Focus group technique: a consumer perspective on outpatient therapeutic services.

Barlow, J.H. and Harrison, K.

Focus group technique: a consumer perspective on outpatient therapeutic services

Karen Harrison, Julie Barlow

Central government legislative initiatives have sought to introduce market values into the health-care environment. This has resulted in an interest in consumer opinion, which may be explored through the qualitative research technique of focused group discussion.

Mrs Karen Harrison is Subject Leader in Physiotherapy and **Dr Julie Barlow** is Senior Research Fellow in Rheumatic Disease, School of Health and Social Sciences, Coventry University, Coventry CV1 5FB

Correspondence to:
Mrs K Harrison

It is a policy of 'Disney' management machinery that guests should only be offered services that management would themselves feel comfortable using:

> **'Fundamental to Disney Service is a profound respect for the guest. Executives won't design a facility that they wouldn't visit themselves' (Ferguson, 1989)**

In order to achieve such a consumer-friendly environment, every new employee, from vice-president to cleaner, has an induction programme which involves a day spent in character costume in the park, plus visits to all major departments. This is complemented by extensive evaluation interviews and surveys of thousands of guests about their visits. The outcome of these activities speaks for itself: American service is legendary, Disney service particularly so.

The situation in the NHS

The emphasis on provision of a consumer-friendly environment contrasts markedly with the nature of service delivery which has traditionally existed within the NHS, and which has been described as demonstrating a 'product' rather than a 'customer' orientation (Kotler, 1990). The system was considered by many to be serving the interests of the health-care professionals who operated the service, rather than operating for the benefit of the consumers of health care (Mahler, 1975). Failure to consider consumer needs did not apply equally across all areas of health and service delivery. Levels of patient satisfaction with service delivery have been shown to decrease as patients pass from general practitioner to accident and emergency services. Satisfaction declines further as patients are referred to outpatient clinics (Jenkins, 1989). Poor outpatient services have been offered to patients for so long that in many cases both staff and patients have come to accept an impoverished outpatient environment as the norm (Murray, 1988). People can become accustomed to poor environmental conditions, which they then accept as the standard against which services are evaluated.

Lack of consumer complaint

Many patient services have been notoriously poor, with service-users being offered a standard of care and attention which would have been quite unacceptable elsewhere. Yet few complaints have been made. What factors may explain this lack of consumer complaint?

A sense of vulnerability may account for the lack of formal complaints by patients about levels of service in the NHS — levels which they would not tolerate in the private sector. A person who is sick does not wish to complain either about his/her carers, or about the environment in which he/she receives that care (Haram et al, 1983). Additionally, patients who are in a situation where they are actually receiving care appear to lose their objectivity when critically evaluating levels of service (Cassileth et al, 1987).

An alternative explanation for patients' failure to complain is provided by the expectations–performance theory of Swan and Jones-Combs (1976). This holds that a consumer's satisfaction is a function of both the consumer's expectations and the perceived outcome. Thus if the outcome matches expectations the consumer is satisfied, if it exceeds them then he/she is highly satisfied, and only if it falls short will he/she be dissatisfied. In accordance with this theory, a patient may regard a 20-minute delay

'Given the tendency of consumers not to complain about health-care services, it is not possible to use a system of complaint monitoring alone to determine the acceptability of service provision. Consumer opinion must be actively sought to obtain accurate information regarding levels of satisfaction with health-care services.'

beyond appointment time as normal and consequently acceptable, and therefore may not wish to offer complaint. Even in the private sector, only a minority of consumers offer complaints when receiving poor service. Most simply do not use that service again, and, at the same time, relate their experiences of poor services to a substantial number of friends and acquaintances (Ovretueit, 1992).

Given the tendency of consumers not to complain about health-care services, it is not possible to use a system of complaint monitoring alone to determine the acceptability of service provision. Consumer opinion must be actively sought to obtain accurate information regarding levels of satisfaction with health-care services.

The increasing emphasis on consumer satisfaction within the public sector

In the private sector there has been a swing in emphasis from a 'product' to a 'consumer' orientation over the past three decades. Every effort is made to sense, serve and satisfy the needs and wants of clients (Kotler, 1990). Business success is inextricably linked to consumer satisfaction. The radical reforms of the Thatcher years have led to the introduction of private sector values into public sector organisations, e.g. the civil service, the education service and the health service. The package of reforms which each of these services has been required to adopt is a standard one, as identified by Pollitt (1989):

> **'...new budgeting systems aimed at giving managers a clearer picture of the costs of the activities for which they are responsible; sets of performance indicators; closer definition of individual's tasks, frequently accompanied by new forms of staff appraisal and by merit pay; an emphasis on greater delegation of decisions; and pressure to pay more attention to the wishes of the consumers of the service.'**

The ubiquitous nature of these reforms, and the fact that they have been heavily promoted through the Citizens' Charter Initiative, have had a profound effect on public service consumers. They now expect a better standard of performance, and also have expectations that their opinions will be sought and acted upon when elicited. Thus a central government initiative has compelled the adoption of a consumer-oriented culture within health-care organisations.

Ascertaining consumer opinion in therapeutic outpatient services

The quality of therapeutic outpatient services is a nebulous entity and therefore very difficult to measure. When attempting to analyse a complex situation, it is necessary to utilise more than one research tool, in a process of illuminative triangulation (Parlett and Hamilton, 1976). The philosophy behind this technique is illustrated in *Figure 1*. No one vantage point will tell the whole story. Information from several different tools of measurement must be considered in combinations, in order to obtain an overall picture.

Traditionally, measures of service quality in outpatient care have been largely quantitative and have included such items as waiting list times, throughput and cost. In response to the changes in health-care management that have occurred as a result of implementing the NHS and Community Care Act 1990, there has been a growth in the utilisation of surveys of consumer satisfaction. However, such surveys are strongly constrained and controlled by the rationale of the therapist who designs them. For example, patients are typically required to respond to a predetermined set of questions. Essentially the patient is not invited to set the agenda, and thus such surveys may not accurately reflect patients' views or needs.

It is interesting that the target of such questions, as illustrated by the content of published research (Durrani et al, 1985; Hike and Zyzanski, 1987; Spendlove et al, 1987, 1990), is to obtain consumer opinion on the actual service which they have been offered. It does not directly attempt to obtain information regarding the service which patients would like to receive. These are not at all the same questions, and the difference again is one of control.

While quantitative measures are of substantial value when seeking to ascertain quality of therapeutic service provision, the free voice of the consumer is also of substantial value, and this has previously been neglected in health-care organisations. Without this element, the analysis cannot be considered to be complete.

Focused group discussion: a qualitative technique to elicit consumer preference

A focus group comprises a group of 6–10 people with certain common characteristics, who meet in a conducive, non-threatening environment in order to participate

in a topic-centred discussion. Focused group discussion was first developed as a research technique in the field of social sciences by Merton et al in the mid-1950s (Merton et al, 1990). It was rapidly adopted by the private sector as a tool to ascertain consumer opinion, in order to ultimately increase profits. As a qualitative technique, it has a completely different epistemological intent to that of traditional quantitative research in the health field, as epitomised by the 'clinical trial'. These differences are summarised by Kreugar (1994) thus:

> **'It is important to keep in mind that the intent of focus groups is not to infer but to understand, not to generalise but to determine the range, not to make statements about the population but to provide insights about how people perceive a situation.'**

The process of forming opinions is essentially a social one. Data from focus group analysis provide insight, perceptions and explanations. They enable the researcher to comprehend the patient's definition of reality (Gray-Vickery, 1993). It is important that this definition is ascertained, as the patient's perception may well differ from that of the therapist.

The utility of the focus group technique is illustrated using data from a discussion centred on the provision of an ideal outpatient service.

What constitutes ideal physiotherapy outpatient care?

In order to attempt to ascertain consumer opinion on 'an ideal physiotherapy outpatient service', focused group discussion technique was utilised. Six patients assembled in a quiet area of a physiotherapy department by prior arrangement. They were a group of two men and four women, whose diagnoses fell into the general categories of rheumatology, traumatology and orthopaedics. It was explained to the patients that the discussion would cover the key areas of predepartmental service, reception, the physiotherapy treatment itself and aftercare, so that they could begin to organise their thoughts around these main areas if they so wished.

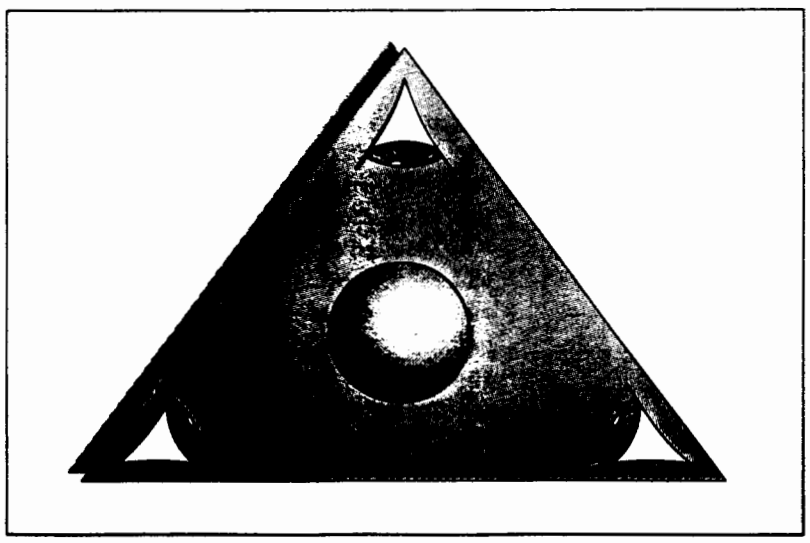


Figure 1. Process of illuminative triangulation.

Key phases in the operation of the group were as follows:

1. Patients assembled, were offered a drink, and the procedure of focus group operation was explained to them
2. Private notes were made by individual patients for a period of about 10 minutes
3. The discussion was facilitated in a non-directive, conducive manner, following the headings formally described (*Figure 2*)
4. At the completion of this process, notes were then read back to the group for verification, amendment and prioritisation.

The outcome of that discussion is presented in *Table 1*. Statements prioritised by the group are shown in italics.

A consumer perspective on outpatient therapeutic provision

Much of the information tabulated can be summarised in the dual concepts of treating the consumer kindly and treating the consumer with respect. Thus the patients wished to:

1. Be able to find the department easily
2. Be greeted on arrival
3. Have somewhere pleasant to sit and to purchase tea or coffee
4. Be treated by a therapist who appeared genuinely interested in them as an individual.

In short, the patients wished to be offered the courtesies that would normally be offered to a 'guest'. This echoes the policy of Disney service highlighted at the beginning of this article, namely that guests are offered services which management would be happy to receive themselves.

Reception area

The importance of the receptionist and the facilities of the reception area received a particularly high degree of attention from patients. At the present time this area is often one of pronounced deficit in many

have suggested the use of specialist equipment, up-to-date practice or specific techniques. None of these items featured in the data collected in the focus group discussion. The lack of comment regarding treatment itself contrasted markedly with the passionate expression of views regarding reception facilities, the physical environment and the provision of information. It may be that patients limited their discussion to aspects of the outpatient service about which they felt able to provide informed and authoritative opinions. The nature of treatment provided may be perceived as falling within the remit of health professionals rather than patients. In addition, the majority of patients may be unaware of the latest developments, techniques or equipment that are available for the treatment of their respective conditions. In this case they would be unable to comment or request such alternatives.

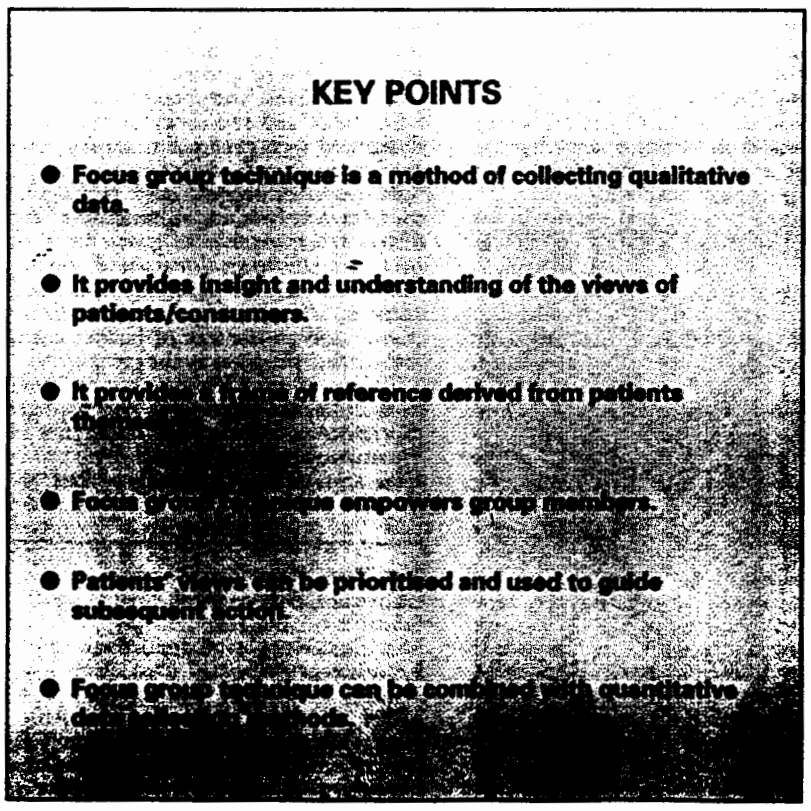
The results of the focus group showed that patients held strong views concerning certain aspects of the outpatient service and suggests that improvements to the appointment system and the environmental conditions within the clinic and extending the content of information provided by therapists may enhance consumer satisfaction. Given that patients expressed little comment on the nature of treatments offered, an interesting adjunct to this study would be to conduct a focus group with the therapists providing outpatient services. Combining the views of patients and health professionals may thus provide a more balanced view of services.

The future of focus group research in the NHS

Legislative change has compelled NHS health purchasers and providers to pay heed to consumer opinion. This new necessity may be provided for by utilisation of the qualitative research tool of focused group discussion. The technique itself is indeed a seductive one:

> **'The results are understandable, the participants typically enjoy the opportunity to participate, and the process creates a favourable impression that the sponsoring organisation really cares enough to listen to people' (Kreugar, 1994)**

The technique empowers and encourages consumers and providers of health care alike. It enables us to be grounded in reality.



Calderhead J (1975) *Hospitals for People.* Department of Health and Social Security, London

Cassileth B, Walsh W, Blake A, Greenspan J (1987) Satisfaction surveys found to be deceptive. *Hospitals* **60** (19): 53–4

Durrani J, Hague K, Hurst K (1985) Patient satisfaction in outpatients. *Nursing Mirror* **161** (12): 47–9

Ferguson A (1989) Maximising the mouse. *Management Today* **September**: 57–62

Gray-Vickery P (1993) Gerontological research: use and application of focus groups. *J Gerontol Nurs* **19** (5): 21–7

Haram D, Elkind A, Eardley A (1983) Consulting the customers. *Health Soc Service J* 3: 1314–15

Hike R, Zyzanski S (1987) Patient satisfaction with the clinical encounter: social psychological determinants. *Soc Sci Med* **24** (4): 351–7

Jenkins J (1989) Waiting in line. *New Statesman and Society* **20**: 22–3

Kotler P (1990) *Strategic Marketing for Non-profit Organisations.* 4th edn. Prentice-Hall, London

Kreugar R (1994) *Focus Groups.* 2nd edn. Sage Publications, California

Mahler H (1975) New possibilities for the WHO. *WHO Chronicle* **298**: 43

Merton R, Fiske M, Kendall P (1990) *The Focused Interview.* 2nd edn. The Free Press, Glencoe (original edition published in 1956)

Murray W (1988) Changing the face of patient care: interior design. *Hospital Development* **March**: 23–5

Ovretueit J (1992) *Health Service Quality.* Blackwell Scientific Publications, Oxford

Parlett M, Hamilton D (1976) Evaluation as illumination: a new approach to innovatory programmes. In: Glass GB, ed. *Evaluation Studies: Review Annual.* Vol 1. Sage Publications, California

Pollit C (1989) New wave public service reforms. *Health Serv J* **27 April (Suppl)**: 4–5

Spendlove D, Rigdon M, Welby N, King S (1987) Effects of waiting on patient mood and satisfaction. *J Fam Prac* **24(2)**: 53–6

Spendlove D, Reed BD, Whitman N, Slattery M (1990) Marital adjustment among house staff and new attorneys. *Academic Medicine* **65(9)**: 599–603

Swan JE, Jones-Combs JC (1976) Product performance and consumer satisfaction: a new concept. *J Marketing Res* **40**: 25–33

therapy departments. Patients sometimes have to speak to receptionists who sit closeted behind a Perspex screen. As there are no security reasons for this, the implication is that patients are potential contaminants who must be appropriately distanced.

Figure 2. Focused group discussion showing the role of audience participation.

Table 1. Focus group discussion: what constitutes an ideal physiotherapy outpatient service?

Obtaining an appointment	Short waiting list and prompt referral
	Local, easily accessible service
	Appointment times flexible to suit the patient
	Availability of evening clinics
En route to outpatient services	Adequate, adjacent car parking
	Clear signposting to department
	Clear entrance to department
In reception	*Friendly, polite and efficient receptionists*
	Receptionist to initiate interaction
	Minimal waiting period
	Information about delays
	Pleasant decor: light; spacious; modern
	Adequate facilities: refreshments, toilets, reading matter, suitable seating, soft music
	A good 'atmosphere'
The clinical encounter	A proper introduction
	A thorough and full initial assessment which takes the patient seriously
	Reassuring and kind manner of therapist
	Information about condition
	Information about method and purpose of treatment
	Information about self-care
	Continuity of care with the same therapist
	Pleasing clinical environment; clean, bright, spacious and orderly
Aftercare	Clear system for booking future appointments
	Availability of long-term advice, preferably in written form

Statements shown in italics are those which were prioritised by the group

Waiting areas may be linoleum-covered sections of an adapted corridor where patients, seated on wooden seats or plastic-covered benches, can be openly observed by passers-by. A hot drink is rarely available. Walls may be clinically cold and empty, or alternatively, as noted by Murray (1988), may be covered with yellowing notices which 'harass and intimidate the patient'.

Consumers indicated that they felt strongly that they should not have to wait for treatment, and that if there were any delays then they should be informed about them. Again, this is a basic courtesy. In most areas of life, appointments are kept at the time arranged, and apologies are given for even short delays.

Physical characteristics of department

Patients attached significant importance to the physical characteristics of the therapy department, both in the waiting area and also in the clinical environment where the treatment was to be carried out. They wished for surroundings that were light, spacious, modern, clean and orderly. This should be of no surprise, as pleasant surroundings are generally appreciated by all:

> 'We know that people appreciate visual surroundings; they will travel great distances to historic towns and beautiful countryside, just to be in the surroundings which they consider attractive. And there is no reason why the surroundings in which patients and staff spend their day in hospital should not be viewed in the same light'. (Calderhead, 1975)

Clinical encounter

In considering the clinical encounter itself, patients placed emphasis in two key areas. The first was in the nature of the psychosocial interaction, where they wanted the therapist to be a manifestly kind person who listened to them carefully. The second was the importance of the therapist acting as a source of information about the patients' medical condition, the method and purpose of the treatment given and self-management techniques.

Nature of treatment

An unexpected and intriguing finding was patients' lack of comment about the nature of treatment itself. Patients could