

Practical Advice for Planning and Conducting Focus Groups

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Article:

Focus groups, originally called focused interviews, have been used as a data collection method since World War II and are commonly used in social science research. Krueger (1994) describes a focus group as "a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, nonthreatening environment" (p. 6). Guided by a skilled interviewer, participants share their ideas and perceptions, influencing each other by responding to ideas and comments in the discussion. Nurse researchers have many of the necessary skills and topics of interest appropriate for focus groups, yet this methodology is often underutilized. Multiple resources are available that provide indepth information on conducting focus groups (Krueger, 1994; Morgan, 1993; Morgan & Krueger, 1997; Stewart & Shamdasani, 1990) and analyzing the resulting qualitative data (Krueger, 1997a; Miles & Huberman, 1994). The purpose of this article is to provide researchers with suggestions for adapting focus group guidelines to facilitate data collection and ensure optimal use of resources. Insights gained from focus groups conducted by the authors with women at risk for HIV and women with a history of pregnancy after perinatal loss will be presented as examples.

USES OF FOCUS GROUPS

Focus groups generate qualitative data (Carey, 1994; Krueger, 1994; Stevens, 1996) that can be both descriptive and explanatory (McDaniel & Bach, 1996) and they can be used independently or combined with other qualitative and quantitative strategies. Carey notes that "the focus group technique is especially well suited for...complex clinical issues" (p. 226-227).

Focus groups can be used for a broad range of purposes including pretesting instruments, needs assessment, developing survey items, or gaining insights into a particular population to aid in future investigation (Asbury, 1995; Carey, 1994). For example, the researcher may know the construct to be addressed in a survey but the qualitative responses from group members can direct and guide the development and phrasing of questions for the survey.

Researchers moving into new areas of study can also use focus groups as a way to acquaint themselves with a new area and both novices and experts in the field may find that focus groups offer an alternative approach to generating new hypotheses and clarification of concepts. Group interaction enhances the depth of the conversation due to stimulation of thoughts from what other group members have said. Using this qualitative approach to data collection, rich detailed perspectives are often obtained by the sharing and comparing of responses among participants.

This method frequently has advantages over individual interviews, which are time consuming, expensive, and typically limited by the skill of the interviewer. Focus groups can also serve as a valuable technique to understand the needs, language, and beliefs of the target population and to gain insight into how people think and learn about their health behaviors (Basch, 1987). Focus groups yield detailed descriptions of experiences, opinions, or responses with reduced outlay of resources.

It is essential that researchers understand that scientific rigor is as important in focus groups as in every other type of research methodology. Focus groups utilize the principles of in-depth interviewing and should not be approached as casual conversation, or educational or gripe sessions. Issues concerning validity and reliability of the method are similar to those of all qualitative research, and emphasize establishing trustworthiness (Lincoln & Guba, 1985). McDaniel and Bach (1996) address the issues of credibility, dependability, confirmability, and transferability in focus groups. However, there are some issues that nurses may approach differently from other professionals.

RECRUITMENT

The success of any research study is dependent on the participants. Focus group membership should be obtained through purposive sampling. Members may feel more comfortable expressing their views when they share similar backgrounds and experiences with the other group members (Morgan, 1992). Therefore, if prospective group members are likely to be very diverse it may help to have participants with similar characteristics (i.e., age, race, socioeconomic status, gender) comprise separate focus groups. Nurse researchers are usually familiar with the variables on which homogeneity should be based.

The suggested size of effective focus groups is 6 to 12 participants (Krueger, 1994; Stewart & Shamdasani, 1990). However, it has been our experience that this size is too large when discussing extremely emotional or sensitive topics such as perinatal loss. Limiting the group size to four or five allows each member to fully tell his or her story. In our pregnancy after perinatal loss study, one group had nine women, comfortably within the range suggested by most authors. Each woman was asked to share her own story of perinatal loss and the conversation moved on to the topic of subsequent pregnancies. Due to the large group size and the strong emotions related to the topic, the stories were often lengthy and detailed. We found that the quietest member of the group never joined in the spontaneous conversation and was easily passed over when the discussion moved around the table. Once we limited our focus group size, we did not encounter that problem. Each woman seemed to feel that her voice was important, even if she disagreed with someone else, and even timid women did not have to work at being heard.

It has been suggested that overrecruitment is wise because of no-shows (Stewart & Shamdasani, 1990). This may vary depending on the topic of discussion. It soon became apparent in our pregnancy after perinatal loss study that women were grateful for the opportunity to talk about their experiences and to hear about the experiences of others; some found it to be truly therapeutic. Every woman who agreed to participate did attend, despite intervening events such as car trouble or getting lost. The use of incentives may improve participation rates and should be considered. In our focus groups that range from 1.5 to 2.5 hours, participants were paid \$15 to \$25; these incentives were adequate for promotion of participation without being coercive.

Snowball sampling may be an optimal approach to locate participants, particularly with a sensitive topic. It is important to call all participants the day before the focus group to confirm attendance and determine if they will be bringing additional group members with them. This allows preparation for adequate seating, incentives, refreshments, and child care providers, if needed. It is important to remind participants during these phone calls of the time and place of their meeting, clarify directions if needed, and reinforce how important their unique contribution is to the success of this important project. Provision of childcare is invaluable, especially for participants with young children. Plan on having an extra child care provider in case more children come than originally anticipated or one provider is unable to come. Nothing can ruin a focus group faster than inadequate or nonexistent childcare. It is also helpful to have the childcare room a distance from the room where the focus group will take place. The sounds of children, particularly crying babies, may prevent the participants from focusing on the conversation for which they were recruited.

Focus groups can provide innovative strategies for future participant recruitment. Using input from early focus groups we found that posting flyers or pamphlets in stores where public assistance checks are cashed, at churches, bus stops, and WIC clinics was helpful in the HIV risk study. Athletic clubs, day care centers, care providers' waiting rooms, and clinics were successful places to post flyers for the pregnancy after perinatal loss study. Knowing the social patterns of the target population is valuable and participants can provide you with this information. They also encouraged us to be explicit about the incentive offered using large, bold print, and stating the exact monetary amount or gift to be received.

SITE SELECTION

Identifying an appropriate location for the conduct of focus groups is crucial. The site must be accessible, with adequate parking or near public transportation. Churches may inhibit some participants from feeling free to speak their minds.

When contacting potential sites it is important that the investigator appear knowledgeable but approachable. Soliciting feedback from site representatives about recruitment procedures, timing, and set up of focus groups as well as other similar matters will go a long way in winning their support. Reporting the results of the study to the community or clinical site increases participation in future studies and enhances the perception of the research as a community project in which group members played a vital role.

INTERVIEW GUIDE

Contrasting with the phenomenological "lived experience" approach, focus group methodology is more directed and designed to explore specific topics or issues (Morgan & Krueger, 1997). During the design phase, a list of unidimensional questions should be composed that will be asked during the focus groups. Questions should logically progress from the general to the specific but also allow flexibility for clarification and probing. Twelve is the recommended number of questions to ask (Krueger, 1994); however, it has been our experience that fewer questions are easier to cover in a 90- to 120-minute session and still allow everyone to share what they would like. The first question posed to the group should be simple and neutral. This allows participants to feel comfortable and get to know a little bit about the other people around

the table. It is best to save the sensitive questions for later, after rapport has been established and enables the moderator to use the language most appropriate for the group. All major study questions should be addressed to the group as a whole; individual participants should not be singled out. Natural conversation, including new thoughts or ideas, should be allowed and encouraged. If the questions have been carefully worded, they often lead to cross conversations and lead naturally from one to the other. Even if the group goes off on tangents the discussion usually comes back to the topic on its own. Otherwise, a skillful moderator can reflect previous responses or ask the next question. It is important to encourage diversity of comments and opinions among the group. Phrases such as "We find that some women think..." or "What has been your experience?" encourages members with different opinions or experiences to speak out.

MODERATORS

The way moderators present themselves sets the tone for the entire focus group session. It is important to make eye contact and call participants by name, speak clearly, and avoid wearing distracting clothing and jewelry. It is often difficult for nurses to assume the role solely of researcher and not practitioner. However, "participants often defer to those who are perceived to have more education, experience, affluence, or political and social influence" (Krueger, 1997b, p. 58). When the participants are directly accessible to a nurse as moderator or researcher in the focus group, it is not uncommon for participants to bring up health concerns or to ask the nurse's opinion about a particular topic. Experts can have great value or present serious problems and the moderator should be aware that such situations may develop. For example, during a focus group with pregnant participants, the moderator was asked her opinion about whether a physician's actions at the time of the perinatal loss had been correct. In another instance, the researcher, acting as comoderator, was presented with multiple questions regarding specific sexual behavior scenarios of participants and asked to estimate potential HIV risk. In both instances, the person clarified that her role was not to make judgments at that time, but followed up with those individuals after the focus group was concluded. In instances where questions are raised by the majority of participants it is useful to address the issues to some degree, thus enhancing rapport with participants and allowing the group to be refocused.

The moderator or facilitator should be familiar with group dynamics and knowledgeable about the topic under investigation. Often, nurses have developed the assessment and in depth interviewing skills needed for these roles. It has been our experience that it is sometimes very valuable to have two research team members act as facilitators. Facilitators, just like participants, can enhance each other when presenting questions or answering concerns. This is particularly helpful if the flow of conversation begins to drag or, as in one case we experienced, group members become hostile toward each other. Two facilitators can help manage emotional outbursts, especially in focus groups dealing with emotionally laden topics. Determining a preset sign or code between the two facilitators that indicates that one is having trouble with the group can allow the second facilitator to redirect or refocus the discussion as needed. Conversely, it is important to use your judgment regarding the number of moderators; two facilitators may be too many with a small group.

RECORDING AND DOCUMENTATION ISSUES

Having additional members of the research team in the room during a focus group is very important. These people are responsible for overseeing the taping of the session including

starting the recorder, changing the tape, and taking detailed field notes. It is useful to have two tape recorders running simultaneously in case of mechanical failure. In earlier focus groups the emphasis was on nondistracting placement of tape recorders to facilitate tape replacement. However, we found that the poor tape quality did not justify concerns with distraction and now recommend that both tape recorders be placed in the center of the group. Asynchronous start-up of the two recorders is helpful to avoid gaps in the taping while tapes are being changed. However, there are many behaviors and overall impressions that will be undetectable on audiotape alone. Therefore, research team members should take field notes during the focus group. Notes should include a) the seating arrangement; b) the order in which people speak to aid voice recognition of the recording (especially if it might be helpful to ultimately connect pieces of each participant's story); c) nonverbal behaviors such as eye contact, posture, gestures between group members, crying, or fidgeting; d) themes that are striking; and e) highlighting as much of the conversation as possible, in the case that both recorders fail. Alternate ways to gather these data include the use of videotaping or one-way window/mirror observation rooms.

In our experience, field notes proved to be invaluable during transcript preparation. At one point in the tape the participants were all very quiet except for quiet murmuring as they listened to one woman's description of her stillbirth experience. If we had merely listened to the tape, we may have assumed that the others were overwhelmed or self-focused in response to the story; however, field notes indicated that the other women were leaning forward and engaged with this woman, and one participant reached over and touched the speaker's hand. Incorrect interpretation of the audiotape would have resulted without these detailed field notes.

THE SESSION

Focus group sessions should begin with an introduction of the facilitators and an explanation of their roles. Presence of tape recorders and note takers should be highlighted for participants and confidentiality stressed. Name tags or place cards can display a first name of the participant, which can be a pseudonym if desired, so that members can be called by name. Remind group members not to use real names if presenting examples of friends and colleagues. Explain the purpose and process of the focus group, the probable duration of the session, and the availability of comfort facilities or refreshments. It is important to emphasize the need to hear all participant's experiences and opinions, that there are no right or wrong answers, and that each person's input is important.

Light refreshments are a nice courtesy for the participants, as an ice breaker or served during the session; however, they should be carefully planned so as not to interfere with conversation or taping. Finger foods, such as grapes taken off the stems, small slices of cheese with bite-size crackers, and dinner mints work well. Snack foods that are crunchy or messy can cause distortion in the recordings, can be slower to swallow, and can leave an untidy meeting site to clean up. A cup of water should be at each place and other beverages made available.

Following a well-developed interview guide that has been pilot tested will aid the moderator in estimating when to close the session; however, the moderator must also consider data redundancy as well as participant fatigue. In our experience most sessions can last between 1.5 and 2.5 hours before participants become tired, overloaded, or bored depending on the number of subjects and the topic. The moderator should conclude the session with a general

acknowledgement of the useful information received. A generous "thank you" for both the participant's time and emotional investment in the group should be conveyed. It is often beneficial for research group members to stay after the focus group for informal discussion or further questions with the participants. A debriefing session with the research team is also important to document (preferably on audiotape) any pertinent information discussed during the post-group conversations.

DATA ANALYSIS

Data analysis is ongoing and occurs during the planning stages, focus groups, and debriefing sessions to identify general impressions and overriding themes and patterns. During this time, modification and refinement of questions occurs prior to the next focus group. Although continued analysis is similar to other qualitative approaches, group influences and interactions must be taken into account. Krueger (1997a) suggests that within- and among-group analyses are essential and must be undertaken by a researcher who was present at the group sessions. As an illustration, a research assistant suggested that episodes of silence identified during transcript verification were a response to intimidation, but the principal investigator, present at the session, recalled that the quiet member had been engaged and nodding her head. Further details of analysis are beyond the scope of this paper and are covered well elsewhere (see Krueger, 1997a; Morgan, 1993.)

In conclusion, focus groups are valuable for exploring many nursing research topics. The skills nurses have in interviewing and group dynamics make them ideally suited to both develop and conduct focus groups. Careful planning as to the purpose, implementation, data analysis, and impact on participants will yield plentiful and rich data and make the focus group methodology well worth the effort. These practical suggestions for using focus group methodology will enhance research efforts and quality of results while avoiding potential difficulties.

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