Focus groups: Implementation and results

To identify the most relevant effects of alcohol misuse on quality, we organize two focus groups (with 5 members each) conducted with patients and specialists, both recruited from an alcoholism treatment unit in Galicia (a region in northwestern Spain). All specialists working in the alcoholism unit at the time of the study (3 psychologists and 2 social workers) participated in the focus group. Patients were recruited ad hoc taking into account different profiles (a retired female, a skilled worker female, an unskilled worker male and two skilled worker males) among those without cognitive deterioration and with ability to successfully lead a meeting of this nature, according to specialists. The focus group was conducted by a physician specialized in the treatment of alcohol-related disorders. The meeting lasted 2 hours and 15 minutes in the specialists' focus group and 2 hours and 45 minutes in the patient's focus group (with a break of 15 minutes in the middle of the session).

The following steps were taken in order to select the dimensions: 1) the participants have to write in a paper what they considered to be the most negative consequences of alcohol dependence in their life (brainstorming); 2) these consequences were written on a blackboard and discussed by each group's member (the most relevant examples of these consequences were also written); 3) the discussion made the participants notice that some dimensions were reflecting similar concepts and then these similar dimensions were aggregated in a unique dimension (always trying to keep researches intervention to a minimum); 4) finally, each participant ordered (in a paper to guarantee anonymity and absence of any hypothetical pressure from the rest of participants) the consequences in terms of their importance—assigning "1" to the consequence considered to be the most serious, "2" to the second-most serious, and so forth.

The list of consequences and his relative punctuation resulting from focus groups is showed in the table A. In both groups 8 dimensions were selected which are not totally coincident. As is shown the table, the specialists' focus group performed a more intensive task of clustering than patients' focus group. Thus, dimensions like "effects on close relatives", "divorce" and "family psychological problems" from patient's focus group could be included in a more general item called family problems, as the group of specialists did. In addition, the specialists' group mentioned as a separate item *aggressive behavior* and *health expenditure*.

Table A. Results from focus groups

Specialists' focus group		Patients' focus group	
Dimensions	Aggregate valuation* (individual rank)	Dimensions	Aggregate valuation* (individual rank)
Family consequences (abuse, separation, no relationship, …)	8 (1+1+1+1+4)	*Psychological* problems (depression, anxiety, memory, guilt or shame, low self-esteem, ...)	6 2 +1+1+1+1
Mental disorders (depression, anxiety, cognitive disorders, behavioural disorders, dementia, …)	13 2+2+2+3+4	Effects on close relatives (verbal/physical abuse, dereliction of family duties, ...)	18 2+3+2 +7+4
Physical disorders (falls, cirrhosis, pancreatitis, …)	15 1+2+3+3+6	Social difficulties (lack of friends and social network, ...)	18 3+5+6+ 1+3
Deterioration of social relations (no hobbies, no social relationships, inappropriate social behaviour, ...)	21 3+4+5+4+5	Divorce	25 5+4+6+4+6
Labour problems (job dismissal, early retirement, ...)	26 4+8+5+3+6	Family psychological problems (depression derived from abuse/ aggressive behaviour, ...),	25 7+2+3+8+5
Legal problems (traffic fine, aggressions, thefts, ...)	34 7+8+7+6+6	Physical difficulties (fatigue, withdrawal, liver and stomach problems, falls).	27 3+7+2+8+7
Health expenditures	28 2+8+7+6+5	Labour problems (absenteeism, job dismissal, ...)	29 8+4+6+6+5
Aggressive behaviour	35 8+8+7+5+7	Problems with the police, legal, traffic, ...	32 4+5+8+8+7

* Theoretical aggregate values range from 5 (the most important attribute for all respondents) to 40 (the less important attribute for all respondents)

We performed a subsequent interview with the specialists' group in order to discuss in depth the levels of dimensions and the clustering of some of them. From of this interview with the specialists and the information obtained from focus groups, we aggregate the dimensions *effects on close relatives*, *divorce* and *family psychological problems* in an unique dimension, *family problems*, and consider that *aggressive behaviour* refers mainly to behaviour within the home (family problems) and sometimes to inappropriate social behaviour (social

problems). Therefore the following list of consequences was obtained: *family consequences*, *physical health consequences*, *psychological consequences*, *social consequences*, *labour problems*, *legal problems* and *health expenditures*. All these dimensions of alcohol dependence were listed by both groups; the only exception was health expenditures, which was mentioned only by the group of specialists. From this information we selected the first 4 dimensions. These dimensions, in addition to being considered the most relevant by participants in each focus group, clearly capture the intangible effects of alcohol dependence, which was our objective.

Questionnaire

As you know alcoholism is a serious problem both for the person suffering it as well as for society. It usually starts at a young age but this situation can persist and worsen throughout life. The main negative consequences of alcohol include: physical and mental health problems, and family and social problems.

We would like to know your opinion on the importance of all these problems. To this end, we will ask you to imagine different scenarios.

Suppose that due to certain circumstances in life, you have a situation of alcohol dependence that caused you the consequences described in this card (remember that, although this is not your situation, we are asking you to imagine being living in this situation):

[Note to interviewer: display one of nine cards, randomly selected]

Read the information in the card carefully. Imagine yourself in this situation that, if not treated, will persist the rest of your life. Suppose also that this situation has barely generated a loss of income, because it has not had any impact on your work, due, for instance, to the fact that you have never been working or because you were receiving social assistance that offset the loss. That is, we want to take into account only the effects that appearing in the card.

Suppose that you are going to visit the doctor who offers you two totally free alternative treatments (A and B).

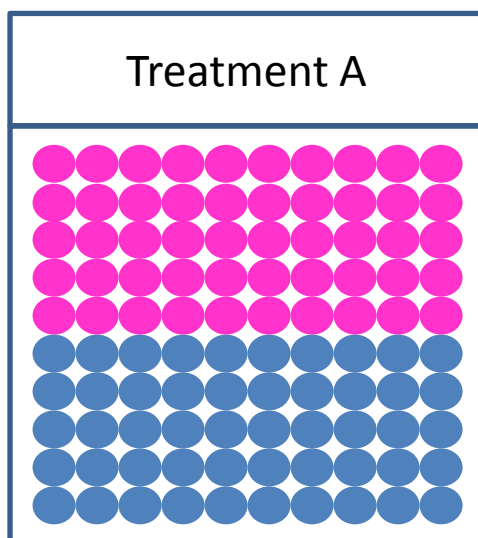*[Note to interviewer: Explain the following text with the first visual aid (b1)]*

Treatment A is a surgical procedure with a 50% probability of success. That is, 50 out of 100 people eliminate its alcohol dependence for the rest of their life, moving from the situation described above to a situation of good health. However, this intervention has a 50% of failure, meaning that the intervention has not success for 50 of 100 people in which case the person remains in the situation described in the card for the rest of his/her live.

It is important that you consider that this is his last chance and if the treatment fails there will be no possibility of recovery.
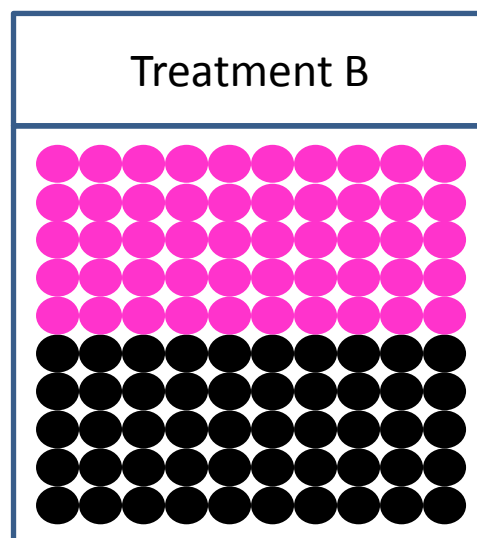
Treatment B has the same probability of success (50 out of 100 people eliminate their alcohol dependence for the rest of their life). However, the remaining 50 of 100 people die in the intervention.

If you have the same chance of being one of those 100 people, what do you prefer, treatment A or B?

[Note to interviewer: Follow the instructions displayed in the answer sheet. Depending on the participant's response the answer sheet will indicate the successive visual aid that you will have to show. Each new visual aid must be introduced with: "Suppose now that the chances of success of treatment A and B have changed and the new situation is as follows". The answer sheet will tell you when to stop and start with another card. Repeat the process with the remaining 8 cards]

Treatment A

- 50 people in good health
- 50 people this situation

Treatment B

- 50 people in good health
- 50 people die

What treatment do you prefer, A or B?

[*The questionnaire continued with new visual aids that depend on the participant's responses*]