WHITEHORSE DIVISION
OF GENERAL PRACTICE

DIVISION OF GENERAL PRACTICE

CONSUMER FOCUS GROUP

PLANNING KIT

Introduction

This Kit has been developed to provide you with some of the knowledge and tools to be able to gather community feedback on Division/medical clinic services, so that we can strategically plan programs that appropriately target local health needs. It provides in detail, the theory behind consumer participation in focus groups, steps of how to run focus groups successfully, templates of various handy documents, and all those check lists you'll need along the way!

Processes included in the Kit are Division of General Practice specific; assisting you to retrieve quality data from the community, that may assist you in shaping your programs for General Practice support. See the Consumer Strategy below, at the Division Development level, identifying where focus group research fits into the overall Division strategy.

Spectrum	Description of Strategy
Community Level	Division participation in local PCP, hospital networks, and municipal health plan consumer charters. Receiving overarching issues and priorities for the community, and being cognizant of burden of disease data and local needs.
	Trial obtaining de-identified information from clinics relating to their completed patient satisfaction surveys. Enabling targeting of activities according to consumer needs within the general practice setting.
Division Development Level	Conduct 1-2 public consumer and health provider forums per year, exploring issues relating to the Division's overall development and strategic directions, and targeting discussion on selected topics of priority (i.e. acceptance of general practice based health promotion plans).
	Utilising public seminars and health week activities involving the Division, to survey community participants on their needs as relating to the issues under discussion (eg women's health topics etc), and surveying community input on general practice.
Program Development Level	Appointment of consumers on reference groups wherever possible to ensure consumer concerns can be considered in the development and monitoring of specific Division programs.
	Appointment of work groups of GPs to ensure that the GP perspective (as a primary consumer of Division services) is adequately considered.

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The Theory Behind It All

It is important to firstly note that using focus groups to gain consumer input is only one methodology within qualitative research, or one methodology within a complete consumer strategy. Each Division of General Practice should have a Consumer Strategy, with focus groups being *one* method to choose from, depending on the type of information required. Your method/s of research can only be decided once you have deciphered the aim or the goal of what you want to achieve. This Kit can only be of use to you if you have clearly identified that using *focus groups* is appropriate for your research. For more detail about different methods of consumer participation, and how to choose methodologies, see "Improving Health Services through Consumer Participation – a resource guide for organisations". The Division has a copy.

Focus groups are used to gauge a 'range of opinion', they enable to you gain a broad understanding of why participants think and act the way they do. It is not suitable for finding out how many people in your community hold a certain attitude or behave a certain way[i]. For example, if you wanted to find out what proportion of your target group were always offered a preventative health check when they saw a GP, you would need to interview or use questionnaires for a representative sample of your target population, instead of a focus group. However running focus groups will get you started on the *range of different attitudes* about prevention and the *reasons behind people's attitudes and* preventative *behaviour.* Alluding to health issues within the social determinants of health.

Focus groups can be selected for a number of reasons: to identify priorities or needs for a community, measure acceptability of a service, identify risks/problems in a service or identify qualities within a service. The key attribute of a focus group is to *seek information*, rather than making decisions or deciphering methods of action. This method can provide rich information, but may not always be representative of all consumers[ii].

Advantages of Focus Groups

- Very efficient collection of qualitative data. In one session, the evaluator can collect information form eight people instead of one.
- Data quality control. False or extreme views tend to be discouraged by the group process.
- Interaction between the participants means that issues are explored in greater depth than is possible with individual interviews.
- Participants tend to enjoy focus groups and feel that they have made a worthwhile contribution for relatively little effort.

Disadvantages of Focus Groups

- The number of questions that can be asked in one session is limited. As you get responses from a number of people to any question, it is unlikely that you will be able to have more than five questions for eight people in one hour.
- Focus groups require resources and time spent on recording and analysing the data.
- Focus groups require a facilitator with good group work skills. They must ensure the discussion is not dominated by one or two people, that the group stays on the issue and actually answers the question, and that the quieter members are encouraged to have a say.[ii]

Important Guidelines for Focus Groups

- If running focus groups, you are interested in the range of opinion, and you'll need to make sure every opinion is represented in your data. This will include opinions that are common and uncommon, strongly felt, and not so strongly felt. You are not trying to find our how many of the target group hold an opinion. This means that you don't need to use methods such as random assignment for selecting participants.

- Ideally you would have 6-8 people attending a focus group, and it would last from half an hour to no more than 1 and a half hours. You will need to schedule breaks if for more than half an hour.

- The usual way of locating participants for focus groups is through networks of colleagues, community agencies and the target group. Remember that you must select people who are not only knowledgeable but are fairly open. They must be able to express their feelings to the researcher and also in front of a small group of people. It is important to be explicit about your recruitment criteria and the nature of the focus group.[ii] It would be easier to select a group that already exists in the community, so participants don't have to be recruited.

- Focus group can either be designed to target independent consumers, or specific consumer advocacy groups that represent organisations. It is important that these two groups are not involved in the same focus group, as the dynamics of the group may be compromised.

- Few people in the community are aware of what Divisions of General Practice are. It is a good idea to begin your focus group with an introduction of what your Division actually is, as well as an explanation of the purpose of the focus group and what is expected of participants. (See section Red for an example of a Power Point Display Introduction).

- As you are using people's time and experience, it may be appropriate to provide payment on an incentive.[i] Each Division of General Practice should have a policy regarding consumer participation payment. (See WDGP policy and procedure manual).

- The one person who definitely should not act as a facilitator is anyone who is involved in providing services which may be under discussion. This puts both the facilitator and participants in difficult positions and either discourages discussion or sets up conflict, ie – no GPs can get in on the discussion! .[ii] However there are advantages with asking a GP to come along at the end of a focus group to answer any questions that participants may have about General Practice. This gives the participants a sense of satisfaction that they have been able to contribute, and have also received something back. You may like to approach a board member of your Division to participate. You may need a couple of questions already written down to get the ball rolling! (See section Red for a list of questions.)

- You should continue to run focus groups until a clear pattern emerges and subsequent focus groups produce only repetitious information. You won't know this in advance, so plan to run about 4 – 6 groups.

- As Divisions of General Practice have such a huge secondary consumer population (all those in the community who use General Practice), your aim is to canvas a broad range of opinion across the board, so you will need to identify the relevant sub groups within the target population, and include representatives of each in your discussions. For example, sub groups may include male consumers between the ages of 20 and 30, or elderly Chinese, or even low-socio-economic pregnant women.

Designing Your Questions

Step:

1. To formulate your questions into an 'interview protocol', you will require some basic knowledge of General Practice consumers and the subject area or health issue/s. If the area of research is new to you or your Division, then it would be a good idea to have some preliminarily discussion with members of the target group, interview professionals in the area, and/or read relevant literature on the topic. For access to health research articles, refer to the Deakin University instructions in Section Orange.

2. Next you'll need to use your background understanding of General Practice consumers and a health issue or health problems that affect them. You might want to explore behavioural or environmental factors within clinics that cause the particular health problem. You might also want to find out about medical clinic utilisation or about motivation or barriers among consumers of General Practice.

3. Next, you need to organise these issues into a logical series of questions. The protocol may include prompts and other information to help the facilitator achieve smooth discussion and draw people out. The first question is particularly important and should be one that is likely to include everyone in the group.

   Try to order your questions so that you get a funnelling effect; each subsequent question narrows further on the issues, and discussion flows form one question to answer to the next question. What you don't want is an order where each new question is a different topic, not allowing the discussion to flow. It's important to leave the more sensitive questions until further along the discussion, which tends to happen anyway if you funnel your questions.

4. Next, you need to ensure that you have flexibility within your protocol. Some of the questions in the protocol may not be needed by the facilitator; there may be a situation where the group opens up its own line of questions, raising issues of importance to them that the facilitator has not anticipated. Allow room for this in your protocol design. It is often a good idea to have at least one very open question to give the group the opportunity to set or re-set the agenda. [i]

Points to ponder:
- What am I going to do with the information once I have it?
- What questions would I like to ask that can give me information that is *useful*?
- Can my questions be interpreted in different ways?
- Are my questions difficult to understand given the participant demographics?
- Are my questions culturally sensitive?
- You may like to have a mock focus group to ensure your questions flow.

Example of question design:

Let's suppose that the rate of Pap Smear procedures in your Division catchment is lower than the state average. You've decided to run a couple of focus groups to get some more information about the reasons why women are not accessing this service. Who would you have in the focus groups?

It would be important to cover as many aspects as possible so you may run a number of focus groups such as under screened women, women of low socio-economic status, older women, younger women etc.

What sorts of questions would you ask? Each group will need different questions, so let's start with under screened women;

You anticipate that most of your participants have not had their 2 yearly Pap Smear regularly. Some reasons might be:
- mixed attitudes toward having regular Pap Smears
- lack of confidence to take control of their preventative health
- previous negative experiences with having a Pap Smear
- no reminder of 2 yearly Pap Smear

Putting these issues into question format, you might come up with something like the following. Make sure that there's enough freedom for you to follow up an unanticipated response.

1. Why haven't you been having regular, 2 yearly Pap Smears?
    - (prompt) Are you scared? Can't be bothered?
    - (probe) So why were you nervous?
    - (probe) Do your family/friends feel this way?

2. What was your last Pap Smear experience like?
    - (prompt) Were you comfortable?
    - (probe) Was it with a male or female GP?
    - (probe) Where you happy with the service?

The Facilitation Role

The aim of the focus group is to provide a situation in which meaningful and sustainable discussion can take place. The discussion involves the participants and the facilitator in two ways: there will be a flow of ideas between the participants and the facilitator, and among the participants. Facilitation of a focus group requires good group work skills. If you are not an experienced group worker, find someone at the Division who is, or another work colleague.

It is definitely *not* appropriate for a General Practitioner to facilitate a focus group run by a Division of General Practice. This may put both the GP and the participants in difficult positions and either discourage discussion or set up conflict, considering that discussion may be surrounding the service that GPs provide. However participants may find that having the opportunity to ask GPs questions about General Practice is very useful and reassuring. If you plan to get GPs involved (which can be very beneficial for the Division), ensure that they do not arrive at the focus group until discussion has finished. (See section Yellow for a GP template letter).

If you are to act as a facilitator, you may find the following useful:

- Concentrate – schedule a break if you feel that you may be losing concentration.

- Set up the rules – at the start of the session the facilitator should introduce themselves (and their assistant if there is one), and explain the purpose of the focus group. The could also explain their role to keep things on track, make sure everyone gets a chance to speak and to watch the clock. Also to clarify that there is an expectation of confidentiality on all that is said in the group. Permission for tape recording must be gained before proceeding, and also an explanation that this recording will be destroyed after data collection.

- Ensure people are comfortable – it may be a good idea to begin with introductions. Firstly, introduce yourself and an interest of yours, then motion others to proceed as you go around the circle. This aims to break the initial barriers of embarrassment and shyness that people may have.

- Probe - probing, such as asking the participant to elaborate on a specific point, is essential. If a participant says that he/she is not happy with general practice, then ask why. It may be a good idea to list some probing comments underneath your question to develop discussion.

- Highlight and Reflect – you can encourage discussion by emphasising a participant's contribution and reflecting that upon the group. It is quite unlikely that when an idea is too sensitive to other participants, it will be glossed over by the group. You should bring the idea to the attention of the group.

- Look for clues – keep brief nots on observations made during discussions. Above all, note reactions of participants when key issues are being talked about as supplements to oral information. [ii]

Setting the Scene

- **Venue choice** – ensure that your choice of location is acceptable and convenient to focus group participants, and one where they can feel free to talk about their attitudes and opinions. Your Division of General Practice office may not be an acceptable venue, as participants may feel as too formal and business like. Choose community venues that participants are likely to be comfortable and familiar with. Refer to administration files for lists of local venues.

- **Timing** – ensure you have thought about the time of the day of the focus groups. Leaders of various community groups may guide you, but think about working hours, picking up children form school, public holidays, cultural/celebration days; depending on the demographics of the group.

- **On Arrival** – it is a good idea to issue group participants with a first-name-only name tag when they arrive. The availability of refreshments before you commence the focus group allows time for late arrivals and for people to fill out their questionnaire and begin to feel comfortable.

- **Comfort** – it is imperative that participants feel comfortable in the group, so they are free to discuss the health issue. You may require scheduled breaks for refreshments, bathroom etc.

- **Participants** – you may like to take down the names and phone numbers of the participants to add them to the WDGP consumer list. This includes those participants that are happy to be contacted for further input. See Section Green for a template.

Evaluation & Working with the Data

Data Collection

At the very minimum, data should be collected on paper, either via note taking, or on butcher's paper. Using butchers paper gives every one in the group, not just the scribe, the opportunity to monitor what is being taken down and ensure nothing important to the group is left out. This way you are likely to accurately record the range of opinion. A tape recorder is recommended, especially if quotes are needed at a later date. (See section Blue for a tape recording consent form). The major drawback of using recording as the only means of data collection, is that tape transcription is a very lengthy and tedious process. A combination of both note taking and recording may be easier.[i]

Analysis

Qualitative data are analysed using a four-step process. This is a systematic process and should be verifiable. That is, another person given the same data set should arrive at the same conclusions.

1. Objective – remind yourself of why you are evaluating the data, and what you actually want to do with it.

2. Organising – this means that you're putting the data into a workable order. For example, if you have used butcher's paper to record the group's responses, you organise the sheets by order of questions, mark them clearly and then type them up. If you've used tape recordings, then these will have to be transcribed in full before you can move onto the next step. At this stage, you have an overall picture of the complete data set.

3. Shaping – this means you think about what patterns or themes are suggested by the data. You need to write down the categories which seem to encompass the data and put the appropriate responses into these categories. Start with a large number of categories to indicate the broadest range of responses, in this way you are less likely to have left anything out and you will be able to answer a greater variety of questions. As you become more familiar with the material these categories can be refined and the data collapsed down as several dimensions of the one issue are located together in the same category.

4. Summarising – when summarising, you might be tempted to attempt some sort of quantification of the responses. This mustn't happen. What you are looking for is the range of extremes of views on the nominated health topic and you don't want to know at this stage, how many of those in the focus group held these views. This means that *some* and *others* hold views, never *most* or *few*. You cannot generalise any point of view to the whole group. Remember you are seeking the range of opinion held; in a subsequent population based study you can pursue the question of how many people feel that way.

5. Explaining – when you summarise your data, the central issue is one of consistency. The organising, shaping and summarising of your data should lead to *explaining* of what is meant by the data. If you feel unsure of your analysis, ask your manager or colleague from the Division to go through the process with you. With practice you will gain more confidence and your techniques will improve.

Writing Up – As mentioned already, since the members of your focus group may not be representative of the target population you should be cautious about making generalisations. For example, rather than say "GPs are a source of health information for women from non-English-speaking backgrounds", it would be better to say: "In our study we found that GPs were a source of health information to the non-English speaking women we interviewed". When writing up your data, it is useful to present and discuss it in the same order in which it was collected, that is, in order of your interview. You could:

1. state the question;
2. describe the range of responses;
3. add a couple of direct quotes to illustrate the responses; and
4. provide an interpretive discussion paragraph to finish off the section.[i]

- For further detail of how to do data analysis, and report writing refer to "Evaluating Health Promotion", by Penny Hawe.[i]

The Division's Response

From your analysed results, you will have certain recommendations related to how the Division can respond to the needs suggested by the community. Please refer to the "Sub Committee or Reference Group Response / Division Action" table in section Blue. Fill out the table for discussion with your Division Sub Committee or appropriate reference group. This allows us to ensure that the needs expressed by the community are actioned appropriately.

On-the-day Checklist

- Facilitator guide (running sheet)
- Introductory talk
- Demographic questionnaire
- Consent forms for recording
- Name/phone number record sheet
- Emergency sheet of questions to be asked of the GP
- WDGP explanation (Power Point presentation /overheads)
- Audio visual equipment
- Name tags
- Watch / clock
- Refreshments / crockery / cutlery organised
- Tape recorder, tape/s
- Butchers paper, writing paper
- Textas / pens
- “Introducing WDGP to the Community” brochure
- Ensure table/chairs/power points are available (never assume!)

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[i] Hawe P, Degeling D, Hall J. *Evaluating Health Promotion, A Health Worker’s Guide*. Australia: MacLennan &Pretty Pty Limited, 1990.

[ii] Department of Public Health, Flinders University and the South Australian Community Health Research Unit. *Improving Health Services Through Consumer Participation.* Canberra: Brown and Wilton Integrated Publishing Services, 2000.