

Mobile research – applicable and beneficial for research with physicians?

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POTENTIAL OF DIGITAL TOOLS

The extensive spread of digitalization over the last decade has led market researchers to recognize the potential of digital qualitative tools in consumer research. Yet, why is there a hesitation to use digital tools in physician market research? After all, even the traditionally reserved health care industry has accepted digitalization as the next step in the system's evolution. Furthermore, one might think of additional benefits digital tools could bring to ethnographic research. For instance, mirroring 'the moment of truth' when it comes to the physicians' prescription or recommendation behaviour instead of obtaining vague retrospective estimates.

METHODOLOGY

With the aim of exploring to what extent qualitative mobile research is applicable and beneficial as an add-on to physician research, a multi-step study was conducted. The study started with a mobile app phase consisting of two parts: while the first part concentrated on the general perception of vitamin D (benefits, barriers, usage context, information behaviour), the second involved physicians keeping a diary on their daily vitamin D recommendations / prescriptions, as well as shortly characterizing each patient case (patient's gender, age, reason for consultation and decision to recommend or prescribe vitamin D). The week after the mobile app research ended, all respondents participated in a focus group at a central location. For the purpose of detecting benefits and barriers of mobile research, a separate group of physicians formed a control group, who solely took part in a focus group discussion without having previously been involved with the app.

VALUE OF DIGITAL TOOLS

The mobile research tool clearly enriches the information content of our study. By aggregating the physicians' responses in the app and using this input as stimuli in the subsequent group discussion with the same physicians a more active, diversified and specified debate is made possible. In this way, greater depth can be achieved more quickly and a better understanding can be ensured by asking physicians to explain specific contributions in the app in more detail. Focus can be placed on key research questions and these can be discussed more thoroughly. Moreover, the physicians tend to be more involved and motivated when talking about actual patient cases



(their own as well as their colleagues') that were documented during the two weeks of using the app, compared to the control group, whose discussion remained at a more general level. Generally, physicians welcome the possibility to go beyond the obvious patient cases and enjoy discussing less frequent and less clear patient cases with a group of medical experts.

LIMITATIONS OF DIGITAL TOOLS

Could our expectations towards reaching the 'moment of truth' – the actual vitamin D recommendation and prescription behaviour – be met? Unfortunately not to the full extent. This is because physicians were unwilling to thoroughly document all daily recommendations and prescriptions. On average, one or two recommendations or prescriptions were recorded diligently, but when more cases occurred, physicians generally selected a small number of representative patients to ease the daily documentation task. Naturally, an ideal scenario would be for all physicians to document each patient case directly after consultation. What else should be kept in mind when planning a mobile research study? The set-up tends to require more time for recruitment and higher incentives compared to traditional market research, mainly because elderly physicians are hesitant in using digital tools.

STRATEGIES TO SPUR PARTICIPATION

In order to limit obstacles and motivate physicians to take part, the app should be clearly structured, intuitive, pleasing on the eye and not overly comprehensive in scope. In our research the participating physicians were pleasantly surprised by the app's clarity and easy integration in their working day. As a result, all expressed a willingness to take part in future mobile research studies.

CONCLUSION

This qualitative multi-step research shows the potential of using mobile research among physicians as a specific target group. Unfortunately, our expectations towards reaching the 'moment of truth' with respect to the physicians' prescription and recommendation behaviour were not met in full, because of physicians seeking strategies to ease the documentation task. In spite of these limitations, using the physicians' app input as a stimulus activates, diversifies and specifies subsequent group discussions and achieves a greater depth of content.