

Improving the quality of hospital services: how diverse groups of consumers prefer to be involved

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Abstract

Consumer participation in hospitals is increasingly being advocated for as a way to contribute to improving safety and quality. This article reports on the results of a study conducted to investigate if, and how, a range of consumers would prefer to be involved in improving the quality of hospital services. Face-to-face interviews were conducted with 100 users of a hospital, telephone interviews were conducted with 2,005 members of the broader South Australian community, focus groups were conducted with 22 representatives of consumer and community groups and in-depth interviews conducted with four representatives who could not attend the focus groups.

The results indicate that for users of the hospital and members of the broader community, there is a significant preference to be involved in more passive methods of participation that are initiated by the hospital, such as written and phone surveys. This is preferable to writing letters of complaint or compliment, participating in more active methods that require one-off commitment (focus groups and public planning forums) and ongoing commitment such as being members of working groups to address specific issues and hospital committees. In contrast, representatives of consumer and community groups have a strong preference to be involved in active methods of participation such as working groups to address specific issues and hospital committees. We found that there are considerable differences between age groups and educational attainment and preference for participation. If these issues are not taken into account, and a range of participation methods used, then there is the potential for some population groups to be excluded from having some input into improving the safety and quality of hospital services.

Consumer participation in hospitals

Greater involvement of consumers in hospital services is increasingly being advocated for as a way to contribute to improved safety and quality of hospital services (Australian Council for Safety and Quality in Health Care 2000). Empirical evidence about the benefits of involving consumers in hospital services is starting to emerge (Consumer Focus Collaboration 2001).

There is the potential for hospital services to involve consumers in improving the safety and quality in a variety of ways. There are numerous 'tool kits' available to describe the different methods of participation (Commonwealth Department of Human Services and Health 1995; Consumer Focus Collaboration 2000b; Women's and Children's Hospital 1999). Table 1 provides examples of different methods along a continuum of participation from low levels of participation (information seeking and consultation) to active participation (partnership and consumer control) (Consumer Focus Collaboration 2000b).

Draper (1997) presents examples from Australian hospitals of how consumer participation can be used to improve quality of care. She raises concerns that many of the methods used by hospitals to obtain feedback from consumers have tended to focus on passive methods of participation such as patient satisfaction surveys, and that such an approach to consumer participation reinforces traditional authority relationships. She advocates that hospitals should use a range of methods to involve consumers that enable consumers to exercise their voice and be actively involved in decision-making at different levels of the organisation. Johnson (2001) expands on the levels of involvement identified by Draper to include governance, policy, planning, improving service delivery, care processes, education, evaluation and review of care, programs and services, research, and monitoring.

Table 1. Continuum of the degree of participation and examples of methods

Degree of participation	Example of methods
Information seeking	Feedback (or satisfaction) surveys (eg face-to-face interviews, phone interviews, self-completion) Suggestion boxes Call for submissions of views on an issue Hotlines and phone-ins Letters of complaint or compliment Focus groups
Consultation	Planning meetings and forums Search conferences Focus groups Discussion papers Policy round tables Consumer councils and reference groups
Partnership	Education sessions to professionals Membership on a hospital working group Membership of a hospital committee Consumer development Networks or alliances
Consumer control	Consumers manage a project or program Consumers manage a service

Local application - Flinders Medical Centre

Prior to this study, Flinders Medical Centre had been engaged in a variety of methods along the participation continuum identified in Table 1. Consumers were involved in some project groups, on a department management committee and a couple of other hospital committees, as well as some wards/departments conducting feedback surveys. Involving consumers more actively had been difficult, and it was especially hard to find consumers who wanted to be more actively involved. In addition, there was not an overarching organisational management strategy to provide organisational leadership and commitment to support consumer participation in a more organised way. Therefore Flinders Medical Centre was keen to develop an organisational approach to consumer participation and further develop the different methods available to access and involve consumers.

A reference group was formed to advise on this organisational approach. One of their key concerns was that whilst they were well aware of the many methods by which the hospital could involve consumers and the issues facing staff, they did not know how consumers would prefer to be involved. There was concern that recommendations for a consumer participation plan made by the reference group would revolve around the needs of the organisation, staff and the consumers involved in the reference group, but not on the preference of consumers who used the services at Flinders Medical Centre.

In order to gain a better understanding of the issues surrounding participation for consumers, funding was sought from the Commonwealth Department of Health and Aged Care in their call for applications to the Safety Innovations in Practice Program initiated by the Australian Council for Safety and Quality in Health Care in November 2001.

Specifically, the study explored ways in which consumers of Flinders Medical Centre services, members of the broader community and representatives of consumer and community groups would prefer to be involved in improving the quality of hospital services. It was hoped that through determining consumer preferences in relation to participation, Flinders Medical Centre would be better able to plan to become more consumer focused in its efforts to access and engage consumers, rather than simply expecting consumers to fit into existing structures and staff preference for methods of involving consumers.

The aims of the study were to investigate if, and how, consumers (users and their families), members of the broader community and representatives of consumer and community groups would prefer to be involved in improving the quality of services in Flinders Medical Centre (or hospitals in general for members of the broader community); to explore some of the issues for consumers and representatives of consumer and community groups that may inhibit or enhance their participation; and to develop a consumer participation model for Flinders Medical Centre that is based on the findings of the study. This article will focus on reporting on the first aim.

Methods

Three different methods were used to gain a variety of consumer perspectives on if, and how, they would prefer to be involved in improving the quality of hospital services. These methods will be described under the following headings of 'face-to-face interviews', 'Health Monitor phone survey', 'focus groups' and 'in-depth telephone interviews'.

Face-to-face interviews

One hundred face-to-face interviews were conducted with people in inpatient and outpatient areas of Flinders Medical Centre. A questionnaire was developed, which included a mix of closed and open-ended questions. Participants included both people who used the services of Flinders Medical Centre and their carers, family member or friend. Stratified quota sampling was used to recruit the participants, with a distribution of 60% inpatients and 40% outpatients. Within the inpatient areas a range of medical and surgical wards were targeted. Similarly participants were recruited from a range of outpatient areas. Other considerations in the recruitment of participants were to gain equal numbers of male and female participants and to recruit people from a range of ages.

"Health Monitor" telephone survey

The South Australian Department of Human Services administered the telephone survey using a computer-assisted telephone method. Telephone numbers were randomly selected from the South Australian metropolitan and country white pages.

From the 3,400 households selected, 2,005 interviews were conducted with a participation rate of 74.6%. The survey collected demographic information, and asked participants to give details of any involvement they have had with South Australian hospitals in the past five years and ways in which they would be prefer to be involved in improving the quality of services provided by South Australian hospitals. Participants who indicated they worked at a hospital were excluded from the main question relevant to this study, leaving 1,875 participants.

Focus groups

Two focus groups were held with 22 representatives from consumer and community groups who have members who utilise Flinders Medical Centre services. The issues explored in the focus groups included ways in which members of organised consumer and community groups would prefer to be involved in improving the quality of services at Flinders Medical Centre, the structures that exist to allow them to be involved and the type of support they would require in order to have further involvement.

In-depth telephone interviews

Four in-depth semi-structured telephone interviews were conducted with representatives from consumer and community groups who wished to participate in the study but were not able to attend either focus group. The focus group question guide was used for the interviews.

Data analysis

The 'Health Monitor' phone survey and structured interview data was analysed using SPSS for Windows to generate descriptive statistics. Information from face-to-face interviews, focus groups and telephone interviews were collated by question and analysed by identifying key themes. Collated data from the face-to-face interviews were compared to the data from the Health Monitor phone survey, specifically as it related to methods of participation and statistically significant associations with participant characteristics such as age and gender.

Results

The following results will be segmented into two main sections. The first compares the results from the face-to-face interviews with users of Flinders Medical Centre services and the 'Health Monitor' telephone survey. The second section gives the results of focus groups with representatives from consumer and community groups.

**Flinders Medical Centre consumers and members of the broader community
(face-to-face interviews and 'Health Monitor' phone survey)**

This component of the results presents the characteristics of two groups of participants, the users of Flinders Medical Centre and members of the broader community (Tables 2 and 3).

Table 2. Characteristics of Flinders Medical Centre consumers

Characteristic		Number	Percent
Gender	Male	45	45
	Female	55	55
Location	Metropolitan	90	90
	Rural	10	10
Age	18 - 40years	34	34
	41 - 65	41	41
	65+	25	25
Hospital Area	Inpatient	60	60
	Outpatient	40	40
Patient Status	Patient	80	80
	Other	20	20
Frequency of Use of FMC services	First time	20	20
	2 - 5	33	33
	6 - 9	10	10
	10+	37	37

Table 3. Characteristics of participants from the broader community

Characteristic		Number	Percent
Gender	Males	981	48.9
	Females	1024	51.1
Age	18 - 24 years	244	12.2
	25 - 34	369	18.4
	35 - 44	399	19.9
	45 - 54	363	18.1
	55 - 64	250	12.5
	65 - 74	202	10.1
	75+	177	8.8
Place of residence	Metropolitan	1484	74.0
	Rural	521	26.0
Educational attainment	Still at school	1	0.0
	Left School at 15 years or less	363	18.1
	Left school after age 15	570	28.4
	Left school after age 15 but still studying	126	6.3
	Trade qualification / apprenticeship	254	12.7
	Certificate / Diploma	383	19.1
	Bachelor Degree or higher	308	15.4

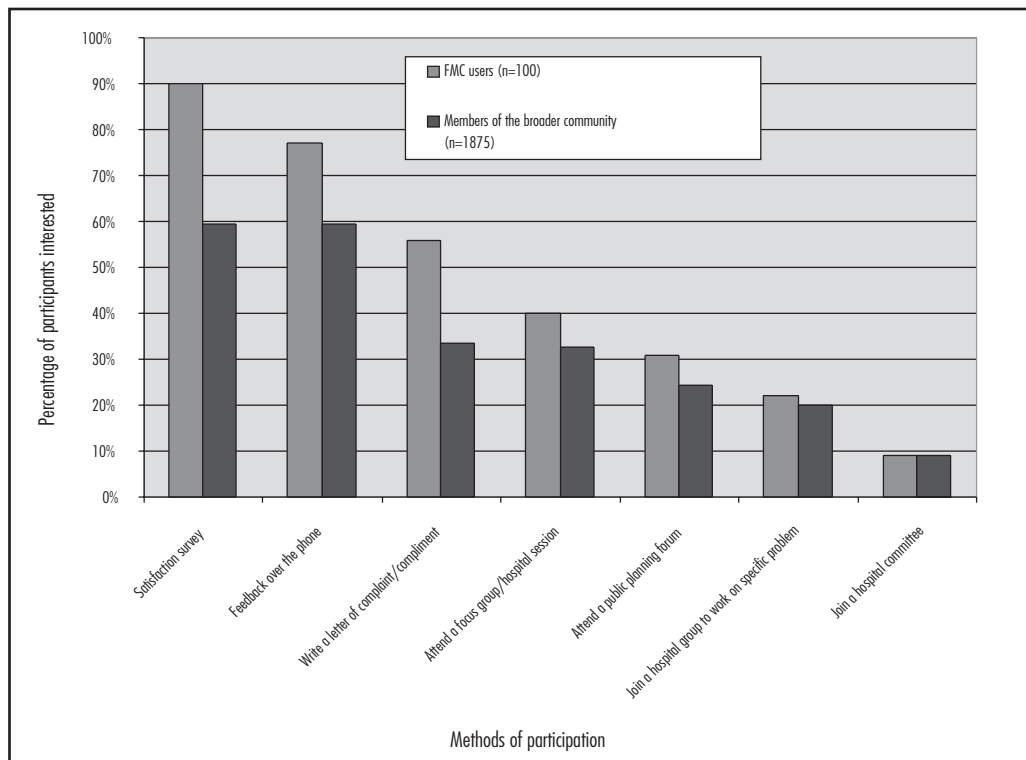
Participants were asked if they had ever previously participated in improving the services at Flinders Medical Centre. The majority of participants (75%, n=75) indicated that they had not had any prior involvement. With regard to previous involvement with South Australian hospitals by members of the broader community, Table 4 outlines their involvement in the last five years.

Table 4. Type of involvement in hospitals amongst members of the broader community over the past five years

Type of Involvement	Number (n=2005)	Percentage
As a friend / relative visiting	1526	76.1
As a patient	1062	53.0
Have not been involved	157	7.8
As a staff member	130	6.5
As a volunteer	78	3.9
Other	2.2	2.2

Participants in both groups were asked to indicate the type of activities they would prefer to be involved in if they wanted to improve the quality services of the Flinders Medical Centre (for users of Flinders Medical Centre services) or South Australian hospitals (for members of the broader community). Results were similar for participants from Flinders Medical Centre and members of the broader community. Both groups indicated greater interest in methods that require a low level of involvement (passive methods) and limited interest in those that require greater commitment (active methods).

Graph 1 shows the level of interest in each method of participation. The results clearly demonstrate that interest in participation for both groups decreased with an increase in the level of involvement commitment required.

Graph 1. Interest in methods of participation

Chi-square tests were carried out for each method of participation identified in Graph 1 and the characteristics of both groups. For users of Flinders Medical Centre, statistical tests were conducted in order to determine whether there were any significant associations between age, gender, location of residence and the frequency of use of Flinders Medical Centre services and their interest in the various methods of participation.

With regard to members of the broader community, statistical tests were conducted to determine any significant associations in the characteristic of participants such as, age, gender, location of residence, level of educational attainment, their type of involvement in hospitals, and their interest in the various methods of participation.

The following section reports only on the significant associations and key trends. It is important to note that differences in the number of significant associations within the two groups may be a result of differences in sample size (ie, 100 Flinders Medical Centre users, compared to 1,875 members of the broader community).

Complete a satisfaction survey

There were no significant associations for users of Flinders Medical Centre. For members of the broader community, age group and level of educational attainment were significantly associated with interest in filling out a satisfaction survey (age group: Chi-Square = 131.230, df = 6, $p < .00$, level of educational attainment Chi-Square 60.641, df=4, $p < .001$).

Participants in the two younger age groups were most likely to be interested in completing a survey. 73% (n=170) of those in the 18 to 24 year age group and 74% (n=248) in the 25 to 34 year age group indicated interest in this activity. For the older age groups, interest decreased with age.

Participants with a Bachelor Degree or higher were also most likely to be interested in completing a satisfaction survey, with 66.8% of participants (n= 177) within this group indicating interest in completing a survey.

Give feedback over the phone

There were no significant associations for users of Flinders Medical Centre.

For members of the broader community, age group, area of residence and educational attainment level were all significantly associated with interest in giving feedback over the phone (age group: Chi-Square = 53.189, df=6, $p<.001$, area of residence: Chi-Square = 4.543, df=1, $p<.05$, educational attainment: Chi-Square=43.143, df=5, $p<.001$).

Again those in the two younger age groups demonstrated the most interest in this activity. 66.5% of people (n=155) in the 18 to 24 age group and 67.5% (n=226) in the 25 to 34 age group were interested in giving feedback over the phone. Again, interest decreased with age.

People living in metropolitan areas were also more likely to be interested in giving feedback over the phone than those in rural areas. 60.7% (n=838) of participants from metropolitan areas showed interest in this activity, compared to 55.2% (n=274) of participants from rural areas.

Participants in the two highest educational attainment groups were most likely to be interested in giving feedback over the phone, along with those that left school at 15 years of age. 64.5% of participants (n=171) within the Bachelor Degree or higher group, 64.6% of participants (n=219) in the Certificate/Diploma group and 63.6% (n=421) in the 'left school after 15 years of age' group were interested in this activity.

Writing a letter of complaint or compliment

For users of Flinders Medical Centre there was a significant association between interest in writing a letter of complaint or compliment and gender (Chi-Square = 4.190, df = 1, $p = <.05$). Males were more likely to be interested in writing a letter (69.8%, n=30) than females (49.1%, n = 26).

With regard to members of the broader community, age group and level of educational attainment were both significantly associated with interest in writing a letter of complaint or compliment (age group: Chi-Square=74.267, df=6, $p<.001$, educational attainment: Chi-Square=28.870, df=6, $p<.001$).

Participants in the three younger age groups were most interested in writing a letter of complaint or compliment. 37.3% (n=87) of participants in the 18 to 24 years group, 46.1% (n=155) of participants in the 25 to 34 years group and 37.9% (n= 135) of participants in the 35 to 44 years group were interested in this activity.

Participants in the highest level of educational attainment group, Bachelor Degree or higher, were most likely to be interested in writing a letter of complaint or compliment, with 41.7% (n=110) indicating their interest in this activity.

Attend a hospital session to give feedback

There were no significant associations for users of Flinders Medical Centre. For members of the broader community, age group and level of educational attainment were significantly associated with interest in attending a hospital session to give feedback (age group: Chi-Square=61.744, df=6, $p<.001$, educational attainment: Chi-Square=24.997, df=4, $p<.001$).

Those in the 25 to 34 years age group (43.6%, n=146), were most likely to be interested in attending a hospital session to give feedback. Among the other groups, interest decreased with an increase in age group from 35 years and over. Interest was also low among those aged between 18 and 24 years.

The level of educational attainment groups most likely to be interested in attending a hospital session to give feedback were those with the highest levels of educational attainment, Bachelor Degree or higher (39.8%, n=105), Certificate or Diploma (36.0%, n=122) and Trade Qualifications (39.1%, n=97).

Attend a public forum to help plan hospital services

For users of Flinders Medical Centre there was a significant association between interest in attending a public planning forum and age group (Chi-Square = 8.191, df = 2, $p = <.05$). Participants in the youngest age group 18 to 40 years were most likely to be interested in this activity (53.3%, n=16). The likelihood of interest in this activity decreased with age.

For members of the broader community, age group, area of residence and educational attainment level were all significantly associated with interest in attending a public planning forum (Age group: Chi-Square = 51.789, $df=6$, $p<.001$, area of residence: Chi-Square = 5.002, $df=1$, $p<.05$, educational attainment: Chi-Square=29.368, $df=5$, $p<.001$).

Participants in the 25 to 34 year and 35 to 44 year age groups were most likely to be interested in attending a public planning forum, with 30.1% ($n=101$) of participants in the 25 to 34 age group and 30.7% ($n=109$) of participants in the 35 to 44 age group interested in this activity. The likelihood of interest in this decreased, with an increase in age group, from the age groups 45 to 54 years and over. Interest was also low in the youngest age group, 18 to 24 years.

People living in rural areas were more likely to be interested in attending a public planning forum (28.2%, $n=140$) than those from metropolitan areas (23.2%, $n=320$).

Those with a Certificate or Diploma qualification were also most likely to be interested in attending a public planning forum, with 32.7% of participants ($n=111$) within this educational attainment group indicating interest in this activity. Those who left school before 15 years of age were least likely to be interested in attending a public planning forum.

Join a hospital group to work on a specific problem

For Flinders Medical Centre users there was a significant association between interest in joining a hospital group to work on a specific problem and gender (Chi-Square = 7.935, $df = 1$, $p = <.01$). Males were more likely to be interested in joining a hospital group (35.6%, $n=16$) than females (11.5%, $n=6$).

For members of the broader community, age group and level of educational attainment were significantly associated with interest in joining a hospital group to work on a specific problem (age group: Chi-Square=40.308, $df=6$, $p<.001$, educational attainment: Chi-Square=23.075, $df=5$, $p<.001$). It is important to note though, that only a small proportion of the whole sample (19%) was interested in this activity.

Participants in the two older age groups (65 to 74 years and 75 years or more) were least likely to be interested in joining a hospital group, with 10.1% of participants ($n=20$) in the 65 to 74 year age group and 6.8% ($n=12$) in the 75 years or more group interested in this activity.

Participants who left school before 15 years of age and those with trade qualifications were also least likely to be interested in joining a hospital group. 11.6% ($n=42$) of participants within the 'left school before 15 years of age' and 17.8% ($n=44$) of participants in the trade qualifications group were interested in this activity.

Join a hospital committee

There were no significant associations for users of Flinders Medical Centre. For members of the broader community, gender, age and level of educational attainment were all significantly associated with interest in joining a hospital committee (gender: Chi-Square = 9.460, $df=1$, $p<.01$, age group: Chi-Square = 18.497, $df=6$, $p<.01$, educational attainment: Chi-Square=27.234, $df=4$, $p<.001$). It is important to note though, that only a small proportion of the whole sample (9.2%) was interested in this activity.

Males were more likely to be interested in joining a hospital committee (11.2%, $n=106$), than females (7.1%, $n=66$). Participants in the 25 to 34 year and 35 to 44 year age groups were most likely to be interested in joining a hospital committee. 11% of participants ($n=37$) in the 25 to 34 years age group and 12.9% ($n=46$) in the 35 to 44 years age group showed interest in this activity.

Participants with the highest two levels of educational attainment were most interested in joining a hospital committee. 15.5% ($n=41$) of those in the Bachelor degree or higher group and 12.1% ($n=41$) in the certificate/diploma group indicated interest in this activity.

Type of involvement in hospitals over the past five years.

Whilst it was not possible to determine statistical significance, trends were also apparent in relation to the type of involvement members of the broader community have had with hospitals over the past five years and their interest in various activities. Namely those who have been involved as volunteers recorded very high levels of

interest in participating in all activities. Those who were involved as volunteers were also more likely to be interested in participating in the more active methods including attending a hospital sessions to give feedback, attending a public forum, joining a group to work on a specific problem and joining a hospital committee, than those who had not been involved as volunteers.

Representatives of consumer and community groups (focus groups and in-depth interviews)

Previous involvement with Flinders Medical Centre

Representatives of consumer and community groups were asked if they had ever previously participated in improving the services at Flinders Medical Centre. The majority of participants indicated that their group had not been invited to be involved and had not had any prior involvement.

Role of consumer and community groups in improving the quality of Flinders Medical Centre services

Participants were asked what role they believed their various groups had in improving the quality of services of Flinders Medical Centre. All participants felt their group had a valuable role to play in improving the quality of the services. Many participants felt one of the most important roles was in educating hospital staff on the needs of consumers (patients and carers) in their group. For example,

'We can feedback information to the hospital from a carers point of view'

'We can interact with hospital staff and educate them to increase awareness of the needs of different groups in the community so they receive better care'.

Ways in which consumer and community groups would like to make a contribution to the quality of Flinders Medical Centre services

The majority of representatives of consumer and community groups were interested in being involved in active methods of participation at Flinders Medical Centre. Participants were keen to be involved in activities such as committees, hospital groups, staff education sessions and public forums. Most participants were particularly interested in joining groups and committees to work on issues of particular relevance to consumers in their respective groups. For example as one participant commented

'I am happy to be involved in any activity as long as it is relevant to my group and I can see that it is productive and will bring about change'.

As mentioned earlier, the majority of participants said they wanted the opportunity to educate Flinders Medical Centre staff on the needs of people in their group, in order to improve the services those people receive. For example, a consumer representative for Muslim women commented on the cultural and religious barriers that often prevent these women from receiving quality care in hospital. She explained that if hospital staff were more aware and culturally sensitive to the needs of Muslim women, the quality of the care they receive could be greatly improved without Flinders Medical Centre needing to make dramatic changes.

As well as educating staff on the needs of people in their groups, some participants wanted to be able to make hospital staff more aware of the services their groups offered. Many representatives of consumer and community groups were also keen for their group to be involved in commenting on reports, policies and educational material produced by Flinders Medical Centre.

Discussion

Methods of participation

This study has highlighted some very significant issues for Flinders Medical Centre and other hospitals to consider when developing a consumer-focused organizational model of participation. The authors of this article were not able to locate any other studies that describe how consumers would prefer to be involved in improving the quality of hospital services, with which to compare the results of this study.

Consumers and members of the broader community

For consumers of Flinders Medical Centre and members of the broader community, the results clearly demonstrate a significantly higher level of interest in participating in ways that require low levels of commitment and involvement. Participants showed very high levels of interest in responding to requests for feedback by a hospital via satisfaction surveys and feedback over the telephone. The large majority of participants in these two groups also demonstrated a significant interest in initiating feedback to a hospital via writing a letter of complaint or compliment. The results also identify that as the involvement and commitment levels required of each method of participation increased, interest in being involved amongst participants greatly decreased.

In light of the current literature on consumer participation in hospital services, the findings of this study could be seen to be problematic for Flinders Medical Centre. The literature suggests that methods initiated by hospital services to obtain consumer feedback are generally considered to be passive methods of participation (Draper, 1997). They have often been considered to be tokenistic ways of involving consumers, compared to the more active methods of involvement. However, the results of this study indicate that methods where the hospital initiates a request for feedback (ie, satisfaction surveys and feedback over the phone) are preferred by the majority of users of Flinders Medical Centre and the broader community. Rather than a barrier to increasing community participation, these results suggest that in order for Flinders Medical Centre to gain feedback from the majority of its users, it needs to implement a range of methods that initiate feedback from consumers that require very low levels of commitment and involvement. Such methods should be considered the 'fundamental plank' for a participation model for improving quality. However, they should not be considered as the only methods to use, but rather part of an overall strategy that uses a multitude of methods.

If feedback methods initiated by the hospital are to be one of the key methods of consumer participation in improving the quality of hospital services, there are a number of issues that need to be considered. Firstly, concerns have been raised in the literature that feedback methods initiated by hospitals often involve asking questions that providers, rather than consumers, perceive to be important (Draper and Hill, 1995). One way to address this could be to involve consumers in shaping the questions. The concept of involving consumers in designing questions for feedback is in line with the recommendations made by the Consumer Focus Collaboration (2000a).

Draper and Hill (1995) also comment that service providers need to make a commitment to using the information to inform areas for improvement. They found that in many instances feedback from consumers was not acted upon by services providers and as a consequence, consumer involvement was seen as a tokenistic gesture. They suggest this sets up unrealistic expectations for consumers and can lead to frustration and unmet needs.

There was less interest in methods of participation that required more active involvement. Our results show that there were reasonable levels of interest among consumers in what are generally considered to be consultative methods of participation that require 'one-off' involvement (focus groups and attending public planning forums).

More active methods of participation, which are about partnership relationships and require an ongoing commitment from consumers, showed the lowest levels of interest (9% of users and 9.2% of the broader community indicated an interest in joining a hospital committee). However, even though Flinders Medical Centre users and members of the broader community have indicated a lack of interest in these methods of participation, they still need to be considered as part of an overall organisational strategy for a hospital in improving quality.

These results indicate that there may be some difficulty in recruiting consumers or community members without the hospital developing effective consumer development strategies and organisational linkages and mechanisms. Users of hospital services and members of the broader community may not be the most

appropriate participants for these types of methods. In this study, representatives of consumer and community groups showed a particular interest in being involved in the types of methods that require an ongoing commitment and partnership relationship with the hospital service.

Representatives of consumer and community groups

With regard to representatives from consumer and community groups, it was evident that there was a high level of interest in being more actively involved by being part of working groups to address specific issues, hospital committees and in staff education programs. There was also an interest in being involved in more consultative methods of providing feedback, such as attending planning forums and commenting on policies, reports and patient information that relate to their specific areas of interest. It is not surprising that people who are already committed to be active members of a consumer or community group would desire to become more active within a hospital where many of their members are treated.

Profile of potential participants

For some methods of participation there were significant associations with certain participant profiles. This is important as it indicates the need for a diverse range of methods to be used to ensure there are equitable opportunities for different groups of people to participate. Literature could not be found which reported on research about these issues.

Consumers and members of the broader community

One of the most significant differences in the profile of the participants related to age. Those in the 18 to 40 year age group for Flinders Medical Centre users and the 25 to 44 year age group for the broader community were more likely to be interested in activities such as focus groups, attending public planning forums, and being members of hospital groups and committees than participants in other age groups. For the more active methods of involvement, interest in participation decreased with age. For members of the broader community, the results very clearly demonstrate that those people 65 years and older had very low levels of interest in participating in active methods of participation.

Because hospital services are currently faced with issues around hospital service planning for an aging population, mechanisms other than focus groups, planning forums and committees will need to be considered if older people are going to be able to contribute to the planning processes. These results are compatible with what was reported by the Victorian Department of Human Services (1999), where they stated that many older people choose not to be directly involved in aged care service planning for a variety of reasons. It was emphasised that older people do have opinions about what they need and that this often necessitates service providers going to older people and explicitly asking about their needs.

Members of the broader community in the 18 to 24 year old age group also recorded very low levels of interest in these active methods of participation. These results suggest that, along with older people, particular attention needs to be given when developing a consumer-focused model of participation in order to consider the preferences for participation of younger people.

Amongst members of the broader community, the results also suggest that those with higher levels of educational attainment were more likely to express interest in being involved in the range of participation options offered. The results therefore reinforce the importance of using a diverse range of methods to ensure equity of involvement for people of different age groups and diverse backgrounds.

What was also of interest when looking at the methods of participation for members of the broader community and the previous way in which they had been involved in hospitals, was that there was consistently higher interest to be involved expressed by those participants who were already involved in hospitals as volunteers. This is a significant finding as there are many hundreds of community members who work as volunteers in hospitals but would not currently be seen to have a legitimate voice in improving the quality of hospital services. These findings highlight the need for the role of volunteers in being involved in quality of hospital services to be further explored.

Conclusions

We found that the majority of users of Flinders Medical Centre services and members of the broader community are far more interested in participating in passive methods of participation in order to improve the quality of hospital services. The situation is significantly different for those who are representatives of consumer and community groups, where there is high interest in becoming involved in active methods of participation that require ongoing commitment, such as being members of working groups to address specific issues and hospital committees.

Hospitals need to recognise the importance of including a range of methods of participation for consumers, with effective feedback mechanisms being established and valued. Flinders Medical Centre needs to build relationships with consumer and community groups who have members who use their services, and draw on the skills and willingness for active involvement of representatives of consumer and community groups.

This study also highlights the issue of potential inequalities amongst some consumers and their level of participation. The differences in preferences for participation associated with age and level of educational attainment have been highlighted.

Finally, rather than pursuing a consumer participation model that formalises consumer participation through structures such as consumer advisory groups or community advisory committees (Legge 2001; Victorian Government Department of Human Services 2000), it would be more beneficial for Flinders Medical Centre to consider a developmental model for consumer participation, which may eventually lead to developing structures to support participation. This study has highlighted the need to build capacity amongst consumers and actively promote consumer participation to users and members of the broader community to enhance their awareness of the potential benefits of participation and for hospitals to support them to take on more active roles.

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