	50.0	50.0	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Strongly Disagree	1	20.0	20.0	20.0
		Disagree	3	60.0	60.0	80.0
		Agree	1	20.0	20.0	100.0
		Total	5	100.0	100.0	
London	Valid	Strongly Disagree	4	50.0	50.0	50.0
		Disagree	2	25.0	25.0	75.0
		Agree	1	12.5	12.5	87.5
		Strongly Agree	1	12.5	12.5	100.0
		Total	8	100.0	100.0	

#### Staff listened to me and understood my problems

d)L

			1		1	Cumulative	٦		Staff did not treat me with respect and dignity_Recoded						The information I received from staff was useful and helpful							
Site name Leeds	Valid	Strongly Agree	Frequency 22	Percent 81.5	Valid Percent 81.5	Percent 81.5	-	Site name			Frequency	Percent	Valid Percent	Cumulative Percent		Site name			Frequency	Percent	Valid Percent	Cumulative Percent
		Agree	4	14.8	14.8	96.3		Leeds	Valid	Strongly Disagree	23	85.2	85.2	85.2		Leeds	Valid	Strongly Agree	19	70.4	70.4	70.4
		Strongly Disagree	1	3.7	3.7	100.0				Disagree	3	11.1	11.1	96.3				Agree	8	29.6	29.6	100.0
		Total	27	100.0	100.0					Strongly Agree	1	3.7	3.7	100.0				Total	27	100.0	100.0	
Winchester	Valid	Strongly Agree	4	100.0	100.0	100.0	1			Total	27	100.0	100.0			Winchester	Valid	Strongly Agree	4	100.0	100.0	100.0
Newcastle	Valid	Strongly Agree	11	91.7	91.7	91.7	1	Winchester	Valid	Strongly Disagree	3	75.0	75.0	75.0		Newcastle	Valid	Strongly Agree	8	66.7	66.7	66.7
		Agree	1	8.3	8.3	100.0				Disagree	1	25.0	25.0	100.0				Agree	4	33.3	33.3	100.0
		Total	12	100.0	100.0					Total	4	100.0	100.0					Total	12	100.0	100.0	
Birmingham	Valid	Strongly Agree	6	50.0	50.0	50.0		Newcastle	Valid	Strongly Disagree	12	100.0	100.0	100.0		Birmingham	Valid	Strongly Agree	6	50.0	50.0	50.0
		Agree	4	33.3	33.3	83.3		Birmingham	Valid	Strongly Disagree	9	75.0	75.0	75.0				Agree	6	50.0	50.0	100.0
		Disagree	2	16.7	16.7	100.0		-		Disagree	2	16.7	16.7	91.7				Total	12	100.0	100.0	
		Total	12	100.0	100.0		-			Stronaly Agree	1	83	83	100.0		Bournemouth	Valid	Stronaly Aaree	1	20.0	20.0	20.0
Bournemouth	Valid	Strongly Agree	2	40.0	40.0	40.0				Total	12	100.0	100.0					Adree	4	80.0	80.0	100.0
		Agree	3	60.0	60.0	100.0		Bournemouth	Valid	Strongly Disagree	5	100.0	100.0	100.0				Total	5	100.0	100.0	100.0
		lotal	5	100.0	100.0			London	Valid	Strongly Disagree		50.0	50.0	50.0		London	Valid	Strongly Agree	2	27.5	27.5	27.5
London	Valid	Strongly Agree	4	50.0	50.0	50.0		London	valid	Strongly Disagree	4	50.0	50.0	50.0		London	vallu	Strongly Agree	3	37.5	37.5	37.5
		Agree	4	50.0	50.0	100.0				Disagree	4	50.0	50.0	100.0				Agree	5	62.5	62.5	100.0
		Total	8	100.0	100.0		പപ			Total	8	100.0	100.0		f)			Total	8	100.0	100.0	
							Ξ,								י,							

#### Staff did not involve me enough in my care and treatment\_Recoded

· · · · · · · · · · · · · · · · · · ·	The service	provided me	with the	information	l needed
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Staff were not sensitive to my needs\_Recoded

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Disagree	23	85.2	85.2	85.2
		Disagree	4	14.8	14.8	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Disagree	3	75.0	75.0	75.0
		Disagree	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Disagree	10	83.3	83.3	83.3
		Disagree	2	16.7	16.7	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Disagree	7	58.3	58.3	58.3
		Disagree	4	33.3	33.3	91.7
		Strongly Agree	1	8.3	8.3	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Strongly Disagree	3	60.0	60.0	60.0
		Disagree	2	40.0	40.0	100.0
		Total	5	100.0	100.0	
London	Valid	Strongly Disagree	4	50.0	50.0	50.0
		Disagree	4	50.0	50.0	100.0
		Total	8	100.0	100.0	

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Agree	19	70.4	70.4	70.4
		Agree	8	29.6	29.6	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Agree	2	50.0	50.0	50.0
		Agree	2	50.0	50.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Agree	8	66.7	66.7	66.
		Agree	4	33.3	33.3	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Agree	6	50.0	50.0	50.0
		Agree	5	41.7	41.7	91.3
		Disagree	1	8.3	8.3	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Agree	5	100.0	100.0	100.0
London	Valid	Strongly Agree	2	25.0	25.0	25.0
		Agree	6	75.0	75.0	100.0
		Total	8	100.0	100.0	

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Disagree	24	88.9	88.9	88.9
		Disagree	3	11.1	11.1	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Disagree	3	75.0	75.0	75.0
		Disagree	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Disagree	12	100.0	100.0	100.0
Birmingham	Valid	Strongly Disagree	7	58.3	58.3	58.3
		Disagree	4	33.3	33.3	91.7
		Agree	1	8.3	8.3	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Strongly Disagree	5	100.0	100.0	100.0
London	Valid	Strongly Disagree	3	37.5	37.5	37.5
		Disagree	5	62.5	62.5	100.0
		Total	8	100.0	100.0	

#### Staff helped me to understand my illness/difficulties

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Agree	21	77.8	77.8	77.8
		Agree	6	22.2	22.2	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Agree	3	75.0	75.0	75.0
		Agree	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Agree	10	83.3	83.3	83.3
		Agree	2	16.7	16.7	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Agree	6	50.0	50.0	50.0
		Agree	6	50.0	50.0	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Strongly Agree	1	20.0	20.0	20.0
		Agree	4	80.0	80.0	100.0
		Total	5	100.0	100.0	
London	Valid	Strongly Agree	3	37.5	37.5	37.5
		Agree	4	50.0	50.0	87.5
		Disagree	1	12.5	12.5	100.0
		Total	8	100.0	100.0	

#### Staff were not sensitive to the needs of my baby\_Recoded

Rito namo			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Disagree	23	85.2	85.2	85.2
		Disagree	4	14.8	14.8	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Disagree	3	75.0	75.0	75.0
		Disagree	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Disagree	9	75.0	75.0	75.0
		Disagree	2	16.7	16.7	91.7
		Strongly Agree	1	8.3	8.3	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Disagree	9	75.0	75.0	75.0
		Disagree	3	25.0	25.0	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Strongly Disagree	4	80.0	80.0	80.0
		Disagree	1	20.0	20.0	100.0
		Total	5	100.0	100.0	
London	Valid	Strongly Disagree	3	37.5	37.5	37.5
		Disagree	5	62.5	62.5	100.0
		Total	8	100.0	100.0	

#### My partner was not well supported by the service\_Recoded

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Disagree	21	77.8	77.8	77.8
		Disagree	5	18.5	18.5	96.3
		Agree	1	3.7	3.7	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Disagree	3	75.0	75.0	75.0
		Disagree	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Disagree	9	75.0	75.0	75.0
		Disagree	3	25.0	25.0	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Disagree	4	33.3	33.3	33.3
		Disagree	8	66.7	66.7	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Strongly Disagree	2	40.0	40.0	40.0
		Disagree	3	60.0	60.0	100.0
		Total	5	100.0	100.0	
London	Valid	Strongly Disagree	2	25.0	25.0	25.0
		Disagree	5	62.5	62.5	87.5
		Agree	1	12.5	12.5	100.0
		Total	8	100.0	100.0	

#### The service definitely helped me to get better

#### Staff helped me be more confident with caring for my baby

#### The service involved other relevant people in a helpful way

	Site name			Frequency	Percent	Valid Percent	Cumulative Percent
	Leeds	Valid	Strongly Agree	25	92.6	92.6	92.6
			Agree	2	7.4	7.4	100.0
			Total	27	100.0	100.0	
	Winchester	Valid	Strongly Agree	4	100.0	100.0	100.0
	Newcastle	Valid	Strongly Agree	10	83.3	83.3	83.3
			Agree	2	16.7	16.7	100.0
			Total	12	100.0	100.0	
	Birmingham	Valid	Strongly Agree	8	66.7	66.7	66.7
			Agree	4	33.3	33.3	100.0
			Total	12	100.0	100.0	
	Bournemouth	Valid	Strongly Agree	1	20.0	20.0	20.0
			Agree	4	80.0	80.0	100.0
			Total	5	100.0	100.0	
	London	Valid	Strongly Agree	4	50.0	50.0	50.0
			Agree	4	50.0	50.0	100.0
m)			Total	8	100.0	100.0	

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Agree	19	70.4	70.4	70.4
		Agree	8	29.6	29.6	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Agree	3	75.0	75.0	75.0
		Agree	1	25.0	25.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Agree	8	66.7	66.7	66.7
		Agree	4	33.3	33.3	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Agree	3	25.0	25.0	25.0
		Agree	9	75.0	75.0	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Agree	5	100.0	100.0	100.0
London	Valid	Strongly Agree	4	50.0	50.0	50.0
		Agree	4	50.0	50.0	100.0
		Total	8	100.0	100.0	

Site name			Frequency	Percent	Valid Percent	Cumulative Percent
Leeds	Valid	Strongly Agree	16	59.3	59.3	59.3
		Agree	10	37.0	37.0	96.3
		Disagree	1	3.7	3.7	100.0
		Total	27	100.0	100.0	
Winchester	Valid	Strongly Agree	2	50.0	50.0	50.0
		Agree	2	50.0	50.0	100.0
		Total	4	100.0	100.0	
Newcastle	Valid	Strongly Agree	7	58.3	58.3	58.3
		Agree	5	41.7	41.7	100.0
		Total	12	100.0	100.0	
Birmingham	Valid	Strongly Agree	5	41.7	41.7	41.7
		Agree	7	58.3	58.3	100.0
		Total	12	100.0	100.0	
Bournemouth	Valid	Agree	5	100.0	100.0	100.0
London	Valid	Strongly Agree	3	37.5	37.5	37.5
		Agree	5	62.5	62.5	100.0
		Total	8	100.0	100.0	

#### My discharge from the service was not well organised Recoded

						Cumulative	1				
Site name			Frequency	Percent	Valid Percent	Percent		Sito nomo			Frequency
Leeds	Valid	Strongly Disagree	19	70.4	70.4	70.4	1	Sile hanne	Valid	Otropaly Aaroo	
		Disagree	6	22.2	22.2	92.6		Leeus	vallu	Strongly Agree	25
		Agree	1	3.7	3.7	96.3				Agree	2
		Strongly Agree	1	3.7	3.7	100.0				Total	27
		Total	27	100.0	100.0			Winchaetar	Valid	Strongly Agree	
Winchester	Valid	Strongly Disagree	3	75.0	75.0	75.0		vvinchester	vanu	Strongly Agree	4
		Disagree	1	25.0	25.0	100.0		Newcastle	Valid	Strongly Agree	11
		Total	4	100.0	100.0					Agree	1
Newcastle	Valid	Strongly Disagree	9	75.0	75.0	75.0				Total	12
		Disagree	1	8.3	8.3	83.3				Total	12
		Agree	2	16.7	16.7	100.0		Birmingham	Valid	Strongly Agree	9
		Total	12	100.0	100.0					Agree	3
Birmingham	Valid	Strongly Disagree	7	58.3	58.3	58.3				Total	12
		Disagree	5	41.7	41.7	100.0				Total	12
		Total	12	100.0	100.0			Bournemouth	Valid	Strongly Agree	2
Bournemouth	Valid	Strongly Disagree	3	60.0	60.0	60.0				Agree	3
		Disagree	1	20.0	20.0	80.0				Total	-
		Agree	1	20.0	20.0	100.0				Total	3
		Total	5	100.0	100.0			London	Valid	Strongly Agree	4
London	Valid	Strongly Disagree	2	25.0	25.0	25.0				Agree	4
		Disagree	6	75.0	75.0	100.0				Total	
		lotal	8	100.0	100.0		1 ()			1.0100	0

#### p)

Figure 6 - Cross tabulation of the answer for each questions, for each site. There are a couple of unexpected answers in the data, but looking back through SPSS it appears these answers may be mistakes in marking as the other answers, and comments at the end do not reinforce the response

#### I would recommend this service to others

4

5 100.0

8

Cumulative

Percent

92.6

100.0

100.0

91.7

100.0

75.0

100.0

40.0

100.0

50.0

100.0

Valid Percent

92.6

7.4

100.0

100.0

91.7

8.3

100.0

75.0

25.0

100.0

40.0

60.0

100.0

50.0

50.0

100.0

Percent

92.6

7.4

100.0

100.0

91.7

8.3

100.0

75.0

25.0

100.0

40.0

60.0

50.0

50.0

100.0



Figure 12 – A Scree Plot of the factors found in the PROM by PCA. An Eigenvalue above 1 is deemed to be important, and this shows that the first component has a very high Eigenvalue, the second component has an Eigenvalue a little under 2 and then a gradual decline happens. It is acceptable to choose your number of components from a Scree plot, and generally this is done at the point of inflexion, in this case at two components (22).