Satisfaction Dialogue/Focus Group

Doing a focus group with consumers in an inpatient setting sometimes requires you to be innovative in your approach.

First, bringing people together can be a challenge. It is a good idea to have a flyer posted on the unit with a nice pictorial (of either yourself or a colorful symbol) to announce the focus group, time and purpose. It would also be helpful that staff announce the event to people in the morning community meeting.

Make sure you have a time for the focus group to begin and end; always no more than an hour. People should be told in advance that they do not have to participate, though often I have found that if staff support it and give it a level of importance there will be a good response. (This can be tricky; if people are told they do not attend, they may decide not to.) Make sure the group does not interfere with their cigarette or break time.

It will be helpful for participants to know that consumers (or advocates, will be leading the group. They should know that some of their comments and suggestions could result in policy changes and that there could be positive outcomes as a result of the focus group. For example, they could be told that some of the issues discussed could result in policy changes. “This is a chance for your voice to be heard.”

The amount or preparation may make a difference in the level and quality of participation. Put some energy into this area.

Make sure you have a co-facilitator. I usually have the Recovery Specialist, if there is one on staff, or the resident advocate, for which there is usually a person in that position. I would suggest not doing these groups by alone,, as there a variety of scenarios that could occur, including someone getting agitated in the group (only happened to me once). More importantly you want to make sure you receive the information correctly. In fact, if there is a flip chart that you can have made available, you can have information placed on that in the immediate.

Occasionally, staff will insist on being present. I usually play this by ear. Sometimes I may suggest that they stay outside of the room or make occasional checks to make sure everyone is ok. They may also have guidelines that include checking on everyone every 15 minutes or half hour. There are times that staff may sit in the group, but this is not ideal.

When starting the group it is important to get people’s attention. Tell the group the purpose of the group as part of the introduction. But in order to warm up the group, tell them something about yourself, including sharing part of your consumer experience, and about ways in which you are involved in local and national changes. Ask people whether they know the term
consumer, and their preference of what they would like to be called. Explain to them that you will be using their first names to address them, not their last, and that, though terms are sometimes used to differentiate them from staff or others, that you prefer calling them individuals or persons. Give them just a few sentences of our consumer/survivor history and the fact that we have heroes; for example, if in Vermont, for example, mention the name of Mary Ellen Copeland.

Other ice breakers can be used: What is your favorite food, hobby, where you would most like to go on a vacation, etc.

If you do introductions allow only for first names as too much time will be taken to do this. You have to be extremely cautious because most people want to talk a lot. Sometimes it is best to avoid introductions, altogether, particularly, if it is large group, if it took a long time to get the group together and time has already been lost. Another option may be to go around the circle and introduce yourself individually while you shake their hands. Everyone likes individual attention and to be recognized.

Three basic questions are good ones to get information:

1. What do you feel good about with your care and treatment?
2. What do you feel negative about or you think are problems?
3. What are their suggestions for change?

I have done many satisfaction focus groups and gotten lots of information with just those three questions. Or you may want to use them in conjunction with others that I list below.

It is important to establish guidelines for the group:

1. Courtesy required.
2. Keep comments short.
3. Comments to be general, not specifically targeted at any staff person.
4. Purpose of group is not to set up discussion on any particular topic, though issues that many people agree on are considered consensus issues.
5. Explain how report of the focus group will be handled.
6. People’s comments will not have names attached.

In addition to the open-ended questions here are some specific ones:

1. How much input do you have on your treatment plan?
2. Do you attend your treatment team meetings?
3. Do you feel you are given enough choices in your treatment plan?
4. What was your admission like? Did you get explanations of what would happen?
5. Did you fill out a personal safety plan? What was that process like?
6. Do you feel safe in this environment?
7. What is your favorite group?
8. Are most treatment groups interesting?
9. If you could add a group, what would it be?
10. Do you receive enough information re medications you take?
11. Do you receive rights training?
12. Do you have any opportunities for employment while in the hospital?
13. Do you know about WRAP?
14. Are you involved in your discharge planning?
15. What is the best thing about your hospitalization?
16. What is the worst?
17. Do you have a past history of trauma? Did this get recorded or included in your treatment plan?
18. Is there a peer specialist on staff and are they available to you?
19. Do you have access to the resident advocate?

Specific Questions related to Seclusion and Restraint:

1. Have you ever been secluded or restrained?
2. Do you think it could have been prevented?
3. Did you attend a de-briefing?
4. How would you change the environment so that S/R would not occur?
5. What has lead to conflict on your unit?
6. Has anyone recently been secluded or restrained?

Summary:

Naturally, you will not ask all of the questions above. You may ask some of these questions individually with people in conversations, or you may ask questions that you think can be answered by this group. You may want to add some questions of your own.