

Focus Group Research



What are focus groups

- “a way of collecting **qualitative data**
- by engaging a **small number of people**
- in an **informal group discussion**
- **focussed** on a particular topic or set of issues”

(Wilkinson, 2003)

Qualitative data

- What sort of data might be suitable for focus group methods?

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Qualitative data

- Feelings
- Experiences
- Perceptions
- Beliefs
- Perspectives
- Meanings
- Rationales



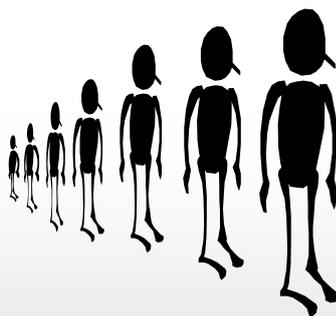
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When to Conduct Focus Groups

- Focus groups are effective when
 - People have something to share (motivations)
 - The goal is to understand human behavior
- Focus groups are not effective when
 - The goal is to gather factual information
 - People are strongly divided or angry
 - There are important power differentials

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Small number of people



- 6-10 people (min 4, max 12)
- With common characteristics relating to discussion topic
- No 'magic number' that defines a focus group

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Focussed, informal **group** discussion

- Semi-structured schedule
- Facilitated by researcher
- **Group** dynamics very important
- Understand group views
- Not a short cut to interviews



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Practicalities of getting a group discussion

- Convenient place – travel distances, parking, easy to find. Be realistic about how much effort people will put in to attend.
- Convenient time – lunch time often good
- Relaxed atmosphere –
 - allow enough time for people to gather
 - provide refreshments
 - Is room comfortable, big enough, quiet enough? What associations might it hold for participants?
- Are there any naturally occurring opportunities you can capitalise on? e.g in-service training, team meetings BUT consider implications of this on your data

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Group Dynamics – reflection and debate

- Scope for debate, discussion, disagreement (Wilkinson, 2003)
- Participants key to data generation
 - ask questions of each other
 - seek clarification,
 - probe for greater depth (Finch and Lewis, 2003)
- Listen, reflect, reconsider views
- Not account of pre-determined opinions. Participant opinions develop and/or change and/or strengthen during discussion

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Group Dynamics - Promotion of discussion?

For

- ?
- ?
- ?
- ?
- ?

Against

- ?
- ?
- ?
- ?
- ?

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Group Dynamics - Promotion of discussion?

For

- Naturalistic
- Spontaneous
- Closer to conversation
- Influence of researcher diluted
- Peer support for group values facilitates disclosure

Against

- Public accounts
- Social acceptability 'bias'
- Peer pressure
- Pressure from superiors
- Reduced confidentiality

Refs: Wilkinson, 2003; Sim and Snell, 996; Finch and Lewis, 2003; Millward, 1995; Lehoux, 2006.

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Promoting discussion – group composition

- Similar enough to have focus, disparate enough to cover range of views and promote discussion and debate
- Minimise power-dynamics e.g.
 - managers and staff, teachers and students, health professionals and patients
- Consider effects of possible inter-group rivalries
 - special interest groups, different professions, departmental competition, gender, race,

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Promoting discussion – ground rules

- Introduce facilitator and observer and explain roles
 - What will you disclose about these people?
- Clarify purpose of audio recording and note-taking
- Confidentiality
- No right or wrong answers, all views respected
- Give everyone opportunity to speak
- What will occur if 'bad' practice divulged

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Promoting discussion – facilitation

- Put participants at ease –don't be overly formal
- Have well prepared clear introduction
- Use semi-structured discussion schedule but know your topic well
- Use pauses and probes
- Use open questions
- Consider your body language – open posture, eye contact, remember those sat next to you
- Keep monitoring relevance of discussion to aims

Refs as before plus : Kreuger, 1988; Nyamathi and Shuler, 1990;

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Promoting discussion – facilitation

- "Why?" is rarely asked
- Probe and clarify
 - "can you tell me more?"
 - "can you give me an example"
 - "does anyone else feel same/different?"
 - "What do you mean by x"
- Use "think back" questions
- Summarise and ask for feedback
- Use appropriate conclusion

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Promoting discussion – facilitation

- Make sure everyone has opportunity to speak
- Don't expect that everyone will speak
- Watch for strong people 'forcing' direction of talk
- Encourage different opinions
 - in other focus groups some people have suggested they think/feel/believe..... Does anyone think/feel/believe feel like that?

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Other key points for getting 'good' data

- Observer
 - Identify speakers for transcription phase
 - Note key group dynamics
 - Give their opinion of interesting issues emerging
 - Advise on facilitation skills
 - Help with introductions, food, badges, consent forms etc
- Recording data
 - Audio-record whenever possible
 - Good quality equipment
 - Consider position of equipment

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Analysing focus groups

- Different approaches depending on methodological framework e.g. grounded theory, phenomenology
- Aim to identify key themes, categories, concepts, issues
- Interpretative analysis
- Should account for group dynamics – e.g extent of debate or consensus, emotional tone of discussion,

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"I think patients view being discharged from physiotherapy as actually very negative, you know, they, they view it "Oh well I'm not making progress any more" you know...it's a great blow to them." [Pam]

"But in a way they might be right, because if you're saying that when they've achieved their goals that's the time when they're discharged, then that's sending quite a strong message to them "Your not going to get any better now, that's why we're stopping treating," so, you can understand how they, how somebody might associate being discharged with not making any more progress." [Marie]

"You take their hope away." [Anna]

"Even if actually staying on treatment isn't going to give them anymore progress." [laughing] [Marie]

"Exactly." [Anna]

"But there's the hope there anyway." [Pam].

"Yes, it's the, it's the loss of hope, really that's hard to come to terms with." [Marie]

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Moving beyond description

- Should not just be a summary of your question schedule
- Should be inductive

–have some surprises !!!!!

– generate new ideas and concepts

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Example from grounded theory Charmaz 2006

- Initial coding
- Focussed coding
- Memo writing →
- More abstract theoretical categories
- Key concepts or social processes occurring

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Grounded Theory Analysis Charmaz 2006

- Grounded in the data
- Labelling data with “codes”,
- Analytically combining and comparing codes to generate more abstract “categories”
- Identifying the relationships between these categories to determine the key “concepts” or social processes occurring.

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Initial Coding

- Exploring and fracturing data
- Microscopic examination of the data which can be applied to “words, sentences or paragraphs”
- Labelling what you find
- In-Vivo coding can be helpful
 - Phrases from your data – often idioms, colloquial
 - “Being the baddy”, “Out of our hands”, “shout the loudest”

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Focussed coding

- What is relevant?
- What is interesting?
- What do I want to focus on?
 - e.g. difficulties and dilemmas of discharge
- Don't need to include everything

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Categories

- Use memos
 - Write about your data
 - What is interesting?
 - What questions do you have?
 - What patterns can you see?

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Initial Coding / Focussed Coding	Categories	Concepts
Prioritising between patients (x4) Haven't got the time Up against it seeing other people	Prioritising therapy time	Disorganised Stroke Care
Service not good enough Young patients really suffer Those that shout the loudest Differences in quality of care/rehab Vast differences in therapy input Stroke unit patients have better chances	Inequity	
MDT different priorities Different priorities within MDT Team disagreements Out of our hands Nice if it was your call Battling for patients Other staff aren't treating them as well Selling your patients to other staff Selling ourselves short Different perspectives of paid carers Carers obstructive	Different views and priorities in MDT	

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Example of using memos to generate categories and concepts

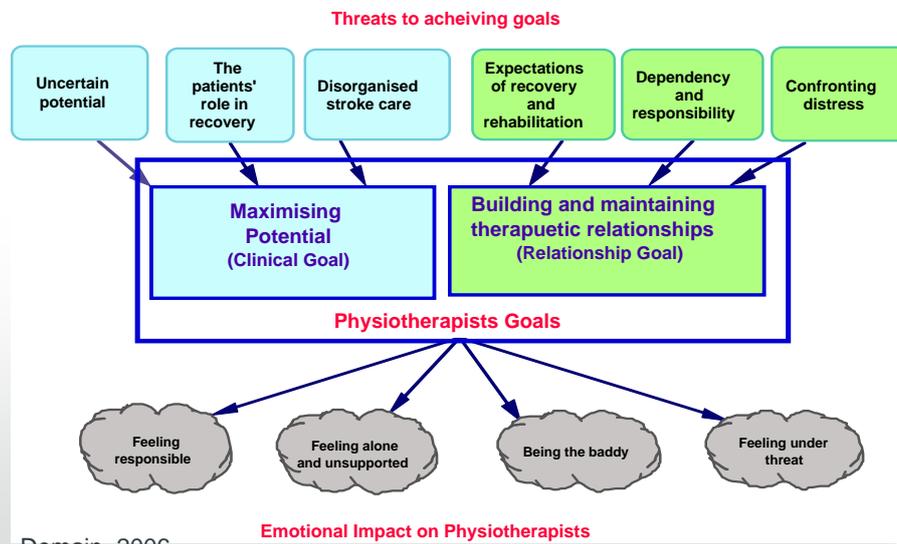
- In-vivo code “*protecting myself*”
- Question: What from?
- In my memo I wrote “therapists must perceive some form of harm or threat. what are these?”
- I searched my data/codes to identify any threats discussed
 - ‘*emotional blackmail*’ ‘*clinging patients*’.
- Writing about these explicit threats led me to conceptualise and label other categories as “*threats*” (see model)
- Question: What is under threat?
- Search data again to develop categories and concepts

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Example of using memos to generate categories and concepts

- Keep writing, asking questions, returning to data
- Analysis doesn’t stop until you have a model of the process you are interested in
- Concepts:
 - aims of stroke physio (what is under threat)
 - threats
 - impact on therapists

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Demain, 2006

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Advantages Focus Groups

- Good for getting rich data in participants' own words and developing deeper insights
- People are able to **build on one another's responses** and come up with ideas they might not have thought of in a 1-on-1 interview
- Can explore the levels of consistency and debate around topics
- Provides an opportunity to involve people in data analysis (e.g. "Out of the issues we have talked about, which ones are most important to you?")
- Participants can act as checks and balances on one another - identifying factual errors or extreme views

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Disadvantages Focus Groups

- Peer pressure influencing findings
- Often difficult to organise and get good attendance
- Produce relatively chaotic data making analysis more difficult
- Is the question really suitable for group???
- Do you have a group or a collection of individuals?
- Requires skilled moderator – probably more difficult to facilitate a focus group well than interviews
- Truthfulness of data? –explore this
- Gives data about what people say they do NOT what they actually do – BUT this is still important data. Social desirability bias?
- Most disadvantages can be managed/reduced by good organisation and facilitation

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References

- **Finch H and Lewis J, (2003), Focus Group Research in Qualitative Research in Practice: A Guide for Social Science Students, Ritchie J and Lewis J eds, Sage Publications, London, pp 170-198 (This is my favourite!!)**
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- Millward LJ, (1995), Focus Groups in Research Methods in Psychology, Breakwell GM, Hammond S, and Shaw C, Sage Publications, London, pp275-292
- Nyamathi A and Shuler P, Focus Group Interview: A Research Technique for Informed Nursing Practice, *Journal of Advanced Nursing*, 15, 1281-1288
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