

“Tell me a story”: A randomised study comparing table and narrative presentations of a choice experiment

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11 November 2025

ISPOR Europe 2025 - Glasgow

“Just tell me the story about these patients”

In your opinion, which of these conditions do you think should have the new treatment made available on the NHS?

Point your cursor on the statements to see full description of the feature again.

Select one

	Condition A	Condition B
What do we know about the causes of this condition?	We don't understand the causes	We understand some of the causes
How quickly is the condition diagnosed?	Delayed diagnosis	Slightly delayed diagnosis
What is the prognosis for someone with this condition, with current treatments?	Patients will usually die within 2 years	Patients will be affected for the rest of their life
Need for care with this condition	Patients are not reliant on care	Patients are reliant on care for life
How the new treatment fits in with current treatments	It adds to the choices available	It would be a further option if needed
Health improvement with the new treatment	5	1
	<input type="radio"/>	<input type="radio"/>

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Importance of narrative

- Universal form of communication – human brain well adapted to process and interpret stories
- ‘Narrative bias’
- Effective in health messaging: education, advocacy
- Patient decision aids: increasing engagement
 - Particularly among populations with lower literacy or numeracy levels
- Dual processing models: central thinking (deliberative) vs peripheral (heuristic)
 - Consider all DCE attributes vs. (real-life?) heuristics
 - Suggestion that peripheral processing reduces counter-argument and critique?

Opportunistic randomised experiment

You have had a chesty cough, fever and pain on breathing for 10 days.

Symptoms you are experiencing	Common cold	
How long you have had the symptoms	10 days	The GP spends 5 minutes with you, and tells you that people with symptoms similar to yours usually find their usual activities are disrupted by the illness for a further 14 days.
Length of appointment with the GP	5 minutes	The GP also tells you that it is likely that you would experience harm from not having antibiotics straight away (for every 100 patients like you, 20 would experience harm). It is unlikely that you would experience an adverse effect from having antibiotics (for every 100 patients like you, 1 would experience an adverse effect).
How much longer your usual activities will be disrupted by your illness	14 days	
Likelihood of harm from not having antibiotics straight away	Likely	If the GP gave you a back-up prescription, they would not hand you a prescription now. Your prescription would be ready for you to pick up from the practice reception - without needing to see the GP again - if your symptoms get worse, or you don't feel better in a few days.
Likelihood of an adverse effect from having antibiotics	Unlikely	
If the GP gave a back-up prescription, how would it be issued?	Given to you	

In this situation, which would you prefer?

Please choose one option.

A standard prescription

A back-up prescription

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Please choose one option.

A standard prescription

A back-up prescription

What were we looking for?

- Differences in:
 - Survey experience – behaviour and self-report
 - Variability – scale parameter in heteroskedastic regression
 - Preferences – interaction term

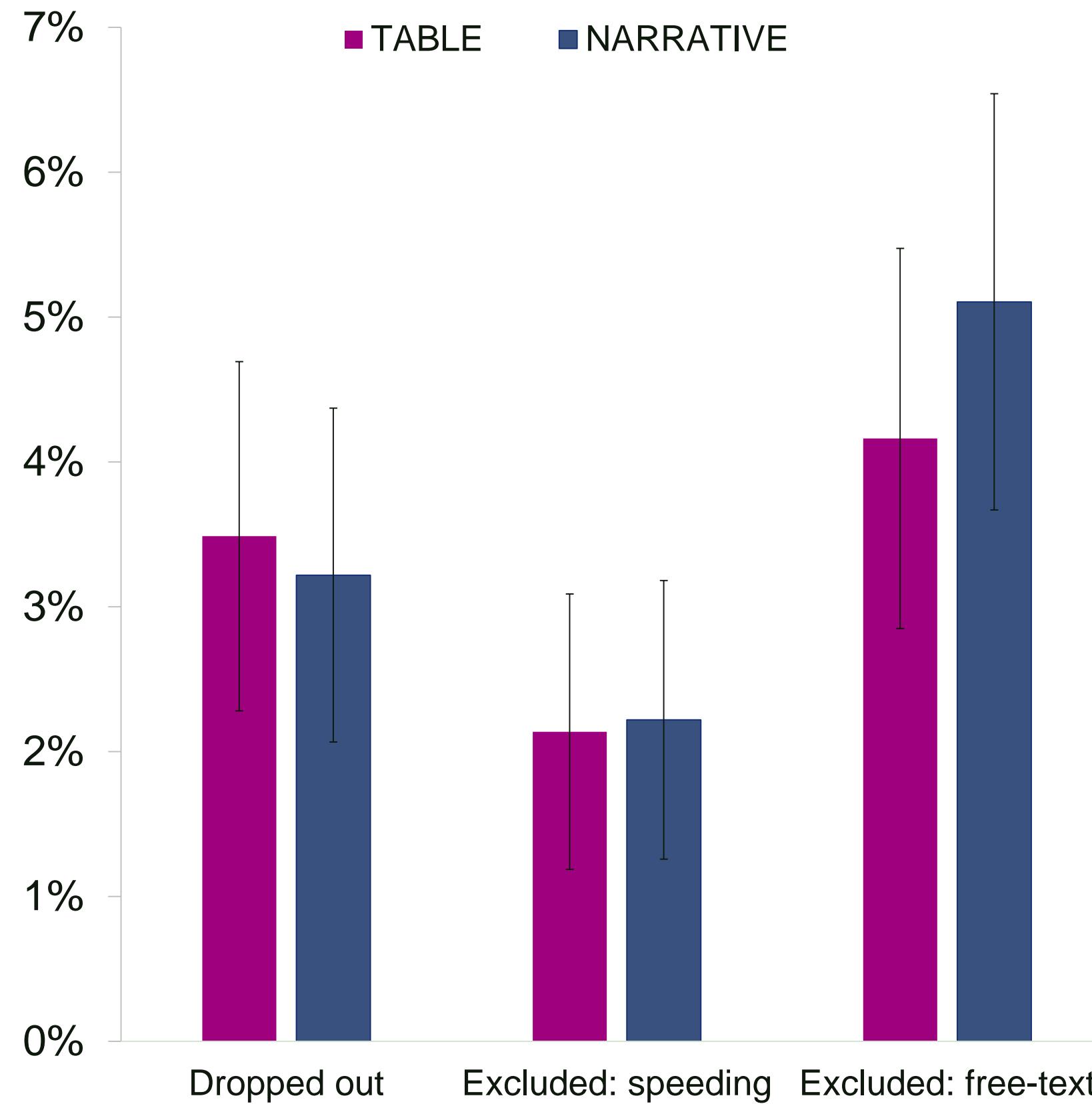
Respondent characteristics

	Format shown:		UK population
	Table (n=802)	Narrative (n=806)	(%)
Age	mean (SD)	46.8 (16.9)	46.6 (16.7)
Gender	Male	398 (50%)	391 (49%)
Ethnicity	White	695 (87%)	703 (87%)
Country	England	677 (84%)	677 (84%)
Education	None	27 (3%)	35 (4%)
	To age 16	184 (23%)	174 (22%)
	Post-16	277 (35%)	294 (36%)
	Degree or higher	314 (39%)	303 (38%)
Format preference	Narrative	353 (44%)	329 (41%)

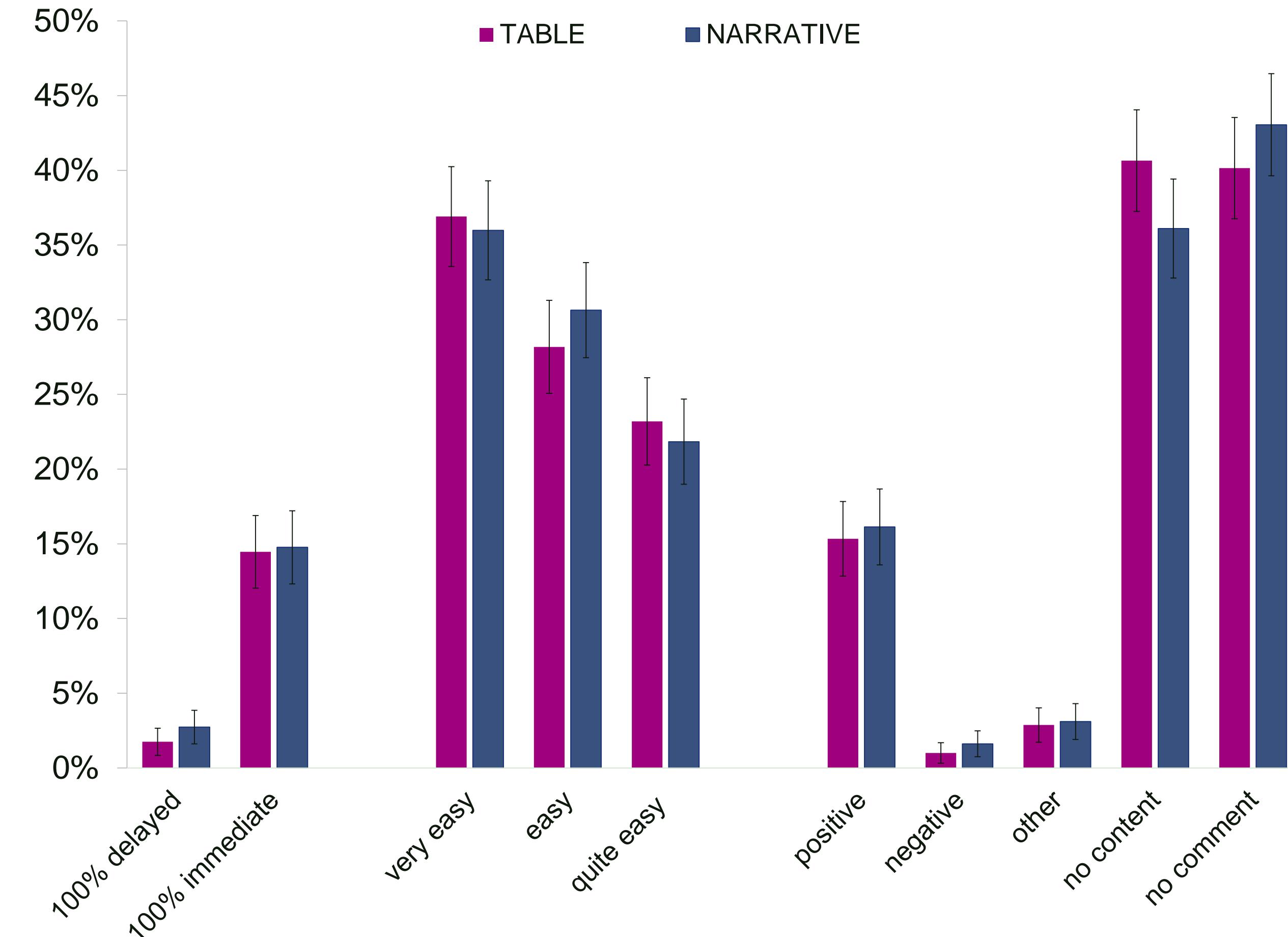
Format preference was associated with educational attainment ($p=0.01$)

Respondent survey experience

Randomised respondents (n=889, 901)



Completed respondents (n=802, 806)



Median completion time 699 vs 726 (p=0.45)

SAME
p=0.18,0.86

DIFFICULTY
p=0.87

FREE TEXT
p=0.11

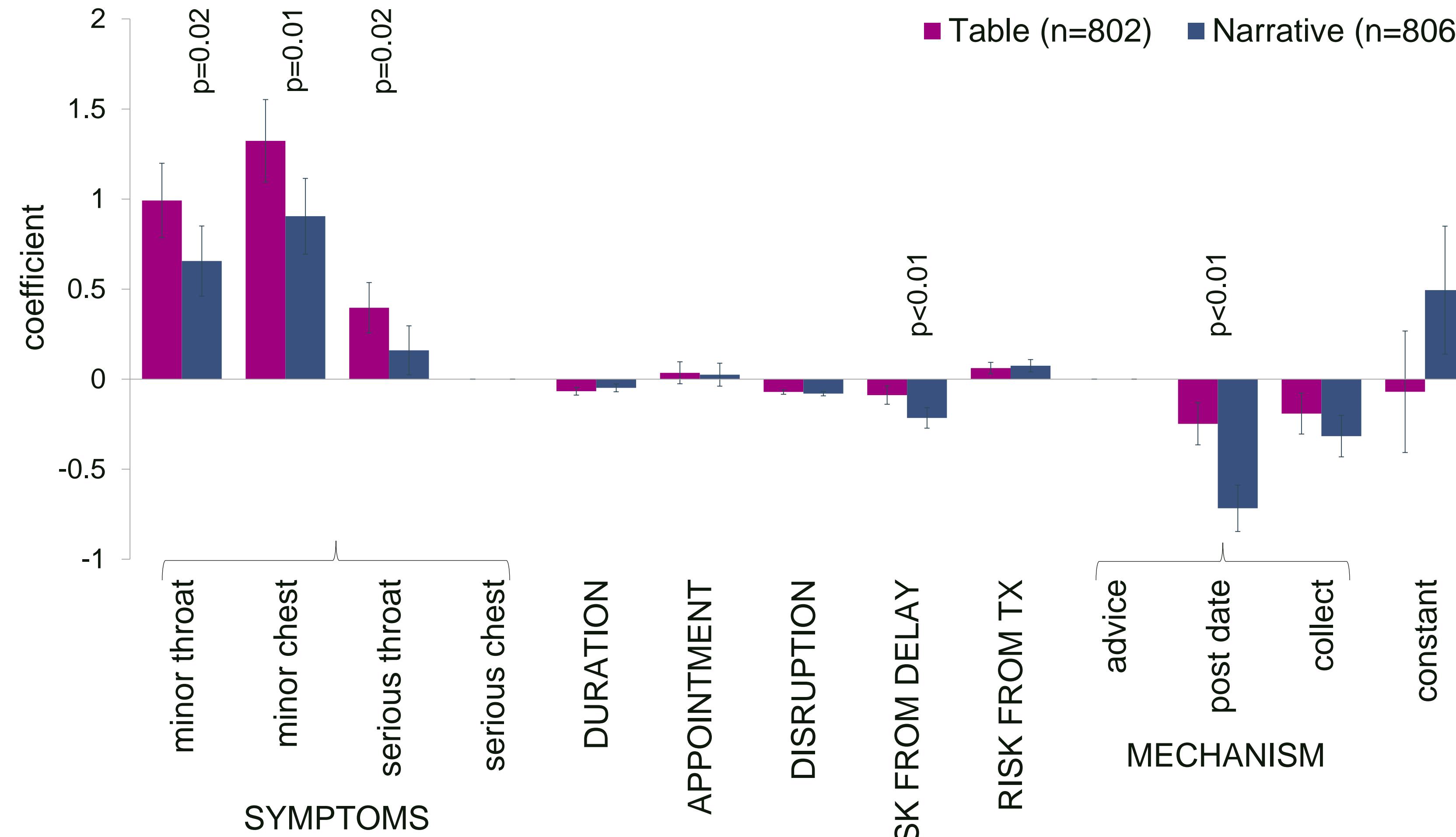
Differences in variability

	1. POOLED	2. SHOWN TABLE	3. SHOWN NARRATIVE	4. HETEROSKEDASTIC
Log likelihood	-12502	-6280	-6198	-12498
Likelihood ratio test	p<0.001			p<0.001
Scale factor				-0.15 (p=0.004)
Scale parameter				0.86

Vass *et al.* Scale Heterogeneity in Healthcare Discrete Choice Experiments: A Primer.

The Patient 2018;11(2):167-73. doi:10.1007/s40271-017-0282-4.

Preferences: interaction terms



Limitations and future work

- Single-profile choice study
- Educational attainment skew – people for whom this might be important, aren't there
- Did we go far enough?
- Trigger words
- Future work:
 - 2-alternative DCE
 - are descriptive attributes more format-sensitive than numbers?

In conclusion:

- No evidence of an effect of format on survey experience; minor impact on elicited preferences, that would have minimal policy impact
- IF we worry about missing voices in online DCEs, then when we go out to find those respondents, perhaps alternative formats such as narrative, can help engagement

Acknowledgements

- Choice study:
James Buchanan, Larry Roope, Koen Pouwels, Julie Robotham, Sarah Wordsworth
- STEP-UP team:
Philip Anyanwu, Aleksandra Borek, Nicole Bright, Christopher Butler, Anne Campbell, Ceire Costelloe, Benedict Hayhoe, Alison Holmes, Susan Hopkins, Azeem Majeed, Monsey McLeod, Michael Moore, Sarah Tonkin-Crine, Ann Sarah Walker, Carla Wright, Anna Zalevski.
- All our respondents and PPIE partners
- Economic and Social Research Council (UK): Antimicrobial Resistance Cross Council Initiative (ES/P008232/1)
- National Institute for Health Research: Health Protection Research Unit in Healthcare Associated Infections and Antimicrobial Resistance – University of Oxford in partnership with Public Health England (HPRU-2012-10041)
- National Institute for Health Research Oxford Biomedical Research Centre

FUNDED BY



National Institute for
Health and Care Research



Economic
and Social
Research Council

Thank you !

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