Original research

Staff experience of a near-real time feedback intervention to improve patient experience

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Abstract

Background/Aims Following several major reports of poor quality care in the NHS, including the Francis report, a multi-centre study was undertaken by Graham et al to improve patient-centred care by implementing near-real time patient feedback. This article explores the experiences of staff from one hospital involved in the multi-centre study, including the learning from the intervention and how it affected their practice.

Methods Semi-structured interviews were conducted with eight individuals who were involved in the original study, including five clinical staff members and three volunteers. Responses were transcribed and analysed thematically.

Results The interviews highlighted four inter-related themes: the importance of communication; normalising feedback; confidence to talk to patients; and seeing from the patient perspective. Participants described how near real-time feedback enhanced communication, giving them confidence to interact with patients. Staff responded to negative patient feedback by making improvements to patient experiences. However, the initiative was not sustained following the conclusion of the study.

Conclusions Near-real time patient feedback can be effective in improving staff–patient communication and creating a more positive experience for both patients and staff. However, this study highlights the need to examine the sustainability of improvement initiatives, as well as their initial effectiveness.

Keywords

Innovation, Near real-time patient feedback, Staff engagement, Sustainability

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Introduction

The NHS aims to provide consistent high-quality care, as is expected by both regulatory bodies and the public. The public inquiry conducted in 2013 into failings at the Mid Staffordshire NHS Foundation Trust from 2005–9 identified significant deficiencies in culture, leadership, quality of

patient care and outcomes, causing substantial concern across the whole NHS regarding quality of care (Francis, 2013). Despite subsequent quality initiatives and numerous government reports (Department of Health, 2015; Ham et al, 2016; NHS England, 2019a), concern remains regarding the quality of care provided at a system level.

Extensive work has been undertaken to improve patient safety and outcomes, including efforts to hear patients' voices using patient-reported experience measures (NHS England, 2019b). This includes the development of near-real time patient feedback (NHS Improvement, 2021), which aims create a culture of responsibility and challenge, with staff being able to respond and act positively to patients. Near-real time feedback involves asking patients about their experience of care as soon as practically possible after that care occurs.

This study follows on from research by the Picker Institute Europe, which undertook a study involving six NHS trusts between 2015 and 2018. Three of the current authors (SC, SMC, AC) were part of this study team. This study collected near-real time feedback from patients using a questionnaire regarding relational aspects of care. Relational aspects of care are 'the emotional care received as a patient in addition to the physical treatment or care. This includes the relationships formed with the hospital staff that cared for you' (Picker Institute Europe, 2017 page 4). Trained volunteers administered the questionnaire to patients across four clinical areas: the emergency department, the emergency assessment unit, the rapid-access consultant evaluation unit and the acute stroke unit. The volunteers were provided with training and as part of their role asked questions regularly throughout the week. Members of staff were not involved in gathering feedback. It was collected on a daily basis and to avoid repetition, patients were only asked for feedback once per week. All patients deemed to be well enough on the day by the ward leader were given the opportunity to complete the feedback form. In the Emergency Department there was an electronic stand that provided the opportunity for patients to complete feedback at any time. If the feedback identified concerns regarding the patient's safety or comfort, the volunteer informed the clinical lead. Responses and comments were collated and discussed each week with the clinical lead, and actions were taken to improve patients' relational aspects of care. The study identified that near-real time patient feedback led to a small but statistically significant positive shift in relational aspects of care from the patient's perspective (P=0.044) (Graham et al, 2018).

The approach used in Graham et al's (2018) study meant that patient feedback was met with small perceivable changes and improved communication regarding what mattered to patients. The researchers also noted the importance of understanding and recognising the difficulties of maintaining staff and volunteer engagement, appreciating that senior clinical leadership is key to maintaining appropriate support (Graham et al, 2018). To enable more widespread use of near-real time patient feedback, the Picker Institute Europe (2017) launched the validated improving compassionate care toolkit, which includes the questionnaire used by Graham et al (2018), as well as implementation guidance and case studies. This toolkit freely available for healthcare providers to implement across clinical areas.

The present study examines the local impact of participation in the study by Graham et al (2018) in one trust, with a focus on staff engagement and experience.

Methods

A study was undertaken at Poole Hospital NHS Foundation Trust (PHFT), a medium sized emergency district general hospital in Dorset. The 11 staff members and volunteers in the clinical areas that actively participated in the Graham et al (2018) study were approached to take part in the present study. Eight individuals from all four clinical areas agreed to participate: participants one to five were senior clinical staff, including matrons and the head of patient experience, while

participants six to eight were volunteers. Participants were aware that while their anonymity would be maintained, there was a possibility that because of their specific role they could be identified. Volunteers had been appointed from the pool of patient and public volunteers, overseen by the hospital's patient engagement department, to participate in the Graham et al (2018) study, but were not healthcare professionals.

Individual semi-structured interviews were carried out with the participants and one of the researchers over a 2-week period. Interviews took place away from the ward and lasted an average of 1 hour each. The questions and prompts included are shown in Table 1. The interviews were recorded, then transcribed and thematically analysed to extract key themes (Braun and Clarke, 2006). One of the recordings was corrupted, so points were used from handwritten notes to minimise the loss of contextual information.

This paper concentrates solely on the themes extracted from the data provided by the healthcare professionals due to its focus on effectiveness of feedback on the quality of their patient care. **Table 1. Semi-structured interview questions**

Section	Questions
1	You agreed to participate in the project*. What stimulated your interest and why?
2	What were your expectations? What were you hoping to achieve by participating? Did the project meet your expectations?
3	If you had any reservations, what were they?
4	The main aim of the study was to review the relational aspect of staff interactions with patients. Has the study made any lasting impact on this element of practice in your department(s) and what benefits did you gain? Can you expand? Give reasons to support your response
5	If the study were to run again, would you change anything? The study was coordinated by staff external to your department; did this provide you with enough involvement, or would you prefer to have had the option to have more coordination and ownership? Can you provide some examples of why/why not?
6	Would you use the same areas and why/why not?
7	What were the advantages and disadvantages of using anonymous systems?
8	What should be taken into consideration when implementing near-real time systems? Are there any keys to success?
*Referring to Graham et al (2018)	

Results

Thematic analysis of the interviews identified four inter-related themes: the importance of communication; normalising feedback; confidence to talk to patients; and seeing from the patient perspective. There was agreement among participants on all four inter-related themes.

The importance of communication

Participants had a clear appreciation of the importance of communicating with patients:

> *'…It is having that dialogue, it is having that open discussion with people that is so important and I think that is what the After Francis project* [an informal description of the Graham et al study] *taught me that I want to take forward is having that open dialogue with people.' (Participant two).*

Participants, particularly nurses, identified the significant impact of near-real time patient feedback and how it enabled them to develop a different approach to patients that encouraged open dialogue. This also provided an opportunity for staff to proactively address patient concerns that they would have been less likely to identify if they had not engaged in open dialogue. For example, near-real time patient feedback from a patient who was admitted following a stroke highlighted that all he wanted was his glasses to be cleaned so that he could read his newspaper. Participants felt that near-real time patient feedback enabled an open dialogue, supporting a positive shift in the patient's experience. In addition, participants felt that having an open dialogue with patients meant that they had to consider and accept that patients may have different but equally valid perceptions of their needs. This enabled a more humanised and patient-centred approach to care:

> *'We need to look at communication, but not just communicating enough. It is how we are communicating, it is how we are perceived, especially in [care of older people].' (Participant five).*

> *'I think the biggest thing was getting that real-time information from the people first hand… tell us at the time what they are feeling…' (Participant two).*

Normalising feedback

Participants identified that, initially, many staff members responded to the near-real time feedback initiative with caution and some defensiveness, particularly among nurses. However, participants noted that, over time, the initiative evolved into a normal way of working, with frontline staff engaging with and owning the feedback they received. Near-real time patient feedback facilitated communication and was eventually accepted into a standard and valued part of care processes. One participant explained:

> *'Initially, there was that anxiety type of feeling of, "Oh no, they are inspecting what I do and they are going to tell me I am doing stuff wrong" or whatever, but actually, as you took it forward and we were getting the feedback, it was nice to see that we were doing that bit really well, this bit we need to work on and you could see how it appeared to others, rather than just "I think I am giving really good care"… Initially, there was the anxiety, but then it settled into this is a normal way of working and it did just become a normal way of working.' (Participant four).*

Participants felt that one of the most useful aspects of near-real time feedback was how it formalised and regularised the dissemination of information about patients' perceptions:

> *'The great thing about the After Francis was that it was regularly happening, feedback was happening real time, we were getting updates regularly and it showed trends and patterns in a much clearer way for me. I really liked the idea of giving people the opportunity to tell us at the time what they were feeling and experiencing rather than at the end of a period.' (Participant two).*

Confidence to talk to patients

One participant reported feeling that normalising feedback led to changes in the way that staff viewed their relationships with patients. This was echoed by other participants, who also noted that lack of resources (particularly staff time) often negatively affected the ability of staff to initiate and engage a patient in conversation. Participants described how near-real time feedback had a positive influence on staff–patient interactions by enabling staff to feel more confident in talking to their patients and providing person-centred care:

> *'… Go in to the patients and say "Good morning [patient name], how are you doing?" and as you are doing it, hopefully that rubs off on the other staff as well, how you are talking to the patients, how you are saying things to the patients.' (Participant five).*

> *'Now we think much more about the patient experience rather than just getting the job done.' (Participant four).*

Seeing from the patient perspective

Participants believed that incorporating discussion of near-real time patient feedback into clinical team meetings enabled team members to appreciate patients' perspectives better, which led to changes in staff perceptions of what matters to patients. Meanwhile, the timeliness of near-real time feedback enabled faster responses to patient needs, and escalation if needed, which improved quality of care and the patient experience. One participant, reflecting metaphorically on seeing from the patient's perspective, explained:

> *'Because what we do not understand and what is very hard to measure is perception and sometimes, if you are desperate for the loo, it feels like a long time if you are waiting to get somewhere and if you are pressing a call bell and are reliant on somebody coming and you are absolutely desperate for the loo, that could feel like a long, long wait.' (Participant two).*

This reflects an understanding of the important beneficial changes that can result from actions that staff might perceive as minor. As another participant stated:

> *'Is there something we can change slightly to change their whole experience? Rather than waiting for that [Friends and Family Test] and getting a positive or negative result, trying to get on top of it before that point.' (Participant four).*

Participants also described how near-real time patient feedback provided an assessment of the quality of care given in their clinical area at the time. It was felt that normalising the process of near-real time patient feedback instilled a sense of team pride, empowering staff to make themselves available, approachable and consistent in their approach. When asked how they keep their staff motivated under a challenging workload, a participant replied:

> *'Keep staff thinking about how they might be perceived by patients.' (Participant four).*

It is interesting to note that participant four felt that near real time patient feedback motivated rather than pressurised staff.

Sustaining support

Participants described their enthusiasm for using near-real time patient feedback during the Graham et al (2018) study period (2015–18). However, they also noted that support for the initiative, including analysis of the feedback data, was not sustained following the conclusion of that study.

Discussion

Participants in the present study stated that near-real time feedback supported open dialogue, underlining the importance of communication. Participants felt that they responded to the study by normalising feedback and eliciting a more humanistic approach to care. This response positively correlates staff wellbeing with the delivery of high quality care and the use of volunteers supported by well-developed volunteer programmes (NHS England, 2019a). Participants were provided with the opportunity to see patients through a different lens, which led to them recognising the importance of communication through open dialogue and gave them renewed confidence to talk to their patients in response to near-real time feedback.

Participants also recognised that near-real time patient feedback altered their approach to care, which led to a positive shift in patients' experiences. Good communication during patient care and good patient feedback are intrinsically linked (Kourkouta and Papathanasiou, 2014); it could be argued that a patient should not need to give near-real time feedback to ask for their glasses to be cleaned, but instead this should be part of standard good-quality care. However, the pressures of the clinical environment can mean that, at times, this kind of communication does not happen, this near-real time feedback provides patients with the opportunity to raise these issues. We would like to recognise the significant role of volunteers in the process of garnering patient near-real time patient feedback, the importance of which was recognised by healthcare staff. While the focus of this paper has been on healthcare professionals, we recognise the need to explore further the contribution and experiences of volunteers.

The development of staff engagement and compassionate care is central to improving communication and providing high-quality care (Department of Health, 2015; NHS England, 2019a, 2019b). To achieve this, organisations need to improve patient–staff communication and develop a person-centred approach through teamwork and commitment to developing a culture of learning, honesty and compassion. It is essential that such cultures and behaviours are empowered by a systematic approach to high-quality leadership, encompassing mutual respect and clear goals to improve patient safety and care quality (Dixon-Woods et al, 2014). Furthermore, staff need to have the capacity to collect and make sense of patient feedback, as well as the ability to act on it (National Institute of Health Research, 2019).

The participants in the present study recognized the importance of near-real time patient feedback and, despite initial reservations, began to embrace it. However, despite the positive outcomes and support from staff, the present study found these improvements were not sustained following the conclusion of the Graham et al (2018) study. Participants expressed a desire to embed the initiative into standard practice, which suggests that the loss of support was not because staff felt that it was unimportant. Furthermore, the improving compassionate care toolkit was made freely available (Picker Institute Europe, 2017), comprising the near-real time feedback questionnaire, instructions for use and exemplary case studies. Despite this, participants stated that the impact measured by Graham et al (2018) was not subsequently replicated in their clinical areas. They suggested that this was a result of lack of time and skills, stating that sustainable structural support would be needed to continue to implement near-real time feedback. This structural support would need to include training and electronic tools (such as feedback analysis) to allow near-real time feedback to be embedded as a routine activity in the clinical area.

The lack of sustainability observed in this research is a common problem in healthcare (Wiltsey Stirman et al, 2012), with defined measurements of sustainability still lacking in research (Braithwaite et al, 2020). This lack of focus on sustainability raises fundamental questions for researchers and care innovators alike. These questions relate to the ethical considerations of developing care programmes without addressing or investing in their sustainability (Scheirer and Dearing, 2011). However, there are signs that this is changing, and that the importance of rectifying this serious gap in the healthcare knowledge base is being increasingly recognised (Shelton et al, 2018). Healthcare programmes should use rigorous consistent methodology to address and ensure the sustainability of effective interventions that improve quality of care (Braithwaite et al, 2020).

Patient experience has been described as the weakest of the three 'arms' of quality, with investment in staff required to make positive changes to this area (Laverty, 2019). This concurs with evidence that organisational performance and quality of care are affected by leaders and the improvement cultures created (Wiltsey Stirman et al, 2012; National Institute of Health Research, 2019). To change this, staff need to be supported at an organisational level to manage resources effectively. This includes creating a culture of quality and ensuring that staff have both the capacity and capability to engage in problem solving (Dixon-Woods and Martin, 2016) (Alderwick and Charles, 2017). Investment in implementing the supporting resources for near-real time feedback requires sustained long-term commitment at an organisational level, enabling staff to adapt, adopt and sustain the improvement, and creating a culture where relational aspects are imbedded into the core elements of patient care.

Conclusions

The introduction of near-real time patient feedback was effective in facilitating open communication, which had a positive impact on the patient experience. Despite having initial reservations, staff responded well to the intervention and appreciated how near-real time feedback enhanced communication and gave them the confidence to interact with patients. Unfortunately, the intervention was not sustained after the completion of the evaluation study. This was despite the fact that participants in the present study expressed their enthusiasm to continue the initiative and the compassionate care toolkit was freely available, along with instructions for its use. This indicates that staff enthusiasm and available material is not enough to facilitate the sustainability of the initiative; what was missing was structural support in the form of training, facilitation and electronic tools. A change of culture to increase patient-centredness and imbed near-real time feedback as a core activity is also needed.

The present study highlights that the sustainability of quality improvement initiatives is just as important as their effectiveness, and this needs to be reflected in research. Further investigation regarding near-real time patient feedback is required and the nursing profession's holistic approach to care provides a strong foundation to enable this. Future research should explore how near-real time patient feedback can have a lasting effect, including evaluation of how organisational and social contexts, along with participants' responses and experiences, either support or inhibit its sustainability.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

Declaration of funding

None to declare.

Key points

- Near-real time patient feedback is effective in facilitating open communication
- Near-real time patient feedback has a positive impact on the patient experience
- The sustainability of quality initiatives such as near-real time feedback is dependent on adequate institutional commitment and resources.

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