

# National Healthcare Agreement: PI 32-Patient satisfaction/experience (Patient Experience Survey), 2014 QS

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## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>METEOR identifier:</b>	517708
<b>Registration status:</b>	<a href="#">Health!</a> , Superseded 14/01/2015

## Data quality

<b>Institutional environment:</b>	<p>Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.</p> <p>For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see <a href="#">ABS Institutional Environment</a>.</p> <p>Collection authority: The <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>.</p> <p>Data Compiler(s): Data is compiled by the Health section of the Australian Bureau of Statistics (ABS).</p> <p>Statistical confidentiality is guaranteed under the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. The ABS notifies the public through a note on the website when an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.</p>
<b>Timeliness:</b>	<p>Collection interval/s: Patient Experience data is collected annually.</p> <p>Data available: The 2012–13 data used for this indicator became available from 22 November 2013.</p> <p>Referenced Period: July 2012 to June 2013.</p> <p>There are not likely to be revisions to this data after its release.</p>

**Accessibility:**

Data publicly available. Tables showing patients experiences with health professionals are available in *Health Services: Patient Experiences in Australia, 2009* (cat. no. 4839.0.55.001), *Patient Experiences in Australia: Summary of Findings, 2010–11*, *Patient Experiences in Australia: Summary of Findings, 2011–12* and *Patient Experiences in Australia: Summary of Findings, 2012–13* (cat. no. 4839.0).

Data for this indicator is shown by age, sex, Socio-Economic Indexes for Areas (SEIFA) and remoteness. Jurisdictional data is not currently publicly available but may be made available in the future.

Data is not available prior to public access.

Supplementary data is available. Additional data from the Patient Experience Survey is available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the ABS National Information and Referral Service on 1300 135 070.

**Interpretability:**

Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey. The data was collected over a twelve month period and therefore should minimise any seasonality effects in the data.

Other Supporting information: The ABS Patient Experience data is published in *Patient Experiences in Australia: Summary of Findings, 2012–13* (cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The 2011 SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10 per cent of CDs, Decile 2 contains the next 10 per cent of CDs and so on. Further information on SEIFA can be found in the ABS Technical paper *Socio-Economic Indexes for Areas 2011* (cat. No. 2033.0.55.001).

**Relevance:**

Level of Geography: Data is available by State/Territory, 2011 SEIFA and 2011 Remoteness (major cities, inner and outer regional, remote and very remote Australia).

Data Completeness: All data is available for this indicator from this source.

Indigenous Statistics: Indigenous data and associated data quality statements will be provided in a separate data supply. Due to differences in survey design and collection methodology, ABS advises that data from the Patient Experience survey is not comparable to data from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). As such, comparisons between Indigenous and the general population are not available for this indicator.

Socioeconomic status data: Data is available by the 2011 SEIFA index of disadvantage. There has been no significant impact from transitioning from 2006 SEIFA to 2011 SEIFA. Similarly, there has been no significant impact from transitioning from the 2006 remoteness classification to the 2011 remoteness classification.

Numerator/Denominator Source: Same data source.

Data for this indicator was collected for all persons in Australia, excluding the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons
- people living in discrete indigenous communities.

The 2011–12 iteration of the Patient Experience survey was the first to include households in very remote areas, (although it still excluded discrete indigenous communities). The 2012–13 iteration continues to include data from very remote areas. The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the Northern Territory. Small differences evident in the NT estimates between 2010–11 and 2011–12 may in part be due to the inclusion of households in very remote areas.

Data was self-reported for this indicator. Persons who were interviewed by proxy were excluded.

**Accuracy:**

Method of Collection: The data was collected by computer assisted telephone interview.

Data Adjustments: Data was weighted to represent the total in scope Australian population, and was adjusted to account for confidentiality and non-response.

Sample/Collection size: The sample for the 2012–13 patient experience survey was 30,749 fully-responding households. Note this is a substantial increase from the 2011–12 sample size of 26,437. This increase will improve the reliability of the data, particularly at finer levels of disaggregation.

Response rate: Response rate for the survey was 78.9 per cent.

As data is drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95 per cent confidence intervals. Estimates with a relative standard error between 25 per cent and 50 per cent should be used with caution, and estimates with a relative standard error over 50 per cent are considered too unreliable for general use.

This indicator generally has acceptable levels of sampling error and provides reliable data for most breakdowns. However, RSEs for remote/very remote breakdowns are mostly greater than 25 per cent and should either be used with caution or are considered too unreliable for general use. Similarly, data for the 'other' remoteness category has high RSEs when cross classified by State. Caution should be used when interpreting these data.

The data for this indicator is attitudinal, as it collects whether people felt they waited too long to get an appointment with a GP or specialist, and whether the person felt the health professional in question spent enough time with them, listened carefully and showed them respect (the 'patient satisfaction' questions).

Data is used from personal interviews only (i.e. excluding proxy interviews).

Explanatory footnotes are provided for each table.

**Coherence:** Consistency over time: 2009 was the first year data was collected for this indicator.

Questions relating to acceptable waiting times for general practitioners (GPs) were asked in 2009, 2010–11, 2011–12 and 2012–13. While the question wording itself did not change, the position in the survey (ie where the question was asked) changed in 2011–12 and again in 2012–13. There has been a noticeable contextual effect with this change in question ordering, and ABS recommends that this data item is not comparable over time. This has been footnoted in the relevant tables.

Similarly, questions relating to acceptable waiting times for Medical Specialists were asked in 2009, 2010–11, 2011–12 and 2012–13. While the question wording itself did not change, the position in the survey (ie where the question was asked) changed in 2011–12. There has been a noticeable contextual effect with this change in question ordering. As such, ABS recommends that 2012–13 data is comparable to 2011–12, but not before this (ie not comparable to 2010–11 or 2009). As a result, a time series can be started from 2011–12 onwards. This has been footnoted in the relevant tables.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of discrete indigenous communities in the sample will affect the NT more than it affects other jurisdictions.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data is collected the same way across all jurisdictions.

The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources.

## Relational attributes

### Related metadata references:

Supersedes [National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2013 QS](#)

[Health!](#), Superseded 14/01/2015

Has been superseded by [National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2015 QS](#)

[Health!](#), Superseded 08/07/2016

See also [National Healthcare Agreement: PI 32-Patient satisfaction/experience \(Australian Aboriginal and Torres Strait Islander Health Survey\), 2014 QS](#)

[Health!](#), Standard 12/01/2015

### Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2014](#)  
[Health!](#), Superseded 14/01/2015