

4.9 Experience questions

The value of several questions to the survey was low. Of these questions, three were found to be unique (Q2, Q7, and Q10) and it is recommended they should be kept in the survey. The remaining questions that contributed little to the analysis (Q3, Q5, Q11, Q14, Q22) were found to be highly correlated to other questions in the survey. Their content and continuing need to be included in the survey should be reviewed against the qualitative feedback from consumers and others.

This section provides a summary of a series of analyses that were conducted to determine the value of each experience question to the overall survey (Table 19).

The accompanying table brings together a summary of analysis by questions to allow review of each question. The analysis and coding used in this table are as follows:

- **Logit regression** was conducted using outcome questions (Q28 to Q30) as dependent variables. Logit regression identifies those experience questions (Q1 to Q27) that significantly impact on either a positive or negative overall experience. If a question was found to be a significant driver to any of these three questions it is shaded green. See Section 1.8 for more details.
- **Multiple regression** was conducted using overall questions (Q28 to Q31) as dependent variables. Multiple regression identifies the contribution experience questions (Q1 to Q27) make as part of an array in explaining the variance in the dependent variable. If a question was found to be a significant driver to any of these four dependent questions it is shaded green. See Section 1.11 for more details.
- **Principal components analysis** was conducted to test the ability to develop factors within the data. It was identified that the data was most suited to separate models for inpatient and community samples. The purpose of this test was not to test factors, but to identify those questions that make a contribution to the establishment of factors in the data. This was established by removing items and observing the effect this had on the change in the predictability of the factor. The higher the **alpha score** the more valuable the question is to the factor identity. Questions with a higher alpha score are coded in green. See Section 1.7.1 for more information.
- **Reliability** was measured using Pearson's correlation. As 62% of consumers reported an experience between completing the two surveys that could affect their ratings, low levels of reliability were accepted ($r > .51$).
- The proportion of **missing data** for each item is also included in the table. While we know that the proportion of data missing increases as a function of the length of the survey, it does also provide a level of importance of the question to clients and ease of completion. See Section 5.3.3 for more information.

All of these factors were then considered through a clerical review to rate the overall contribution the question makes to the survey (based on the statistical analysis only).

Table 19: Summary of item analysis

Key: ■ = Question inclusion is of value to the analysis; ■ = Question exclusion is value to the analysis; Uncoloured = Question made no contribution to the analysis; x = Not included in the analysis

Question	Logit Regression	Multiple Regression	Change in Alpha value (In-patient) [#]	Change in Alpha value (Community) [#]	Person's Correlation	% missing	Contribution to survey
Q26. Information given to you about this service ...	■	■	4	5	■	9%	High
Q6. You had access to your treating doctor or psychiatrist when you needed	■	■	3	7	■	7%	High
Q27. Development of a care plan with you that considered all of your needs...	■	■	3	3		11%	High
Q23. Access to peer support...	■	■	1	2	■	10%	High
Q12. Your individuality and values were respected...	■	■	1	9		9%	High
Q16. Staff showed respect for how you were feeling	■	■	1	2		9%	High
Q21. Staff showed hopefulness for your future	■	■	1	2		9%	High
Q13. You were listened to in all aspects of your care and treatment	■	■	1	2	■	7%	High
Q15. You had opportunities to discuss your progress with the staff caring for you	■	■	1	1	■	10%	High
Q8. You felt welcome at this service	■	■	0	1		6%	High
Q17. Staff worked as a team in your care and treatment...	■	■	0	0		12%	High
Q24. Convenience of the location for you...	■	■	-1	0	■	10%	High
Q18. Staff ensured you understood the effects of your treatment options...	■	0	X	X		9%	High
Q25. Explanation of your rights and responsibilities	■	0	3	4		10%	High
Q9. The facilities and environment met your needs...	■	0	-4	X	■	7%	High
Q19. You felt safe using this service	0	■	14	X	■	9%	High
Q20. Your privacy was respected	0	0	7	6	■	9%	High
Q1. You had opportunities for your family and carers to be involved in your treatment and care if you wanted	0	0	3	7		5%	High
Q4. Staff made an effort to see you when you wanted	■	■	1	7	■	5%	High
Q22. You had things to do that were meaningful for you*	■	■	NA	NA		13%	Low
Q2. Your opinions about the involvement of family or friends in your care were respected	■	■	3	X		5%	Low
Q5. You were able to get in contact with this service when you needed	■	■	3	4	■	6%	Low
Q7. You had access to a range of other professional services if you needed...	■	■	2	-1	■	8%	Low
Q3. You felt safe to ask questions, provide feedback or make a complaint if you wanted	■	■	1	X		5%	Low
Q11. Staff caring for you took the time to get to know you as a person	■	■	1	2		8%	Low
Q14. You were involved in planning your future care	■	■	0	3	■	10%	Low
Q10. You were able to do the things that were important to you while using this service...	■	■	0	3		9%	Low

[#] Alpha value with all relevant statements minus alpha value without statement

Correlation coefficients for each of these eight experience questions with low utility to the survey were then reviewed to establish the extent to which each of these questions make a unique contribution to the content of the survey (Table 20).

The correlations revealed that three questions are not extremely correlated ($r > .600$) with any other question:

Q2. Your opinions about the involvement of family or friends in your care were respected

Q7. You had access to a range of other professional services if you needed (such as dietary advice, talking therapies, skill development, etc)

Q10. You were able to do the things that were important to you while using this service (such as have family and friends visit, make phone calls, have a cup of tea or coffee, etc)

Table 20: Correlations with low utility questions

Low utility to analysis	Correlated questions (r > .600)
Q2. Your opinions about the involvement of family or friends in your care were respected	Nil
Q7. You had access to a range of other professional services if you needed (such as dietary advice, talking therapies, skill development, etc)	Nil
Q10. You were able to do the things that were important to you while using this service (such as have family and friends visit, make phone calls, have a cup of tea or coffee, etc)	Nil
Q22. You had things to do that were meaningful for you*	Q14. You were involved in planning your future care Q18. Staff ensured you understood the effects of your treatment options (including any medication, talking therapies, etc) Q19. You felt safe using this service Q20. Your privacy was respected
Q5. You were able to get in contact with this service when you needed	Q4. Staff made an effort to see you when you wanted Q6. You had access to your treating doctor or psychiatrist when you needed
Q3. You felt safe to ask questions, provide feedback or make a complaint if you wanted	Q16. Staff showed respect for how you were feeling
Q11. Staff caring for you took the time to get to know you as a person	Q8. You felt welcome at this service Q12. Your individuality and values were respected (such as your culture, faith or gender identity, etc) Q13. You were listened to in all aspects of your care and treatment Q15. You had opportunities to discuss your progress with the staff caring for you Q16. Staff showed respect for how you were feeling Q21. Staff showed hopefulness for your future
Q14. You were involved in planning your future care	Q8. You felt welcome at this service Q13. You were listened to in all aspects of your care and treatment Q15. You had opportunities to discuss your progress with the staff caring for you Q18. Staff ensured you understood the effects of your treatment Q21. Staff showed hopefulness for your future Q22. You had things to do that were meaningful for you

4.10 Open-ended questions

The findings suggest that putting the negative question first in the survey worked well and respondents were clearly able to separate their negative and positive feedback reducing the need for recoding between open ended questions. The reduced response rate to open ended questions by iPad users suggests the need for better training with consumers who are new users of iPads.

Three open-ended questions were included in the survey. These questions were:

Q34. My experiences would have been better if...

Q35. The best things about this service were...?

Q43. Please provide any additional comments you would like to make about this service.

Questions 34 and 35 have been analysed in this section. The third question (Q43) was included to ensure clients had opportunities to make additional comments to services that fell outside of the topics of the survey. A qualitative review of the results found that the responses to this question duplicated comments to the earlier open-ended questions. This review also found that generally the results to the Q34 and Q35 reflected the direction of the question (negative or positive).

For both open-ended questions, inpatients were less likely to respond than community clients (63% compared to 68%) but wrote more when they did (80.62 words compared to 69.90 words) (Table 21).

Table 21: Average word and character counts for open-ended questions

Table 21a: Question 34

Q34 My experiences with this service would have been better if...	% answered question	Words	Characters (no spaces)	Average words per respondent	Average characters per respondent
Inpatients (n=76)	62%	1655	7674	21.78	100.97
Community (n=64)	65%	1211	5581	18.92	87.20
iPad (n=43)	58%	943	4338	21.93	100.88
Paper (n=97)	66%	1923	8917	19.82	91.93
Total	63%	2866	13255	20.47	94.68

Table 21b: Question 35

Q35 The best things about this service were...	% answered question	Words	Characters (no spaces)	Average words per respondent	Average characters per respondent
Inpatients (n=79)	64%	995	4822	12.59	61.04
Community (n=71)	72%	770	3855	10.85	48.80
iPad (n=45)	61%	605	2806	13.44	62.36
Paper (n=105)	71%	1160	5871	11.05	55.91
Total (n=150)	68%	1765	8677	11.77	57.85

Table 21c: Question 34 and 35 combined

Questions combined (Q34 + Q35)	% answered question	Words	Characters (no spaces)	Average words per respondent	Average characters per respondent
Inpatients (n=155)	63%	2650	12496	17.10	80.62
Community n=135)	68%	1981	9436	14.67	69.90
iPad (n=88)	59%	1548	7144	17.59	81.18
Paper (n=202)	68%	3083	14788	15.26	73.21
Total (n=290)	65%	4631	21932	15.97	75.63

Respondents from all samples wrote more for the negative question (Q34) than for the positive question (Q35). While respondents were more likely to provide open-ended feedback on the paper survey than the iPad (68% compared to 59%), they wrote more on the iPad than on paper (81.18 words compared to 73.21 words).