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The population sample to be surveyed is one of the most fundamental principles to establish when carrying out a research survey. In the depicted case for this analysis, this is no longer a puzzle as target population sample has been determined to be male community members ailing from some sort of sexual dysfunction, and who fall between the ages of thirty-five to sixty. Essentially, it is critical to have a focus group to comprehend the effect of sexual dysfunction on the lives of men who fall in the depicted age set. Moreover, a focus group is critical in helping us gain a lucid and succinct depiction of how the aforementioned condition impacts the individual lives of the aggrieved as well as any actions that can be taken to look up. In essence, focus groups are capable of proving a more complete analysis to complement surveys presenting to the researcher the ability to represent data in the most effective way probable.

Establishing a Sexual Dysfunction Clinic

On a global scale, erectile dysfunction is a condition that is disrupting sexual life of men running into millions in number with a horde of medications that can aid in managing it (McMahon, 2019). While it is a conventional belief that men afflicted by erectile dysfunction condition tend to be hesitant otherwise mortified to seek medical help; this notion has been refuted by recent studies. It has been shown by a recent report that hardly do men feel mortified or hesitant to deliberate functions about sexuality. Hence, providers of healthcare should not assume that this condition is a subject too sore to address or confront with their patients (McMahon, 2019). Essentially, erectile dysfunction is problematic to describe and is no wonder if plagued patients are tongue-tied for lack of precise words to use when confronting the subject matter. To facilitate patients to seek clinician's attention concerning the subject matter, it would be good if a clinic could have literature in the waiting section or the foyer. The most

characteristic of erectile dysfunction is lack of ability to retain required erection to participate in sex-related action. This condition happens in men of ages forty to sixty years old and has been found to impact around forty percent of the population. Typically, erectile dysfunction stems from the change in the way the blood is carried all over the body. Nonetheless, it has been established that psychological or neurological issues equally play a role in causing this condition (McMahon, 2019).

To begin with, to manage patients with erectile dysfunction complaints, it necessitates clinicians to separate the medical condition appropriately. Moreover, they ought to isolate any issues based on psychological grounds which are likely to be the original cause for individual victims as each cause may vary. An exhaustive psychological as well as medical appraisal ought to be carried out (Marais, 2016). This could accompany a thorough somatic evaluation of the genitalia section in addition to ascertaining the general blood pressure of the patient. However, it is worth noting that a patient's relationship is likely to be in jeopardy as erectile dysfunction is capable of prompting an extremely adverse effect on the victim's self-esteem. When conversing with patients of erectile dysfunction, it is vitally important that the clinicians make an accurate diagnosis to avoid confusion of this condition with premature ejaculation. To make a precise determination of the causal problem, it is a good practice to let patients describe their precise issues of complications (Marais, 2016). Additionally, an accurate diagnosis of erectile dysfunction could help in upfront detection of cardiovascular complications which may be imminent. Sampling of a focus group is the best way to decide which patients to reach out in the community. Since focus groups comprise of members who often have similar interests, they can prove to be tremendously helpful. As a result, those who make up these groups can deliberate various issues of common interest (Marais, 2016).

In this case, surveys are not ideal because erectile dysfunction problems would not be deliberated fully to the required breadth and depth. With a focus group of the depicted population of men of ages thirty-five to sixty years old, it can scrutinize why a given response or behavior occurred. All data in focus groups are qualitative. Correspondingly, the shortcoming of a focus group is engrossed in the fact that the contributors lose any obscurity they may have had before (Berkowitz, 2016). Nevertheless, erectile dysfunction being such a subtle subject, suppose the anonymity of the contributors rather participants is a problem; it would be ideal to mail surveys to the target population given that the targeted population has been previously determined. For those community members who might refrain from direct participation in focus groups to save themselves from jeopardizing their anonymity, they may choose to have their concerns listened to through a mail (Berkowitz, 2016).

A Primary Care Medical Group

Since the implementation of electronic health records (EHR), healthcare in America has experienced a substantial amount of growth. However, an essential part of the general healthcare experience has been efforts to advance the quality of care rendered to patients by various healthcare providers (Pozdnyakova et al., 2018). More often, many patients have filed reports that they get less discrete attention than before the application of health information technology. Moreover, patients' signposts that they perceive providers of healthcare services devote a lesser amount of time with their checkup essential to address their private needs. Also, they have indicated that they feel more time is spent on the technical aspects of the visits made by patients. While for decades past other business organizations have been engaging in customer satisfaction, this is not the case with the field of healthcare. However, owing to the latest developments in the

healthcare arena, primary care providers have been stimulated to concede patients as valuable clients (Glied & Altman, 2017).

The latter novel development of viewing patients as valuable clients is chiefly the outcome of crucial enticements from the stiff competition among providers of healthcare services, as it is gradually dawning on patients that there are lessening variances in the costs of healthcare services (Glied & Altman, 2017). As a result, providers of primary healthcare have countless reasons why they ought to be concerned with satisfaction of patients in addition to evaluating these reasons to advance the quality of care and guarantee that patients perpetually come back. Thus, all providers of primary healthcare cannot afford to be ecstatically oblivious as to their ailing clients' discontent with their care services.

Discerning what satisfaction is the first and foremost step to accurately endeavoring to understand patients' satisfaction with the primary healthcare provider. A clear definition of patient satisfaction will help in establishing a structure to appraise the process which will guarantee adequate nadirs of the variables that impact patients' erratic extents of satisfaction. Logically, a myriad of patients is satisfied with the involvement of the healthcare service they obtain from primary care providers. Even so, the ultimate test is how much service will lure these patients to unceasingly be satisfied with the care being provided and hence keep on returning. In essence, several aspects linked to the facility are what underpin patients' experience. These aspects range from location to the service of care they obtain from the providers, and ultimately the process of discharge which consists the billing or methods of payment of the practice.

From the moment patients step their foot into a facility, primary healthcare providers ought to determine how patients are being welcomed. A primary healthcare provider should bear in mind, understand, and acknowledge that satisfaction of their patients is as vitally significant as

the treatment they are to obtain (Glied & Altman, 2017). The only way to linger longer in the competitive market share is through upholding patients' satisfaction and more effectually by recognizing practices, weaknesses and strengths regarding satisfaction of patients.

A Managed Care Organization (MCO)

Collection of data about patient satisfaction in physician practices has equally been affected by the ⁵ National Committee for Quality Assurance (NCQA) exertions in the collection of Health Plan Employer Data and Information Set survey results. Countless reasons exist as to why patient satisfaction should be evaluated by critical access infirmaries (Senning, 2013). Traditionally, it is a common convention that many people fail to complain when they receive poor service or depraved cuisine at an eatery. Instead, they simply caution their chums and they vanish never to come back. One can be ecstatically unconscious of any issue and patients persist to be discontented.

Just like other measures of clinical health are important, so is patient satisfaction, and is a principal way of measuring healthcare delivery effectiveness. Currently, healthcare environment is full of competition which has compelled health care firms to concentrate on satisfaction of patients as a means of gaining and maintaining market share (Fatima et al., 2018). Failure to master where ones strengths and weaknesses rest, one cannot effectively compete. The information collected via measuring satisfaction of patients' mirrors care provided through physicians and be ably serve as an instrument in making decisions. Apart from being tools for learning, patient satisfaction surveys can give quantity to problem areas as well as a point of reference for making decisions at management level (Fatima et al., 2018). Moreover, they can act as a way of holding healthcare providers accountable. That is, healthcare providers can be obliged in demonstrating they acquire tolerable levels of satisfying patients. Lastly, information

regarding patient satisfaction can be utilized in filling quality of health care in sanctioning organizations as well as consumer groups hence offering leverage in contract negotiations.

In summation, conceivably the most significant aim of conducting patient satisfaction examinations is to offer the capability to recognize as well as iron out possible glitches before they enter critical stage. Moreover, these examinations rather than surveys could be utilized in appraising and measuring certain initiatives or transformations in delivery of services. Also, they can recognize those procedures and operations which necessitate better clarification to affected patients. Lastly and vitally significant, patient satisfaction surveys can surge loyalty of patient by signifying one is concerned about their sensitivities and are in quest to find new ways to advance.

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