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Rooms, Recording, and Responsibilities: The Logistics of Focus Groups

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ABSTRACT

Qualitative researchers use focus groups as a method to collect data about perspectives of a group. Correctly implemented, participants interact within the focus group and create data through their communication with each other. Recommendations for correct implementation of focus groups are helpful, but may not address logistical decisions that influence the effectiveness of the data collection method. Based on the experiences of the author, this paper presents practical guidance for implementing focus groups.

Keywords: Focus groups; qualitative research

Rooms, Recording, and Responsibilities: The Logistics of Focus Groups

As a novice researcher, I selected focus groups as a way to collect rich data in less time and with less effort than individual interviews. The experience of conducting focus groups with persons living with HIV infection and their caregivers proved the naivety of my reasoning as I struggled to coordinate schedules, develop focus group procedures, and prepare transcriptions of complex interactions. The limitations and challenges of implementing effective focus groups went beyond the recommendations of the qualitative researchers whose publications I had studied. I returned to the literature and found additional recommendations for organizing and implementing effective focus groups, but not all of the challenges I encountered were addressed. In addition, the recommendations did not create consensus. This lack of consensus occurs

because the researchers implement focus groups for different reasons and in the context of different epistemological assumptions.^{1,2} The purpose of this article is to integrate methodological literature and personal experience to provide practical guidance for novice researchers who are considering focus groups as a data collection method. Thus, the article is written in the first person.

Background

Marketing researchers began using focus groups to obtain consumers' perspectives on products and services after World War II.³ In the early 1980s, social scientists recognized the benefits of focus groups and have since used the method extensively.^{4,5} Over time, the number of nursing researchers using focus groups has increased.⁵

Focus groups are group interviews in which individuals can hear and respond to the perspectives of other participants.⁶ Focus groups have been used to generate items for instruments,^{2,7} evaluate proposed instruments,⁸ develop interventions,^{9,10} validate findings,¹¹ and assess students' and professionals' perspectives.¹² Researchers recruit participants because of their personal experiences related to the topic of study or the researchers' desire to obtain their perspectives on the topic.⁵

The interaction among the group participants is one of the major advantages of using focus groups. Groups of two to three persons may provide less interaction, but larger groups may limit the opportunity for all members to participate.¹³ A comment by one group member may elicit a response from another member, which in turn elicits a nonverbal reaction from another. The use of stories, figures of speech, and body language contribute to the richness to the data that are created and recorded, but can add conflicting opinions and complexity to the analysis.¹⁴ Interaction among group members is more likely to occur when the researcher makes decisions about the group's composition and implementation that promote a safe environment for self disclosure.¹ Jordan and colleagues¹⁵ noted that nurse researchers had tended to use one-to-one interviews for sensitive topics, but chose to use focus groups to explore prejudice and discrimination experienced by nurses in Northern Island. Hopkins¹³ used focus groups to study experiences of prejudice and discrimination among Muslim men. These researchers found that sensitive topics were easier to discuss in a group with persons who are in similar life situations than in an individual interview with a researcher.^{13,15}

The research objectives and topic of the study are factors in the decision to use focus groups. Using focus groups may be appropriate when focus groups will elicit findings that fulfill the purpose of the study and the data elicited through group interaction would be more valuable than individual interviews. The decision to use focus groups as a research method is followed by a series of logistical

decisions about implementation. One of the first decisions involves where to convene the focus group.

Rooms

Qualitative studies are conducted in natural settings, but therein is the challenge. The building or agency in which a focus group will be held must be socially acceptable, neutral, and easily accessible.¹⁶ Access to public transportation or ease of parking also may be considerations. In situations of heightened confidentiality concerns, convening the focus group in a community building used for multiple purposes (i.e. public library) may be advantageous. For example, our research team planned a series of focus groups with HIV-positive patients and caregivers in collaboration with a local HIV/AIDS agency. The agency staff reported that clients often parked away from the building and used a back entrance to avoid being seen entering the agency. We asked local contacts to select and reserve a public location for the focus groups to avoid the stigma of entering the HIV/AIDS agency. When we arrived at the designated hospital in a small rural community, we asked the receptionist quietly which room had been selected for the focus group. To our dismay, the receptionist responded in a loud voice, easily heard by persons in the waiting room, "The AIDS group is going to be in the board room." Participant confidentiality was immediately a concern.

Our concerns increased as we followed a staff person down a series of hallways to the hospital boardroom. The room had dark walls, low lighting, and a large wooden table. The women who arrived for the focus group did not talk to each other and responded with short answers to direct questions. The moderator did not rearrange the room to promote conversation and was unable to draw out the women. The transcript from this focus group provided minimal data, a result that may have been attributable, at least in part, to the influence of the receptionist's greeting and the environment of the boardroom.

Noise and distractions can also pose problems. For an individual project, I conducted two focus groups with HIV-positive persons to validate themes from interviews related to medication adherence. The focus groups were scheduled for places where the potential participants lived or gathered socially. One was conducted in conjunction with a support group meeting in a house used by a women's HIV/AIDS program. Another was conducted in the cafeteria of a residential facility for persons with AIDS who needed housing. These focus groups were problematic. Arrivals and departures of others in the setting and outside noise were substantial distractions that limited the usefulness of the data collected. A private room that is quiet, yet accessible, would have provided fewer distractions while, at the same time, protected the participants' freedom to leave the group if they became uncomfortable or chose to stop their participation.¹⁷

Another consideration is the meaning of the location. In a study of attitudes toward clinical trials, focus groups with patients in a community health agency

were conducted in the agency's meeting room, a familiar place that created a comfortable and safe environment. During the same study, the health care provider focus group met in a conference room at the clinic. With limited time to transition from clinical care and its hierarchical relationships, the physicians dominated the group and the other health care providers made few comments. The reticence of the non-physician providers may have been due to personalities and pre-existing relationships and not due to the setting. A non-clinical, neutral setting, however, might have minimized the status differentials between the professionals. Another alternative would have been to have a separate group for physicians, nurse practitioners, and physician assistants and another for the nurses and other clinic staff.¹⁶

Selecting a location for focus groups will ideally involve visiting the room to assess the ambience, ease of finding the room, and the potential for outside noise. Although some factors are not under the researcher's control, thoughtfully consider the location and room to provide the best environment possible in that situation. Selecting the location and setting up the room for focus groups also have implications for the effectiveness of recording the group discussion.

Recording

Outside noise during a focus group is not only distracting; it can seriously diminish the clarity of audio recordings. Background noise can obscure the voices of participants, especially those who are soft spoken. I was the moderator for a focus group with health care providers working with Native Americans in their clinic. Despite arranging our chairs in a small circle, the noise from an adjoining room and hallway reverberated off the walls of the classroom type room and overpowered the voices on the audiotape. The participants talked very quietly, adding to the challenges of transcribing the focus group data.

Another common challenge in transcribing focus group audiotapes is a recording of several participants speaking at once. During a study exploring the barriers and supports for Hispanic student educational success,¹⁸ lively interactions involving multiple speakers were next to impossible to transcribe. Communicating the ground rule that one person speaks at a time may minimize the problem, but not necessarily eliminate it. An effective moderator can intervene to stop side conversations, redirect multiple speakers, minimize the input of a dominant participant, and enhance the likelihood of obtaining a useable recording of the discussion.¹⁶ Some researchers use duplicate recording devices to avoid loss of data in case of equipment failure. A second recording device in another location in the room may also provide a record of interactions among members not captured by the primary recorder.

During focus groups, video recording collects data related to facial expressions, body language, and nuances of the interaction. In a study with nurses and nursing students, McLafferty² used a video camera as the primary means of

recording with a tape recorder as a backup strategy to capture the audio. She reported participants were initially aware of the video camera, but they quickly forgot its presence and interacted freely. Without multiple cameras, however, video recording may capture only some participants.

Malfunctioning equipment and exposure to light, heat, and dust can damage tape cassettes used for audio and video recording. Digital recordings have advantages over tape cassettes because researcher can easily duplicate the recordings, store them electronically, and protect confidentiality with passwords. Digital recordings do require appropriate software for duplication and transcription. Another advantage of digital recordings is the visual display of the voice pattern. The visual display can facilitate transcription of complex interactions among participants with similar voices by providing the transcriptionist additional clues to distinguish speakers and correctly assign statements to different participants.

A decision to record focus group interactions must be considered in the context of the cultural norms of the participants¹⁶ and available resources. In one of the studies previously mentioned, the team decided to make field notes during the focus groups and schedule time for the moderator, note taker, and observer to type their notes immediately after the focus group. We used this process to accommodate a very short timeline and a restricted budget that did not allow for transcription. Despite the limited budget, we did allocate funds to train the moderators, the team member whose actions are most likely to influence the effectiveness of focus groups as a data collection method.¹⁹

Responsibilities

The moderator's role is to provide structure and start the conversation among the participants. Moderators need expert communication skills and experience in working with groups. The moderator's ability to convey warmth, empathy, and respect for others will likely influence the richness of the data or the lack thereof.⁵ Often the researcher may be seen as an outsider or an authority figure and not be the best person to fulfill this role. Preferably, the moderator is the same race/ethnicity and a similar age as the target participants. The moderator's role is to ask the questions, beginning with the prepared script and following with additional questions and responses to promote continuing discussion of the topic.^{3.19}

For a focus group with multicultural HIV-positive women, our team recruited a moderator who was female, African American, and HIV positive. The moderator was employed as a patient advocate for a pharmaceutical company. The procedure for the focus group was carefully scripted to meet the study's purpose of exploring attitudes toward clinical trials. The host agency was a partner in the study and had agreed to the questions include in the script. Training was provided to the moderator about following the script and asking appropriate

follow up questions. The moderator started the focus group by asking the participants about the quality of care they received in the agency hosting the study (not on the script). Participants began to express their emotion-laden opinions about the care they received, opinions that were unrelated to the topic of clinical trials. One of the research team members tried to redirect the discussion. When that was not effective, the team member announced a short break and privately talked to the moderator. After the break, the moderator followed the script and the participants shared valuable data. Without the intervention of the team member, this focus group may have damaged the relationship between team and the host agency. This example provides evidence to support the recommendation of having at least one person other than the moderator involved in the focus group.¹⁶

An assistant during the focus group can serve as a doorkeeper, distribute printed materials, and perform other tasks as needed. The recommended position for the assistant is opposite the moderator, so that participants maintain eye contact with the moderator and are not distracted by the assistant.³ The assistant may also have the responsibility of observing and making field notes during the group. During the same study related to clinical trials, the team had assigned the roles of observer, recorder, and moderator to different individuals. The responsibilities for these roles did not include, however, monitoring participant movement in and out of the room. Some participants arrived late while others left and re-entered the room to smoke or to keep appointments with the physician or case manager. The responsibilities of a team member at the door could have included telling participants who were late that the group had already started. Those participants who left the group could have been informed quietly and respectfully that they did not need to return.

Summary

Based on my experiences and the experiences published by other researchers, the primary caveat is the importance of planning.²⁰ I strongly recommend evaluating the acceptability of a room and location from the perspective of the potential participants. A preliminary visit to a potential location is a worthwhile investment of time and expense so that alternative rooms and locations can be considered if the first is not suitable. Prior to convening a focus group, time also needs to be invested in developing competence in the use of the recording equipment and the methods for safeguarding and archiving the group interaction. Discussing, assigning, and documenting team member responsibilities are essential processes in focus group preparation and training. Simultaneously balancing the study aims with the resources of partner agencies, the suitability of locations, the availability of the participants, and the practical aspects of convening focus groups requires a degree of methodological pragmatism.¹ Qualitative researchers, guided by the literature and the experiences of other researchers, are able to make informed decisions about the implementation of focus groups. By incorporating the rationale for these decisions in the research

report, these researchers can provide readers the information needed to evaluate appropriately the rigor and validity of the study.

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