

## Using Patient Focus Groups to Respond to Patient Satisfaction Surveys

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Every year, Renal Care Group (RCG) asks patients on their satisfaction survey if they are satisfied with how involved they feel in decisions about their care. According to the company that scores our surveys, this question has shown to be the top predictor in patient satisfaction for home patients and second only to patient safety for hemodialysis patients. In 2004, this question was identified as an area for improvement on the RCG survey results. While the survey results provide quantitative data, they do not provide patient perspectives which could prove valuable in determining methods to use to help patients feel more involved in decisions about their care. It was determined that patient focus groups would be a way to include patients' perspectives in determining areas for quality improvement. Focus groups are informal with members who have like interests or ideas (Nielsen, 1997; Morgan, 1997). Focus groups usually have 6–12 members and generally last 90 minutes to two hours. Members are recruited ahead of time and told the basic purpose of the group. Focus groups require moderators who are trained in group dynamics (Morgan). Because social workers receive training in group work, it was decided that members of the RCG Social Work Advisory Board would conduct the patient focus groups. Because the focus groups were facilitated by more than one moderator, it was important to create a standardized patient focus group process.

### GENERAL FOCUS GROUP PROCESS

Regardless of the topic, focus groups follow a general procedure:

#### *Preparing for the Focus Group*

1. Identify the major objective of the meeting.
2. Carefully develop five to six discussion questions (moving from general to specific, less personal to more personal).
3. Plan the session (scheduling, room, refreshments, ground rules, agenda, how the information will be recorded).
4. Invite members to the meeting.

#### *Facilitating the Session*

1. Introductions
2. Explain the means to record the session.
4. Carry out the agenda.
5. Facilitate discussion of questions, ensuring as even participation by group members as possible.
6. Close the session.

#### *Immediately After the Session*

1. Make any additional notes from group session notes.
2. Write down any observations made during the session (McNamara, 1999).

### THE RENAL CARE GROUP FOCUS GROUP PROCESS

Following the general focus group outline, the social workers received specific instructions for conducting their focus groups. Consultation with a renal dietitian was also made to provide renal-appropriate refreshments. The general outline of the RCG patient focus group meetings was as follows:

1. Welcomed group members; assisted with nametags and obtaining refreshments.
2. The social workers then gave the following introduction: "Each year in April, Renal Care Group conducts patient satisfaction surveys. One question on the survey asks you to tell us how satisfied you are with how involved you are in decisions about your care. We're here today to discuss this item and any ideas you may have on how we as a company can work to improve in this area. We'll start today's meeting by having each of you tell the group three things: (1) Your name. (2) On a scale of 1-4, if 4 is the most satisfied, how satisfied are you with how involved you are in decisions about your care? (3) Any example you can give of how you feel you have been involved with decisions about your care. If you are a family member, you can answer this question from your point of view. Throughout the meeting, you may see me making some notes. I will not be including your names, and we will be combining your suggestions with those of other patient focus groups that are happening throughout Renal Care Group."
3. The social workers made tallies of how each patient and family member answered the scale. They took notes of examples patients and family members gave of how they have been involved in decisions about their care.
4. Then the social workers explained: "We are now going to spend the rest of the time listening to some more of your ideas about how

patients can be involved in decisions about their care. What are some more ideas that haven't been mentioned already?" Social workers were encouraged to only give suggested ideas if the group got stumped and had only generated a few responses.

5. Once there were no more suggestions given, the social workers thanked the group for their time and ended the meeting.

Each of the social workers also received the following form for recording their focus group:

1. Date of Meeting:
2. Person Facilitating Meeting:
3. RCG Clinic Name:
4. RCG Region Name:
5. # of patients in attendance:
6. # of family members in attendance:
7. On a scale of 1–4 (4 being most satisfied), how satisfied are you with how involved you are in decisions about your care? (Tally responses below.)
  - a. 1 =
  - b. 2 =
  - c. 3 =
  - d. 4 =
8. List ideas/responses patients give on how to increase patients' involvement in decisions about their care:

### RENAL CARE GROUP PATIENT FOCUS GROUP RESULTS

A total of 66 patients and 22 family members participated in 11 focus groups across Renal Care Group. Ten of the groups were with hemodialysis patients and family members, and one group was with peritoneal dialysis patients and family members. The mean of their satisfaction for the question "How satisfied are you with how involved you are in decisions about your care?" was 3.38 on a scale of 1–4, with 4 being the most satisfied. The mean from the in-center RCG 2004 hemodialysis survey for this same question was 3.28. For the home dialysis patients, the mean was 3.66.

A variety of suggestions for helping patients to feel more involved in decisions about their care were received from the focus groups, but these were the ones that were mentioned most often (in 4 out of the 11 groups):

- ✓ *Staff attitudes:* Staff can contribute to patients feeling more involved in decisions about their care by having a positive attitude, being willing to listen and answer questions, and informing patients of any changes being made to their dialysis treatment and educating them about those changes.
- ✓ *Physician/Nurse Practitioner visits:* Doctor and nurse practitioner visits were identified as important and appreciated by patients. Patients indicated they would like help in knowing how to better prepare for their doctor visits.
- ✓ *Patient education:* Patient education in a variety of forms helps patients and families understand more about their dialysis treatment, which in turn helps them participate in decisions. Patients appreciate bulletin boards, brochure displays, patient/family meetings, newsletters such as the RCG *Caring Connections*, NKF's *Family Focus*, and other types of education provided by the dialysis staff. They especially mentioned dietitian visits as helpful in learning about their treatment through monthly lab reviews.
- ✓ *Care plan process:* The care plan review was an opportunity for patients to see the larger picture. Patients would like to be more involved in the formation and review of their care plans.

Areas that were mentioned by at least three groups were:

- ✓ *Staff training:* Patients indicated they would like to be more involved in telling staff where to stick their access and would like more training for staff in this area.
- ✓ *Staff tolerance:* Patients would like staff to respect decisions patients make after being informed about their options instead of feeling "punished" for their decisions.
- ✓ *Patient education:* Additional areas of education mentioned were pre-dialysis education, patient/family meetings and community education.
- ✓ *Medications:* Patients indicated they would like more education about their medications so they have a greater understanding of their medications and what they do.

Patients and family members as well as the social workers expressed appreciation for the focus group experience. Patients and family members expressed gratitude for being able to express their ideas and perspectives. Social workers remarked that it was a positive process and in some instances led to some changes in their clinic processes. The first set of results (4 out of 11 groups) was shared with all RCG associates in the March/April 2005 newsletter. RCG associates are encouraged to review the results and determine if there is an area they can work on for improvement in encouraging patients to feel more involved in decisions about their care.

## REFERENCES

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