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# Satisfaction of using a nurse led telephone helpline among mothers and caregivers of young children

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**Abstract**
*Objectives:* This research aimed to explore user's experiences of using a nurse led telephone based healthcare service (NHS Direct) among mothers and caregivers of young children to uncover the core factors, which influence the level of satisfaction of using this type of service.
*Methods:* Focus groups were held with a subgroup of NHS Direct high 'users' ($N$=17), which included mothers and grandmothers of young children aged between 21 and 54 years old. Qualitative data analysis was undertaken using the thematic framework approach.
*Results:* The findings revealed a high level of satisfaction towards this service and this was based on high levels of trust and reassurance that this service provides. Findings also uncovered that users believed that the service would be improved by the utilisation of more person-centred decision-making tools.
*Conclusion:* This research demonstrates the increasing role that telephone based healthcare services can play on empowering patients to take more control of their health.
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## Introduction

Telephone based healthcare has become an intrinsic part of healthcare both in the UK [1] and worldwide [2-5]. NHS Direct, created in 1998, soon became a leading example of this, acclaimed as the largest and most successful telephone based healthcare provider of its kind worldwide [6,7], taking

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on average, about 100,000 calls each week [8]. This nurse-led triage service provided the population in England and Wales health advice and information 24 hours a day, 7 days a week, supporting the public to care for themselves and/or access appropriate health care if necessary [1]. NHS Direct ceased to operate on 31 March 2014 and has since been replaced with the new non-emergency NHS 111 service [9,11]. This service, also telephone based, was introduced to simplify access to non-emergency health care. It has been designed to act as a 'filter' for all non-emergency (but urgent) calls, used to triage and support callers to manage symptoms or signpost callers who are unsure about what service they need [12]. As such it remains clear that telephone based triage services remain core to the health strategy within the NHS, where we can apply lessons learnt from NHS Direct to the new NHS 111 service [13].

NHS Direct supported patients through a nurse-led clinical assessment to care for themselves at home, alongside providing information on local health services and support organisations, advice on maintaining a healthy lifestyle, information surrounding illnesses, conditions and any related medical information [14]. Evidence has suggested that NHS Direct has empowered patients, through legitimising help-seeking actions of 'users' enabling them to make more informed decisions about the appropriateness of seeking healthcare, either for themselves or others [15]. Evidence related to user-experience has been mixed, whilst some users suggested high levels of satisfaction [16,17], concerns have been raised from some 'users' which related to difficulties getting through to a health advisor on the phone and waiting for a long periods of time for a call back by a nurse, both of which negatively impacted on satisfaction [18].

It is widely accepted that patient satisfaction and service quality are fundamental to the development of service improvement strategies [19], often seen as the pinnacle marker of a successful healthcare service [20]. However the continued challenges to define, standardised and measure satisfaction have led to the debate that research should instead focus on health service quality [21]. Moreover, theoretical assumptions are largely based on traditional healthcare services which depend on face-to-face interaction between the patient and provider [22] formed around expectations and continuity of care [23] which limits applicability to more innovative healthcare services [24]. Patient satisfaction in the context of telephone based health services has demonstrated favourable results [25]. However, the evidence is inconclusive as many studies have lacked good quality rigorous evaluative data [26], often not based on a clear definition of satisfaction [27] or reported satisfaction as an outcome [6].

In light of the evidence more qualitative approaches are needed to determine what factors impact on satisfaction and how this impacts on the decision to uptake the this type of service. Qualitative approaches offer the benefit to uncover a more in-depth insight of healthcare quality particularly in groups that share common views and opinions, as opposed to depending upon fixed questionnaires [28]. Moreover, much of the research to date has depended on patient surveys, which do not have the ability to uncover factors and influences that influence satisfaction, which qualitative methodologies have the ability to do. The presented study, addresses this gap providing the first qualitative investigation, which focuses on a subgroup of NHS Direct 'high users', namely mothers and caregivers of young children, to uncover the core factors that can influence levels of satisfaction of a telephone healthcare service.

## Method

### Sampling and recruitment

Calls that related to a health concern regarding a young child under 5 contributed to nearly 25% of all calls made [30]. Outside of this, calls for and on behalf of females aged 20-50 collectively account for 50% of all calls made for females that used NHS Direct [30]. Findings from data across 4-months ($N$=) (2011–2012) found that 60% of calls are made by the patient themselves, with 20% of calls made by the mother. This therefore suggests that females in this age group with children are a high 'user' group for NHS Direct. In contrast lowest use is found in men [30], older people (65+) [31] and those from ethnic minority groups and whilst barriers to uptake is of interest [32] this research was more focused on those who were higher 'users'. This research consequently targeted females aged 21–50, who were either a mother to a young child, or a caregiver for a young child. Participants were recruited through advertisement at Children's Activity Sure Start Centres (which are a national government initiative providing activities for young children which aim to deliver emotional and educational support to their parents) [33] located in Bedfordshire, UK. The researcher, with permission approached prospective participants at all Children's Activity Centres within Bedfordshire.

Screened potential participants from all of the Sure Start Activity centres were provided with a participant invitation sheet, which clearly detailed the aims of the study alongside their involvement and the dates, times and locations of when and where the focus groups would be held. Participants were asked to confirm that they had used the NHS Direct telephone service at least twice in the previous year for either themselves or another person (i.e. a child). If the prospective participants met all of the inclusion criteria and were interested, they were then provided with the researchers details and were asked to get into contact if they wanted to take part.

A total of two focus groups were held. Each focus group comprised of between 5 and 8 participants. The total sample ($N$=17) were female and were born in the UK, with an age range of 21–54 ($M$=33: SD=8.4). The majority of the participants were White British ($N$=16) with one participant who classified their ethnicity as mixed White and Black Caribbean.

### Setting

Focus groups were conducted in November and December 2011 and were facilitated by a trained researcher (EC). They were held in local community centres in Bedfordshire, which were at a good central location for all the participants. The researcher went through a consent form with each participant individually and this was signed before they took part.

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