



# The mystery shopper student learning experience in undergraduate health education: A case study

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## 1. Introduction

The importance of communication skills to successful health care practice is without refutation, with suggestions that in medical practice communication is the most widely used of all clinical skills (Đorđević et al., 2012). Communication is the cornerstone of safe practice and a key determinant of both patient and healthcare professional satisfaction (Berman and Chutkan, 2016; Dean et al., 2016; Silverman et al., 2016). The benefits of effective communication include decreased patient anxiety, greater treatment compliance, shortened hospital stays, better clinical outcomes and significant increase in the patient-centeredness of consultations (Bensing et al., 2013; Dean et al., 2016; Parry, 2008; Street et al., 2009).

Despite its importance, communication education does vary considerably between healthcare programs, with limited agreement on the most effective approach (Berman and Chutkan, 2016; Kurtz et al., 2005; Schopper et al., 2016; Stojan et al., 2016). Variation also occurs in the time spent on communication skills training between programs, as does its scheduling within programs (Hausberg et al., 2012; Rosenbaum and Axelson, 2013). There is, however, evidence to support early introduction and integrated teaching to maximise communication skills development (Hausberg et al., 2012). A systematic review concluded that the most effective approach is experiential and participatory, combining practical rehearsal and feedback from both peers and skilled facilitator (Parry, 2008).

### 1.1. Interviewing Skills

Of the many communication tools utilised in health care practice, the interview remains the most frequently encountered. It is crucial in opening patient communication channels, especially in the first few minutes, and sets the scene for what follows (Berman and Chutkan, 2016; Dang et al., 2017). It has therefore been described as a powerful, sensitive and versatile instrument (Keifenheim et al., 2015); establishing patient rapport and promoting the development of a positive working relationship (Đorđević et al., 2012; Kurtz et al., 2005; Silverman et al., 2016). Effective interview skills can therefore facilitate early problem detection, accurate diagnosis, adherence to treatment plans and overall positive health outcomes (Berman and Chutkan, 2016; Keifenheim et al., 2015). However, several factors influence the quality of information gained and effectiveness of information provided during interviews; the most significant being the skills of the practitioner.

Therefore, the challenge in healthcare education is to provide students meaningful and authentic interview opportunities to validate and develop their interpersonal communication skills. However, these opportunities are reported as infrequent (Schopper et al., 2016; Stojan et al., 2016), despite students valuing observation and feedback to recognise their specific strengths and weaknesses and to implement beneficial changes to their practice (Lin et al., 2013; Schopper et al., 2016; Silverman et al., 2016; Stojan et al., 2016).

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## 1.2. The Mystery Secret-shopper Approach as a Communication Learning Tool

As its name suggests, mystery shopping first emerged as a research tool in the retail sector. In the USA in the 1940s, private investigators used it as a technique to identify and prevent employee theft, primarily at banks and retail stores (Devi and Reddy, 2016). Electronics companies used it in the 1970s to assess the technical knowledge of sales staff (Devi and Reddy, 2016). Increasingly, the technique is used to measure performance effectiveness in customer services across a range of sectors, including healthcare (Granatino et al., 2013; Peters et al., 2016; Robotham et al., 2016). The rise of the consumer movement in health care, an emphasis on patient-centred care and the concerns with communication in clinical care, have ignited an interest in the use of mystery shoppers (Lazarus A, 2009). Mystery shopping entails an anonymous and (as far as possible) objective person entering a service-delivery environment, observing happenings and participating in a service transaction. The mystery shopper's 'snapshot' experience is then documented either in writing or graphically, usually using a standard assessment form (Granatino et al., 2013; Peters et al., 2016).

Using the approach in the assessment of healthcare effectiveness accords with a commitment by educators and healthcare professionals to understand and respond to the patient experience as a fundamental component of good practice (Granatino et al., 2013). A Mystery Shopper technique is a powerful tool for understanding the patient experience as they seek health care (Rhodes, 2011).

For this reason, a learning project was developed as part of a first year communication subject to have healthcare students in the role of a mystery-shopper, exposed to healthcare communication practices of their peers, in this case fourth year student interns working in the public clinic attached to the university, as practitioners. Allied health professional training programs often involve students' active participation in workshop practicums to foster skill development, treatment perspectives and to support their work readiness with graduation. Students receiving 'treatment' was an expected learning activity, clearly detailed in course documents.

The mystery shopper experience was expected to enhance first year students' understanding of the importance of communication skills and the components of effective communication, through critically observing clinical practice from the perspective of a patient. Further, it was proposed that students' reflective experiences would also increase their understanding of how to deliver patient-centred care. The rationale of the project was the belief that true understanding does not come until you step into the shoes of your patients (Lazarus A, 2009; Buckley and Larkin, 2007).

## 2. Methods

The aim of this study was to explore first year Bachelor of Health Science in Traditional Chinese Medicine (TCM) students' sense of the importance of communication skills and their ability to identify components of good communication, through critically observing and reporting on clinical communication practices, while in the role of a patient, using the mystery shopper approach.

Ethics approval was obtained before the commencement of the project (UTS HREC ETH16 -0609). The targeted population was first year undergraduate students in a four-year degree program at a major Australian metropolitan university. Students were informed three weeks in advance of the assessment time and provided complimentary vouchers to attend the Chinese medical clinic. As Chinese medicine principles encompasses a belief in proactive and preventative health as well as a holistic approach to one's health, students were advised that if attending the clinic for a treatment of a particular ailment wasn't appropriate that a health strengthening treatment could be the focus (Davis et al., 2011).

The mystery shopper experience was embedded in the first-year

communication subject as part of the subject's learning. To limit reporting subjectivity and focus students on 'communication' themes and elements, academic staff prepared students for the mystery shopper activity in two ways. In the communication subject, which housed the secret-shopper project, students were introduced to a medical interview framework and essential communication skills to obtain a detailed account of the patients presenting problem. A second companion subject introduced the clinical consultation and treatment process, using the public clinic's case note template to guide discussion on 'effective communication' with reference to the professions 'Code of Conduct' (p. 10, Chinese Medicine Board of Australia, 2014).

For this experience, the students addressed two open-ended questions online. Following the experience however, the data analysis informed teaching and learning in the subject and links to the interpersonal communication literature.

These questions were:

Question 1 (Q1): What were the best aspects of the intern's performance and why?

Question 2 (Q2): Which aspects of the intern's performance could be improved and why?

A member of the study team not associated with the teaching or assessment of students collated the de-identified response feedback. All students (n = 41) participating in the subject consented to the use of their de-identified question response data for analysis. Fig. 1 details the study process.

### 2.1. Data Analysis

Hsieh and Shannon (2005) strategy of summative qualitative content analysis was used. This type of analysis includes a quantitative element that involves counting and comparisons of keywords and content to determine the percentage of time that particular issues are referred to by participants (Hsieh and Shannon, 2005). This is followed by a detailed qualitative interpretation to discover the underlying themes and meaning of the words and content (Morse and Field, 1996).

For the content analysis, the 41 participants' responses were de-identified and randomly allocated a number between 1 and 41. Responses referring to question 1 are noted accordingly. Responses to question 2 were noted with an appending 'a' after the number of the participant. For example, 5 refers to participant 5's response to Question 1, and 5a to their response to Question 2. Participants provided discrete responses for two posed questions, facilitating familiarisation and subsequent keyword identification by an initial researcher and re-checking of content coding accuracy by two additional co-researchers.

Thematic classification occurred by co-researcher agreement; communication evaluations were reviewed and discussed, with consensus reached about the fundamental elements of the reported experience's contribution to participants' notions of communication. The keywords were consequently grouped by theme.

## 3. Results

Students word count reporting for the 'best aspects of the intern's performance' (Question 1) was 90 (range 43–237) and the 'aspects to improve' 101 (range 50–240). Of the 41 students recruited to the study, 17 had a response word count greater for Question 1 (compared to their response word count for Question 2); while 24 had a word count greater for Question 2. With a minimum expected frequency was 20.5 for each category, the chi-square goodness-of-fit test indicated that the relative difference in question response length were equally represented by the students recruited to the study,  $\chi^2_{(1)} = 1.195$ ,  $p = 0.274$ .

In total, the summative data analysis identified 32 keywords mentioned 482 times, categorised into five main themes. The response breakdown by question and theme are shown in Fig. 2. Table 1 lists the five theme categories and theme description. Table 2 provides the

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