Implementing Care Opinion in Northern Ireland: survey of author perceptions in October 2021

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# Report summary

Care Opinion launched in Northern Ireland in August 2020. Fourteen months later, we surveyed a random sample of 448 adults who had posted a story on the site and received a response.

125 people responded to our survey. A large majority reported a positive experience of online feedback. **94% of respondents were glad they had used Care Opinion and 91% would use it again.**

Users were strongly motivated by a small number of positive, prosocial goals:

* **praising health/care staff**
* **informing other patients**
* **improving standards of care**

These findings are consistent with Oxford University’s previous research on why people post feedback online. Three-quarters of users felt they achieved their aims in using the platform, and a similar proportion felt their feedback had been heard and understood by health/care staff.

Our respondents placed strong emphasis on knowing that their feedback, whether positive or negative, had reached the staff or services it related to. They valued a timely, personal response from relevant services, where necessary acknowledging the issues raised and describing improvement plans.

This study suggests that Care Opinion has already established trust and approval with many health/care users. It deepens our understanding of why people post feedback online, and how a moderated feedback platform can achieve high levels of user trust and satisfaction. It also indicates how, in many ways, people’s satisfaction with Care Opinion is always going to depend strongly on how health/care staff engage with online feedback.

These findings are very encouraging as we continue to work with the Public Health Agency in Northern Ireland to extend the awareness, use and impact of online feedback across the system. In addition, the findings are already stimulating new developments for Care Opinion’s online platform.

# Context

Care Opinion’s online feedback service launched in Northern Ireland in August 2020, following a commitment by the Northern Ireland Assembly that there should be an online patient/user feedback system for health and care services. This was one of the recommendations of the 2016 Bengoa report.

The overall goal of this policy is “to enable impactful engagement with patients and the public in a fully open and transparent way that supports meaningful engagement and drives sustainable, measurable service improvement”.

In early October 2021 we surveyed a sample of people who had posted a story on Care Opinion. The aims of our survey were to assess:

* The **motivations** of people posting feedback on Care Opinion
* The **outcomes** people felt they had achieved by giving feedback in this way
* Overall views of **the value** of having used Care Opinion

In addition, we aimed to compare the motivations of NI story authors with the results of a previous study of the motivations of UK adults who had posted some form of online feedback about their care (van Velthoven et al, 2018).

# Method

We undertook an online survey of a sample of adults living in Northern Ireland who had posted a story on Care Opinion in the period March-August 2021 and had received an online response to their story. We invited people by email with a reminder after 7 days.

This study meets the criteria for “service evaluation” rather than “research” and so ethical approval was not required (<http://www.hra-decisiontools.org.uk/research/>).

# Results

## Response rate

Of the 488 people invited to participate, 22 invitations were undeliverable and 125 submitted a survey response.

The overall response rate was therefore 125 / (488 - 22) = 27% of our sample.

## Why do people post feedback on Care Opinion?

We asked people whether they had a particular aim in mind when posting their story.

For this question, we offered the same categories as those used in previously published research from the Inquire UK study (van Velthoven, 2018). Note that respondents in both surveys could choose more than one option.

|  |  |  |
| --- | --- | --- |
|  | This survey | van Velthoven, 2018 |
| **Reason** | **Count** | **%** | **Count** | **%** |
| To praise the service I received | 109 | 45 | 53 | 36 |
| To inform other patients | 68 | 28 | 57 | 39 |
| To improve the standard of care | 25 | 10 | 23 | 15 |
| I was asked to by a professional | 10 | 4 | 3 | 2 |
| To complain about the service | 8 | 3 | 9 | 6 |
| Other | 6 | 2 | 12 | 9 |
| To complain about a professional | 5 | 2 | 5 | 4 |
| To complain about treatment | 4 | 1 | 7 | 5 |
| I was asked to by someone else | 3 | 1 | 3 | 2 |
| Don't know | 0 | 0 | 6 | 4 |
|  | n=125 |  | n = 147 |  |

Our results are very close to those found in the 2018 study, which asked a random sample of UK adults. In both our survey and the 2018 research, the top three reasons are the same (to praise, to inform, to improve). In our current survey, 45% of respondents reported posting their story “to praise the service”, which is higher than the 36% reported by van Velthoven et al.

These results suggest that Northern Ireland authors using Care Opinion are more likely to be motivated by expressing praise or gratitude, when compared with UK authors as a whole.

We also asked the open-ended question “Why did you post your story on Care Opinion?”, with free-text responses. Unsurprisingly, responses to this question reflect the motivations shown in the table above, with the largest group of comments relating to gratitude and praise:

“I wanted the staff at Antrim Hospital to know how amazing they are.”

“All the staff needed to be praised for all their hard work and support especially during Covid.”

“My daughter and I had such a positive experience we felt we needed to acknowledge it.”

“I wanted the staff to know that I really appreciated their kindness and that they put me at ease about my procedure.”

“I wanted the staff that cared for my mum to have recognition for all their hard work & dedication.”

Such comments frequently emphasised both “wanting staff to know” that their care had been valued, and at the same time wanting staff “to be recognised” by others within or outside of health services. Respondents hoped that a public online platform could help them achieve both of these goals. This is consistent with findings from the Inquire UK study (Mazanderani, 2021).

A second theme in the comments related to highlighting concerns or noting areas for improvement in services:

“To highlight the problem without making a formal complaint.”

“Because I felt improvements could be made to the patient journey with fairly simple adjustments.”

“I did not want anyone else to experience what I experienced.”

Sometimes an author had already tried to raise the issue in another way:

“When I mentioned it to the staff member on the ward instead of listening and responding they just looked annoyed at me mentioning it.”

“I was fed up waiting on an answer as to why I didn’t get a reply to my query.”

A third theme, again reflecting the quantitative responses, related to helping or informing other users of the same service:

“To share my good experience and to encourage others who might be wary of social workers.”

“To give people a chance to read what I went through and maybe give them some hope.”

“Thought it might help people who, like me, had not been in hospital before and were feeling anxious about it.”

“Provide reassurance to other expectant mothers as there was so much negative press given to giving birth in a pandemic.”

## Feeling heard and understood

We asked respondents whether, from the response(s) to their story, they felt heard and understood. 123 people answered this question.

|  |  |  |
| --- | --- | --- |
| **Felt heard and understood** | **Count** | **%** |
| Definitely no | 3 | 2 |
| Probably no | 4 | 3 |
| Not sure | 24 | 19 |
| Probably yes | 25 | 20 |
| Definitely yes | 67 | 54 |

Almost three-quarters of respondents (74%) said they probably or definitely felt understood. We asked why people felt the way they did.

### Respondents who felt heard and understood

People who felt heard and understood placed emphasis on being able to see their story had been read, the speed and personal nature of the response, and seeing that their posting had been appreciated, or was leading to specific actions:

“I got a comprehensive response which assured me the staff involved would receive our positive feedback.”

“I was replied to personally and not by a computer.”

“It was acknowledged promptly and obviously appreciated.”

“The response was comprehensive. Totally showed that my concerns were not only being taken on board but were considered legitimate and that remedial action would be taken.”

In some cases, the author had also received a face-to-face acknowledgement of their feedback:

“At an outpatient appointment the consultant thanked us for our feedback”

### Respondents who did not feel heard and understood

About 5% of people did not feel heard or understood. Often this was because, despite receiving a response, there was no evidence the feedback has reached the staff or service concerned:

“Nothing has changed as I’ve had no contact from X Health Centre about the matter or how to make it better either.”

“I don’t think the relevant staff were informed, as the consultant and secretary at the review meeting didn’t know about the post.”

## Positive and negative outcomes of posting a story

We asked people whether they felt their story led to any positive or negative outcomes for themselves, for staff, or for other people.

|  |  |  |
| --- | --- | --- |
|  | **Positive outcomes** | **Negative outcomes** |
| Outcomes for… | Count | % | Count | % |
| You | 28 | 17 | 1 | 1 |
| Health/care staff or services | 51 | 31 | 1 | 1 |
| Other people | 23 | 14 | 0 | 0 |
| Not aware of any | 59 | 36 | 117 | 98 |
|  |  |  |  |  |
|  | n=121 |  | n=119 |  |

17% of people felt there had been positive outcomes for themselves, 31% felt there were positive outcomes for staff, and 14% felt there were positive outcomes for other people.

In the free text responses, it was clear that many respondents hoped, but did not know, that their feedback would be shared widely for encouragement, learning or change, or that it would be seen by other patients.

A small number of respondents reported reactions from staff who had seen their feedback:

“Our consultant said she felt appreciated.”

“My wee nurses n doctors were delighted.”

“At my following appointment I was asked was it me and they were so thankful, and I felt it was a lift for them through the covid.”

Some respondents were also aware of practical impacts from their feedback:

“Other seating will be available on request”

“It turned out that the senior managers didn’t realise that the premium rate phone number was still in operation. This has now been addressed and the number switched off.”

One respondent reported a personal benefit:

“I got seen to, or at least was put on the list for appointments.”

But for many, the positive impact was simply the satisfaction of thanking staff for good care:

“It just makes me and Dad feel better ensuring a good news story is spread.”

“I felt good for sharing my gracefully nice experience at the speech and language therapy.”

98% of people said they were not aware of any negative outcomes at all from sharing their story. One person felt there had been a negative outcome for themselves, and one felt there had been a negative outcome for a staff member.

## Achieving the intended goal

We asked people whether posting on Care Opinion achieved what they wanted. 119 people answered this question.

|  |  |  |
| --- | --- | --- |
|  | Count | % |
| Definitely no | 3 | 2 |
| Probably no | 2 | 1 |
| Not sure | 24 | 20 |
| Probably yes | 23 | 19 |
| Definitely yes | 67 | 56 |

75% of respondents felt they had definitely or probably achieved what they wanted in sharing their story. Only 2% of people felt they definitely had not.

87 people said more about why they felt this way. Those who felt they had not achieved their goal felt that their feedback had either not reached the relevant staff, had been ignored, or had been met with a defensive reaction.

Those who felt they had achieved their goal were satisfied that their feedback had reached the relevant staff and had had the desired effect – often simply the expression of gratitude:

“The fact that it was seen and appreciated made me feel I made a positive contribution.”

“It allowed the people who cared for our daughter to know what it meant to us as parents.”

For some patients, simply being able to share their feedback in a public way was sufficient in itself:

“Absolutely. It gave me a voice. And I felt I was being listened to. That in itself is great.”

“I felt good about sharing my experience and I hope it will help other patients.”

## Overall feelings about using Care Opinion

To gain an overall sense of whether people valued their experience of using Care Opinion, we asked two further simple questions: were you glad you posted your story, and would you use Care Opinion again?

Unsurprisingly, responses to both questions were very similar. 94% of respondents were definitely or probably glad they had posted their story on Care Opinion, and 91% would definitely or probably use the platform again.

|  |  |  |
| --- | --- | --- |
|  | **Glad you posted** | **Would use again** |
|  | Count | % | Count | % |
| Definitely no | 0 | 0 | 0 | 0 |
| Probably no | 0 | 0 | 2 | 1 |
| Not sure | 6 | 5 | 7 | 6 |
| Probably yes | 13 | 11 | 15 | 13 |
| Definitely yes | 96 | 83 | 90 | 78 |
|  | n=115 |  | n=114 |  |

## One thing Care Opinion could do to improve

Finally, we asked people to suggest one thing we could do at Care Opinion to make our service better. We invited unconstrained free-text answers to ensure we could hear a full range of ideas and 87 people responded.

In fact, many responses fell into two main categories.

### No need for improvement

43 responses felt there was no need for any improvement in Care Opinion’s service. For example:

“Nothing at all, you and the team do a sterling job”

“Remember what your grandad always told you. Don't fix it if it's not broken”

“Nothing, it was very easy to use, and I hope many people use it”

“Nothing. I found it very easy to use”

### Improve awareness of Care Opinion

18 responses highlighted a need for great awareness of the service and suggested wider advertising and more promotion by health service staff.

“Let more people know about it”

“Get the word out more that you are there… you are all amazing in my eyes”

“Possibly have more Care Opinion signage around the premises”

“More of the public need to know about the service”

### Changes to the Care Opinion platform

5 responses had suggestions for improvements to the platform:

“Accessibility for people with issues using electronic devices, learning disability, etc”

“Make it easier to sign in”

“The ability to 'edit' a story and to add a 'follow up' post”

“Make the website easier to navigate”

“Maybe a mobile friendly app”

### Suggestions for health/care organisations

5 responses focused on improving the responsiveness or transparency of responding organisations:

“Please make the identified organisations accountable and open to change”

“Provide any update on follow up actions for improvements”

“Ensure the feedback filters to the actual people being praised”

# Conclusions

## Overall results

This survey of 488 people suggests that a large majority of users of Care Opinion in Northern Ireland are happy with our online feedback service.

94% of respondents were glad they had used Care Opinion and 91% would use it again.

Users were strongly motivated by positive, prosocial aims: praising health/care staff, informing other patients and improving standards of care. This is consistent with existing UK research on why people post feedback online. Three-quarters of users felt they achieved their aims in using the platform, and a similar proportion felt their feedback had been heard and understood by health/care staff.

In this study, people who had posted a story placed strong emphasis on knowing that their feedback, whether positive or negative, had reached the staff or services it related to. They valued a timely, personal response from the relevant service, where necessary acknowledging the issues raised and describing improvements.

## Comparison with existing research

Our findings are consistent with those of the Inquire UK study, undertaken by Oxford University, which examined use and motivations for online feedback (not just Care Opinion) in a UK population.

The Inquire UK studies indicate that people giving online feedback intend to do more than simply provide *information*: they wish to make an *intervention* in health/care which is helpful to staff, services, and other service users (van Velthoven et al 2018, Mazanderani, 2021).

Other evidence from the UK suggests that these interventions do indeed create the intended positive benefits for staff and services receiving feedback (Baines et al, 2021).

In addition, further evidence (Fylan et al, in press) suggests that users who have posted online feedback may also be prepared to support relevant health/care research.

## Implications for research, policy and practice

This study deepens our understanding of why people post feedback online, and how a moderated feedback platform can achieve high levels of user trust and satisfaction. It also indicates how, in many ways, user satisfaction with Care Opinion is always going to depend strongly on the response of health/care staff to online feedback.

This study highlights some issues of platform accessibility which Care Opinion will address.

We still know little about how users choose between Care Opinion and other forms of feedback, or formal complaint systems, and how their use of and trust in online feedback might change over time, with growing familiarity.

These findings are very encouraging as we continue to work with the Public Health Agency in Northern Ireland to extend the awareness, use and impact of online feedback across the system.

# References

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