

Supplementary file 1

Classification schemes for textual data

Descriptives

The descriptive categories aim to understand who is doing the writing, some basic details about the patient who had the complimented healthcare experience, and who is being written to. These descriptive categories are mutually exclusive and exhaustive.

Format

What is the format of the written compliment?

Paper letter	The compliment letter was written on paper (e.g., in a stamped envelope)
Digital letter	The compliment letter was transmitted in a digital medium (e.g., email)

Addressee

Who is the addressee? Most important for this classification is the direct addressee (i.e., 'Dear Dr X', or 'To the Chief Executive Officer'). Where there is a divergence between the addressee (i.e., 'Dear X') and the postal address, the former is used.

Frontline staff	Written compliments addressed to staff who directly provided healthcare. This is usually evident in how the addressee is named. If unclear, then textual clues that indicate that the addressee was directly involved in the care can be used.
Team/Unit/Department	Written compliments addressed to any group or mid-level manager between the frontline staff and the executive group. For example, patient relations group or team, the Patient Advice Liaison Service (PALS), matrons, customer service teams, ward managers, or the complaints department. This also includes written compliments that are submitted via generic online forms or which begin with vague addressees (i.e., 'to whom it may concern').
Senior management	Written compliments addressing Chief Executive Officer (CEO) or high-level executive, such as chief executive, chief operating officer, the management board, directors, board of directors, general administrator, and chief administrator. This includes letters that bear the stamp of receipt from a corporate office/headquarters or letters that indicate

	addressing a senior executive (i.e., 'your organisation', and 'your hospital').
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Author

Who is the author? Most important for this classification is any text that explicitly describes the authors role in relation to the healthcare episode, however, it can also be inferred from the text.

Patient	The compliment author is or was the patient. This can be indicated by textual phrases such as 'my operation' or 'my GP said'.
Family or friend	The compliment author is either related to or a friend of the patient. This can be indicated by textual phrases such as 'my daughter' or 'my husband'.
Other	The compliment author is neither the patient nor family or friend. For example, the author is a GP, healthcare professional in the same or different organization, private carer, advocate, administrator, or indeterminate.

Age

What was the age category of the patient? This refers to the patient, who is not necessarily the author, and has implications for the type of service received.

Adult (not described as elderly)	Adults rarely mention their age directly, but, clues include: patient going to a GP or hospital alone, patient accessing non-paediatric services, patient giving birth.
Child	Any patient that is referred to as a child (excluding references to 'my daughter/son'), or a patient that accessed paediatric services.
Elderly	Any patient referred to as elderly, frail, with dementia, or needing special care due to old age.
Unclear	Unable to determine the age. This includes if it was omitted, unclear, redacted, or there was no patient referred to.

Type of care sought

What type of care did the patient seek? In cases where there are multiple types of care being sought, the main one is used, or the care that is most proximal to the compliment (i.e., a broken hip from a fall is not coded as accident & emergency if the compliment pertains to the physiotherapy exercises).

Accident & Emergency	The text refers to Accident & Emergency (or A & E), paramedics, ambulances with emergency procedures, late night visits to the hospital, and emergency care (e.g., appendicitis).
Chronic	The text refers to ongoing or long-term (i.e., 3+ months) healthcare provision such as cancer, diabetes, cardiac disease, mental illness, arthritis and chronic pain treatment. Also includes any treatments mentioned to last at least 3 months. Excluded would be the successful removal of a melanoma within a month of its discovery (it would be categorised as 'planned procedure').
Planned procedure	The text refers to surgery, procedures, and appointments which were planned (i.e., scheduled beforehand, accessed via a referral). This includes rehabilitation, physiotherapy and other treatment for conditions which are not chronic (e.g., physiotherapy following hip replacement surgery).
Maternity	The text refers to giving birth, being present for a birth, being pregnant, and includes care immediately following or related to birth (e.g., assistance with breastfeeding).
Unclear	Unable to determine the type of care being sought. This includes if it was omitted, unclear, redacted, or there was no patient referred to.

Outcome

What was the outcome for the patient? Outcomes can be related to physical health (e.g., successful surgery, patient death), psychological (e.g., treatment of depression), or practical (i.e., successful appeal or receiving compensation).

Positive	The text explicitly states a positive outcome (e.g., that patient is recovering particularly well).
Expected	The text either explicitly states or implicitly implies (e.g., talking about experiences during the treatment without any mention of outcome) that the outcome was as expected.
Negative	The text explicitly refers to a negative or unsatisfactory outcome. For example, where the patient's condition was either not resolved or only partially resolved.
Death	The text explicitly refers to the patient dying.
Unclear	Unable to determine the outcome. This includes if it was omitted, unclear, redacted, or there was no patient referred to.

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Complimented practices

The categories used to classify the practices reported in compliments is based on the Healthcare Complaints Analysis Tool (HCAT; download the manual [here](#)). Seven types of practices are grouped into three domains: clinical (quality, safety), relationship (communication, listening, respect & rights), and management (environment, institutional processes). The tool was modified in two ways. First, the categories were rephrased from negative into positive. Second, a category 'extra' was added to each domain to classify extra-role behaviour. Finally, a category 'vague' was added to each domain to classify issues that were too vaguely specified to be classified as one of the seven issues. These categories are not mutually exclusive, because there can be multiple practices reported within a written compliment.

Clinical

Text within the written compliments referring to the quality and safety of clinical and nursing care provided by healthcare staff (i.e., doctors, nurses, radiologists, and allied health professionals).

Safety	Text referring to staff clinical competency, such as accurate diagnoses, medication, responding promptly to emergencies, and teamwork. For example, 'she made her diagnosis and prescribed appropriate medication'.
Quality	Text referring to good clinical standards, such as implementing treatment plans, hygiene, examination/monitoring, handling, and pain relief. For example: 'a nurse and a physiotherapist followed him home and care plans were put into place, including morning visits to help him wash and dress
Extra clinical	Text complimenting clinical work, skill, effort, training/support or outcomes that were beyond expectation. Examples include referring to 'tireless efforts' and staff going the 'extra mile' to obtain a diagnosis. For example, 'carried out the most thorough medical examination I have ever seen, far beyond what I expected (and I am a nurse)'. References to 'incredible' or 'exceptional' behaviour are coded as 'vague' unless more detail is provided.
Vague clinical	Text referring to clinical issues, but, which is too vague to be categorized as 'quality', 'safety', or 'extra clinical'. Examples include, 'greatly impressed with the care and attention' and 'grateful for your capable and professional staff'.

Relationship

Text within written compliments referring to relationship behaviour by any member of staff towards the patient or their family/friends (usually provided by frontline staff).

Communication	Text referring to patients, their family or friends being kept informed with accurate and clear communication. For example, 'many tests and procedures were carried out and all were explained to me in advance, with the various pros and cons, and the reasons for conducting them'.
Listening	Text referring to staff acknowledging and/or acting on information received from patients or their family and friends. For example: 'every member of staff that I dealt with listened to my needs'.
Respect	Text referring to staff respecting the patient, treating the patient with dignity, or upholding the rights of the patient. For example, 'they made sure we had privacy'.
Extra relationship	Text referring to staff engaging in extra-role relationship behaviour, such as taking extra time to calm anxieties or providing heartfelt emotional support. For example, 'even though she wasn't looking after me that day and came to say goodbye', 'she even took us outside and explained the easiest route to a pharmacy' and 'he went out of his way to comfort me'.
Vague relationship	Text referring to staff relationship behaviour, but, which is too vague to be classified as 'communication', 'listening', 'respect' or 'extra relationship'. Indicative words include 'compassionate', 'friendly', 'patience', and 'kind' without any further detail. For example, 'the friendly and attentive care which I received following a major operation was first class'.

Management

Text within the written compliments referring to the environment and organisation within which healthcare is provided (for which administrative, technical, facilities and management staff are usually responsible).

Environment	Text referring to facilities, staffing levels, services, clinical equipment, accommodation, food, cleanliness, architecture, parking, and security. Examples include 'I had a window view and flat screen TV', 'he commented on the food he received and said it was good', and 'parking was easy'.
Institution	Text referring to ease of accessing care, short waiting times, minimal bureaucracy, efficient scheduling, and visiting arrangements. Examples include 'identified me simply by stating my date of birth!', 'the making of appointments was seamless' and 'impressed by the thoroughness of your investigation of our complaint'.
Extra management	Text referring to services, management, events that were not expected. Examples include maintaining a service, running extra training or courses, and hosting an event for service-users. It is often a phrase such as 'despite budget cuts' which present it as voluntary, and thus something extra or unexpected.
Vague management	Text referring to the management of the healthcare institution, but, which is too vague to be classified as 'environment', 'institution' or 'extra management'. For example, 'impressed with the calm efficiency with which the ward was run', 'well organised' and 'very efficiently'.

Gratitude aims

The categories used to classify the gratitude aims are based on the three moral functions of gratitude, namely, acknowledging, rewarding and promoting. Each overarching aim has sub-types. These categories are not mutually exclusive, because there can be multiple aims within a letter of compliment.

Acknowledging

Does the text give thanks either to the addressee or to a third party? This is usually indicated by a variant of the word 'thank.' The behaviours being acknowledged can be either specific or vague.

Thank you	Text that explicitly expresses thanks directed to the addressee. For example, 'I am writing to thank you for the kind, considerate treatment my daughter received'. Excludes phrases such as 'with thanks' or 'thank you' that appear at the end of the letter as part of a sign off.
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I/we thank them	Text that explicitly expresses thanks to a third party (i.e., not the addressee). This does not include requests to 'pass on' thanks (which is covered within the rewarding aim). For example, 'we wish to thank the team of the ambulance service who attended [address] on [date and time]'.
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Rewarding

Does the text reward (either directly or reported) the complimented behaviour? Rewarding can be either asking someone senior to 'pass on thanks', copying someone relevant into the letter, or giving a material gift.

Please thank them	Text that requests that thanks, appreciation or gratitude are 'passed on' to the specific members of staff named or to their managers. For example, 'please can you thank her on my behalf for the help she has given'.
Someone cc'd	Text that reveals a third party is copied into the letter (i.e., manager, CEO, newspaper, or Department of Health) or text that claims that the experience has or will be sent to someone relevant or any media channel. For example, 'I feel that the ward deserves a certificate of excellence and I intend to copy this letter to the Evening Chronicle as well as to the ward itself – Well done!'
Material gift	Text that referring to an accompanying gift (i.e., money, flowers, chocolates, or wine) or request how to make a donation or provide a gift. This includes commitments to future donations and where the beneficiaries are not the staff involved in the care (i.e., donation to the hospital). For example, 'I have embroidered a small token of my thanks and I shall be glad if you will pass it on to the staff as a token of my appreciation'.

Promoting

Does the text promote, advise or otherwise advocate for certain behaviours, processes, services, or institutions as desirable for the future? This can be in the form of commendations of staff behaviour, general comments about the NHS, or specific suggestions for improvements.

Commending behaviour	Text that informs the addressee about observations of positive or desirable staff behaviour. For example, 'I write to commend the services we have received', 'I felt that I must write to you because never have I experienced such an excellent blend of care coupled with expertise'.
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NHS future	Text that discusses the NHS and its future, usually in relation to funding, privatization, British values, or changing circumstances (i.e., aging population). For example, 'I have always been a keen advocate and supporter of the National Health Service and my recent experience leaves me still convinced that it is the best in the world. If only the politicians would leave it alone!'
Suggestions	Text that suggests a specific improvement or identifies an area for improvement. For example, 'the only negative comment we have is one to do with design and planning, that is, the lack of toilet facilities for visitors'.