

## *Survey Information Sheet*

You are invited to complete a brief survey about your experiences of relational aspects of care whilst in hospital or the A&E department. Before you agree to participate you need to understand why the work is being done and what it would mean for you. Please take time to read/listen to the following information carefully. Please ask us or your hospital volunteer if there is anything that is not clear or if you would like to know more.

### Who is doing this work?

The University of Oxford and Picker Institute Europe are jointly conducting this research. Picker Institute Europe is an independent health research charity based in Oxford that specialises in seeing things from the patient's viewpoint.

### What is this project about?

We are inviting patients from wards and the A&E department at your hospital to complete a brief survey about your experiences of relational care whilst being a patient in this hospital. Relational aspects of care refer to the emotional care received as a patient in addition to the physical treatment or care. This includes the relationships formed with the hospital staff that cared for you.

### What happens to your responses?

Your responses will be combined with those of others who have completed the survey. The combined responses will be reported back to hospital staff within one week so they can make improvements to the care they provide to patients. Your responses will be completely anonymous. Hospital staff will not be able to identify individual patients in any survey results. Your decision to participate in this survey or the responses you provide do not affect the care you receive in hospital at any time.

### What happens if you decide to participate?

You will be asked to complete a short survey on the tablet/kiosk presented to you by the hospital volunteer. The survey should take around ten minutes to complete. The volunteer may assist you by reading questions and possible answers out to you. The volunteer can also key in your answers for you, if you are happy to say them out loud.

Your volunteer has received special training and will treat any answers you share as completely confidential.

Your family or carer may also assist you in completing the survey. However, all questions should be answered from the patient's point of view.

#### Do you have to take part?

No, it's up to you to decide whether or not to participate. If you would like to take part, we will ask you to indicate your consent on the survey to show you have agreed to do so. The care you receive in hospital will not be affected by taking part.

You are free to leave any questions unanswered and to stop taking the survey at any time, without giving a reason.

#### What if there is a problem?

You can contact your hospital volunteer or contact the researcher, Susanne Käsbauer at the Picker Institute by telephoning [REDACTED] or emailing [REDACTED].

For assistance with survey translations into other languages, please ask your hospital volunteer or contact Language Line Solutions by calling <insert number>.

### **Introductory Message and Consent**

This survey is designed to understand your experiences of relational care whilst being a patient in this hospital. Relational aspects of care refer to the emotional care received as a patient in addition to the physical treatment or care. This includes the relationships formed with the hospital staff that cared for you.

The questionnaire will take approximately ten minutes to complete. Your results will be completely anonymous and will be used to improve future patient experiences of care. Family or carers may complete the survey on behalf of the patient. However, all questions should be answered from the patient's point of view.

You are free to leave any questions unanswered and to stop taking the survey at any time, without giving a reason.

## **Informed Consent**

I have been informed about the purpose of this survey by a hospital volunteer and/or have read the information sheet.

- Yes
- No → return to information sheet on previous page

I agree to participate in this survey.

- Yes
- No → skip to thank you message at end of survey

## **Survey on Relational Aspects of Care**

1. Have staff introduced themselves before treating or caring for you?
  - Yes, all staff have introduced themselves
  - Yes, some staff have introduced themselves
  - No, staff have not introduced themselves
2. Have staff taken the opportunity to learn about you as a person?
  - Yes, definitely
  - Yes to some extent
  - No
  - Don't know
3. Have staff made you feel at ease by being friendly and warm in conversations?
  - Yes, always
  - Yes, to some extent
  - No
4. Have staff showed you care and compassion?
  - Yes, all of the time
  - Yes, some of the time
  - No
  - Don't know
5. Have staff listened to what you have to say?
  - Yes, definitely
  - Yes, to some extent
  - No

6. During your time in hospital, have you had enough contact with staff?
  - Yes, definitely
  - Yes, to some extent
  - No
  
7. Have you been told how to contact the nurses if you needed any help?
  - Yes
  - No
  - Don't know
  
8. If you have needed attention, have you been able to get a member of medical or nursing staff to help you?
  - Yes, always
  - Yes, sometimes
  - No, never
  - I have not needed attention
  
9. Have staff responded quickly when you ask for help?
  - Yes, always
  - Yes, to some extent
  - No
  - I have not asked for help
  - Don't know
  
10. If you have raised any concerns with staff, have these been followed up?
  - Yes, definitely
  - Yes, to some extent
  - No
  - I have not raised any concerns
  - Don't know
  
11. Do staff appear confident and able to perform their tasks when caring for you?
  - Yes, always
  - Yes, to some extent
  - No
  - Don't know
  
12. Have you had enough time to discuss your health or medical problem with a doctor or nurse?
  - Yes, definitely
  - Yes, to some extent

- No
- I have not seen a doctor or nurse

13. Have your family or carers been informed by the staff about your condition?

- Yes, definitely
- Yes, to some extent
- No
- There has been no need to inform my family or carers
- There are no family or carers to be informed

14. Have you been involved as much as you want to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I have not been well enough to be involved in decisions about my care

15. Have staff explained your condition and treatment in a way you can understand?

- Yes, completely
- Yes, to some extent
- No
- I have not needed an explanation

16. Has a member of staff answered your questions in a way that you could easily understand?

- Yes, completely
- Yes, to some extent
- No
- I have not had any questions

17. If you have had any anxiety or fears about your condition or treatment, has a member of staff discussed them with you?

- Yes, completely
- Yes, to some extent
- No
- I have not had any anxieties or fears

18. Has a member of staff told you about what danger signals regarding your condition or treatment to watch for?

- Yes, completely
- Yes, to some extent

- No
- I have not needed this type of information

19. If you have felt distressed while in hospital, has a member of staff helped to reassure you?

- Yes, definitely
- Yes, to some extent
- No
- I have not felt distressed
- Don't know/can't remember

20. During your time in hospital, have staff made you feel safe?

- Yes, completely
- Yes, to some extent
- No
- Don't know

21. Have you received as much support as you have needed from staff?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

22. Overall, do you feel you have been treated with respect and dignity while in hospital?

- Yes, all of the time
- Yes, some of the time
- No

Please use the space below to provide any additional comments you may wish to share about the **staff caring for you** and your **time in hospital**.

23. Who was the main person or people that filled in this questionnaire?

- The patient
- A friend or relative of the patient
- Both patient and friend/relative together
- The patient and the volunteer together

24. Are you male or female?

- Male
- Female

25. What was your year of birth?

26. Do you have any of the following long-standing conditions? (Select ALL THAT APPLY)

- Deafness or severe hearing impairment
- Blindness or partially sighted
- A long-standing physical condition
- A learning disability
- A mental health condition
- Dementia
- A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- No, I do not have a long-standing condition

27. Does this condition(s) cause you difficulty with any of the following? (Select ALL THAT APPLY)

- Everyday activities that people your age can usually do
- At work, in education or training
- Access to buildings, streets or vehicles
- Reading or writing
- People's attitudes to you because of your condition
- Communicating, mixing with others or socialising
- Any other activity
- No difficulty with any of these

28. To which of these ethnic groups would you say you belong? (Select ONE only)

- English/Welsh/Scottish/Northern Irish/ British
- Irish
- Gypsy or Irish Traveller
- White and Black Caribbean
- White and Black African
- White and Asian
- Indian
- Pakistani
- Bangladeshi
- Chinese
- African
- Caribbean
- Arab
- Any other ethnic group, write in...