

The use of focus groups for improving communication with relatives on acute medical wards: an open-ended tool for quality improvement

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Aims

To develop setting-specific interventions for quality improvement of communication with families, guided by open discussion of staff experiences.

Methods

A series of focus groups were held with nursing staff on the elderly care and acute care units of an inner city district general hospital. Discussion was semi-structured, with questions used to prompt exploration of ward culture in relation to communication with patients' families. Five focus groups were held; each session lasted 45 minutes. A facilitator was present to support on topic discussion. Nurses were briefed that the session would involve discussion surrounding their experiences of communication challenges on the ward.

The transcripts were analysed and key themes identified. These were used to guide the generation of practical interventions, many of which were based on suggestions offered by focus group participants.

The next stage was to share the knowledge gained from the focus groups and planned interventions across senior nursing and medical staff. This had the dual function of alerting them to the difficulties faced and encouraged senior involvement in development of interventions.

Results

Key themes identified included: the need for clearer interprofessional handovers; cultural differences between wards in the perception of nursing roles in communication with families; concerns around dignity, capacity and consent when caring for dementia patients; and the centrality of open communication between staff, patients and relatives for safe, high-quality care. All groups welcomed opportunities for greater transparency when communication difficulties arise.

A series of interventions was initiated with the overall aim of better quality interactions with patients' relatives. These were based on thematic analysis and specific suggestions from the focus groups. These included: pilot of daily doctor–nurse

'huddles'; focused rounds from senior nursing staff to increase junior nurses' confidence in their knowledge about patients; transparent discussion of complaints with whole ward teams; development of communication scenarios within a multiprofessional *in situ* simulation programme.

Conclusions

Open discussion drew out multiple themes, including highlighting issues that went beyond the scope of the initial question. The method revealed itself to be a useful tool for team learning, which could be adaptable to responding to other challenges facing a busy ward environment. It also gave staff an avenue for raising safety and quality concerns that may not otherwise have been raised. This method of drawing on collective knowledge to effect change is empowering. It not only identifies problems, it also uses varying experiences to generate multifaceted and interprofessional solutions.

Conflict of interest statement

Nil. ■