

The Insights Series

# Hospital care experiences for people who mainly speak a language other than English



## **BUREAU OF HEALTH INFORMATION**

1 Reserve Road  
St Leonards NSW 2065  
Australia  
Telephone: +61 2 9464 4444  
**bhi.nsw.gov.au**

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State Health Publication Number: (BHI) 230699  
ISSN: 2204-5511 (online)

Suggested citation:

Bureau of Health Information. The Insights Series – Hospital care experiences for people who mainly speak a language other than English. Sydney (NSW); BHI: 2023.

Please note there is the potential for minor revisions of data in this report.  
Please check the online version at **bhi.nsw.gov.au** for any amendments or errata.

Published October 2023

The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

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# Foreword





Understanding the healthcare experiences of people from diverse backgrounds allows care to be tailored to their needs and supports efforts to improve health outcomes.

This Bureau of Health Information (BHI) report provides insights into the experiences of care of thousands of people who mainly speak a language other than English at home, and were admitted to a public hospital or visited a NSW emergency department (ED) between 2017 and 2022.

We heard from linguistically diverse people as part of the NSW Patient Survey Program, which BHI runs on behalf of NSW Health. Through this program we are continually working to collect and report on data relating to high priority patient groups and their journeys of care across different parts of the health system.

More than 210,000 people responded to the Adult Admitted Patient Survey and Emergency Department Patient Survey between 2017 and 2022, including more than 22,000 people who told us they mainly speak a language other than English at home.

The report shows linguistically diverse patients' overall ratings of care have improved over time. However, their experiences continue to be less positive than those who speak English.

Additionally, the report explores a range of key aspects of care including communication and information provision, timeliness and coordination of care, and compassion, respect and kindness. This information provides transparency for consumers and the community, and allows policymakers, system managers and healthcare professionals to see where services are performing well and where additional improvement efforts are needed.

I would like to extend my thanks to the NSW Ministry of Health's Health and Social Policy Branch who BHI partnered with to deliver this report.

Most importantly, to the linguistically diverse people who have responded to our surveys and offered feedback on their experiences of care – thank you for providing such a wealth of information to produce the insights in this report.

**Dr Diane Watson**  
Chief Executive

# Summary

Feedback gathered from people who mainly speak a language other than English at home about their experiences of care provides important information on the performance of the NSW healthcare system. Their perspectives enable us to identify where the system is performing well and where services could be improved to better meet their needs.

As part of the NSW Patient Survey Program, between 2017 and 2022, more than 12,000 people who mainly speak a language other than English at home shared their experiences of care in NSW public hospitals through the Adult Admitted Patient Survey. In addition, more than 10,000 people shared their experiences in NSW public hospital EDs through the Emergency Department Patient Survey.

Making use of the wealth of information linguistically diverse patients have provided, this report examines their experiences across a number of areas.

Analyses in this report include:

- trends in the experiences of patients who mainly speak a language other than English at home who were admitted to a NSW public hospital or visited an ED between 2017 and 2022
- comparisons of the experiences of patients who mainly speak a language other than English at home with those who mainly speak English
- variation in patients' experiences across local health districts (LHDs)
- description of the measures most likely to drive positive experiences of care.

The Appendix to this report contains detailed information about the analyses.

## Patients who mainly speak a language other than English at home

This report focuses on the healthcare experiences of patients who mainly speak a language other than English at home – also referred to in this report as 'linguistically diverse' patients.

The Bureau of Health Information (BHI) patient surveys ask patients: 'Which language do you mainly speak at home?', with response options 'English' and 'A language other than English'. Responses to this question were used to explore differences and similarities in the experiences of care between the two patient groups. In BHI's most recent survey of admitted patients, the most frequently cited languages among patients who said they mainly speak a language other than English at home were Arabic (12% of respondents), Chinese languages (12%), Indian languages (7%) and Greek (5%).

Language mainly spoken at home is one identifier of cultural and linguistic diversity. BHI analyses show that language correlates well with other measures of cultural diversity such as country of birth (see Appendix). However, it does not capture all aspects of cultural diversity and is specifically likely to identify patients who require a higher level of language assistance or support accessing and navigating the NSW healthcare system.

# Key findings

## Overall satisfaction and outcomes

Between 2017 and 2022, overall ratings of hospital care improved for people who mainly speak a language other than English at home. While their experiences remain less positive than those who speak English, the difference has narrowed.

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## Overall satisfaction and outcomes by local health district

Across most metropolitan Sydney local health districts, patients who mainly speak a language other than English at home provided more positive overall ratings of hospital and ED care in 2022 than they did in 2017.

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## Drivers of overall ratings of care

When patients said they received well-organised care and health professionals worked well together as a team, they were much more likely to have a positive overall experience of care. This was true for those who mainly speak a language other than English at home and those who speak English.

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## Timely and coordinated care

From 2017 to 2022, patients who mainly speak a language other than English at home increasingly provided more positive ratings of the organisation of their care and how health professionals worked together. By 2021, their ratings were similar to people who speak English.

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## Effective communication and clear information

Patients who mainly speak a language other than English at home and those who speak English provided similar ratings of the way health professionals explained things, and whether they received the right amount of information. However, linguistically diverse patients were more likely to say they received contradictory information.

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## Compassion, respect and kindness

Patients who mainly speak a language other than English at home and those who speak English were just as likely to say they were treated with respect and dignity, and that their cultural and religious beliefs were respected.

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# Setting the scene

NSW is home to people from a broad range of cultural backgrounds. The 2021 Census shows that around one-third of all people living in NSW (35%) were born overseas and a similar proportion (32%) speak a language other than English at home, with the majority of those living in metropolitan Sydney. It also shows that more than half of all NSW residents (56%) have at least one parent born overseas.\*

People from linguistically diverse backgrounds may face distinct challenges when accessing and navigating the healthcare system. In addition to encountering language barriers, some people may lack knowledge of the healthcare system, be isolated from support networks, and may have had previous unfavourable experiences with a healthcare system here or elsewhere.† Understanding the experiences of linguistically diverse people who use the NSW healthcare system can help inform efforts to make health services more accessible, inclusive and responsive.

To gain insights into the experiences of linguistically diverse people in NSW, BHI analysed survey data from patients admitted to NSW public hospitals and those who visited EDs between 2017 and 2022. The analyses revealed trends in the experiences of care for people who mainly speak a language other than English at home and those who mainly speak English, as well as comparisons between these groups.

Since 2020, the COVID-19 pandemic has presented additional challenges to health services. Hospitals needed to adapt in multiple ways to maintain sufficient capacity and adopt additional preventative measures to ensure the safety of staff and patients, which may have affected experiences of care over recent years.

This report focuses predominantly on the experiences of admitted patients while highlighting comparable findings for linguistically diverse patients who visited EDs and responded to the Emergency Department Patient Survey. For more detailed patient survey results, visit the **BHI Data Portal**.



## Of those patients...

Thousands of people who mainly speak a language other than English at home told us about their experiences in NSW public hospitals between 2017 and 2022



12,325  
were admitted  
to hospital



10,528  
visited emergency  
departments

\*Australian Bureau of Statistics. Population: Census ABS, 2021, <https://www.abs.gov.au/census/find-census-data/quickstats/2021/1>

†NSW Plan for Healthy Culturally and Linguistically Diverse Communities 2019–2023

## Key NSW Health policy and context documents

**Future Health: Guiding the next decade of health care in NSW 2022–2032** acknowledges the importance of personalised and culturally safe care towards ensuring patients have positive experiences and outcomes that matter.

**Elevating the Human Experience – Our guide to action for patient, family, carer and caregiver experiences** acknowledges the importance of clear and effective communication that is appropriate to a patient’s cultural, linguistic and health literacy needs.

The **NSW Plan for Healthy Culturally and Linguistically Diverse Communities 2019–2023** outlines NSW Health’s commitment to understanding the needs, experiences and identities of culturally and linguistically diverse communities in NSW.

The **NSW Refugee Health Plan 2022–2027** aims to improve the health and wellbeing of refugees and people with refugee-like experiences who have settled in NSW, taking a culturally responsive, trauma-informed, and strengths-based approach.

## For the Adult Admitted Patient Survey 2022...

Of the 1,625 patients who said they mainly speak a language **other than English** at home:

97%

were admitted to an **urban** hospital



Of the 17,805 patients who said they mainly speak **English**:

71%

were admitted to an **urban** hospital

3%

were admitted to a **rural** hospital



29%

were admitted to a **rural** hospital

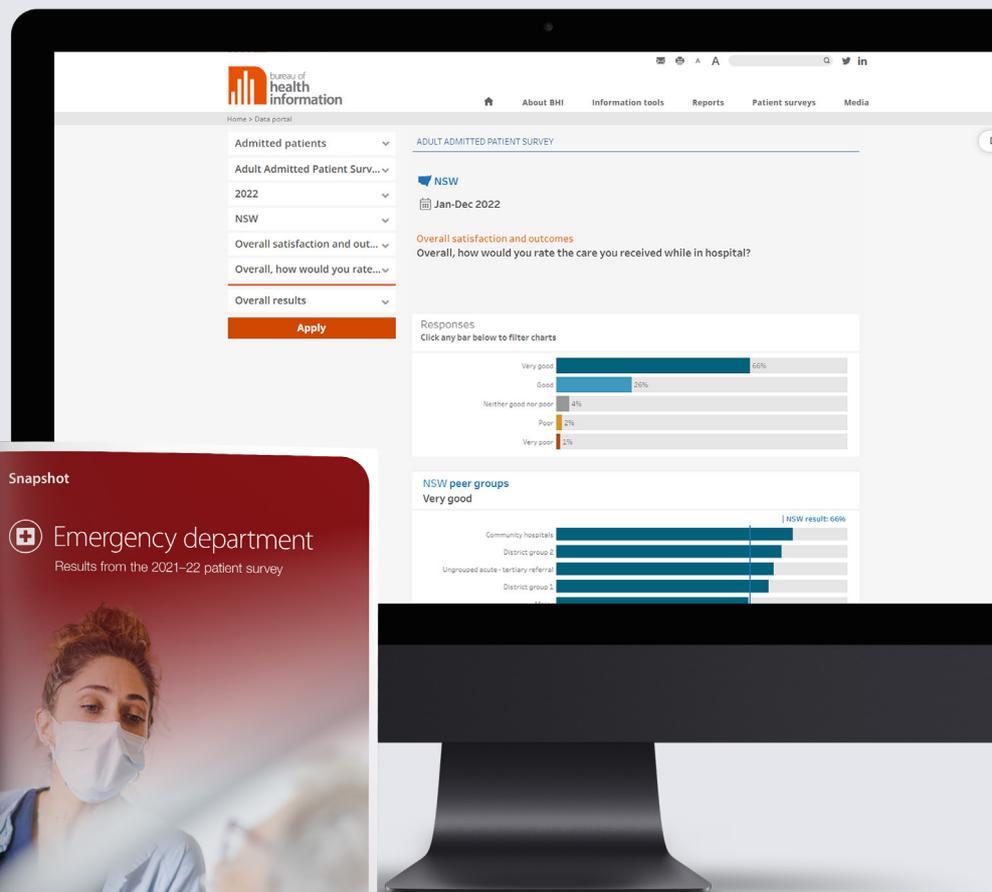
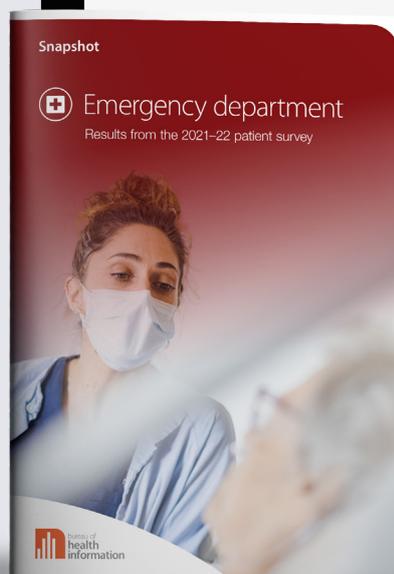
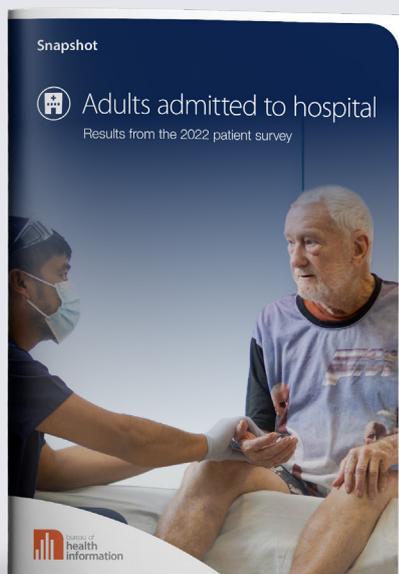
# The NSW Patient Survey Program

Each month BHI asks thousands of people to tell us about their recent experience with the NSW public healthcare system as part of the NSW Patient Survey Program. This program of surveys ask patients questions about different aspects of their care such as communication and information, accessibility and timeliness, whether they were treated with respect and dignity and the physical environment of the hospital.

BHI has two major ongoing surveys that are sent out monthly: the Adult Admitted Patient Survey, which asks for feedback from people who have recently been admitted to a NSW public hospital; and the Emergency Department Patient Survey, which asks people who have recently attended a NSW public hospital ED.

Full results for both surveys are available on the BHI Data Portal at [bhi.nsw.gov.au](http://bhi.nsw.gov.au) at NSW, LHD, hospital peer group and individual hospital level for the five most recent survey years. Results for each survey question at the NSW and LHD levels can also be viewed by patient group, including by language spoken at home.

BHI provides a translation sheet to assist people who may speak a language other than English to better understand and complete our surveys. Patients who would like the assistance of a telephone interpreter are directed to the NSW Health Care Interpreting Services.



# Interpreting the results

Patients who mainly speak a language other than English at home are much more likely to live in urban areas and attend urban hospitals. And survey respondents who attend urban hospitals tend to report less positive experiences compared with those who attend rural hospitals.\* When comparing the healthcare experiences of patients who speak a language other than English with those who speak English, the distribution of each across rural and urban parts of NSW should therefore be taken into account.

For transparency, and to acknowledge the effects of language and location on survey results, the figures in this report contain three lines showing results for survey respondents who:

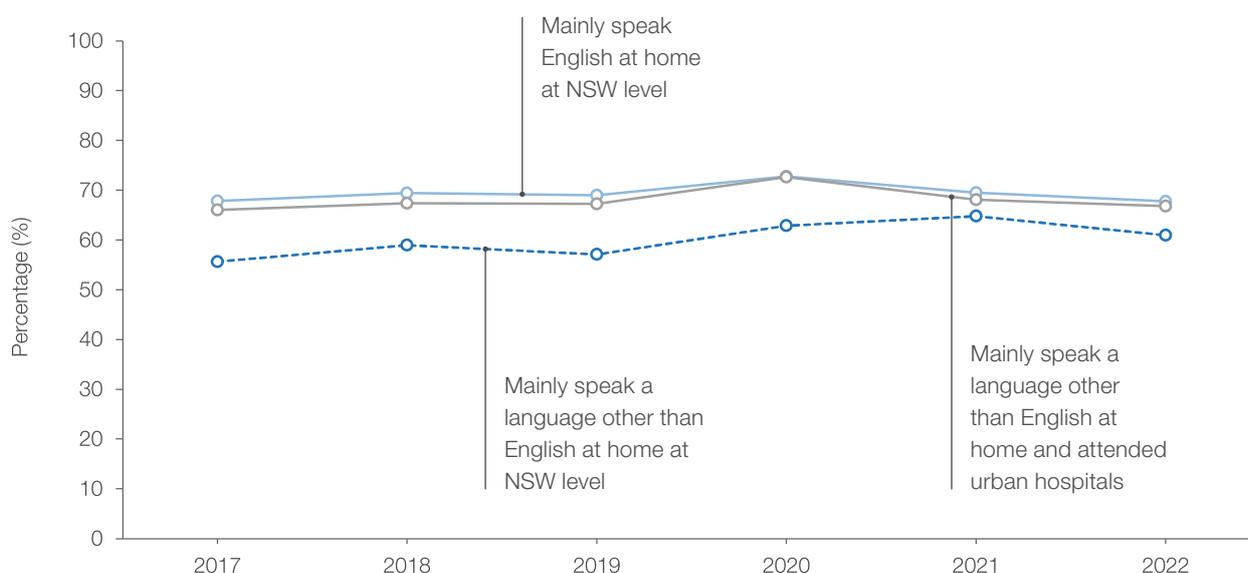
- mainly speak a language other than English at home at NSW level
- mainly speak English at home at NSW level
- mainly speak a language other than English at home and attended urban hospitals.

Comparisons made in text in this report are between the NSW-level lines (a and b), with the urban line (c) provided to illustrate the slightly different results for those patients.

Hospitals are classified as 'urban' or 'rural' using the Accessibility/Remoteness Index of Australia (ARIA+), which is the standard used by the Australian Bureau of Statistics (ABS). Hospitals within 'Major Cities of Australia', as defined by the standard, are considered urban.

Throughout the report, references to 'improvement' refer to statistically significant increases in the percentage of patients who selected a particular survey response option between 2017 and 2022. Similarly, references to differences between patients who mainly speak a language other than English at home and those who speak English refer to statistically significant differences.

How to interpret graphs in this report



\*See the BHI Snapshot reports *Adults admitted to hospital: Results from the 2022 patient survey* and *Emergency department: Results from the 2021–22 patient survey*.  
 Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the **AAPS 2022 technical supplement**.

# Overall satisfaction and outcomes

## Linguistically diverse patients' overall ratings of care have improved over time, but remain lower than those of patients who mainly speak English at home

Overall ratings of healthcare provide a succinct yet broad-based measure of patients' experiences and satisfaction with the care they receive. When patients provide overall ratings of their care, they may consider aspects such as clinical outcomes, communication and information provision, the hospital environment and interactions with staff. For patients from culturally and linguistically diverse backgrounds, overall ratings of care may reflect the extent to which their needs such as cultural sensitivity, communication and inclusivity are being met. It also reflects the extent to which their care was well coordinated and delivered by health professionals who were compassionate, kind and respectful.

From 2017 to 2022, patients admitted to NSW public hospitals who mainly speak a language other than English at home were increasingly likely to provide high overall ratings of their care. In 2022, around six in 10 of these patients (61%) rated their care as 'very good', up from 56% in 2017. The largest improvements occurred in the three years from 2019 to 2021, when ratings increased by eight percentage points (Figure 1).

While this improvement has narrowed the difference between the two groups, in 2022, 68% of patients who mainly speak English at home rated their care as 'very good', seven percentage points higher than linguistically diverse patients (Figure 1).



Over time, linguistically diverse patients were increasingly likely to say their hospital care helped them

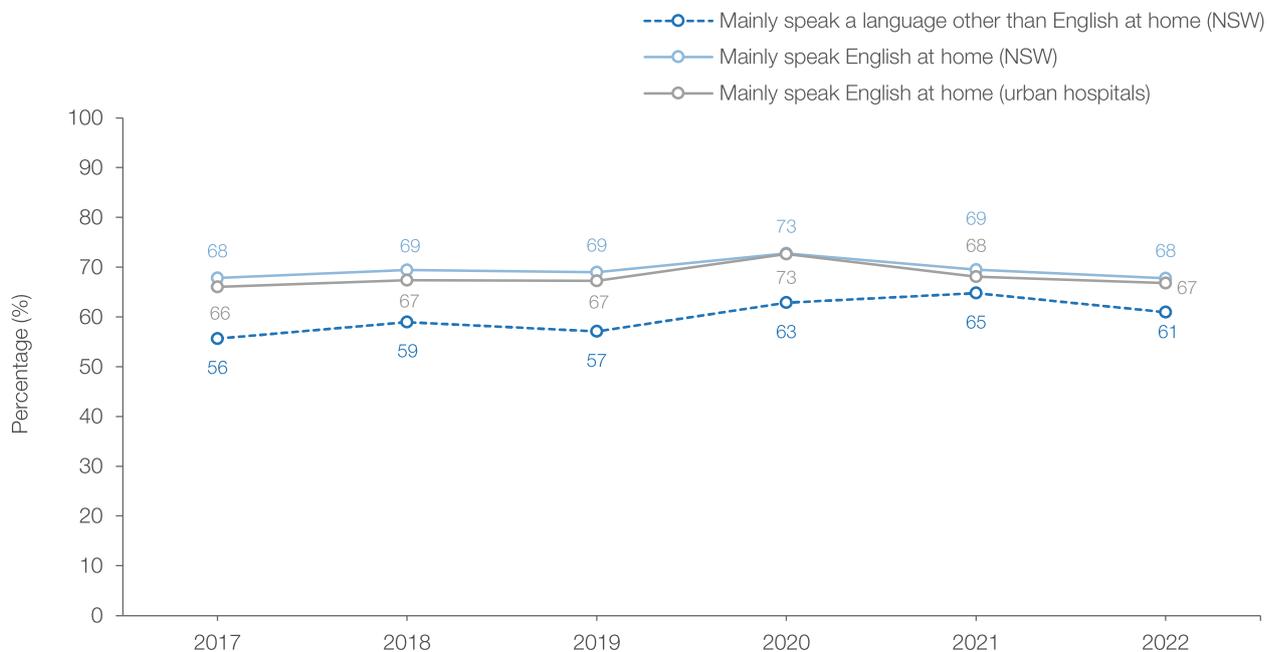
### Adult Admitted Patient Survey 2022

**83%** said the care and treatment they received 'definitely' helped them  
**up from 78% in 2017**

### Emergency Department Patient Survey 2021-22

**72%** said the care and treatment they received 'definitely' helped them  
**up from 67% in 2017-18**

Figure 1 Percentage of adult admitted patients who rated their overall care as 'very good', by language mainly spoken at home, NSW, 2017 to 2022



Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the **Adult Admitted Patient Survey 2022 technical supplement**.

“  
 The best part of the care I received while at hospital was the quality and professionalism of the doctors, nurses, and staff.\*  
 ”

\*A patient who mainly speaks a language other than English at home.

# Overall satisfaction and outcomes by local health district

## Improvement in overall ratings of care varied between local health districts

Patients' overall ratings of care vary between local health districts (LHDs). Differences may stem from a range of factors such as health service performance, healthcare infrastructure and demographic characteristics of the populations served.

BHI examined overall ratings of admitted patient and ED care for LHDs with sufficient numbers of linguistically diverse respondents for robust analysis. All of these LHDs are in metropolitan Sydney. The analysis found that in almost all LHDs, overall

ratings of care among patients who mainly speak a language other than English at home have improved between 2017 and 2022, but with distinct trajectories and some fluctuations. Some LHDs have seen gradual but consistent improvements, while others have seen abrupt and pronounced improvements over this period. Notably, the improvements in some LHDs have resulted in patients who mainly speak a language other than English at home providing more comparable ratings with those who speak English (Figure 2 and 3).

“

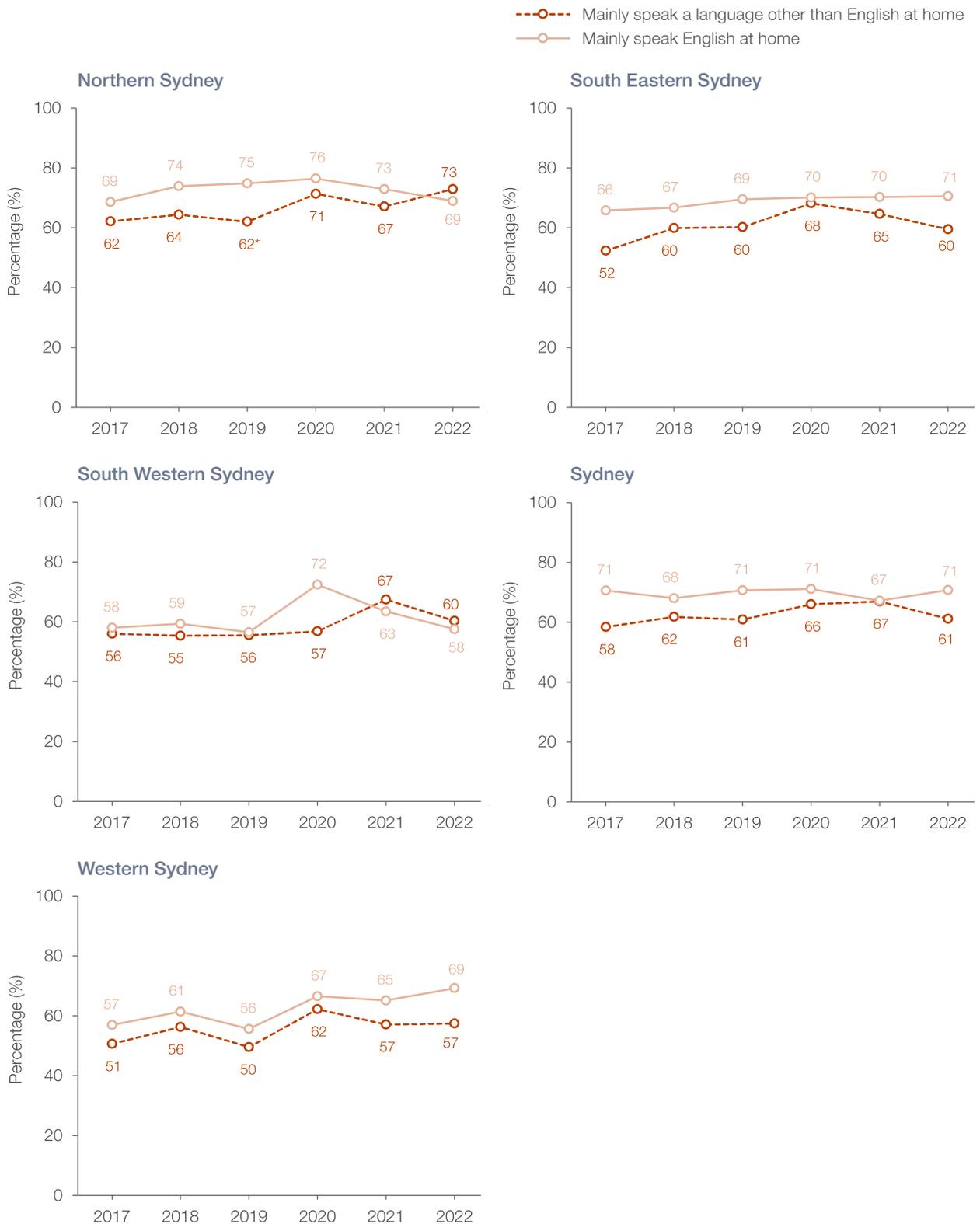
The treatment and care I received while going and leaving hospital was excellent. It was pleasing to be treated as a human being and not a number.\*

”

\*A patient who mainly speaks a language other than English at home.

Figure 2

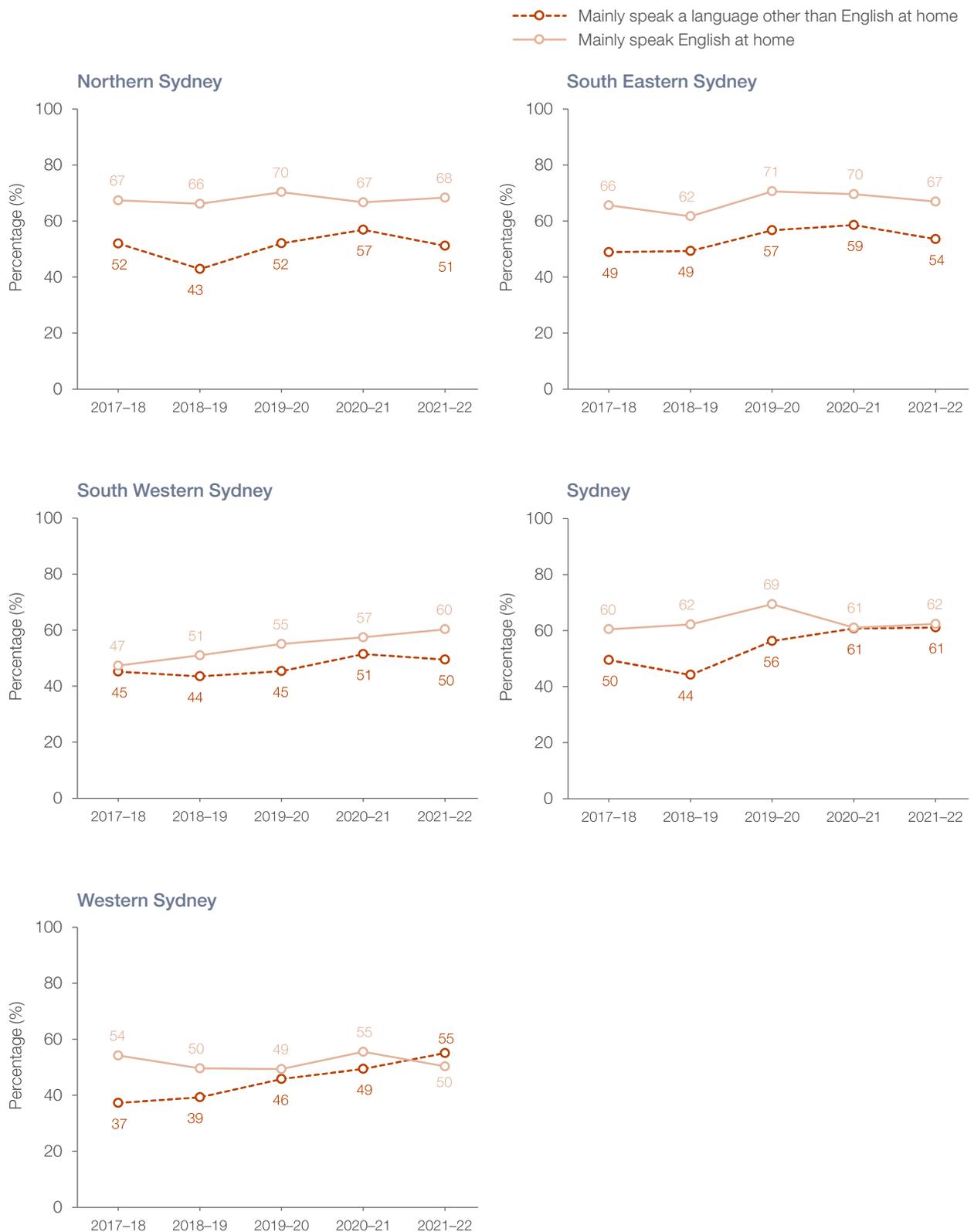
Percentage of adult admitted patients who rated their overall care as 'very good', by language mainly spoken at home, local health districts, 2017 to 2022



\*Interpret with caution. Result subject to high variability

# Overall satisfaction and outcomes by local health district

Figure 3 Percentage of emergency department patients who rated their overall care as 'very good', by language mainly spoken at home, local health districts, 2017–18 to 2021–22



## Patient comments

“

I don't speak English that well and during my stay in the hospital, there were cases where I encountered language barriers with the nurses and other medical staff. It was very hard for them to get me an interpreter.\*

The food could be improved and take into account cultural food more.\*

My care was excellent, but older patients who couldn't speak much English and were not allowed to have visitors because of COVID were really struggling.

I'm sure that being so multicultural we all learn from each other.

”

\*A patient who mainly speaks a language other than English at home.

# Drivers of overall ratings of care

## People who said their care was well organised and that health professionals worked well together were more likely to have a positive overall experience

BHI undertook additional analyses which identified several measures that had a strong association with positive overall ratings of admitted patient and ED care. This means that patients who selected the most positive response option for these questions were more likely to rate their care as 'very good'.

The strongest drivers of positive overall ratings of care were well-organised care and health professionals working well together as a team. For example, admitted patients who described their care as 'very well organised' were almost 11 times more likely to rate their care, overall, as 'very good'. ED patients who described the way health professionals worked together as 'very good' were around eight times more likely to rate their care, overall, as 'very good'.

Notably, this held true for patients who mainly speak a language other than English at home, and those who speak English, and across multiple years. This underscores the universal importance of effective organisation of care and teamwork in shaping positive healthcare experiences.

For more information about the statistical model and results, see the Appendix.

“

Once I had been admitted, the coordination between all members of the pre-surgical and surgical team was truly wonderful to observe and very reassuring to experience.\*

”

\*A patient who mainly speaks a language other than English at home.



Drivers of **'very good'** overall ratings of care for admitted patients in 2022



Drivers of **'very good'** overall ratings of care for emergency department patients in 2021–22

Well-organised care in the hospital

Health professionals working well together as a team

Health professionals working well together as a team

Care and treatment in the ED definitely helped

Care and treatment in hospital definitely helped

Kind and caring health professionals

Kind and caring health professionals

Confidence and trust in health professionals

Being treated with respect and dignity

Given enough privacy

# Timely and coordinated care

## Linguistically diverse patients' ratings of organisation of care improved to levels similar to those who mainly speak English at home

Patients are more likely to provide high overall ratings of their care when it is well organised and health professionals work well together as a team (see page 15).

Between 2017 and 2022, patients admitted to NSW public hospitals who mainly speak a language other than English at home were increasingly likely to describe the care they received as 'very well organised'. In 2022, more than six in 10 of these patients (64%) said the care they received in hospital was 'very well organised', up from 59% in 2017. The largest improvement occurred between 2019 and 2021, when ratings increased by eight percentage points (Figure 4).

Similarly, over the same period, linguistically diverse patients were increasingly likely to say that health professionals worked well together as a team.

In 2022, 64% of these patients said the way health professionals worked together as a team was 'very good', up from 51% in 2017 (Figure 5).

These improvements have resulted in patients who speak a language other than English, and those who speak English, providing more comparable ratings of these measures in recent years (Figures 4 and 5).

Similar patterns of improvement were seen for ED patients from 2017 to 2022.

More detailed results for patients' experiences in EDs and as admitted patients are available in the **BHI Data Portal**.



Patients who mainly speak a language **other than English** at home were less positive about the amount of time they waited in NSW hospitals

### Adult Admitted Patient Survey 2020

**75%** said the time between their arrival at the hospital and being taken to a ward or room was 'about right'

compared with **83%** of those who mainly speak **English**

### Emergency Department Patient Survey 2019–20

**63%** said the waiting time given to them by ED staff on arrival was 'about right'

compared with **73%** of those who mainly speak **English**

Figure 4

Percentage of adult admitted patients who said the care they received in hospital was 'very well organised', by language mainly spoken at home, NSW, 2017 to 2022

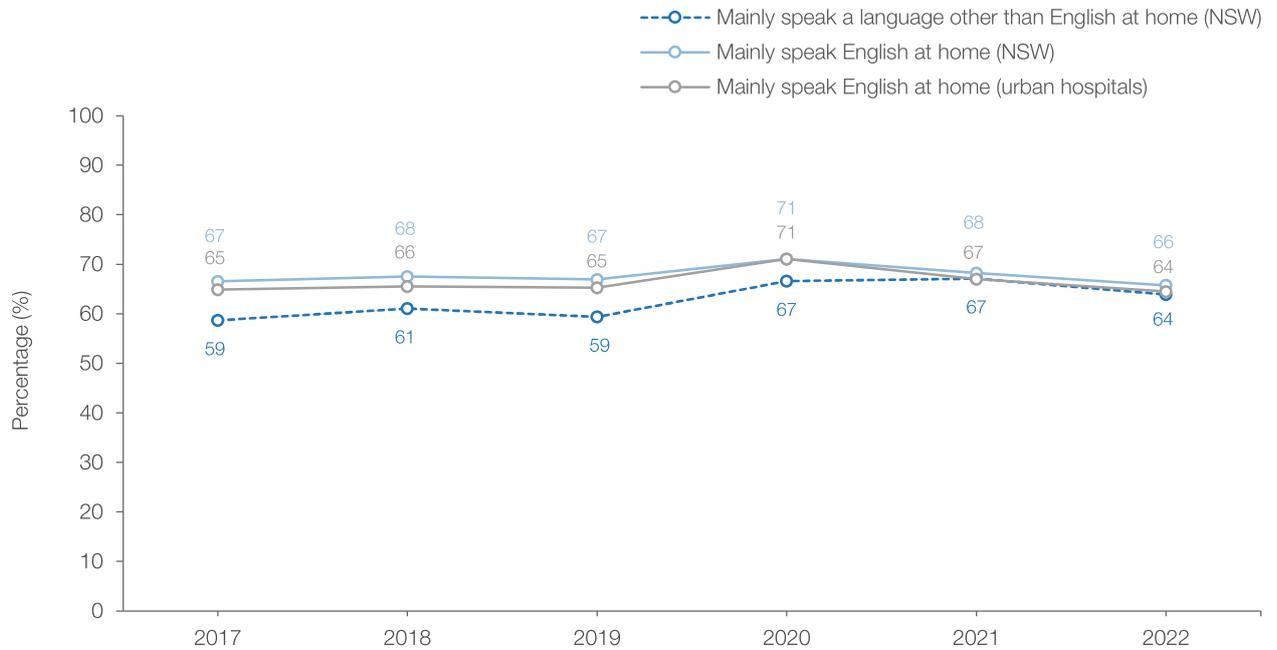
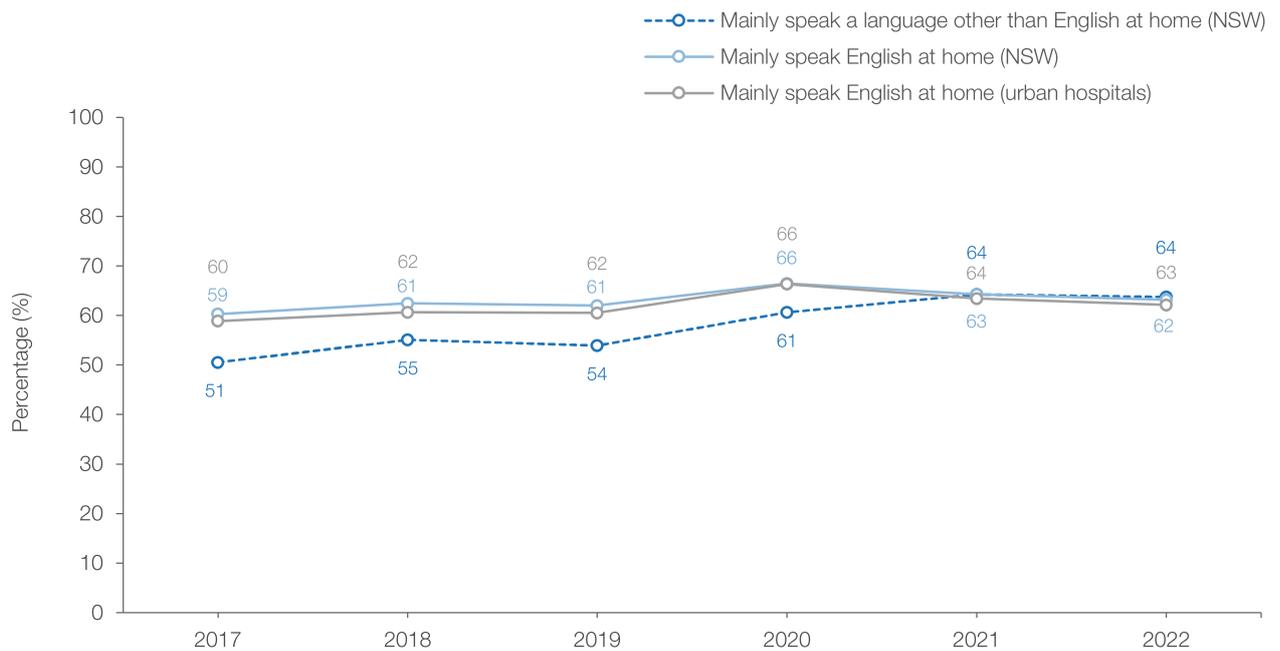


Figure 5

Percentage of adult admitted patients who said the way that health professionals worked together as a team was 'very good', by language mainly spoken at home, NSW, 2017 to 2022



Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the **Adult Admitted Patient Survey 2022 technical supplement**.

# Effective communication and clear information

## Linguistically diverse patients were more likely to say they received contradictory information

Effective communication is a cornerstone of quality healthcare particularly for linguistically diverse people. Delivering information clearly and in a way that patients can understand not only aids accurate diagnosis and treatment, but it may be more likely to build trust, alleviate patient concerns and foster inclusivity.

Between 2017 and 2022, patients admitted to NSW public hospitals provided consistently high ratings for measures relating to the way health professionals communicated with them regardless of the language they mainly speak at home. In 2022, eight in 10 patients who mainly speak a language other than English at home (80%) said health professionals ‘always’ explained things in a way they could understand, while more than eight in 10 (85%) said they were given the ‘the right amount’ of information about their condition or treatment. In 2022, linguistically diverse patients and those who mainly speak English at home, provided similar ratings for these measures (Figures 6 and 7).

Between 2018 and 2022, however, compared with those who speak English, fewer linguistically diverse patients said they didn’t receive contradictory information from health professionals about their condition or treatment (Figure 8).

Use of an interpreter substantially improved patients’ understanding of the information they received from health professionals. In 2020, 32% of patients who mainly speak a language other than English at home said that they needed or would have liked an interpreter. Of those provided with an interpreter, 84% said health professionals ‘always’ explained things in a way they could understand, compared with 63% of those who were not provided with one. However, these patients were more likely to say they received contradictory information compared with those who were not provided with an interpreter.

Figure 6 Percentage of adult admitted patients who said that health professionals ‘always’ explained things in a way they could understand, by language mainly spoken at home, NSW, 2017 to 2022

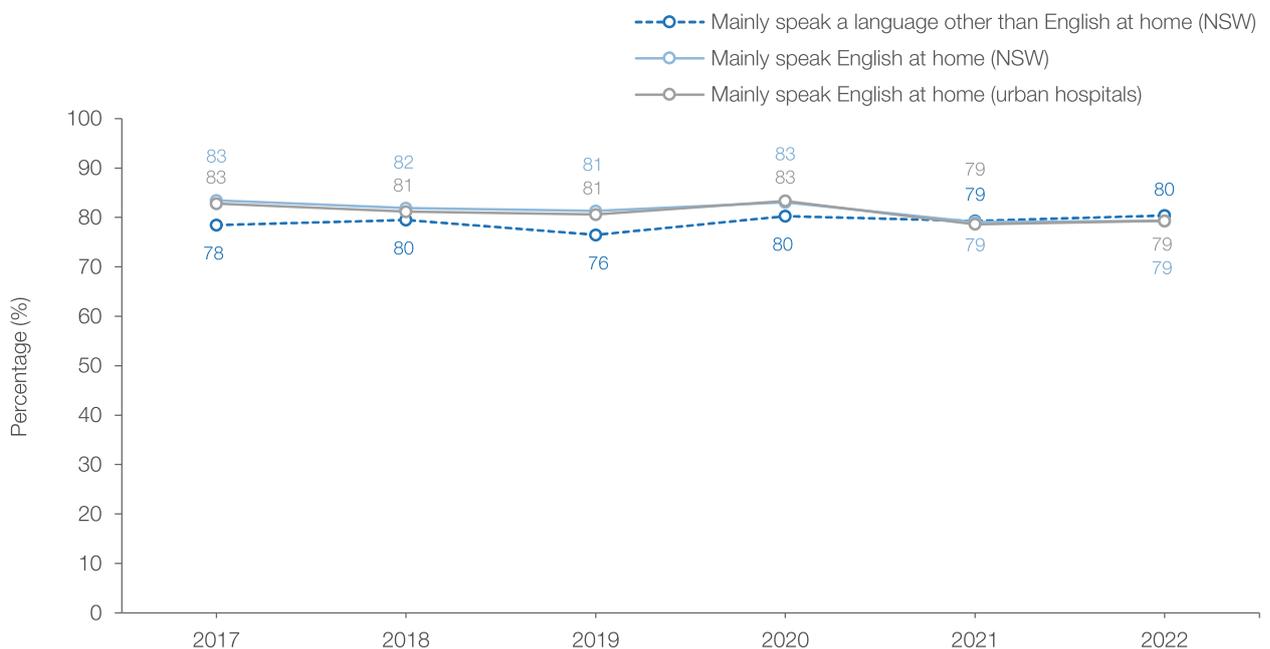


Figure 7

Percentage of adult admitted patients who said they were given 'the right amount' of information during their stay in hospital, by language mainly spoken at home, NSW, 2017 to 2022

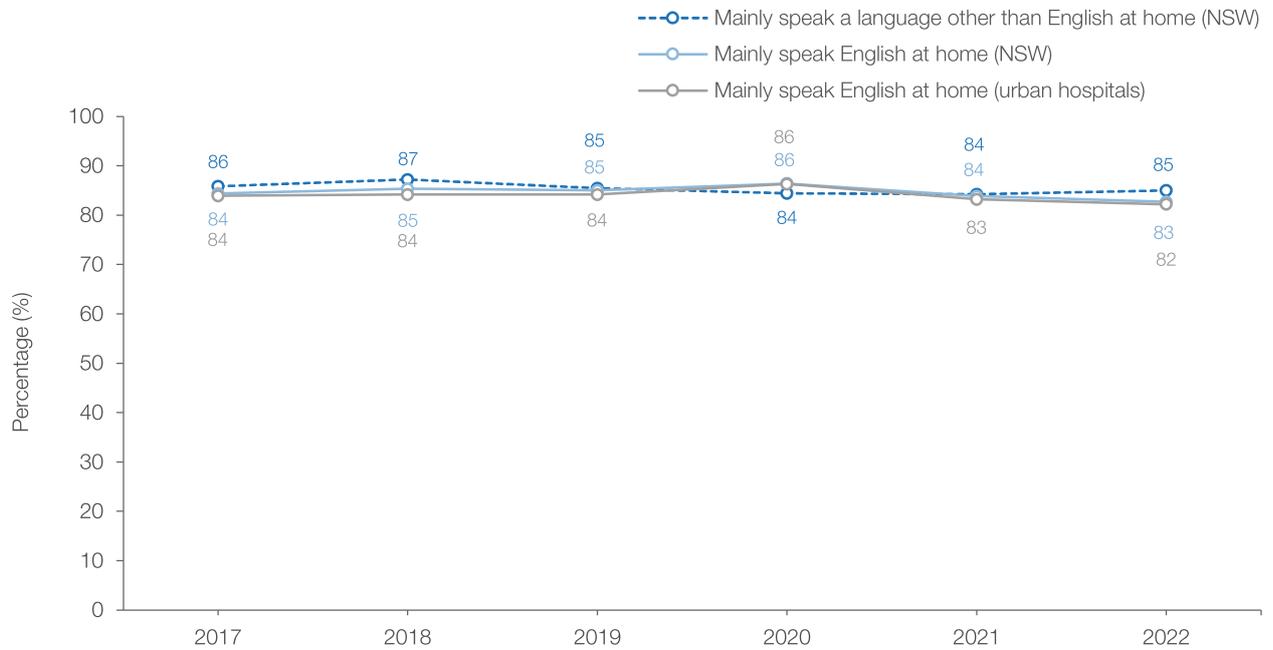
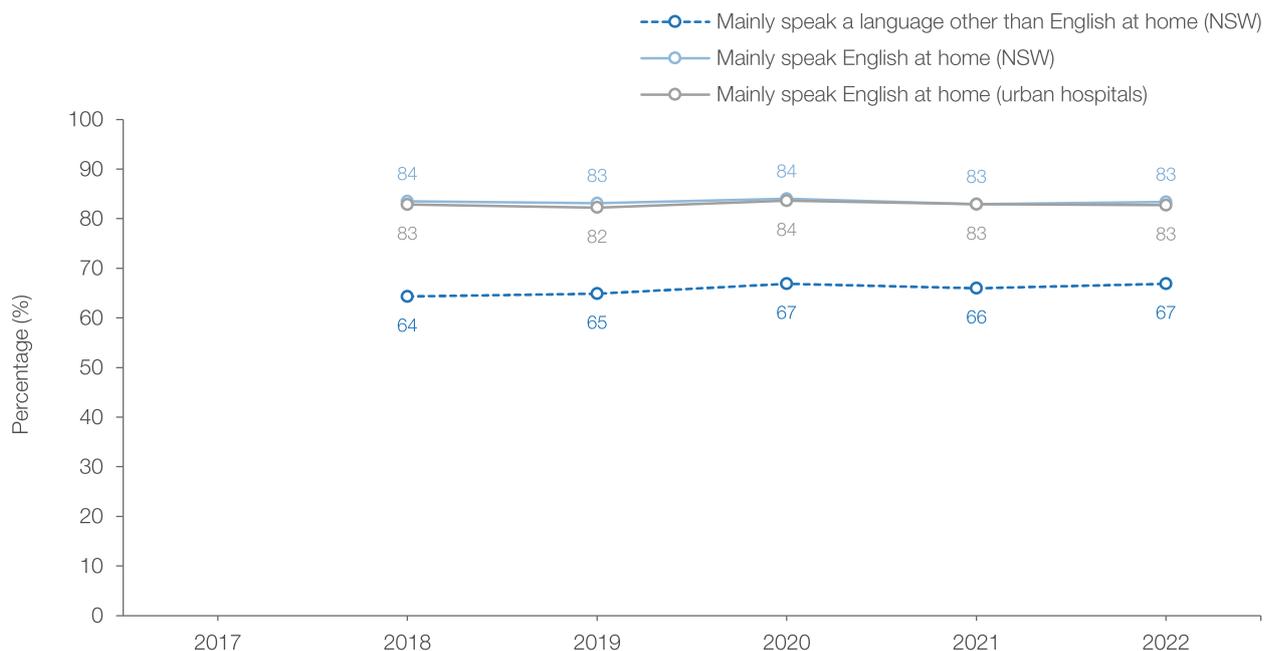


Figure 8

Percentage of adult admitted patients who said they received 'no' contradictory information about their condition or treatment from health professionals, by language mainly spoken at home, NSW, 2017 to 2022



Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the **Adult Admitted Patient Survey 2022 technical supplement**.

# Compassion, respect and kindness

## Most linguistically diverse patients said their cultural and religious beliefs were respected

Patients' perspectives on health and healthcare can be shaped by their cultural and religious beliefs and ethnicity. These factors may also affect how they feel about their healthcare experiences and the choices they make. Personalised healthcare that respects cultural and religious beliefs can improve patients' healthcare experiences and outcomes.\*

In 2022, around eight in 10 patients admitted to NSW public hospitals who mainly speak a language other than English at home (83%) said they had cultural or religious beliefs to be considered, compared with almost four in 10 patients who speak English (38%).

Between 2017 and 2022, regardless of language mainly spoken at home, more than eight in 10 adult admitted patients said that their cultural or religious beliefs were 'always' respected by hospital staff and that they were 'always' treated with respect and dignity while in hospital. In 2022, patients who mainly speak a language other than English at home, and those who speak English, provided similar ratings for these measures (Figures 9 and 10).

### For the Adult Admitted Patient Survey 2022...



Health professionals were 'always' kind and caring:

88%

Patients who mainly speak a language **other than English** at home:

85%

Health professionals 'definitely' listened carefully to any views or concerns:

76%

70%

\* Future Health: Guiding the next decade of health care in NSW 2022–2032

Figure 9 Percentage of adult admitted patients who said their cultural or religious beliefs were 'always' respected by hospital staff, by language mainly spoken at home, NSW, 2017 to 2022

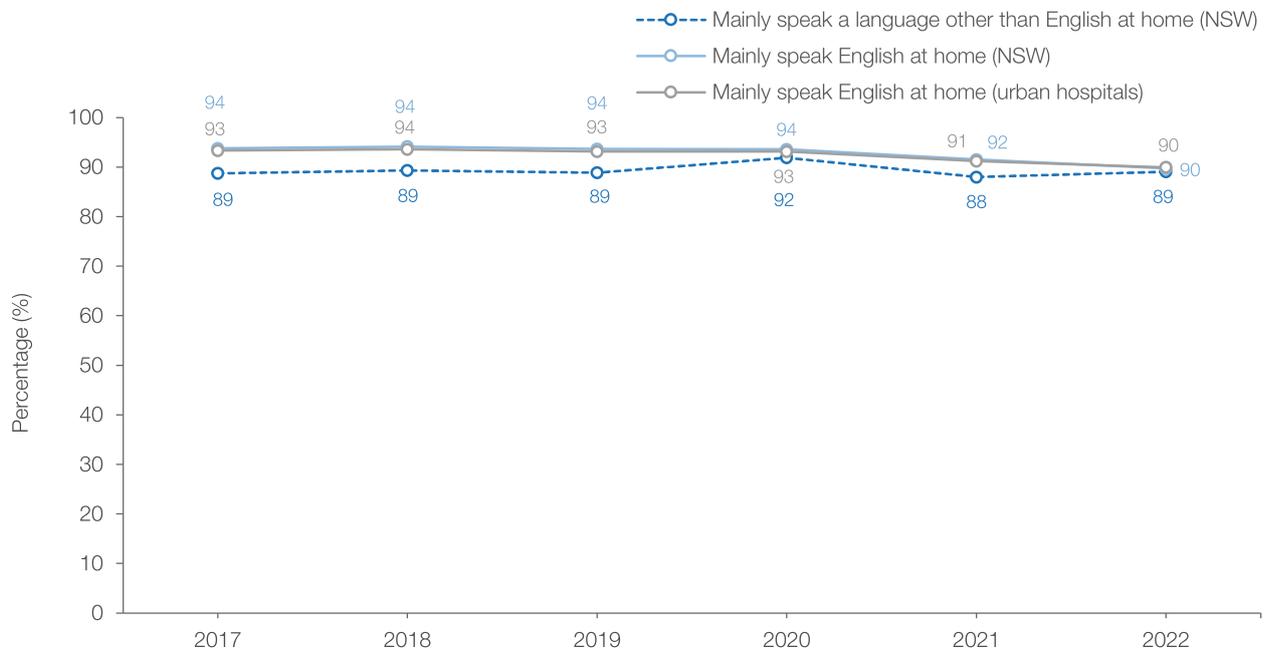
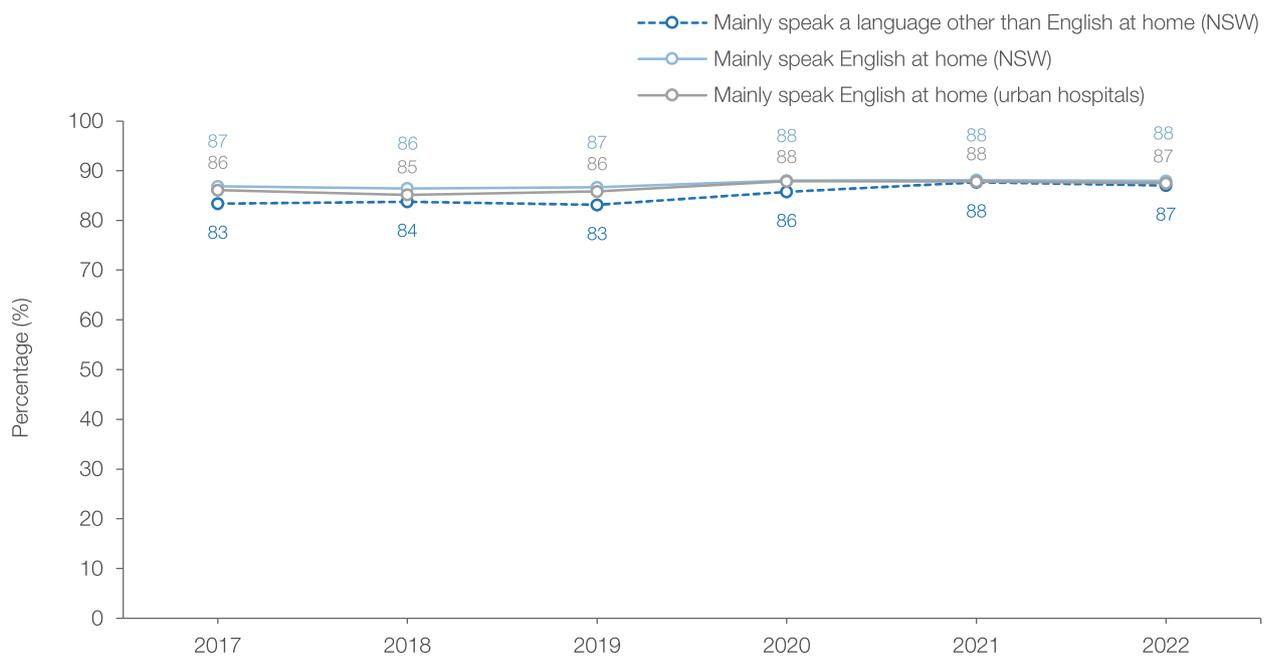


Figure 10 Percentage of adult admitted patients who said they were 'always' treated with respect and dignity while in hospital, by language mainly spoken at home, NSW, 2017 to 2022



Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the **Adult Admitted Patient Survey 2022 technical supplement**.

# Appendix

## Assessing representativeness

Patients least proficient in English may be less inclined to participate in BHI surveys, therefore BHI analysed Adult Admitted Patient Survey 2022 data to assess whether respondents who said they mainly speak a language other than English at home were representative of the underlying eligible survey population. Overall, 20% of respondents said they mainly speak a language other than English at home. The analyses found that the survey respondent population and eligible population were broadly similar in their demographic characteristics (Table 1). For more information about the eligible population, see the Adult Admitted Patient Survey 2022 **technical supplement**.

## Trends and differences in experience

Differences in experience between patients who mainly speak a language other than English at home and those who speak English were examined by fitting a logistic regression model with language spoken at home as a binary categorical predictor and year as a continuous predictor. An interaction between the two predictors was specified to determine if trends over time differed between the two patient groups.

For admitted patients, trends were modelled over six consecutive years between 2017 and 2022. For emergency department patients, trends were modelled over five consecutive years between 2017–18 and 2021–22. For each experience measure, the most positive response option was used to create a dichotomised outcome such that the most positive response was coded as 1, and all other responses were coded as 0.

Table 1 **Demographic characteristics of survey respondents who mainly speak a language other than English at home compared with patients in the eligible population who were born overseas or whose preferred language is other than English, Adult Admitted Patient Survey 2022**

Demographic characteristics		Respondents who mainly speak a language other than English at home (weighted %)	People in the eligible population who were born overseas* (%)	People in the eligible population whose preferred language is other than English* (%)
Age group	18–34 years	10	10	8
	35–54 years	30	20	17
	55–74 years	34	36	35
	75+ years	26	35	41
Sex	Male	48	50	47
	Female	50	50	53
LHD	Central Coast	1	3	1
	Far West	0	0	0
	Hunter New England	2	5	2
	Illawarra Shoalhaven	2	4	3
	Mid North Coast	1	2	1
	Murrumbidgee	1	1	1
	Nepean Blue Mountains	2	4	2
	Northern NSW	1	3	0
	Northern Sydney	8	10	7
	South Eastern Sydney	15	14	15
	South Western Sydney	28	19	28
	Southern NSW	0	1	0
	St Vincent's Health Network	1	3	2
	Sydney	16	14	20
	Western NSW	0	1	0
	Western Sydney	21	15	18
Rurality of hospital	Urban	97	91	97
	Rural	3	9	3

\*Source: NSW Health's Information Exchange Admitted Patient Data Collection

Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the **Adult Admitted Patient Survey 2022 technical supplement**.

# Appendix

## Drivers of overall ratings of care

Patient ratings of overall care may be influenced by a variety of factors amenable to improvement. To determine the relative importance of these factors, a logistic regression model was used to predict the likelihood of patients rating their overall admitted or emergency department care as ‘very good.’

The model incorporated responses to questions covering aspects of care, including communication with health professionals, coordination of care and the provision of information. Responses to these questions were dichotomised into binary predictors with the most positive response option coded as ‘1’ and all other response options coded as ‘0’. A preliminary analysis was performed to identify collinearity among predictors. If collinearity was too high, only one of the colinear predictors was retained in the model. Model selection then proceeded via backward elimination where predictors with P-values above 0.05 were progressively removed until only statistically

significant predictors remained. Adjusted odds ratios produced by the model were used to assess the relative importance of each factor. Where the model indicated no significant difference in odds ratios between patients who mainly speak English at home and patients who speak English, adjusted odds ratios were estimated over both groups. Orders of importance were obtained by fitting the model to each group separately and then ranking odds ratios from highest (strongest association) to lowest (weakest association).

For admitted patients’ ratings of overall care in 2022, adjusted odds ratios and orders of importance are shown in Table 2. For emergency department patients’ ratings of overall care in 2021–22, adjusted odds ratios are shown in Table 3.

The technical supplements, survey questionnaires and reports outlining the process of questionnaire development are available at [bhi.nsw.gov.au](https://bhi.nsw.gov.au)

Table 2 **Adjusted odds ratios for the likelihood of respondents describing their overall experience of care as 'very good', Adult Admitted Patient Survey 2022**

Predictor (Most positive response option)	Odds ratio	Predictor order of importance*	
	All respondents (19,797)	Respondents who mainly speak English at home (17,805)	Respondents who mainly speak a language other than English at home (1,625)
Care received in hospital was 'very well organised'	10.8	1	1
Rated how health professionals worked together as a team as 'very good'	4.2	2	2
Care and treatment received in hospital 'definitely' helped	2.0	3	3
Health professionals were 'always' kind and caring	1.9	4	5
'Always' treated with respect and dignity while in hospital	1.5	5	11
'Definitely' given enough information about how to manage care at home	1.4	8	4
'Definitely' felt involved in decisions about discharge from hospital	1.3	6	9
'Definitely' involved, as much as they wanted to be, in decisions about care and treatment	1.3	10	8
Health professionals 'definitely' listened to views or concerns	1.3	7	7
'Always' given enough privacy during hospital stay	1.3	9	6
Hospital staff 'always' respected cultural or religious beliefs	0.7 <sup>†</sup>	11	10

\* From 1 to 11 in descending order of strength of association (based on the size of odds ratios).

<sup>†</sup> Odds ratio moves to 1.1 after adjustment for having cultural or religious beliefs that needed to be considered.

Table 3 **Adjusted odds ratios for the likelihood of respondents describing their overall experience of emergency department care as 'very good', Emergency Department Patient Survey 2021–22**

Predictor (Most positive response option)	Odds ratio	Predictor order of importance*	
	All respondents (21,938)	Respondents who mainly speak English at home (19,465)	Respondents who mainly speak a language other than English at home (2,113)
Rated how ED health professionals worked together as 'very good'	8.3	1	1
Care and treatment received in the ED 'definitely' helped	3.1	2	2
ED health professionals were 'always' kind and caring	2.6	4	3
'Definitely' had confidence and trust in the ED health professionals treating them	2.6	3	4
'Always' given enough privacy during visit to the ED	1.5	5	6
'The right amount' of information was given about condition or treatment during ED visit	1.5	6	7
'Definitely' involved, as much as they wanted to be, in decisions about care and treatment	1.4	8	5
ED health professionals 'definitely' listened to views or concerns	1.3	7	9
'Definitely' given enough information to manage care at home when leaving ED	1.2	9	7

\* From 1 to 9 in descending order of strength of association (based on the size of odds ratios).

# Acknowledgments

BHI gives patients a voice through the NSW Patient Survey Program – the largest statewide patient survey program in Australia and NSW Health’s principal source of robust and representative information about patients’ experiences of healthcare.

We thank every person who took the time to participate in the Adult Admitted Patient Survey and Emergency Department Patient Survey, whose experiences informed this report.

BHI is led by Chief Executive Dr Diane Watson and overseen by an independent board chaired by Professor Carol Pollock.

We thank the NSW Ministry of Health’s Health and Social Policy Branch for their invaluable guidance and advice on the content of this report.

BHI acknowledges our dedicated teams of analytics, research, corporate, design and communications professionals whose expertise made this report possible.



## About the Bureau of Health Information

The Bureau of Health Information (BHI) is a board-governed organisation that provides independent information about the performance of the NSW healthcare system.

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

BHI manages the NSW Patient Survey Program, gathering information from patients about their experiences and outcomes of care in public hospitals and other healthcare facilities.

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and supply data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

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