






# From Detractors to Promoters: A comparative analysis of patient experience drivers across Net Promoter Score subcategories

Corey Adams RN, GradDipPsych, MBA, Researcher<sup>1</sup>  |  
 Reema Harrison BSc, MSc, PhD, Associate Professor<sup>1</sup>  |  
 Maha Pervaz Iqbal PhD, MMed, MBBS, Researcher<sup>1</sup>  |  
 Anthony Schembri BSW, GradDipPubAdmin, MPP, FCHSM, CEO<sup>2</sup>  |  
 Ramesh Walpola BPharm, PhD, Senior Lecturer<sup>3</sup> 

<sup>1</sup>Australian Institute of Health Innovation (AIHI), Macquarie University, Sydney, Australia

<sup>2</sup>St Vincent's Health Network, Sydney, Australia

<sup>3</sup>School of Health Sciences, University of New South Wales (UNSW), Sydney, Australia

## Correspondence

Corey Adams, Researcher, Australian Institute of Health Innovation (AIHI), Macquarie University, Sydney, Australia.  
 Email: [corey.adams@mq.edu.au](mailto:corey.adams@mq.edu.au)

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## Abstract

**Background:** The utilization of patient experience surveying by health care institutions has become increasingly prevalent, yet its effectiveness in promoting quality improvement remains uncertain. To enhance the utility of patient feedback, the examination of free-text comments may provide valuable insights to guide patient experience strategy.

**Aims:** This study aims to explore the utility of free-text comments and identify key differences for patient experience drivers between Net Promoter Score (NPS) subcategories of Detractors, Passives, and Promoters.

**Methods:** Evaluation and classification of comments was conducted using the eight Picker Principles of Person Centred Care, with descriptive analysis of patient comments performed on the NPS data.

**Results:** Analysis of patient NPS comments can be classified into three key drivers: “feeling well-treated” (for Detractors), “feeling comfortable” (for Passives), and “feeling valued” (for Promoters). Specifically, Detractor comments provided the most comprehensive and detailed feedback to guide patient experience improvement activities.

**Conclusion:** This study highlights differences between NPS subcategories, particularly regarding aspects of safety, comfort, and feeling valued. Comments from Detractor respondents may be especially useful for guiding quality improvements due to increased specificity and insights. These results also emphasize the essential nature of empathy and compassionate interactions between patients and clinicians to achieve the highest level of patient satisfaction and experience.

## KEYWORDS

Net Promoter Score, nursing, patient experience, patient feedback, quality improvement

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**Summary statement**

What is already known about this topic?

- There is a large amount of patient experience data collected worldwide, including system-level mandated metrics, such as Net Promoter Score (NPS) and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.
- Despite this, health care organizations may experience challenges with effectively analysing patient experience data and gathering insights from patient feedback.
- As such, there is an opportunity to improve the analysis of patient experience data—particularly qualitative data from patient comments—which may improve the understanding of patient experiences and identify key areas for health care improvement.

What this paper adds?

- The study revealed significant differences in patient experience drivers among NPS subcategories (i.e., Detractors, Passives, and Promoters).
- These findings emphasize the importance of addressing patients' needs for safety, comfort, and feeling valued.
- Specifically, the Detractor comments offered rich insights for guiding health care improvement activities.

The implications of this paper:

- The findings illustrate the importance of empathetic and compassionate interactions between patients and clinicians, which is essential to attain the highest levels of patient-reported experience measures.
- This study may assist health care organizations to maximize the insights obtained from patient feedback and support development of a data-driven patient experience strategy.

**1 | INTRODUCTION**

Patient experiences provide essential information for guiding quality improvement, policy development, and service planning (Harrison et al., 2018). Although the majority of patient experience surveys are quantitative, these surveys may also contain qualitative elements with open-ended questions (Iversen et al., 2014), which provide an opportunity to gain additional insights about patient experience. Qualitative comments are an important supplement to quantitative data, providing information that cannot be obtained in standardized patient surveys (Gallan et al., 2022; Riiskjær et al., 2012). One widely used method for evaluating patient experience is Net Promoter Score (NPS), which incorporates both quantitative and qualitative components (Hamilton et al., 2014). NPS was developed in 2003 and has been widely used worldwide in various businesses and service industries, including Fortune 500 companies (Krol et al., 2015). Whilst there have been mixed findings about the validity and effectiveness of NPS in health care (Adams, Walpola, et al., 2022; Krol et al., 2015), NPS was implemented as the mandatory patient experience measure in the UK's National Health Service (NHS) (Adams, Walpola, et al., 2022).

Typically, the NPS format involves a numerical rating that reflects a patient's willingness to recommend the health care service, as well as an open-ended comment to explain the main reason for their score. Responses from NPS ratings are classified into three categories: “Detractors” (ratings 0–6), “Passives” (ratings 7 and 8), and “Promoters” (ratings 9 and 10), and the overall NPS is calculated by subtracting the percentage of Detractors from the percentage of Promoters (Krol et al., 2015).

Our previous systematic review about NPS utilization in health care identified that the most useful component of NPS was the patient comments section, primarily due to the contextual information provided (Adams, Walpola, et al., 2022). The free-text section of NPS surveys has a high response rate, typically completed by three-quarters of patients responding to the survey (Gerrard et al., 2017). Whilst NPS provides a large volume of qualitative data about the patient experience, many organizations may focus primarily on the quantitative components of NPS. This may be partly due to the complexities and time-consuming nature of analysing free-text comments, which is additionally challenging due to the large volume of NPS data collected (Adams, Christensen, & Ipsen, 2022; Gleeson

et al., 2016). Overall, clinicians have reported a lack of expertise with patient experience data analysis, whilst many subsequent quality improvements are small and do not require significant process change (Gleeson et al., 2016). Therefore, there is an opportunity to enhance the analysis of qualitative data to support health care strategy and identify patient experience insights to guide meaningful quality improvement activities. By improving our understanding about the variations between NPS subcategories (i.e., Detractors, Passives, and Promoters), health care organizations may obtain more nuanced insights about patient experience, which enables development of a comprehensive data-driven strategy to improve the experiences of patients.

## 2 | METHOD

### 2.1 | Aims

This study aimed to identify the drivers of patient experience for NPS subcategories, understand the differences between these cohorts, and evaluate the ability to obtain insights from patient comments to drive quality improvement initiatives in health care.

### 2.2 | Participants

The study encompassed all individuals admitted to a tertiary public hospital situated in Sydney, Australia. This hospital has an extensive capacity for patient treatment, with over 300 medical and surgical beds, facilitating over 40 000 care episodes annually. The survey data under consideration spans the period from July to December 2019. This timeframe was chosen deliberately to minimize the influence of COVID-related alterations on the patients' experiences being examined.

### 2.3 | Ethical considerations

Ethical approval was provided by the participating organization's local Human Research Ethics Committee (2020/EH01195). The study conducted secondary analysis of cross-sectional NPS survey data, which were collected in the study hospital for routine patient experience measurement. Data collection occurred during a six-month period (July to December 2019), which was chosen for analysis to reduce any influencing variables from the COVID-19 pandemic. All patients admitted to the hospital during this time period were included in the study. Patients received a text message within three days of discharge from the hospital (using the Qualtrics survey system), which contained a link to the NPS survey. No reminders were sent for a nonresponse, and participation was voluntary.

### 2.4 | Data analysis

Qualitative content analysis, using a concept-driven approach, was used by the research team to test the existing explanatory model of patient experience (i.e., the Picker Principles) against the patient comments collected via NPS. This method of low abstraction approach was selected to provide specific and actionable insights from the NPS patient feedback (Graneheim et al., 2017). Descriptive statistics were conducted on NPS quantitative data using IBM SPSS Statistics for Windows (Version 27). For the qualitative analysis, deductive data categorization was performed using the Picker Principles of Person Centred Care; see Figure 1. The selection of the Picker Principles framework for this study is attributed to its well-established reputation and proven track record in published research on patient experience (Picker, 2022). With its comprehensive set of eight dimensions focusing on person-centred care, the framework is highly regarded and has been widely utilized in previous studies (Mills et al., 2014; Ortiz, 2018).



FIGURE 1 The Picker Principles (Picker, 2022).

A sample of 450 comments, which comprised 150 comments from each of the three NPS subcategories, was randomly selected using a random number generator (Research Randomizer). The free text comments were reviewed and deductively coded using the eight Picker Principles by two researchers (CA and MPI) using NVivo Pro software (Version 12). Inter-rater reliability was tested with double coding of 100 patient comments and evaluated using Kappa test, which identified substantial agreement of 80.3%. Any coding discrepancies were managed with discussion with co-researchers (RH and RW). Finally, overarching themes were developed for each of the NPS subcategories using thematic analysis approach (Clarke & Braun, 2017), with narratives emerging through ongoing discussions between the team of researchers.

### 3 | RESULTS

A total of 1505 responses were collected during a 6-month research period, with a 20.2% response rate. Of these, 92% of respondents provided a free-text comment (see Table 1). The NPS survey gathered demographic information on gender and age but did not include data on ethnicity. The age of respondents who were classified as Detractors was lower compared with those categorized as Passives and Promoters.

Overall, descriptive analysis revealed that the significant majority of patients reported a positive patient experience, with nearly three quarters (72.4%) of responses classified as Promoters, followed by 17.5% Passives, and 10.2% Detractors. The most common NPS rating was 10, which was provided by over half of respondents (57.8%); see Figure 2.

#### 3.1 | Analysis of patient free-text comments

From the 1384 NPS responses with comments, patient feedback was divided into the three subcategories: Detractors, Passives, and Promoters. A random selection of 150 responses was selected from each

subcategory, resulting in a total number of 450 comments for analysis. Given the limitations of sample size, all Detractor comments were included for analysis. Using the Picker Principles for categorization, analysis revealed that the majority of patient comments were categorized into three of the eight Picker Principles: (i) emotional support, empathy, and respect; (ii) effective treatment by trusted professionals; and (iii) attention to physical and environmental needs (see Figure 3). Within the primary category of *emotional support, empathy and respect*, patients frequently commented about nurse attitude ( $n = 70$ ), which was mentioned nearly three times more frequently than doctor attitude ( $n = 27$ ). Furthermore, patients also highlighted the significance of general staff attitude ( $n = 53$ ). With regard to the principle of *effective treatment by trusted professionals*, patients primarily commented on the attentiveness of staff ( $n = 64$ ) and medication issues ( $n = 19$ ), whilst comments relating to *attention to physical and environmental needs* primarily mentioned food ( $n = 40$ ) and cleanliness ( $n = 27$ ).

#### 3.2 | Analysis of NPS subcategories

##### 3.2.1 | Word count of comments

In order to address the skewed distribution and variance of word count, the median results were utilized for reporting. These findings highlight significant variations in word count among the subcategories of the NPS. Specifically, Detractor comments had a median word count of 37 (IQR 16.75–79.5), surpassing the median word count of 10 words per comment for both Passives (IQR 5–24.5) and Promoters (IQR 5–21).

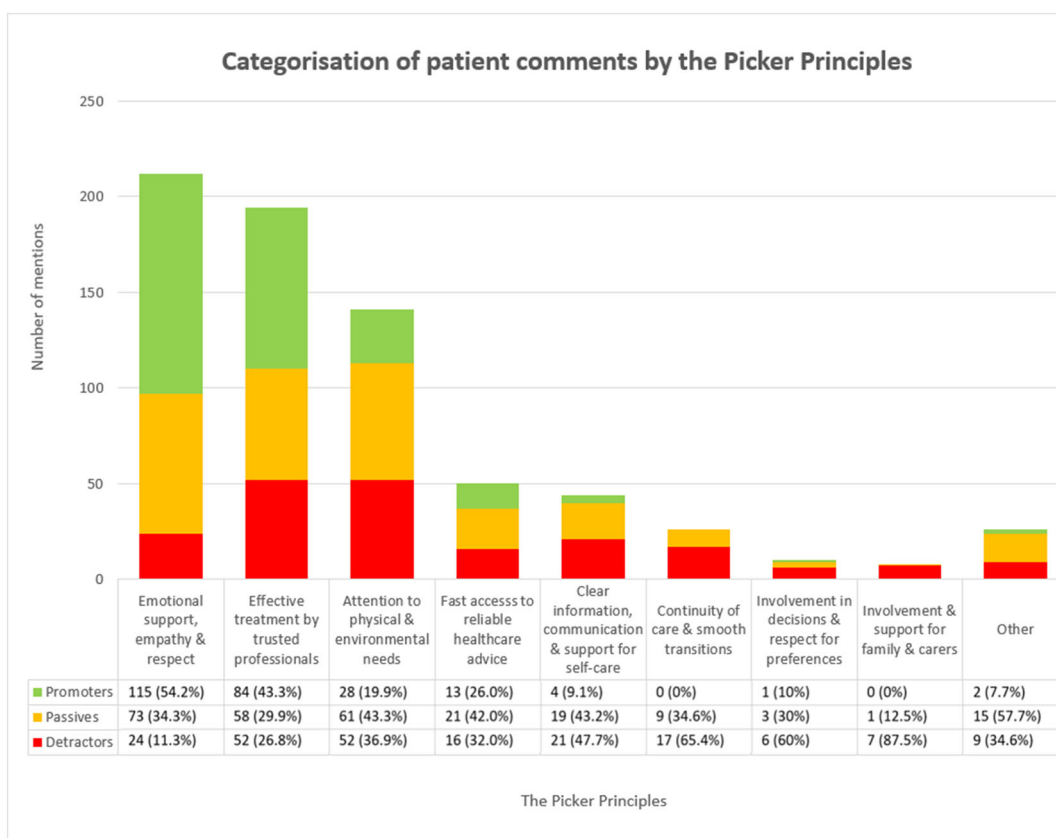
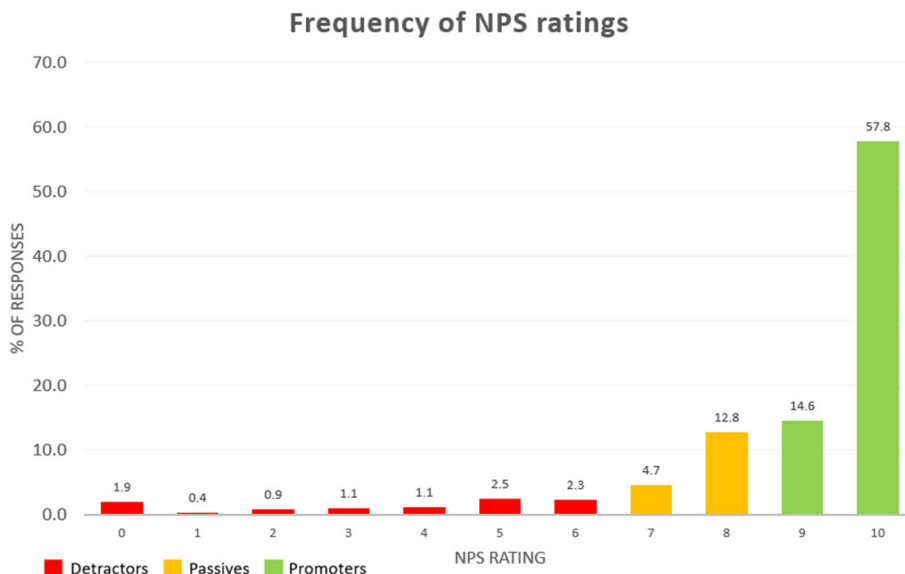
#### 3.3 | Themes of NPS subcategories

The evaluation of patient feedback underscored significant variations in the content of the unstructured comments across the three NPS subcategories. As shown in Table 2, these differences were

**TABLE 1** Demographics of NPS respondents.

Characteristic	Total	Detractors	Passives	Promoters
Sex	$N = 1506$	$N = 153$	$N = 262$	$N = 1091$
Male	56.6% (853/1506)	49.7% (76/153)	56.1% (147/262)	57.7% (630/1091)
Female	43.4% (653/1506)	50.3% (77/153)	43.9% (115/262)	42.3% (461/1091)
Age group				
<20	1.3% (21/1506)	2.6% (4/153)	2.7% (7/262)	0.9% (10/1091)
20–39	20.2% (305/1506)	28.8% (44/153)	22.5% (59/262)	18.5% (202/1091)
40–59	32.6% (491/1506)	36.6% (56/153)	30.1% (79/262)	32.6% (356/1091)
60–79	37.2% (560/1506)	26.8% (41/153)	34.7% (91/262)	39.2% (428/1091)
80+	8.5% (129/1506)	5.3% (8/153)	9.9% (26/262)	8.7% (95/1091)
Free-text comments				
Yes (Comment provided)	92% (1387/1506)	92% (141/153)	87% (228/262)	93.4% (1019/1091)
No (No comment provided)	8% (119/1506)	8% (12/153)	13% (34/262)	6.6% (72/1091)

**FIGURE 2** Frequency distribution of NPS ratings shows that the most common NPS rating is for Promoters.



**FIGURE 3** Categorization of patient comments indicates that most NPS comments can be classified within three of the Picker Principles.

particularly evident in the frequency of patient reports for the Picker Principles of emotional support, empathy and respect, effective treatment by trusted professionals, and attention to physical and environmental needs.

Accordingly, the variation in the content of free-text comments for NPS subcategories could be organized into three distinct themes: “feeling well-treated,” “feeling comfortable,” and “feeling valued.”

### 3.3.1 | Theme 1: “Feeling well-treated” (Detractors)

The respondents in the Detractor subcategory primarily focused on feeling well-treated and receiving quality and effective care. Patient comments were most frequently associated with two Picker Principles, “Effective treatment by trusted professionals” (25.5%) and “Attention to physical and environmental needs” (25.5%).

**TABLE 2** The Picker Principles most mentioned in comments for NPS subcategories.

Detractors		Passives		Promoters	
Effective treatment by trusted professionals	25.5% (52/204)	Emotional support, empathy & respect	28.1% (73/260)	Emotional support, empathy & respect	46.6% (115/247)
Attention to physical & environmental needs	25.5% (52/204)	Attention to physical & environmental needs	23.5% (61/260)	Effective treatment by trusted professionals	34.0% (84/247)
Emotional support, empathy & respect	11.7% (24/204)	Effective treatment by trusted professionals	22.3% (58/260)	Attention to physical & environmental needs	11.3% (28/247)

**TABLE 3** Examples of Detractors comments.

"I had to wait almost an hour every time I pressed the buzzer. I was having a really hard time with the pain."  
 "Emergency department is dangerously under-staffed and under-resourced. Wait times are excessively long."

As shown in Table 3, patients in the Detractor category highlighted issues such as long wait times in the Emergency Department, problems with medication and pain management, poor communication with clinicians (including not being informed and/or not feeling heard), and the implications for the safety of their care (e.g., delayed or missed care). An analysis of the comments revealed that Detractor comments were longer and more detailed, providing specific information about issues that occurred during the patients' hospital stay.

### 3.3.2 | Theme 2: "Feeling comfortable" (Passives)

The Passive comments related to the theme of "feeling comfortable," often commenting upon aspects of care associated with comfort and environmental services, such as the quality of sleep, comfort of bedding, noise on the ward, maintenance issues, and quality of food. According to the Picker Principles categorization, patients in the Passives cohort primarily mentioned "Emotional support, empathy and respect" (28.1%), followed by "Attention to physical and environmental needs" (23.5%) and "Effective treatment by trusted professionals" (22.3%).

The comments provided by Passive respondents were diverse (see Table 4), often highlighting both patient concerns and favourable aspects of care. "Cleanliness" was identified as a key driver for patient experience, which may be even more important to patients following the COVID-19 pandemic due to the clear health and safety implications of cleanliness and hygiene. An emerging theme that was not included in the Picker Principles was "staff shortages," which was often mentioned in Passive comments, whereby patients tended to associate perceived staff shortages with health care system issues, such as insufficient resourcing of health care professionals.

**TABLE 4** Examples of Passives comments.

"Nursing care was excellent. Food was close to inedible."  
 "I felt very well looked after except for one night shift nurse ... She really had made the night very uncomfortable, and I couldn't sleep on the second night because of the constant loud noise."

**TABLE 5** Examples of Promoters comments.

"The wonderful supportive staff who went out of their way to help. Made such a difference to feel heard and valued."  
 "All staff were amazing, from the doctors to the cleaning staff. Nothing was ever a problem for any staff."

### 3.3.3 | Theme 3: "Feeling valued" (Promoters)

The final theme in the patient comments related to "Feeling Valued," which was primarily associated with the comments from Promoters. The most commonly referenced Picker Principle was "Emotional Support, empathy and respect" (46.6%), followed by "Effective treatment by trusted professionals" (34.0%) and "Attention to physical and environmental needs" (11.3%).

As shown in Table 5, the Promoters' comments highlighted that the most positive aspect of their care experience was the emotional support, empathy, and respect provided by the health care staff. They frequently mentioned beneficial interactions with staff, which were often described as being "professional." Nurse attitudes were mentioned three times more often than doctor attitudes, whilst general staff attitude was also frequently mentioned in the patient comments.

## 4 | DISCUSSION

The results of this study indicate that the majority of patient feedback was positive, with patients 30 times more likely to provide a maximum rating of 10 (57.8% of respondents) than the minimum rating of 0 (1.9% of respondents). From analysis of patient comments, it was identified that the most commonly expressed Picker Principle was "Emotional support, empathy, and respect," particularly among participants who gave the highest ratings (consisting 46.6% of mentions by "Promoters"). Our findings align with existing research which found that communication and interactions with health care staff was the most important factor affecting patient experience (Harrison et al., 2017), which emphasizes the significance of the relational aspect of health care delivery for patient experience.

### 4.1 | Differences in NPS subcategories

The data analysis revealed distinct variations in the drivers of patient experience among the NPS subcategories, which has been categorized

into three themes. Overall, patients in the Detractor subcategory often expressed concerns about the quality and safety of care provided (“feeling well-treated”), whilst Passives focused on comfort-related issues (“feeling comfortable”), and Promoters emphasized the importance of positive interactions with health care professionals (“feeling valued”). These findings reiterate that safety in hospital is a foundational requirement for patients, yet emotional care is necessary to attain the highest levels of patient satisfaction.

Another differentiation between subcategories of the NPS was observed in the length and level of detail present in the comments. Specifically, comments from Promoters were found to be shorter and less detailed compared with those from Detractors. This finding aligns with previous research suggesting that patients who have had positive experiences tend to recall their care in a more general and holistic manner (Wiseman et al., 2015). Accordingly, the results may be interpreted as an indication that patients with positive experiences tend to focus on the overall experience, rather than specific aspects of care.

Furthermore, this study concludes that the Picker Principles are an effective means of identifying the current drivers of patient experience, despite being developed over two decades ago. In particular, data analysis revealed that the majority of patient comments (75%) could be categorized into three of the eight Picker Principles: (1) emotional support, empathy and respect; (2) effective treatment by trusted professionals; and (3) attention to physical and environmental needs. This suggests that these three factors are particularly important for the patient experience, which may need to be prioritized by health care organizations accordingly. Furthermore, one theme that emerged external to the Picker Principles was the issue of “staff shortages.” This finding may reflect current challenges in health care and the ways in which health care resourcing issues can impact upon the patient experience.

## 4.2 | Using patient comments from NPS for quality improvement

Positive feedback may have a range of benefits, including increasing staff engagement and receptivity to patient comments (Adams, Christensen, & Ipsen, 2022). Nevertheless, the findings of this study suggest that compliments may not offer the essential level of specificity to direct focused improvement efforts. Alternatively, Detractor comments often provide specific and detailed feedback to guide improvement activities (Gallan et al., 2022). It is worthwhile noting, however, that Detractor comments made up a minority portion of the NPS feedback with approximately 10% of comments.

To better identify the most valuable aspects of patient feedback, health care organizations can derive benefits from targeting specific subcategories of patients, thereby enhancing the overall patient experience and NPS scores. Whilst the potential advantages of Detractor comments for quality improvement have been acknowledged, it is equally important to emphasize the significance of the Passives NPS subcategory, which is often disregarded due to its neutrality and

limited impact on the NPS. By prioritizing the conversion of Passives into Promoters, however, health care organizations can experience substantial improvements in their overall NPS. This study illustrates that the volume of Passive comments can be substantial; therefore, even a slight increase in patient ratings (by one or two points) can be highly beneficial. For instance, in this particular study, the number of patients rating their experience as 8 ( $n = 192$ ) exceeded the total count of all Detractors, who provided 0 to 6 rating ( $n = 153$ ). As such, this finding highlights a significant opportunity for health care organizations to enhance their overall NPS by focusing on improving the experience of the Passives cohort.

## 4.3 | Understanding the complexity of patient experience

The patient experience is a complex and dynamic phenomenon, and NPS captures a snapshot of the patient experience at a specific point in their patient journey. Hence, NPS may present a reductive and simplified representation of patient experience, with limitations representing the variation that can occur in patient experience (and satisfaction) throughout their hospital stay. This concept may be best demonstrated in the polarized nature of the patient comments, with Detractors comments almost entirely focussed on issues and Promoters comments being primarily complimentary. Accordingly, a review of NPS comments, whilst informative, may not fully capture the complexity and continuum of the entire patient experience. Therefore, NPS may be best utilized in conjunction with other patient experience measurement tools and approaches for evaluation.

## 4.4 | Implications

The findings of this study highlight the significance of free-text comments in the NPS, which has substantial implications for health care practice and policy. Through the examination of patient comments, the study provides insights that can aid in the development of patient experience strategy by identifying primary focus areas, including the implementation of strategic techniques to improve NPS. The descriptive analysis revealed that the Passives subcategory represents a significant opportunity for improvement in patient experience, with minimal increases in the Passive experience ratings potentially leading to significant increases in the overall NPS. Also, the results of this study reaffirm the usefulness of the Picker Principles framework, which health care organizations could utilize to support the categorization and theming of patient comments.

Furthermore, the findings from this study emphasize the importance of positive interactions between patients and health care providers, particularly with nursing staff. The results highlight the significance of empathy and communication in enhancing patient experience and may reiterate the importance of activities, such as communication training for health care staff. By providing a comprehensive understanding of patient feedback, these results can guide

health care organizations to prioritize their efforts for patient experience improvement and maximize the impact on NPS results.

## 4.5 | Limitations

This study has several limitations that should be acknowledged. First, the data were obtained from a single public health care network in Sydney, Australia; therefore, the findings may not be generalizable to other health care settings. Whilst the method of using a sample may be limiting, the sample was randomly selected to improve the generalizability of findings. Due to the limited number of respondents, all of the Detractor comments were included for analysis. Although demographic data about ethnicity and primarily language spoken were not collected, it is possible that the majority of respondents may be English speaking (due to the lack of translated NPS surveys). Hence, the responses may not be entirely representative of the diverse patient population, which may limit the ability to generalize the findings to non-English speaking populations. Future research should consider evaluating the patient comments from respondents in other health care settings, such as private hospitals and community care, and examine the results for non-English speaking population, such as culturally and linguistically diverse respondents.

## 5 | CONCLUSION

The study sought to identify the primary drivers of patient experience by utilizing the Picker Principles for categorization, whilst also examining the variations in patient comments among NPS subcategories. An analysis of 450 comments revealed that the majority of comments could be classified within three Picker Principles. Additionally, significant distinctions in patient experience drivers were observed between NPS subcategories, summarized as “feeling well-treated” (for Detractors), “feeling comfortable” (for Passives), and “feeling valued” (for Promoters). These findings underscore the importance of interpersonal communication and staff interactions, emphasizing the critical role of emotional care in attaining the highest ratings for patient experience. Overall, whilst NPS is commonly recognized for its quantitative approach to measuring experience, this study highlights the significance of analysing patient comments, a qualitative aspect of NPS, thereby providing additional insights to help guide targeted health care improvements.

### AUTHORSHIP STATEMENT

All persons who meet authorship criteria are listed as authors, and all authors certify that they have participated sufficiently in the work to take public responsibility for the content. Corey Adams, Reema Harrison, and Ramesh Walpola designed the study, Corey Adams and Anthony Schembri collected the data, Corey Adams and Maha Pervaz Iqbal analysed the data, all authors prepared and reviewed the manuscript. All authors approved the final version for submission.

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### CONFLICT OF INTEREST STATEMENT

All authors declare that they have no conflicts of interest.

### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author, Corey Adams, upon reasonable request.

### ORCID

Corey Adams  <https://orcid.org/0000-0001-9263-8658>

Reema Harrison  <https://orcid.org/0000-0002-8609-9827>

Maha Pervaz Iqbal  <https://orcid.org/0000-0003-4284-3383>

Anthony Schembri  <https://orcid.org/0000-0003-3824-1793>

Ramesh Walpola  <https://orcid.org/0000-0001-6739-0558>

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