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Strategies to Address the Methodological Challenges of Client-Satisfaction Research in Home Care

Dorothy A. Forbes and Anne Neufeld

Alors que les études récentes en satisfaction de la clientèle abondent, les difficultés d'ordre méthodologique persistent. Les obstacles les plus courants font l'objet du présent essai, notamment la possibilité de recueillir des informations pertinentes de la part des clients âgés recevant des soins à domicile. La tendance à la désirabilité sociale, la crainte de représailles, la tendance à l'acquiescement, et la formulation négative ou positive des items sont quelques-uns des obstacles notés. Ils peuvent rendre difficile la tâche de cerner quelles sont les modalités importantes de la satisfaction et de l'insatisfaction chez la clientèle des soins à domicile. Plusieurs stratégies de collecte de renseignements sont ici proposées : réaliser des entrevues interactives dirigées, raconter des histoires, élaborer des scénarios, de même que classer selon leur importance les modalités de satisfaction et d'insatisfaction, sur la base des données résultant des entrevues. Chacune de ces stratégies fait l'objet d'une discussion, à l'aide d'exemples tirés d'une enquête sur la satisfaction de la clientèle âgée recevant des soins à domicile. Les infirmières, infirmiers et autres dispensateurs de soins doivent pouvoir s'appuyer sur des données fiables pour que des principes directeurs soient élaborés, et que des services mieux adaptés et efficaces soient offerts à la clientèle des soins à domicile.

While there is an abundance of recent client satisfaction research, methodological difficulties continue. This paper addresses common methodological challenges in securing useful feedback from elderly clients receiving home-care services. The methodological challenges include socially desirable response sets (SDRS), fear of reprisal, acquiescent response sets (ARS), and negative or positive wording of items. These contribute to an inability to capture salient dimensions of satisfaction and dissatisfaction important to home-care clients. Several data-collection strategies are proposed: guided interactive interviews, story-telling, scenarios, and rating of the importance of the dimensions of satisfaction and dissatisfaction identified from interview data. Each strategy is discussed using illustrations from a study on elderly clients' satisfaction with home-care services. Nurses and other health-care providers require credible feedback about client satisfaction in order to develop policy and to provide more appropriate and effective services to home-care clients.

With the current emphasis on fiscal cutbacks and outcome measurement, there is an increased interest in consumers' views. Concepts such as Continuous Quality Improvement, which focus on meeting and

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Dorothy A. Forbes, R.N., M.N., is a doctoral candidate, and Anne Neufeld, R.N., Ph.D., is Professor in the Faculty of Nursing at the University of Alberta, Edmonton.

exceeding customer satisfaction, have been flourishing. Indeed client satisfaction with care has become a valued outcome indicator, even an element of health status itself (Donabedian, 1988). While there is an abundance of recent client-satisfaction research, however, there continues to be disagreement about the definition of the construct of client satisfaction, the dimensions and determinants of client satisfaction, and the absence of reliable and valid instruments to measure client satisfaction. Two issues contribute to this lack of agreement: the complexity of the construct of client satisfaction and methodological difficulties of client-satisfaction research.

This paper will address common methodological challenges in securing credible and useful feedback from home-care clients. To do so, we propose several strategies that proved useful in a study of elderly clients' perceptions of satisfaction with home-care services. We will summarize the methodological challenges identified in the literature. Then we will propose strategies to address these challenges, offering examples from our research experience.

Methodological Challenges in Satisfaction Research

The challenges in securing useful data in satisfaction research are well documented (Bond & Thomas, 1992; Carr-Hill, 1992; French, 1981; Petersen, 1988). Frequently cited challenges include: (1) socially desirable response sets (SDRS), (2) fear of reprisal, (3) acquiescent response sets (ARS), and (4) negative or positive wording of items. These challenges contribute to an inability to capture salient dimensions of satisfaction and dissatisfaction, which are important to home-care clients.

SDRS, in which individuals give answers consistent with the prevailing social norms rather than accurate personal responses, are common to all types of research but are particularly relevant for satisfaction research. Hays and Ware (1986) found that rating an item that asked for a personal response was consistently biased upward for those subjects who manifested SDRS. The rating item requesting the participant's view of most people's perceptions, however, was found to be unbiased. These results may explain why score distributions for satisfaction items requesting a personal response tend to be more skewed than score distributions for similar items referring more generally to the perceptions of others.

Fear of reprisal may be a concern for elderly individuals receiving home-care services. Clients may "fear repercussions from staff"

(French, 1981, p. 21) or fear losing some or all of their services if they give negative responses (Nehring & Geach, 1973).

Additional challenges include an ARS and negative or positive wording of items. ARS is the tendency to agree with statements regardless of the content (Ventura, Fox, Corley, & Mercurio, 1982). Ware (1978) demonstrated that 40% to 60% of respondents of satisfaction questionnaires manifest some degree of ARS and from 2% to 10% demonstrate noteworthy ARS tendencies. Occurrences of ARS accounted for significant upward bias in satisfaction scores computed from favourably worded questionnaires and significant downward bias in scores computed from unfavourably worded items. La Monica, Oberst, Madea, and Wolf (1986) posit that although the use of positively and negatively worded items reduces ARS, it may create a problem with socially desirable responses. For example, patients who are uncomfortable disagreeing with a positively worded statement may be comfortable agreeing with a negatively worded item, because they view the presence of such statements as acknowledgement that negative things can and do happen. Thus a negative statement may permit or sanction an honest response in a way that a positive statement does not.

Strategies to Address the Challenges in Satisfaction Research

Several strategies are proposed to address these challenges in securing useful data in satisfaction research: guided interactive interviews, story telling, scenarios, and rating the importance of the dimensions of satisfaction and dissatisfaction. Each strategy will be discussed in turn within the context of satisfaction research with elderly home-care clients.

The guided interactive interviews held early in the study consisted of conversations to elicit the salient parameters of client satisfaction. As the research proceeded, the interviews became more focused, in order to explore areas of special interest, to begin to verify preliminary findings, and to start looking for areas of commonality and difference in participants' stories (May, 1991). Guided interactive interviews may decrease SDRS, ARS, and fear of reprisal by enabling the researcher to establish personal rapport with the participant. Rapport is established by ensuring that the participant is comfortable with the interviewing process; pointing out that the researcher is not interested in making judgements; affirming that the participant's identity will not be revealed and that all information will be kept confidential; and communicating that the participant's contribution is crucial to a better understanding of the meaning of client satisfaction and that the research is important and

useful (French, 1981). Fitzpatrick (1984), in a study of satisfaction with health care, found that participants are more likely to be candid if they are interviewed by a researcher who is independent of the health-care agency. Participants may fear reprisals when the researcher is also a service provider.

An additional advantage of the guided interactive interview is the ability to capture spontaneous comments about issues that clients consider important. Research reveals that salient dimensions important to clients may be considerably different from the dimensions identified as important by health-care professionals (Raphael, 1967). Other investigators have found that the results of unstructured questions about client satisfaction are different from results in response to direct questions (Carr-Hill, 1992). Open-ended questions that encourage clients to talk about the care they have received elicit a descriptive account from which satisfaction or dissatisfaction can be inferred. If a study involves only direct questions about satisfaction with aspects of care, evaluative comments may be generated without the researcher's knowing the referent or the context of the response. However, by following indirect questions with more specific inquiries, the investigator may elicit comments on additional issues that did not arise in the spontaneous response to an open-ended question (Locker & Dunt, 1978). An initial focus on demographic and health-status information clarifies the participant's point of reference, as it has been shown that clients with a chronic disease may become "experts" in their own condition and more critical of and less satisfied with their care (Carr-Hill). These interview strategies can be useful in decreasing the incidence of SDRS and ARS.

Inviting participants to tell their personal life stories, including specific events and experiences, provides access to concrete details that might otherwise not be known (Van Manen, 1990). Participants can then be encouraged to elaborate so that a fuller, more detailed understanding is reached. The stories could reflect what is important, notable, strange, or worrisome to the client (Carr-Hill, 1992). Indeed these accounts can enable researchers to access realities that may be outside the realm of their own personal life experience.

The vignette technique, often employed in survey research, can also be adapted for use in satisfaction research. Finch (1987) refers to vignettes as "short stories about hypothetical characters in specified circumstances" (p. 105) and suggests that an advantage of this technique is the ability to incorporate characteristics of the situational context into the vignette. This technique provides a concrete, specific description to which elderly clients may respond more easily. One way to adapt this

technique for use in satisfaction research is to create hypothetical scenarios that reflect the characteristics of care known to be important to elderly clients.

Satisfaction research has been insensitive to the specific dimensions of satisfaction that are important to clients. Client responses tend to fall into narrow bands that are superficially indicative of high satisfaction levels (Carr-Hill, 1992). One way to identify and incorporate clients' perspectives on the most important characteristics of care is to invite them to indicate their personal priorities by rating the importance of specific characteristics. This approach facilitates consideration of the importance of each characteristic on its own merit, without the need to rank characteristics hierarchically.

In summary, use of the guided interactive interview method combined with open-ended questions, an invitation to clients to "tell their story," and use of hypothetical scenarios (vignettes) can elicit useful, detailed information about client satisfaction. An understanding of the characteristics of care most important to clients can be reached when clients rate the importance of these elements. Next we will discuss the use of these strategies in a study of client satisfaction with home-care services.

Using the Proposed Strategies

The proposed strategies were successfully employed in a qualitative descriptive study of elderly clients' satisfaction with home-care services. The descriptive mode provided access to rich detail about the topics of interest and the meaning of the experience for clients involved (Artinian, 1988). The study was conducted in two western Canadian small urban centres and surrounding rural areas. Letters describing the study were mailed to 120 home-care clients. Twenty clients responded to the letter and six women and four men were selected to participate. These were at least 65 years of age; able to speak English; oriented regarding person, place, and time; and willing to discuss their thoughts and feelings about their experience with home care. Their ages ranged from 68 to 89 years and their health status varied from functional independence and requiring some assistance with homemaking to terminally ill and requiring 24-hour care. Prior to the start of the interview, a signed consent form was obtained from each participant. As well as describing the study, the consent form stated that the participants were free to withdraw from the study at any time and that their decision on whether to participate had no bearing on their eligibility for services through the home-care program. Each participant was interviewed

twice. The interviews were tape-recorded, transcribed, and analyzed using hierarchical thematic analysis (Colaizzi, 1978). Findings are reported elsewhere (Forbes, 1996). Strategies proposed to elicit useful feedback are illustrated with examples from the study.

Participants were interviewed in their homes. During the first interview, rapport was developed by creating a permissive atmosphere, by assuring the participant of his or her anonymity, and by making it clear that the researcher had no affiliation with the home-care agency. Biographic and demographic data, including the participant's health condition, were elicited at the beginning of the interview to clarify his or her point of reference. Ability to capture the *client's perspective* was facilitated by use of open-ended guiding questions such as "Tell me what it is about home care that you find satisfying."

Clients were invited to relate personal stories of experiences with home care which were satisfying as well as stories of dissatisfying experiences. Having the same personal care aide (PCA) was very important to one elderly client:

> P: You know yourself you get a little shy with strangers coming in to wash your body. You feel better...a little freer, with the regular lady [PCA].

The satisfying reciprocal nature of an elderly client's relationship with her PCA was illustrated as follows:

> P: She [the PCA] understands my situation and she does her best to do what she is able to do for me. And she knows that I don't expect her to do something that is not right — like I wouldn't ask her to clean up the kitchen or something like that, never.

Elements of dissatisfaction reflecting a nurse's failure to listen or insensitivity to the client's needs are revealed in this comment:

> P: One nurse kept on saying, "Oh, you should see the palliative care unit they have in R. It's gorgeous!" Lord! That's the last thing I want to hear about.

Upon completion of the first 10 interviews, the following strategies were utilized in the second round of interviews. Ten scenarios were developed that portrayed satisfying or dissatisfying experiences, based on analysis of data from the first interviews. Face validity of the scenarios was established by a panel of experts. The scenarios were then shared with the participants in order to further explore personal meanings and to validate the dimensions of satisfaction or dissatisfaction. The following are examples of the scenarios and the associated questions:

1. Mrs. B. is 89 years of age. She receives homemaking service and a bath assist every week. Frequently her worker is replaced by a different worker and Mrs. B. finds she has to explain to each new worker what it is she wants done.

How would you feel about having your workers changed frequently?

2. Mr. E. has a daughter and a son who live in the same part of town as he does. Mr. E. has difficulty walking and is unable to do the housework. However, he is reluctant to ask his daughter or son for help as he does not want to become a burden to them. He finds it easier to ask the homemaker for assistance rather than a family member.

Do you ever feel this way? Please explain.

Lastly, the participants were asked to rate in importance the dimensions of satisfaction and dissatisfaction that had been identified during analysis of the first 10 interviews. This approach provided information about the relative importance of characteristics of care to clients. For example, clients indicated that a cheerful manner and trustworthiness were important characteristics in PCAs, whereas the ability to listen to clients and a cheerful manner were important characteristics in nurses.

Conclusion

Strategies such as the use of guided interactive interviews, storytelling, scenarios, and ratings of dimensions of satisfaction can enhance the credibility and utility of feedback from home-care clients when conducting satisfaction research. Previous research has revealed that satisfied clients are more likely to participate in their own care and to cooperate with their home-care workers by disclosing relevant information (Petersen, 1989). Dissatisfied clients are more likely to reject advice from the health-care worker, fail to attend a service for treatment, and are less likely to show improvement in symptoms (Fitzpatrick, 1990). Additionally, the satisfied client is a major "marketer" for the health-care agency, as it has been reported that satisfied customers will relate their satisfaction to four or five people; dissatisfied customers will relate their dissatisfaction to nine or 10 people (Meisenheimer, 1991). Incorporating strategies to enhance the credibility and utility of feedback from clients ensures that nurses and other health-care providers are better able to provide more appropriate and effective services to home-care clients.

References

Artinian, B. (1988). Qualitative modes of inquiry. *Western Journal of Nursing Research, 10*(2), 138-149.

Bond, S., & Thomas, L.H. (1992). Measuring patients' satisfaction with nursing care. *Journal of Advanced Nursing, 17*, 52-63.

Carr-Hill, R.A. (1992). The measurement of patient satisfaction. *Journal of Public Health Medicine, 14*, 236-249.

Colaizzi, P.F. (1978). Psychological research as a phenomenologist views it. In R.S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford University Press.

Donabedian, A. (1988). The quality of care: How can it be assessed? *Journal of the American Medical Association, 260*, 1743-1748.

Finch, J. (1987). Research note: The vignette technique in survey research. *Sociology, 21*(1), 105-114.

Fitzpatrick, R. (1984). Satisfaction with health care. In R. Fitzpatrick, J. Hinton, S. Newman, G. Scambler, & J. Thompson (Eds.), *The experience of illness*. London: Tavistock.

Fitzpatrick, R. (1990). Measurement of patient satisfaction. In A. Hopkins & D. Costain (Eds.), *Measuring the outcomes of medical care.* London: Royal College of Physicians.

Forbes, D.A. (1996). Clarification of the constructs of satisfaction and dissatisfaction with home care. *Public Health Nursing, 13*(6), 377-385.

French, K. (1981). Methodological considerations in hospital patient opinion surveys. *International Journal of Nursing Studies, 18*(1), 7-32.

Hays, R.D., & Ware, J.E. (1986). My medical care is better than yours: Social desirability and patient satisfaction ratings. *Medical Care, 24*, 519-523.

La Monica, E., Oberst, M., Madea, A., & Wolf, R. (1986). Development of a patient satisfaction scale. *Research in Nursing and Health, 9*(1), 43-50.

Locker, D., & Dunt, D. (1978). Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care. *Social and Science Medicine, 2*, 283-292.

May, K.A. (1991). Interviewing techniques in qualitative research: Concerns and challenges. In J.M. Morse (Ed.), *Qualitative nursing research: A contemporary dialogue* (pp. 188-201). Newbury Park, CA: Sage.

Meisenheimer, C.G. (1991). The consumer: Silent or intimate player in the quality revolution. *Holistic Nursing Practice, 5*(3), 39-50.

Nehring, V., & Geach, B. (1973). Patients' evaluation of their care: Why they don't complain. *Nursing Outlook, 21*, 317-321.

Petersen, M.B.H. (1988). Measuring patient satisfaction: Collecting useful data. *Journal of Nursing Quality Assurance, 2*(3), 25-35.

Petersen, M.B.H. (1989). Using patient satisfaction data: An ongoing dialogue to solicit feedback. *Quality Review Bulletin, 15*, 168-171.

Raphael, W. (1967). Do we know what the patients think? A survey comparing the views of patients, staff and committee members. *International Journal of Nursing Studies, 4,* 209-223.

Van Manen, M. (1990). *Researching lived experience.* London: Althouse Press.

Ventura, M.R., Fox, R.N., Corley, M.C., & Mercurio, S.M. (1982). A patient satisfaction measure as a criterion to evaluate primary nursing. *Nursing Research, 31,* 226-230.

Ware, J.E. Jr. (1978). Effects of acquiescent response set on patient satisfaction ratings. *Medical Care, 16,* 327-336.

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Correspondence should be addressed to Dorothy Forbes, R.N., Ph.D.(c), University of Alberta Faculty of Nursing, 3rd Floor, Clinical Sciences Building, Edmonton, AB T6G 2G3.

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