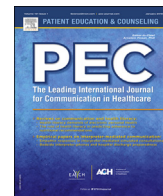




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A cross sectional survey of the UK public to understand use of online ratings and reviews of health services

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ABSTRACT

Objectives: To identify the self-reported behaviour of the public in reading and writing online feedback in relation to health services.

Methods: A face-to-face cross-sectional survey of a representative sample of the UK population. Descriptive and logistic regression analyses were undertaken to describe and explore the use of online feedback.

Results: 2036 participants were surveyed, and of 1824 Internet users, 42% (n = 760) had read online health care feedback and 8% (n = 147) had provided this feedback in the last year. People more likely to read feedback were: younger, female, with higher income, experiencing a health condition, urban dwelling, and more frequent internet users. For providing feedback, the only significant association was more frequent internet use. The most frequent reasons for reading feedback were: finding out about a drug, treatment or test; and informing a choice of treatment or provider. For writing feedback they were to: inform other patients; praise a service; or improve standards of services. 94% had never been asked to leave online feedback.

Conclusion: Many people read online feedback from others, and some write feedback, although few are encouraged to do so.

Practice implications: This emerging phenomenon can support patient choice and quality improvement, but needs to be better harnessed.

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1. Introduction

Online feedback from patients reporting their experiences of health services, health professionals, medical tests and treatments is an increasing phenomenon [1,2]. This is in line with online customer behaviour in many other sectors such as retail and travel, where an explosion in such feedback has been held up as an example of disruptive digital innovation, bringing transformative change to those sectors including service improvement [3]. A recent UK report on online consumer behaviour showed that three in four internet users read reviews before deciding to buy a product or service (not specifically health) and two in five write online reviews after the purchase [4]. In some ways, the health sector has been slow to harness this phenomenon, but there is much current interest in understanding the opportunities and challenges of online comments, reviews and ratings from people using health services. Also, the potential benefit of using these to measure quality, to inform patient choice, and to drive change, while

acknowledging there are issues of digital inclusion and representativeness [5–9].

Current work in this area has shown that the use of online feedback by patients has, to date, been relatively limited [1,2,10,11]. Previous surveys found that those who are more likely to use online feedback of health services include people who: are younger [10,11], live in (sub)urban areas and have higher levels of education. (10) The last UK-survey was published in 2012, and conducted among a small non-representative sample of 200 people living in one borough in London showing that just 29 people (15%) were aware of doctor rating websites and only 6 people having used them [10]. In a US survey conducted in 2012, 65% of 2137 participants were aware of online patient feedback websites and 23% had used them [2]. Of 854 respondents in another US survey in 2013, 16% said they had previously visited a patient feedback website. (1) Whilst there are some caveats in the non-comparability of studies that have been conducted in different settings, using different questionnaires, it seems that the number of people using online feedback is rising rapidly from a very low baseline over time.

Currently, there is no up-to-date data on use of online feedback of UK health services, despite huge policy interest in this area in the

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UK and elsewhere [12]. Without such data, meaningful policy decisions, and practice change are not possible. We therefore undertook the first nationally representative UK survey on providing and using online patient feedback among the general population. Our aims were to identify the frequency of use, user characteristics, and self-reported behaviour of members of the public in reading and writing online feedback on health services, health professionals, and medical treatments or tests.

2. Methods

This study is reported in line with the STROBE statement [13].

2.1. Study design

A cross-sectional face-to-face questionnaire-based household survey was conducted with members of the UK public about their use of online ratings and reviews (see questionnaire in Supplementary file Appendix A). A market research agency, ICM Unlimited, conducted the fieldwork. ICM had previously conducted the Oxford Internet Survey which uses similarly methodology, and the authors collaborated with the Oxford Internet Institute in designing the survey and choosing the provider [14]. Similar to the Oxford Internet Surveys, a two-stage design was used for sampling. Firstly, a random sample of output areas stratified by region was selected. Secondly, within each selected output area a random selection of addresses was selected. ICM recruited and interviewed participants by sending interviewers to the homes of selected people in February 2017. The study received institutional ethics approval from the University of Oxford Central University Research Ethics Committee (CUREC, reference SSH_OII_C1A_074).

2.2. Participants and setting

We included adult members of the public who were willing and able to give informed consent for participation in the study, lived in the UK, able to speak and read English, and were aged at least 16 years. Participants were given information about the study and that they were free to withdraw from the study at any time for any reason, and with no obligation to give the reason for withdrawal. To select participants, a random location sampling system was used where we randomly selected Output Areas as the geographical sampling unit. Each output area consists of around 150 households and all properties are available to the interviewer to achieve the target number of interviews (usually 4–5 per point). Demographics quotas were applied to ensure the profile of achieved interviews in each sample point reflects the known population of the area. For an explanation of this method in a similar survey see Oxford Internet Surveys [14].

2.3. Variables

We collected data on participant's characteristics, including age, gender, ethnicity, annual household income, education level, living in an urban or rural area, health status and Internet use (see Supplementary file Appendix B). There were also 20 questions relating to online feedback (see questionnaire in Supplementary file Appendix A). These questions were principally designed based on items from previous surveys [10,11] and on policy documents and reports by online feedback organisations [15] and informed our concurrent survey of healthcare professionals (not yet published) in which we developed and piloted questions about professional use of, and attitudes towards online feedback. We piloted the questionnaire with a patient and public reference group and tested it using two rounds of cognitive interviews (also with the public). Questions were asked about whether, where and why

participants read or wrote online ratings or reviews of health services, individuals, drugs, treatments or tests.

2.4. Data sources and study size

All data was obtained through face-to-face interviews with participants. Surveys were completed on a tablet and transferred to the study team in an excel spreadsheet. The names and any other identifying details of participants were not collected in any of the surveys. Direct access to study data was granted to authorised representatives from the University of Oxford and University of Warwick for monitoring and audit of the study to ensure compliance with regulations.

The survey was a fully representative sample of the population of Great Britain aged 16+. A sample size of 2000 with a margin of error percentage of two was chosen to maximise accuracy within reasonable resource constraints [14]. Data was weighted to the socio-demographic profile (Census data that included gender, age, socio-economic grade, region, and ACORN [A Classification Of Residential Neighbourhoods] group) of the target population (UK citizens aged at least 16 years).

2.5. Quantitative variables and statistical methods

All analyses were conducted using the statistical software package SPSS version 22 [16]. Descriptive analyses of participants' characteristics and the prevalence of providing and of reading online feedback were conducted. Non-internet users were excluded from these analyses as by default they would not be providing or reading or writing online content. We coded the outcome as binary: use any type of feedback vs none. Logistic regression was used to explain the use of online feedback (as the dependent variable), with the following independent variables that were considered to be potentially relevant: age, gender, education, income, living in rural or urban area, and frequency of internet use. These socio-demographic and Internet use variables have been shown to influence the uptake of a wide number of online activities, including health [17]. Ethnicity was not included in the logistic regression analyses because of the small number of participants in the ethnicity subgroups. In the results we present the model fit (%), Chi-square, P and R² (Nagelkerke) values. We used Binary Logistic Regression in SPSS and included all variables which were found to be statistically significant in univariate analysis in the model. Missing data were not imputed.

2.6. Patient involvement

This survey is part of the wider programme of work examining the phenomenon of online patient feedback (the INQUIRE study) [18]. The original design of this programme of work (including the current study) was informed by a workshop with patient organisations. Subsequently the further refinement of our research design was informed by our patient co-investigator on the INQUIRE project, as well as our public, patient and carer reference group. Both our patient co-investigator and the members of our reference group were involved in commenting on the survey questions and we presented them with a summary of our findings.

3. Results

3.1. Participants and descriptive data

Our total sample included 2036 participants of whom 1824 used the Internet over the past year and were included in further analyses; their characteristics are shown in Table 1, as well as the characteristics of those who read and provided feedback.

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