

How does PRC's Survey Design Team know how to word a question?

PRC's Survey Design Team is responsible for designing your initial survey, auditing existing surveys, adding/deleting/editing questions, and much more (excluding CAHPS survey questions). They are experts in ensuring surveys measure what they should measure and do so with a logical flow. A common question to our Survey Design Team is "How do you know how to word a question?" PRC's position is that the challenges with how a question is worded can fall into one of two categories.

Challenge #1: A word, phrase, or sentence with a confusing or loaded meaning.

PRC Solution: PRC takes many precautions to protect against confusing questions and consistently monitors our questions for these issues. The most effective tool to prevent against poor question construction is simple face validity. PRC has one of the most aggressive tools for tracking face validity. At the end of every survey, the PRC interviewer has the option to report back to the Survey Design Team anything that strikes them unusual, confusing, or simply not right. These reports can be a specific concern over a word choice, a pronunciation issue, a potential factual error, or more general concerns regarding question patterns and flow, etc. The Survey Design Team addresses these reports each week. This is an incredibly powerful check. We have a team of well-trained question-writers reviewing our surveys, and we also have hundreds of different interviewers telling us what is working or not working in the field. In effect, we have a continual and repeated process to address any "face validity" issues.

Challenge #2: Words can have different meanings to different patients in different situations.

For example, the word "safety" has different meanings to nuclear medicine patients, OB patients, ED patients, etc.

PRC Solution: One possible solution is to provide clear definitions attached to every word that contains multiple meanings. While this would provide more externally reliable responses, this approach would also create additional problems. We would need to triple or quadruple the number of questions in the survey, thereby adding length and making it more difficult for patients to complete the survey. This approach would also require more attention on the part of the respondent, which can lead to respondent fatigue. Moreover, by narrowly defining each question, we may actually miss the definition that is critical to an individual patient.

Instead, PRC chooses to create the simplest and crispest formulation of a question. This approach creates an uncluttered question that will allow a patient the latitude to answer using their own definition and heuristic. While this provides less confidence that each and every patient is considering the exact-same definition of the word, it helps to ensure we capture the general areas critical to individual patients.



PRC's patient perception measurement is the beginning of the conversation, not the end. We advise clients and their front-line managers and staff to round on patients in order to understand how the patients define these key concepts in their specific area. The challenge with maintaining a useful tool is that there is never one approach that will satisfy all possible scenarios and issues. PRC is continually tracking what variables are important and adjusting our survey to account for these changes. As new issues arise on the horizon—be they a new focus on safety on the patient side, or the impact of EMRs on the medical staff side—we are adjusting our survey to capture the most important areas to respondents.

