Client Experience Feedback

Practical Guide for Service Delivery Programs

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Client Experience Feedback: A Practical Guide for Service Delivery Programs.
International Planned Parenthood Federation (IPPF); 2022

The Client Experience

Introduction

Collection of data on client[1] experience is used globally as a measure of quality, accountability, and performance (1). It encompasses a range of components of healthcare that matter to clients, such as access to appointments, waiting times,confidentiality, information and communication with personnel (2).

At IPPF we often talk about people-centred or client-centred care or 'putting the client at the centre'. This means more than simply seeing the client as an important aspect of our work but recognising that the client should be central to everything we do and that they are the 'experts' in the service they experience. An individuals' experience is personal to them and can be different from another's who undergoes the same service in the same context. Following a client centred approach is essential when working on quality improvement, because clients have the right to respectful and dignified care and because it leads to improved health outcomes and service uptake (3).

For a short video on people-centred care **click here**

Capturing feedback and understanding the client experience should be incorporated into all service delivery programmes, to understand service level from the client's perspective and to enable informed decision making on change, leading to greater quality improvements. This in turn will contribute to achieving universal health coverage and the Sustainable Development Goal (SDG) 3 Ensure healthy lives and promote well-being for all at all ages.

Why is Client feedback Important?

Capturing data on the client experience is helpful to understand how a facility, team or a programme are performing, or the success of a quality improvement intervention. It drives evaluation and accountability of health systems (4). At times it can also be necessary for national health insurance schemes, donor compliance and reporting, performance related pay schemes or national health service requirements. If we don't ask for feedback, how do we know how we are doing without asking our clients?

[1]In this short guide, we use the term 'client' throughout, in preference to 'patient' to recognise people who access our services as recipients of healthcare, rather than those who are sick or suffering (9).

Client feedback:

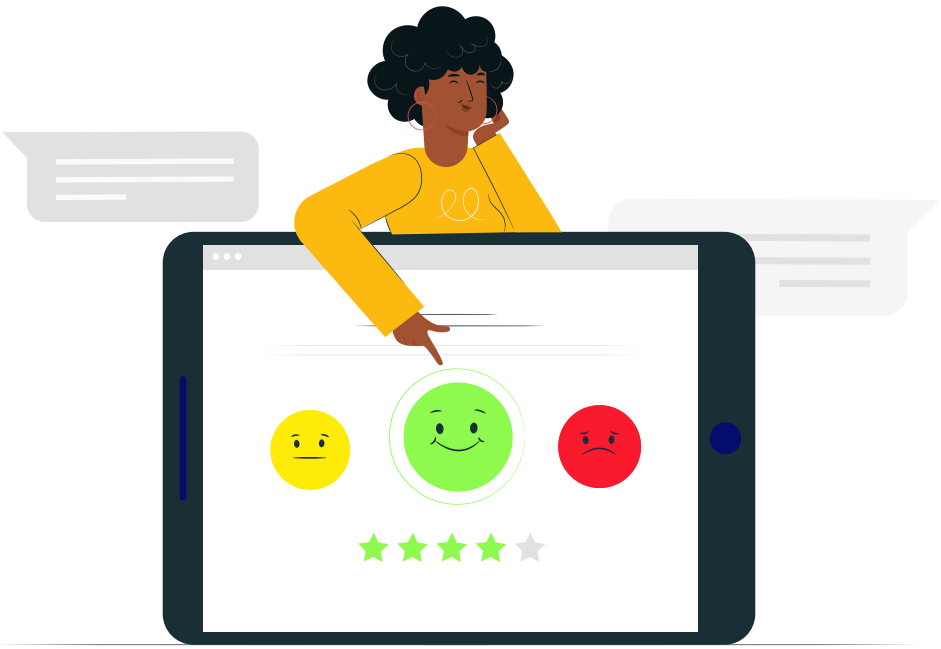
- Identifies gaps and areas for improvement, which can then be used at facility and programme level to develop a plan to close gaps and enhance the client experience. Perhaps counselling is highlighted as in need of strengthening or that clients are not all being treated equally. This might highlight the need for further staff capacity building in such areas as diversity and inclusion or provider bias training.
- Also captures positive feedback, which can be shared with teams to appreciate them on their performance or as part of a more formal performance appraisal.
- Should be designed to mutually benefit both the client and the facility and be sensitive to specific contextual or client group needs.
- Should be gathered on a voluntary basis, without obligation or pressure to participate. This should be communicated clearly with clients.

Whatever the reasons for capturing and understanding the client experience, there are several factors to consider when designing and selecting a method and analysing the results. This guide will assist you in considering the different methods and how to adjust them for specific contexts and levels of resource.

"Patient experience of care has received significant attention as the basis of designing improvements in clinical care. Patient-reported measures are important unto themselves; patients who have better experience are more engaged with their care, which may contribute to better outcomes." Delivering quality health services: a global imperative for universal health coverage. World Health Organization

What data collection methods can I use?

We have discussed above why it is important to collect client feedback and understand the client experience. In this section we will look at different ways to collect data and the various considerations involved in selecting a method, implementing the client feedback channel and analysing the results.



Using different methods

There is a wide variety of methods for gathering client experience feedback.

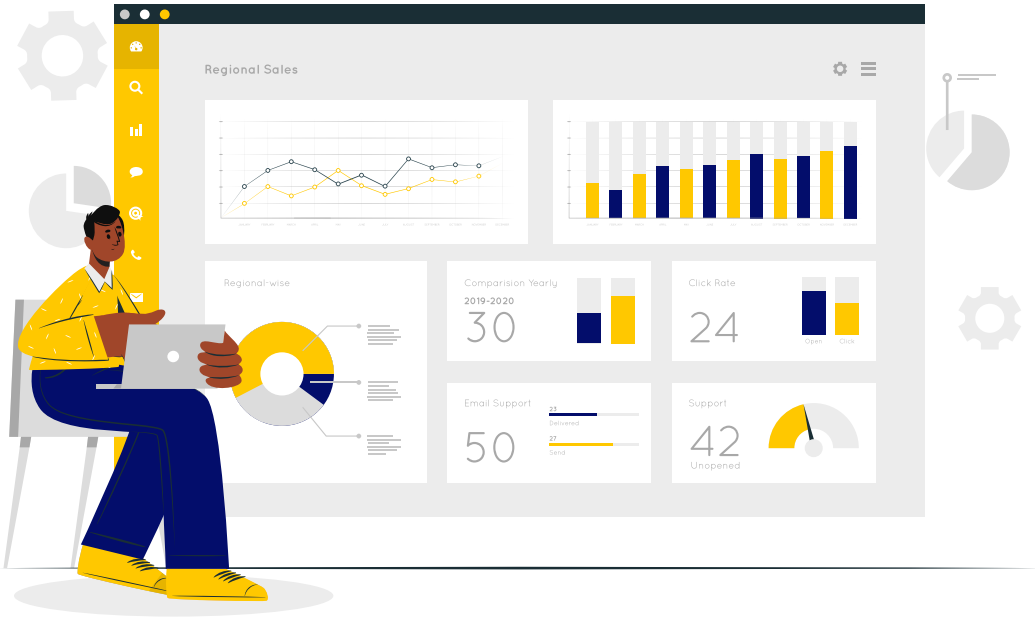
- Client exit interviews
- Focus group discussions
- Mood meters
- Net promoter score
- Short surveys
- Suggestion boxes

They each have their advantages and disadvantages and should be considered in relation to the individual context, needs and resource levels of a programme or health facility. In choosing a method first consider the following:

- What kind of data do you wish to collect - numerical (quantitative), descriptive (qualitative), or both and what do you want to know?
- Will the method be administered by internal or external staff?
- How much resource will it use (time, money and skill)?
- Is training needed of personnel to administer the method and how much?
- How will you ensure it is contextually relevant, including any language adjustments?
- How will you check validity of results and minimise bias?
- What will you do with the results, how will they impact on service design and delivery?

In this document we focus on methods which we believe are feasible for most IPPF MAs to implement. There are others that can be considered too, such as: telephone follow up calls; mystery clients, capturing informal feedback shared in reception, or during service provision; and formal complaints systems, including hotlines.

"Some critics are concerned that the main determinants of patient experience may be driven by factors such as the attractiveness of the environment or amicability of staff; however, it has been shown that patients are able to differentiate superficial comforts from more meaningful engagement." Delivering quality health services: a global imperative for universal health coverage. World Health Organization



Client feedback Methodologies – Quick View

Method	Strengths	Limitations
Client exit interviews	• *Thorough multi question scientific surveys.* • *Can be tailored to individual programme and contextual needs.*	• *CEI's can be costly to design and implement.* • *Time consuming.* • *Is an annual survey which captures a snapshot in time.* • *Need specific skills base to conduct successfully.* • *External independent agency recommended*
Focus group discussions	• *Can include a wide range of questions and be flexible to individual situations.*	• *Need trained facilitators and discussion guide.* • *Rely on an appropriate environment and clear participation guidelines.*
Mood meters	• *Simple and cheap to implement.* • *Can offer a quick snapshot of generally how clients are experiencing services.*	• *Limited number of questions and question style can be asked.* • *Results can be subjective, and the method is not well supported by scientific evidence. It cannot identify specific gaps or areas in need of improvement and should be used with caution and acceptance of the limitations.*
Net promoter score	• *Simple to implement and measure.* • *Using and monitoring over time can help identify trends and changes in client experience.*	• *Less effective with smaller sample sizes.* • *Limited to simple questions of satisfaction and promotion.*
Short surveys	• *Customisable to different situations* • *Give a snapshot in time*	• *Need technical support in design and analysis phase* • *Need to be adjusted for context and audience*
Suggestion boxes	• *Can be made locally and incorporate different designs.* • *Allows clients to write what they want to share and in their own words.*	• *Can be too public, lacking privacy and affecting feedback.* • *Can be difficult to aggregate results from free text.*

Methods such as client exit interviews are considered to be the highest standard and can be a good choice for large programmes that are well resourced and have the capacity to robustly analyse the results for wider dissemination. They do however come with a high cost, take a considerable amount of time and require specific expertise including data analysts and researchers. In short, they are simply not feasible for all contexts and MAs. Further, they are not recommended for routine data collection and are more effective as a 'moment in time' (cross sectional) annual survey.

Many IPPF MAs will benefit from using less complex methods; simpler to administer, to support and to analyse. It is advisable when selecting client feedback methods, to focus on methods that can be sustained, considering the level of expertise and the amount of resources that are available. Client feedback is an essential component of good programme management; therefore all service delivery channels should employ a method that is feasible and manageable in each individual context.

1. Surveys

Description: A survey is a method of asking a client a series of questions relating to the services they received, the results of which are collated and analysed to influence programme decisions and service improvements.
(See Annex 1 for an example template)

When can surveys be used?

Surveys can take many different forms and can be short or long, depending on how many questions you would like to ask and how detailed your enquiry into client experience is. They can be printed on a simple piece of paper or can use e-technology such as SMS, QR codes, email, free online tools and mobile apps. They can vary in length and can be focused on certain aspects of services or on a broader variety of questions relating to the whole facility. Whatever way your survey is presented, the questions asked, and the number of questions is critically important to deliver robust results that can be used for service improvements.

What are the strengths and weaknesses of surveys?

Strengths

- Surveys can be specifically designed to meet the information needs of a programme or of individual facilities.
- They can be undertaken at regular intervals (e.g. Annual), at more frequent intervals (such as a short tick box survey given to each client at the end of their clinic visit) or ad hoc.

Weaknesses

- Surveys need technical support from programme personnel who specialise in M&E or research to ensure questions are written well; including that the right type, length and answer styles are used.
- Surveys can be prone to biases, at times clients might select answers that they think are more desirable rather than the most truthful. E.g., the client worries their answers could affect future services received.
- Context and accessibility of a survey must also be considered; is the client able to read and understand the survey.
- Skilled personnel are needed to analyse and report the survey findings.

Case Study 1 - Suggestion Boxes at Reproductive Health, Uganda (RHU)

In Uganda, the RHU team have placed suggestion boxes in the reception of their static clinics. Each box has a book with blank pages and a pen attached. On a monthly basis the suggestions that are written and placed in the box are discussed in the team meeting and resultant actions are determined and added to the health facility action plan.

Similarly, instead of blank pages, to focus on specific areas of the client experience that you want to track, you could create a small tick box survey that you place next to the box and have clients fill out.

2. The Mood Meter

Description: The Mood Meter is another type of survey, a simple feedback-capture method that measures satisfaction and happiness levels with clients. A short series of 'faces' depicting different 'moods' or emotions are presented to the client who then identifies which one most aligns to how they are feeling after receiving a service.

When can mood meters be used?

These are a simple method that can be employed within a health facility, in a waiting room, on the reception desk or in a foyer or exit hall. They can also be adapted to be used on outreach or by community-based distributors. They can be differently presented, according to context and available resources. For example, a paper sheet and pen given to a client who is asked to mark which face they agree with. Or a box with different faces on top and a coin slot next to each, clients have a token to put into the slot that matches how they feel about their experience. Some organisations have electronic mood meters, with illuminous faces, the client pushes a button, and the data is automatically collated. It is thought that the 'mood' selected will predict the client's future decision in attending again or making another purchase, in the case of sales (5).

What are the strengths and weaknesses of mood meters?

Strengths

- They are simple and can be cheaply produced, easy to administer, are inclusive of people with low literacy and can offer you basic insight of client experience.
- They are mainly based on feelings and emotions (the faces).

Weaknesses

- They are limited to one or two questions and are in the main used for quite limited variables such as "How was your service today?".
- The results can be quite subjective and there is limited research related to their effectiveness.
- Consideration should be given to the validity of the answers and individual interpretation of the different answer options (faces) and inevitable biases. For example, if the client can be seen giving their answer by the health facility staff, or feels pressure to return a positive response, this could bias the result.

Case Study 2 - Routine Exit Interviews in Pakistan

The Family Planning Association of Pakistan (FPAP) undertake routine exit interviews and collect data on a quarterly basis which are compiled into an annual report and used for project monitoring and planning purposes. In total, about 1000 interviews are planned annually across all FPAP sites.

A survey being administered in Pakistan

3. Net Promoter Score

Description: Net promoter Score (NPS) is a tool which is widely used in market research, mainly to measure customer 'loyalty'. It is usually a single question with an answer scale 0 to 10 which the client adds their rating to. The 'net score' is calculated by subtracting the proportion of 'detractors' from the proportion of 'promoters'; those who would not and those who would recommend the services or use the services again.

When can Net Promoter Score be used?

NPS can be used in health facilities as a measure of client experience by asking a single question after the client has received a service; when they are leaving the facility, or later when they are home by SMS or email. The question would usually be phrased "what is the likelihood that you would recommend the services to friends or family," or "what is the likelihood that you would use the service again." The NPS score results from subtracting the % of detractors from the % of promoters (the people denoted 'passives' are omitted). The higher the score, the more promoters that you have, who are likely to be loyal and recommend your services to others. This score is used as a measure of client satisfaction and can be captured routinely and monitored over time, giving a reading of how well the services are being delivered or the success of a particular service improvement.

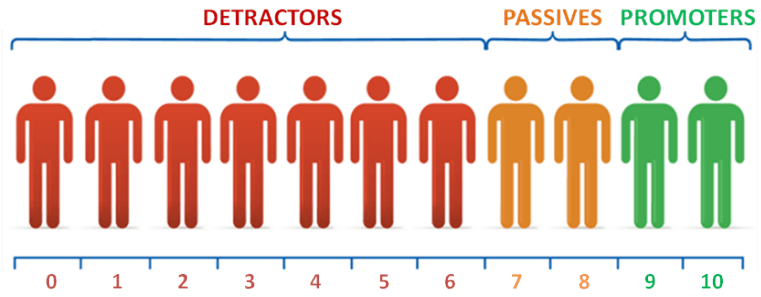
What are the strengths and weaknesses of Net Promoter Score?

Strengths

- In health facilities and programmes, the Net Promoter Score can be simple to set up and administer. Once the question(s) and the mode of delivery (paper or technology-based methods such as mobile apps and touch screens) is determined, the results can be calculated with simple arithmetic.
- The score can be measured and monitored for fluctuations by health facility staff or programme teams and used as a driver for change or specific interventions, as necessary.

Weaknesses

- Only one or two questions are used (repeat use of the service and recommending it to others) which limits what can be measured. It is also less effective if used on smaller numbers of clients.
- This method would not be suitable for exploring client experience at greater depth, e.g., on multiple specific aspects of a service, provider attitude or dignified car.



4. Focus Group Discussion

Description: A group discussion held with a group of people who have some common characteristics or shared experience. It is led by a trained facilitator who asks some pre-determined questions to stimulate and guide discussion, to gain an understanding of the groups experiences, opinions and feedback.

A focus group discussion with clients in Malawi

When can Focus Group Discussions be used?

A focus group discussion (FGD) is a qualitative research method used to explore the experience, thoughts and opinions of a group of people on a particular theme or area of interest. In healthcare, it can be used to capture feedback on the client experience of a particular service of facility. The group itself are pre-selected and have particular characteristics or experience in common; they may all be young people or people who have received a similar SRH service. The discussion is led by the facilitator, using some guiding questions and the conversation is allowed to evolve naturally, kept on topic by the facilitator. The discussion is transcribed and then analysed for key points and themes.

What are the strengths and weaknesses of Focus Group Discussions?

Strengths

- FGDs can generate a wide range of data quickly and in one session.
- Additional insights can be drawn out through the interaction between different group participants and the discussion can be steered by facilitators through the topic(s) of particular interest.

Weaknesses

- They must be delivered by appropriately trained facilitators, who are able to guide and promote a calm and non-threatening environment, to maximise participation.

Case study 3: Client feedback in Humanitarian contexts.

In Thailand, IRC identified a lack of formal feedback mechanisms and communication barriers in the refugee camps they were working in. To address this, they established 'refugee committees' to lead discussions, held community outreach meetings and conducted a survey when clients came for consultation. The findings of both activities were then used to strengthen the project and be responsive to the needs and requests of clients. The findings included: lack of knowledge of services offered; issues relating to confidentiality of feedback; concerns relating to respectful care; and standards of clinical areas. The outcome was improved quality of care and increased trust in IRC and the services it was offering. The client feedback activities are now part of the project cycle in Thailand.

Community outreach session with refugees in Ban Mae Suri camp, Thailand (courtesy of IRC)

What else do I need to consider?

Communication barriers – language and literacy

With any client feedback method or system, it is important to consider the variables relating to culture, language, literacy and educational levels of the population local to your health facilities. Consider who you would like to reach. For example, a detailed survey may not be appropriate if your clients have **literacy** challenges, find it difficult to read them or if they have never been asked to undertake such an exercise before. This could be overcome by offering assistance to completing a feedback survey, by offering a detailed explanation of the purpose and/or by choosing a method that may present fewer barriers to participation. Focus group discussions or exit interviews that are administered by trained personnel may assist with this.

Consideration should also be given to **health literacy**. This is the person's ability to understand and utilise health information and services in a way that promotes better health for themselves and their communities (6). The level of health literacy of your client group will influence the results of your client feedback intervention.

Culturally there can be challenges and consideration should be given to ensuring that the purpose has been clearly explained, as has the confidential treatment of the feedback shared.

Clients living with a physical **disability** or difficulties seeing may not be able to complete a written survey or may need some assistance, which could in turn bias the results. A feedback mechanism might need to be translated into another language, which could also present some challenges if not carried out accurately or not feasible (where clients only know spoken languages). Face to face in person methods may be more appropriate in this case, such as focus group discussions and mood meters.

The feedback mechanism may need to be designed with specific **age** groups in mind. For example, young people are known to respond better to certain language and styles, and this should be factored in during the design phase. The physical environment should also be considered, promoting a safe space to participate in a feedback method.

Involving clients in the design of client feedback methods can help to ensure that they are selected and designed to mitigate issues relating to cultural and communication barriers. Involving representatives from specific groups such as youth, people living with disability and people living in poverty will help improve the suitability and success of the method.

Frequency and timing of feedback interventions

The frequency of a feedback intervention largely depends on how often you need information on client experience, resources available and the type of method chosen. The level of effort involved in a client survey is far greater than a suggestion box or mood meter in a health facility waiting room. Building in such routine feedback collection into health facilities can help keep costs down and provide continuous data that can be monitored, analysed and triangulated with more detailed annual surveys, for example.

Timing of feedback capture is also important. In marketing literature, it is advised to ask people for their feedback immediately after they receive a service as waiting until later when their feedback might not be as fresh, therefore asking clients to complete a short survey immediately after a service could give more meaningful feedback. However, there are occasions when you may wish to request feedback from clients later, for example if you are planning service changes and you would like to invite some clients to attend a FGD to input their valuable insights.

Case study 4: Adaptations for youth

To ensure regular client feedback, IPPF MAs in Malawi and Pakistan have included young people and representation from OPDs in their cluster management committees, which meet on a monthly or quarterly basis. In Malawi the cluster management committee which also includes district health officials review poverty heatmaps during committee meetings to identify where to schedule upcoming outreaches. Young committee members are also able to raise challenges on access to SRHR services in their communities on behalf of other young people.

Designing question sets

It can often feel quite simple or straightforward to ask a few questions relating to services clients have received. There is however a fair amount to consider ensuring that the responses you receive are of value. It is advisable to ask someone (internal or external) who is experienced in survey design, research or M&E to support in designing survey questions, even for a simple short set on a feedback form.

Below are some important considerations when developing questions:

- The style of the question (closed or open ended)
- The reason you are asking the question (how will the responses help you?)
- The 'theme' of the questions; specific service or general healthcare standards? (See below)
- The appropriate language level
- The number of questions being asked and the order they are asked in
- How to account for client subjectivity

When measures do not have a clear purpose or are incorrectly specified or interpreted, they risk conveying an inaccurate and unreliable assessment of quality of care. This inappropriate use of measures can waste time and resources, both in the initial collection of data and in initiatives and policies resulting from poor measurement."[4]

The question themes should be based around what you would like to understand about the services being delivered. The following three areas may help you to group them (7):

- Quality of services (the healthcare intervention itself)
- Access (ease of receiving care, receiving an appointment, disability inclusion timely care, affordability etc)
- Interpersonal areas (respectful, compassionate care)

Once your themes are decided, you can then design questions to probe insights relating to those areas. For example, if you are specifically interested in provider behaviours or biases, your questions might be focused on respectful care and if the environment was friendly and welcoming.

Managing expectations

Taking the time to explain to clients why their feedback is being asked for, why it is of value and what it will be used for is essential for a good response rate and honest feedback.

Seeking consent from the client to use their feedback is also necessary, especially if any of the client's personal information is identifiable. If you are calling clients after they have attended a facility, it is also necessary to gain prior consent to use their phone number to make such a call. This should be explained when they register for or receive services. Consider the implications of calling or contacting a client at home when a phone might be shared and where confidentiality and safety may be an additional consideration. If other members of the household are unaware of attendance at a clinic this may put the client in a difficult position, or at risk.

Expectations can vary and, in some contexts, clients may be unfamiliar with the concept of giving feedback and may even feel suspicious about it. Assure clients that their responses will be used in a positive way, to improve quality of services, not in a punitive way (against themselves or their health care providers) and that their information will be treated in confidence.

Whatever method you may be using, it is important to inform clients that:

- You are collecting client feedback
- What it is used for and how the information will be handled or stored
- Responses will be held anonymously (unless otherwise)
- When it will be asked for, how and what to expect and how long it will take
- That they are not obliged to participate

I have the data, what should I do now?

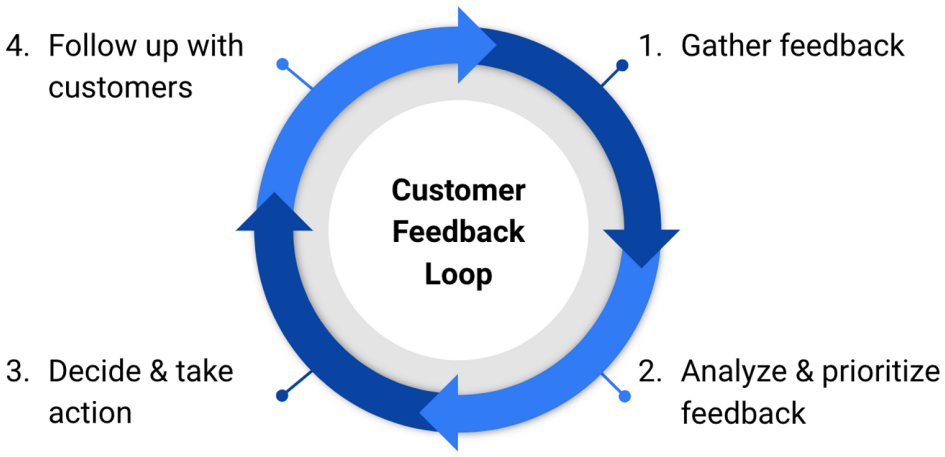
How to measure, monitor and respond - action plan

Once you have your data (the feedback) you now need to analyse it and consider what it is telling you about your services, your programme and performance. Are things improving or deteriorating? Do you have a baseline to compare it to or is this the first time you are capturing this feedback? Routine feedback should be monitored over time and the results discussed at facility and operational or management level.

The data feedback loop

Use this valuable data to continually seek to improve client experience and programme success. It can also lead to increased staff satisfaction, to feel a valuable contributor to strengthened service delivery. Aim to keep the service engaged with the client experience process and see it as a positive process, rather than feel threatened by it. It can be a motivating factor to hear how well the facility is doing in terms of satisfaction and schemes like 'facility of the month' can help act as a positive driver and reward to achieving better results. Consider connecting the results from client surveys with staff surveys and look for common areas for improvement that would be mutually beneficial.

"Patient experience data should be presented to staff alongside safety and clinical effectiveness data, and the associations between them should be made explicit"(8)



Adapting methodologies to different contexts and audiences

Some client feedback methods would be more successful if they were adjusted to fit the environment and context. For example, if the majority of the clients were unable to read, then information or explanations must be given verbally or pictorially. The same questions might be acceptable in one context but insensitive in another. It might be culturally more acceptable to give feedback in private or in a 1:1 setting. Consider what is most appropriate for each setting and test a method with a small group of clients first, if necessary.

Creating a non-threatening environment and encouraging feedback through awareness raising

As described above, different contexts call for different approaches to gathering client feedback. Any requests of clients for their opinions and insights should be presented in such a way that is non-threatening and where people understand it is neither obligatory, nor will there be sanctions to any of the responses given in their feedback. Taking the time to explain the purpose of the feedback request, what it will be used for and how their data will be stored, is essential to receiving honest, meaningful information. Incorporate an introductory session to a face-to-face interview or FGD or written component to explain this to clients. They should also be thanked and feel appreciated for their contribution. It is not advised to offer clients gifts or incentives for participation as this could influence their feedback (give more favourable responses) and bias the results. Refreshments during a client feedback session are acceptable.

Case Study 5: Using data to drive change and motivate teams

An indicator measured through the WISH annual Client Exit Interviews (CEIs) is the comprehensiveness of information provided by service providers during counselling. A number of countries reported an improvement in this indicator from the first round of the CEIs in year 2 to the second round of CEIs in year 3. This was due to the additional efforts on the quality of counselling following dissemination of the round 1 CEI results to build capacity of service providers on the provision of comprehensive counselling. In South Sudan, for example there was a reported increase of almost 20% in the quality of contraceptive counselling, from 1 CEI to the next.

Annex 1

The following is an example for Client feedback Survey used by former IPPF Member Association Family Health Options Kenya. This template should be used as a guide to be adapted for an individual context.

Thank you for completing this short survey. Your answers will help us serve you better.

How long have you been a patient here?

○ 1st Visit ○ Less than 1 year ○ 1-3 years ○ Greater than 3 years

Please indicate whether you strongly agree, agree, disagree, or strongly disagree to the following statements.

	Strongly Agree	*Agree*	*Disagree*	*Strongly Disagree*	*N/A*	*Comments*
The staff was courteous and helpful.	○	○	○	○	○	
The time in the waiting room was reasonable.	○	○	○	○	○	
The waiting area was comfortable.	○	○	○	○	○	
The staff gave me their complete attention.	○	○	○	○	○	
The staff answered my questions clearly.	○	○	○	○	○	
I was satisfied with my visit with the hospital.	○	○	○	○	○	
I was satisfied by the follow-up appointment scheduling.	○	○	○	○	○	
I received the results of my labs and/ or tests in a timely manner.	○	○	○	○	○	
I am satisfied with the quality of care I received.	○	○	○	○	○	
I would recommend the hospital to friends.	○	○	○	○	○	

What can we do to make your visit better?

_____

_____

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Resource List or further reading

- Net Promoter Score
https://www.qualtrics.com/uk/experience-management/customer/-good-net-promoter-score/?rid=ip&prevsite=en&newsite=uk&geo=GB&geomatch=uk
- The Health Foundation Evidence Scan No.18 Measuring Patient Experience
https://www.health.org.uk/publications/measuring-patient-experience
- Healthcare Transformers – Putting Patient Outcomes First
https://healthcaretransformers.com/patient-experience/?g clid=Cj0KCQiAnaeNBhCUARIsABEee8WQJT6_7ZqiisMHUFQalhpwTWKUrQ6XeG_qZkGAxpN_32Yyy7XEEiIaAnJxEALw_wcB
- Toolkit for developing Practice Specific Questionnaires
https://www.racgp.org.au/getmedia/2bc2eff9-36dd-43a5-a81b-4ad298feeda2/RACGP-Toolkit-for-developing-practice-specific-questionnaires.pdf.aspx

• Agency for Healthcare Research and Quality – Patient Experience
https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html
• Patient Satisfaction Surveys
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