



## Focus Groups

Facts and figures vs. feelings and feedback:  
what you can learn from focus groups

*Integrated Oncology Consulting Solutions  
And Cancer Care Center Planning*

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### Facts and figures vs. feelings and feedback: what you can learn from focus groups

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Customer—and potential customer—feedback is worth its weight in gold. Once you've gathered and evaluated adeptly acquired customer insights you can interpret them to shape strategy, policies and operations that deliver the best service and value.

To gather this qualitative information, researchers often turn to focus groups. Simply put, a focus group is a small, informal gathering of people who are interviewed for their insights, opinions and/or reactions to a specific situation or concept. Participants are chosen based on a demographic profile that matches the eventual target audience; however, specific opinions are not screened or queried ahead of time. The discussion is led by a researcher who is experienced in facilitating focus groups, who designs questions aimed at gleaning honest feedback. The unbiased but informed facilitator stimulates discussion and is adept at putting interviewees at ease so that they open up and share heartfelt, well-thought-out responses.

Focus groups yield qualitative data that consist of detailed descriptions of situations, events, people, interactions and observed behaviors. Findings can be valuable in informing strategy, messaging, tactics, operations and more.

### Patient Focus Groups

Patients are the most common participants in healthcare focus groups. Their perceptions commonly drive decisions in cancer care program development and often in marketing efforts. Patient focus groups can solicit:

1. Preferences for care
2. The role/influence of the physician in cancer decisions (e.g., type of care, hospital choice, etc.)
3. Barriers to early detection, cancer treatment and compliance with care
4. Availability and appropriateness of information and psychosocial support provided to patients
5. Preferences for the environment when designing a new facility/department
6. Knowledge, awareness, availability and opinion of services within a competitive environment
7. Informational needs of cancer patients and the "worried well"
8. Overall satisfaction with the issue discussed
9. Barriers to clinical trial participation

True to the nature of qualitative research, focus groups are subjective, not objective. It's important to remember some of the biases inherent in focus group research:

1. Participants tend to be risk-takers and may have a more assertive personality than people who do not choose to participate.
2. People in groups may respond differently to a question than if asked the same question individually.

3. Patient participants in focus groups present their own perceptions, some of which may differ from others' recollections.
4. The total number of participants is small. To establish generalities is a misuse of the research.
5. Responses are self-reported.
6. The group may influence the nature of the data collected by tending toward conformity.

### Public Focus Groups

Engaging the “worried well” or those who make decisions about care for their family is an important first step in determining awareness of cancer services. These individuals make decisions about their own care, and often for their parents and other family members. Members of the general public can be recruited to establish the level of public awareness related to available cancer services and perceptions of local cancer care. Items to be addressed can include:

1. Who in the family takes the lead in finding medical care for the immediate family?
2. What is the awareness of cancer care facilities in the area? What is the reputation of each?
3. Where would they go and how would the decision be made if the participant or a family member was diagnosed with cancer?
4. What are the participants' attitudes toward cancer detection or care (probe for barriers to screening or treatment)?
5. How do participants want to learn about cancer, treatment options, etc.?
6. What marketing strategies will most effectively alert patients, physicians and the public to the existence and the benefits of the cancer center?

### Physician Focus Groups

When a patient senses something wrong with their health, they usually go to their primary care physician who assesses the patient's condition and then refers the patient to a specialist for further work-up. These referring physicians are the entry point for the patient with a potential diagnosis of cancer. They select where patients are sent for additional diagnostics and care, including to physician specialists at the cancer center or physicians at other locations. When multiple options are available, it is imperative for referring physicians to know what services are available in the area, determine their perceptions of the services provided and evaluate ways to meet their needs for information and referral support. Physicians are often participants in focus groups related to marketing, new programs and clinical research. Issues to be discussed can include:

1. How are cancer specialists selected and how are referrals made?
2. How often are referrals made outside the local area?
3. Do the current services meet the needs of their patients?
4. Is there a need for additional services in the area?
5. Are there technologies or other services that are missing in the community?
6. Are additional specialists needed?
7. Are clinical trials offered in the area and is there support to enroll patients in research?
8. What are the barriers to referral for cancer care or supportive services?

## Facilitation

The focus group should be conducted by one person with specialized training who is skilled in facilitation. It is imperative to have topics to be discussed defined in advance. The facilitator is expected to be non-judgmental and to “listen with an educated ear.” The facilitator must know when to listen, how to stop one person from dominating or controlling the group (every group has at least one) and how to probe for clarification when issues surface. If groups are not appropriately facilitated, patient and public focus groups can turn into a support group and physician focus groups can be sidetracked by complaints.

## Examples of Findings

The Oncology Group has significant experience in conducting focus groups. Areas of expertise include:

1. Facility design
2. Improvement of operations or clinical services
3. Evaluation of specific topics, for example, clinical research acceptance or patient satisfaction with services
4. Determination of needs for a new service or technology

In a coming article, the author will focus on findings from focus groups related to facility development and design.

Published examples of focus group findings in oncology are seen below.

### **Perspectives on Post-Treatment Cancer Care: Qualitative Research with Survivors, Nurses and Physicians**<sup>1</sup>

Primary care physicians, oncologists, cancer survivors and nurses participated in separate focus groups to determine the unaddressed psychosocial needs of cancer patients post-treatment and determine how to develop a survivorship care plan. The Oncology Group conducted the nursing focus groups for this study under contract with the Institute of Medicine, Washington, DC.

Findings from the groups revealed the following:

- Patients in large part felt their psychosocial needs post-treatment were not met.
- PCPs indicated that a written plan for follow-up would improve their practice.
- Nurses wanted to play an active role in the development of the survivorship care plans.
- Oncologists, while acknowledging the value of the plans, did not support completion due to the time required and burden on the practice and schedule.

### **Using Focus Group Methodology to Develop Breast Cancer Screening Programs That Recruit African American Women.**<sup>2</sup>

Focus Groups were used to assist in communication campaign development. Results showed that:

- Participants distrusted clinics and preferred their own private physician.
- The influence of opinion leaders influenced participation in screening services.

### Couples' Experiences with Prostate Cancer: Focus Group Research. <sup>3</sup>

Focus Groups were conducted with couples living with prostate cancer to determine ways to manage symptoms and define interventions that would improve their daily lives. Results included family members reporting:

- Increased need for information and support.
- Being unprepared for the side effects.
- Preferred methods for education.

For more information on the focus group services provided by The Oncology Group, email us at [info@theoncologygroup.com](mailto:info@theoncologygroup.com) or call us at 512.583.8815.

1. Hewitt ME, Bamundo A, Day R, Harvey C. (2007) Perspectives on post-treatment cancer care: qualitative research with survivors, nurses and physicians, *Journal of Clinical Oncology*. 27 (25): 2270-2273.
2. Williams GA, Abbott RR, Taylor DK. (1997) Using focus group methodology to develop a breast cancer screening program that recruits African American women. *Journal of Community Health*. 1: 45-56.
3. Harden J, Schafenacker A, Northouse L, Mood D, Smith D, Pienta K, Hussain M, Baranowski K. (2002) Couples' experiences with prostate cancer: focus group research. *Oncology Nursing Forum*. 29 (4): 981-990.