

Summary of: The development of a concise questionnaire designed to measure perceived outcomes on the issues of greatest importance to patients

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VERIFIABLE CPD PAPER

FULL PAPER DETAILS

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Aim To develop a concise patient feedback audit instrument designed to inform practice development on those issues of greatest importance to patients. **Methods** A literature review was used to establish the issues which were of greatest importance to patients. Ten core questions were then designed with the help of an experienced survey and polling organisation. A challenging grading of patient responses was utilised in an attempt to differentiate perceived performance within a practice on the different aspects and between practices. A feasibility study was conducted using the interactive voice response mode with seven volunteer practices in 2009. The instrument was then used in the later part of 2010 by 61 practices mostly in paper-based format. Practices received feedback which is primarily based on a bar chart plotting their percentage of top grades received against a national reference sample (NRS) compiled from the results of other participating practices. A statistical analysis was conducted to establish the level at which an individual practice result becomes statistically significant against the NRS. **Results** The 61 participating practices each received an average of 121 responses (total 7,381 responses). Seventy-four percent of responses across all ten questions received the top grade, 'ideal'. Statistical analysis indicated that at the level of 121 responses, a score of around 4-9% difference to the national reference sample, depending on the specific question, was statistically significant. **Conclusion** In keeping with international experience with dental patient feedback surveys this audit suggests high levels of patient satisfaction with their dental service. Nevertheless, by focusing results on the proportion of highest grades received, this instrument is capable of indicating when perceived performance falls significantly below the average. It can therefore inform practice development.

EDITOR'S SUMMARY

How far the world has come. Could our predecessors have envisaged a day when the *BDJ* would publish a research paper which centred on what the patient's perception was of their own oral health? In times past the attitude would have been that whatever the patient's perception may or may not be, the reality was that as the clinician and therefore the expert we knew what their dental health status was and accordingly, what their perception should be. Their perception was what we told them it should be.

Such an approach is no longer seen as good practice or indeed viable practice in a society in which the consumer (patient) expectation is that they will be an active participant in decisions which affect their health and wellbeing.

Consequently, this attempt to create an instrument to help practices measure the success, or otherwise, of their patient care provision is welcomed as a positive step forward. Any attempt at quantifying attitudes has to begin with assumptions that certain perceptions prevail; that is, we think we know what patients think but need to test this.

In conducting audits and research of this type there will always be surprises but they are relatively few in this study in terms of uncovering any gross dissatisfactions. Indeed the results go a long way to underline and reassure that the overwhelming majority of dental patients perceive their care to be at the very least satisfactory and at the most, excellent; a reality at odds with some recent perceptions in other quarters.

What this work does emphasise is that we cannot and should not rest on any laurels. There will always be fine tuning to be done in order to further improve the service provision in dental practice but the application of methods such as this enable us to identify exactly where such adjustments and refinements are required. At base, it provides that most sought-after current piece of the jigsaw, an evidence-base on which to more effectively plan future action.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 212 issue 8.

Stephen Hancocks
Editor-in-Chief

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IN BRIEF

- Focusing on those issues most important to patients encourages patient participation and therefore helps practices to receive good response rates.
- Focusing the data on perceived outcomes around those issues supports efficient practice management.
- By providing a benchmark based on responses received from other practices, dental teams are informed about their current perceived relative performance.

COMMENTARY

This paper describes the use of an audit standard in 61 private/mixed practices. The audit standard/instrument was designed to inform practice development on the issues of greatest importance to the patients attending these practices. As such the activity satisfied the principles of quality assurance and governance and the survey was part of an accreditation programme.

The survey instrument included ten core questions, which were identified from the literature. Two important principles were considered in the design of the instrument namely, 'thin slicing' (restricting the volume of relevant data used) and positive bias in patient satisfaction assessment. The questions were piloted by Electoral Reform Services (ERS) using interactive voice response methodology (IVR) in seven volunteer practices.

Over a three month period, invitations were given by the dentists working in the 61 practices to consecutive patients asking them to complete a paper questionnaire based on the ten core questions with an online format also available. The core questions included issues surrounding pain, function, appearance, competence, cleanliness, attitude, understanding, explaining, value and trust and these were graded as ideal, acceptable and unacceptable. Seven thousand, three hundred and eighty-one completed questionnaires were received by ERS for analysis.

Results from the total sample of 7,381 generated the national reference sample (NRS). The percentage of ideal

responses achieved across all ten questions was known as the patient perception index (PPI) and this indicated 74% high levels of satisfaction. The provision of the NRS for comparison is an important aspect of this audit instrument in conjunction with the PPI for individual practices. Each of the ten core ideal values can be compared with those of the NRS. Using this comparative methodology enables relative value judgements on performance. The authors have calculated values at 95% confidence for which each core value is significantly different, when the sample size is adequate. Interestingly, the lowest percentage 'ideal' response for each of the ten core questions across those practices achieving 50 or more responses were significantly different from the NRS values.

The authors acknowledge the fact that the practices taking part in this survey could not be considered to represent a random sample of all UK practices. Also 88.6% of responses were from private patients suggesting bias in the sample. As a result it is not possible to generalise 'what is important to patients' as is suggested in the title. However, there is merit in utilising this methodology to improve overall standards within organisations, both individual practices and corporate bodies.

Professor Wayne Richards
University of Glamorgan

AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

Receiving reliable client feedback is important for the development of any organisation. In healthcare there is a growing trend to recognise the importance of patient feedback. We felt that there was much to learn and discover about the process of harvesting reliable patient feedback for dental practices. The key objective was to produce an instrument which supported efficient practice management and continued practice success. We wanted to develop a simple audit process that could inform dental teams about areas of highest priority for development in their patient care. Providing benchmarking for practices seemed to us to be an integral part of this process. We felt that a concise questionnaire focusing on those issues most important to patients would encourage good response rates.

2. What would you like to do next in this area to follow on from this work?

Because patient perceived oral health is covered by three questions in our instrument we plan to look at differences in perceived oral health in different age groups. We would also like to further investigate the probable relationship between patient self-perceptions of their oral health and their perceptions of general care. It has been suggested by other workers that there is a direct and positive relationship. It would also be interesting to compare patient perceptions between practices with different funding systems. It would also be interesting to examine the relationship between practice deregistration rates and their feedback scores.