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

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

* 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

<table>
<thead>
<tr>
<th>Low utility to analysis</th>
<th>Correlated questions (r &gt; .600)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2: Your opinions about the involvement of family or friends in your care were respected</td>
<td>Nil</td>
</tr>
<tr>
<td>Q7: You had access to a range of other professional services if you needed (such as dietary advice, talking therapies, skill development, etc)</td>
<td>Nil</td>
</tr>
<tr>
<td>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)</td>
<td>Nil</td>
</tr>
<tr>
<td>Q22. You had things to do that were meaningful for you*</td>
<td>Q14. You were involved in planning your future care</td>
</tr>
<tr>
<td>Q5. You were able to get in contact with this service when you needed</td>
<td>Q18. Staff ensured you understood the effects of your treatment options (including any medication, talking therapies, etc)</td>
</tr>
<tr>
<td>Q3. You felt safe to ask questions, provide feedback or make a complaint if you wanted</td>
<td>Q19. You felt safe using this service</td>
</tr>
<tr>
<td>Q11. Staff caring for you took the time to get to know you as a person</td>
<td>Q20. Your privacy was respected</td>
</tr>
<tr>
<td>Q14. You were involved in planning your future care</td>
<td>Q21. Staff showed hopefulness for your future</td>
</tr>
</tbody>
</table>

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

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

Table 21b: Question 35

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

Table 21c: Question 34 and 35 combined

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

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).