EXPERIENCES OF A NOVICE RESEARCHER CONDUCTING FOCUS GROUP INTERVIEWS

By

Roxanne Wilson, BScN, RN (roxanne1@ualberta.ca)[1], Susan E. Slaughter[1], PhD, RN, Dorothy Forbes[1], PhD, RN, Heather M. Hanson, PhD[2], & Rachel G. Khadaroo, MD, PhD, FRCSC[3]

[1]Faculty of Nursing, University of Alberta, Edmonton, Alberta, Canada

[2]Community Health Sciences, Cumming School of Medicine, University of Calgary, Calgary, Alberta, Canada,

[3]Faculty of Medicine & Dentistry, Department of Surgery and Critical Care Medicine, University of Alberta, Edmonton, Alberta, Canada

Abstract

The purpose of this paper is to report what I learned about how to conduct focus group interviews that produce insightful, revealing and informative data. I will discuss my experiences facilitating focus group interviews as a novice researcher and compare these experiences with the literature. I planned the focus groups in collaboration with a research team, recruited participants from various units at the local tertiary care hospital and set up the meeting rooms for the groups. I then facilitated the focus groups with the support of an assistant. Following the focus groups, I documented my field notes, as well as my personal reflective memos. I downloaded the audio recordings, de-identified the written transcripts, and reviewed them for accuracy prior to analysis. A number of concepts emerged that merit particular attention: challenges with recruitment, the use of field notes and reflective memos, the benefits and limitations of using a flip chart, importance of professional support, using homogenous groups, and attending to the set-up of the environment. As the focus group interview becomes an increasingly popular data collection method in qualitative research, my experiences could inform the preparation of other novice researchers as they undertake their own focus groups.

Key Words: focus groups, nursing, qualitative research

Focus groups have evolved into a widely used means of eliciting qualitative data from various types of groups for health services research. Powell and Single (1996) defined focus groups as "a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience the topic that is the subject of the research" (p. 499). Although gaining in popularity, there are both pros and cons to using focus groups. Webb (2002) described the limitations of focus groups as the difficulty in obtaining "in-depth information" due to potentially difficult group dynamics. Given the unpredictable nature of human behavior, this is always a possibility but one that can be effectively managed by an experienced facilitator. The positive aspects of group dynamics outweigh the potential negatives in that focus groups can provide much richer data. Loriz and Foster (2001) described how focus groups can provide a

setting whereby participants can voice their opinions in a safe environment. In this paper I will discuss my experiences as a novice researcher, acting as a facilitator or moderator of focus group interviews, and comparing my personal findings with the literature.

The Birth of the Focus Group Interviews as a Substudy

The Elder Friendly Approaches to the Surgical Environment (EASE) research project (Khadaroo, Padwal, Wagg, Clement, Warkentin, & Holroyd-Leduc, 2015), funded by Alberta Innovates: Health Solutions aims to develop, implement and evaluate elder-friendly interventions that target older adults receiving emergency surgical care at a tertiary care hospital in Western Canada. The aim of the project is to compare morbidity, mortality, and cost-effectiveness of patients with another hospital. As a substudy of this project, focus group interviews were undertaken to understand possible barriers and facilitators to implementing elder-friendly interventions from the perspective of several health professional groups who would be caring for these patients. I conducted focus group interviews with members of the health care team. Secondary goals were to help focus group participants become familiar with the elder-friendly interventions and invested in establishing these interventions. The findings of the focus groups are expected to inform the implementation of the larger project.

A semi-structured focus group guide (Appendix A) was developed by the investigators. My role included: planning and preparing for the focus group interviews, recruiting participants, facilitating the focus group interviews, writing field notes and reflective memos, verifying the accuracy of the transcripts and de-identifying the transcripts. The research team aimed to conduct two focus groups with each professional group, i.e., physicians/surgeons, nurse managers, registered nurses (RNs), licensed practical nurses (LPNs) and health care aides (HCAs).

Planning and Preparing for the Focus Group Interviews

One of the most important steps after deciding to perform a research study is to apply for research ethics board approval. I began to prepare for my role by reviewing the literature about focus groups, field-notes and personal reflective notes, and educating myself regarding the role of facilitator (or moderator). I reviewed the guiding questions as established by the research team. As I prepared to conduct the focus group interviews I met with the research team and heard about their experiences with focus groups. Asking questions and learning from their experiences proved very helpful in preparing for the focus groups and knowing what to expect, given my lack of experience as a facilitator. In consultation with my supervisor and the EASE principle investigator (PI), we planned the dates and times for the focus groups, based on everyone's availability.

Recruiting Participants

For two of the focus groups, we were able to coordinate the session with a regularly scheduled professional meeting. Physicians and nursing managers were invited to join the focus group before or after their meetings. However, they were still reassured that participation was completely voluntary and that they were not obligated to participate. For the physician group, the EASE PI recruited the participants. Prior to nursing recruitment the EASE PI obtained permission from the nurse manager to conduct the study. I then went on to recruit the participants for the nursing managers' group. The research team had discussed approaching the nursing staff ahead of time in order to provide as much advanced notice as possible. In the end, it was felt that, given the inconsistent shifts that nurses work, this would not be feasible. I approached the nursing units on the morning of the scheduled focus groups and again spoke with the charge nurse or unit manager, where appropriate, to obtain permission for the nursing staff to leave the unit to attend a focus group that day. I then approached the eligible staff members, explained the purpose of the focus group and asked for their participation. It was felt that the more advanced notice we could provide the potential participants, the more likely they were to attend. If they agreed to attend, the condition was always that they were in an appropriate position to leave the nursing unit, given that their patients were stable and cared for, and they left the unit in a secure situation. We provided coffee and donuts to the participants as an incentive.

Fifteen minutes prior to the scheduled start of the focus group, I did a tour of the units to remind the individuals who I had approached earlier in the day about the time and location of the focus group. This definitely served to increase participation. On more than one occasion the participants mentioned that they had lost track of time and they appreciated the reminder.

Facilitating the Focus Group Interviews

As participants arrived at the designated location, they were invited to partake of the snacks provided and were asked to read the information sheet and complete the consent form. We allowed for five extra minutes for any latecomers before beginning the focus group. I began with an overview of the confidentiality principles, obtained informed consent, and thanked everyone for attending. I summarized the elder-friendly interventions in the EASE study. We used a poster to enhance communication regarding these interventions and orient the focus of the discussion. At this point, the focus group began and the guiding questions were presented one by one. As the group members spoke, my supervisor listed comments offered by the participants onto a flip chart. The focus groups were scheduled for 30 minutes. At the end of the focus groups, a questionnaire, developed by the research team using Likert scale questions was distributed to collect quantitative data regarding facilitators and barriers to change and organizational readiness for change. Participants also were asked to complete a demographic form so that we could describe the characteristics of the group. Once each session was terminated and the participants had left the room, the audio recorder was turned off, the flip chart

notes were collected along with the questionnaires and the consent forms. The data were stored in a secure location, and the audio files were downloaded and prepared for transcription in a secure format.

Immediately following the focus groups, I retreated to a quiet place by myself where I could reflect on the focus group interview and record both my field notes, to be included as data, and my personal reflective memos, to record my learning. Both were shared with my supervisor. This gave us the opportunity to collaborate on both the quality and comprehensiveness of the notes, and we were able to discuss what could be changed and improved for the next focus group.

Verifying Transcript Accuracy and De-identifying Transcripts

Once each individual focus group interview was complete, the audio files were downloaded and sent for transcription. When the transcripts were returned, I reviewed them in their entirety. I found several occasions where the transcriptionist was unable to decipher what the participants had said. I was able to reference the flip chart notes, as well as my memory of what had taken place during the focus group, to fill in the gaps. This helped to ensure the data were as complete as possible. At this time, I also removed all identifying information from the transcripts, specifically names and nursing units. I created a legend where each participant and nursing unit was assigned a code, as well as names that were mentioned during the focus group interview of individuals who were not actual focus group participants. This was to ensure complete confidentiality, as promised in the consent procedure.

Reflections on the Experience of Conducting the Focus Groups

As I reflected on my experience as a novice researcher, several concepts emerged that describe my experience conducting focus groups. These concepts merit particular attention and comparison with the literature: challenges with recruitment, use of field notes and reflective memos, benefits and limitations of using a flip chart, importance of professional support, homogeneity of the groups, and attention to the physical environment.

Challenges with Recruitment

On the days when staff focus groups were scheduled, RNs, LPNs and the HCAs were recruited from the units where they worked. My recruitment strategy was to approach the charge nurse, state my name and purpose, and ask if there were staff available to participate that day. I was caught off guard by the amount of resistance shown once I said the word “research”. Nurses working on the units were busy, and through their response to my invitation, made it clear that my focus group was not a priority. A difference existed between whether the charge nurse was the Unit Manager or a staff RN. The Unit Managers were much more accommodating and permissive. They encouraged staff to participate and helped facilitate attendance. One Unit Manager took responsibility for the patient assignment of the LPNs so that they could attend the

focus group. Krueger and Casey (2009) discussed the importance of "building on organizational relationships" (p. 73). At the time, I worked within the program as a staff nurse and was familiar with the Unit Managers from the surrounding units. This was instrumental in my approach to them, as I knew them and their staff. When I found resistance to the times originally scheduled, I was able to collaborate with the Unit Manager of one of the units, who suggested a more convenient time for the focus groups. After consulting with the research team, we were able to accommodate the suggested times and, in so doing we were able to attract more participants.

Webb (2002) had similar experiences with the recruitment process for focus group sessions involving nursing students. Webb conducted follow-up surveys to determine why there was such a low rate of participation, despite their strategy of over recruitment. Such a survey could possibly have been useful in our situation as well; however, we were satisfied with the results that we were able to obtain despite the small sizes of some of the focus groups. The smallest focus group was an LPN group with two participants, and the largest was the physician group, with seven participants.

A word of advice that I received during my struggle with recruitment was to emphasize that, as a researcher, I am seeking the perspective of these individuals based on their experience and expertise. This was particularly relevant when trying to encourage HCAs to participate. The HCA group is task oriented and is typically under-represented in the research literature. Asking them to attend a focus group where the researchers were interested in their expertise motivated them to attend. Krueger and Casey (2009) also supported this perspective. Evidence of the success of this strategy was the comparably large numbers of HCA focus group participants. I was able to recruit six RNs, six LPNs, and ten HCAs.

Use of Field Notes and Reflective Memos

I took 'jottings' during the focus groups. Emerson, Fretz and Shaw (1995) discussed how researchers make brief written records to help remember particular dialogue and impressions. The intention was that this would help to capture the flow of conversation and any subtleties that could have been missed by simply reading the transcripts. I discovered during the first focus group with the physicians that this was not going to be possible. The pace of the conversation was so fast that when I focused on note taking I missed the progression of the conversation. As the group interview utilized a semi-structured focus group guide, I followed the guidance provided by Stewart, Shamdasani and Rook (2007), who stated that the role of the facilitator is to encourage group discussion by participating through only "occasional clarifying or directional questions" to keep the discussion moving ahead (p. 13). Remaining engaged in the conversation simply did not allow me to divert my attention to the notepad. Perhaps a more experienced focus group facilitator would have been more proficient at maintaining engagement while note taking, but I was not able to manage it.

Instead, I relied on my memory and retreated to a quiet place as quickly as possible following the focus groups to record my field notes and reflective memos. The field notes captured the objective information of the focus group, such as the room set up, which participants sat where, and the participants' body language. The purpose of the reflective memo was to capture my personal thoughts, feelings and impressions of the focus groups and of myself as the facilitator. This allowed me to reflect on what went well and what needed to be changed for the next focus group. The experience of conducting focus groups for the first time was stressful. The reflective memos provided me with an avenue to express my frustrations and celebrate any successes. Although my supervisor did not critique the content of the reflective memos, she did provide feedback in the beginning to ensure they contained what they were intended to capture.

Benefits and Limitations of Using a Flip Chart

While I acted as facilitator of the focus group, my supervisor acted as co-facilitator and recorded participants' comments on a flip chart. Krueger and Casey (2009) discussed the pros and cons of using flip charts. One disadvantage they found was that participants tend to provide phrases that are easy to write down, or list, rather than offer an extended example. They also stated that using flip charts can discourage conversation while participants are waiting for the note-taker to record their responses. Both of these are contrary to my experience. We found the use of the flip chart very beneficial to the discussion as it provided an alternate place of focus for the discussion, rather than directing the conversation towards myself as facilitator. The flip chart also provided a valuable method to limit repetitive statements by the participants, or to curb "rants" by particular group members. The flip chart helped to slow the conversation, thus permitting time for participants to think about a response, or to allow a participant who had previously been silent to contribute. I felt that the flip chart also encouraged participants to share ideas. Seeing their ideas written down gave them a sense of pride in their contributions. The flip charts also helped during the transcription of the audio files, as we could compare the flip chart notes in the situations where the sound quality of the audio files made the dialogue difficult to decipher.

Importance of Professional Support

No one individual can "create and maintain a successful focus group environment" (Cote-Arsenault & Morrison-Beedy, 2005, p.175). Success requires a research team, with individuals bringing their discrete strengths together. The research team involved in the larger EASE study is remarkable in their combined years and wealth of experience of conducting research. During our face-to-face planning meeting, my team provided me with excellent support and information as I prepared to facilitate the focus groups. In addition, for myself as a novice researcher, having an experienced researcher beside me during the focus groups proved to be invaluable. My supervisor acted as co-facilitator during the focus group interviews, and her

role varied between groups. Some focus groups ran smoothly, with the participants having many contributions to make and everyone speaking in turn. Others had difficulties, such as long quiet pauses where participants had nothing to contribute or did not understand the questions being asked, despite my numerous efforts to prompt them. I found that simply having a resource person available increased my own confidence. The literature emphasizes the importance of a skilled and experienced facilitator for successful focus groups (Krueger & Casey, 2009; Sim, 1998; Webb & Doman, 2008). In the early focus groups, I was neither skilled nor experienced; hence I felt at a significant disadvantage. Having support when necessary helped me to gain confidence with each focus group. As a result, I was able to create and maintain the environment necessary to elicit quality data from each group. By my eighth focus group, I was feeling much more comfortable as facilitator.

Use of Homogenous Groups

Cote-Arsenault and Morrison-Beedy (2005) recommended that individuals with differing levels of power should be divided into different focus groups to avoid a sense of competition within the group. Based on their experience, these authors found that those at the lower levels of perceived or real power may be less likely to participate fully. Creating an environment that is comfortable and non-judgmental, and where participants feel safe to share their honest opinions and beliefs is of the utmost importance. At the hospital where the research took place, the nursing units function with various staff designations (RN, LPN, HCA, Nurse Manager). Although there is an overlap in responsibilities, a great deal of delegation also takes place. This can create perceptions of unequal workload and demands. If these professional designations were to be mixed within the same focus group, staff might have reservations about what types of sensitive information to divulge so as to not offend co-workers. By separating focus group participants into homogenous groups, the researcher promotes "group cohesion and responsiveness" (Howatson-Jones, 2007, p.9); two factors that will greatly enrich the data collected. Each focus group, with the exception of the nursing managers' group, consisted of only one professional designation to optimize participant homogeneity. Differences in occupation, age, race, status and other characteristics can influence how the members interact with each other (McLafferty, 2004) so our team attempted to create homogenous groups.

The facilitation of one focus group in particular was awkward. On more than one occasion a higher status person openly disagreed with what another participant said. This happening made it apparent that opposing perspectives would not be tolerated. This aspect was unfortunate because each person had a wealth of experience and knowledge to share. In the future, as my skills as a facilitator grow, I hope to learn how to more effectively manage similar situations by, for example, emphasizing to the focus group that there are a range of answers, as opposed to only one correct answer; hence, let us welcome differing opinions from all the participants, and thereby learn from the various viewpoints expressed. .

Attention to the Physical Environment

Creating a setting in which participants are physically comfortable is encourages participants to share both positive and negative thoughts (Cote-Arsenault & Morrison-Beedy, 2005). Geographically, the location needs to be convenient and accessible, and neither too large nor too small to facilitate conversation. The location also needs to be private and free of distractions to help participants feel safe to share their opinions and perspectives. I found that the best configuration was chairs in a semicircle with a table in the center, so that the participants could face one another. Maximizing face-to-face conversation helped the conversation between participants flow easily.

The environmental set up also was crucial to obtaining the best quality audio recordings. For example, in the first focus group with the physicians, the meeting room was pre-arranged due to its being part of their regularly scheduled meeting. This room was much too large for a group of only seven individuals. The room had a large table in the center, making it impossible to sit any closer to one another. The only option was to place the audio recorder in the center of the table, even though it remained far away from some of the participants. When verifying the audiotapes of this session, there were many individuals who were very difficult to hear. Also, there was no ideal place for the facilitator to stand in relation to the flip chart and the intervention poster. It is also important to be aware of ambient noises that my not be noticed at first impression, but can become highly intrusive to electronic devices. During another focus group, a lunchroom was utilized which was ideal in size, but had a refrigerator in the corner. The appliance made it difficult for the co-facilitator to hear what the participants were saying, and ultimately made the audio recording very difficult to transcribe.

Discussion

Being a novice researcher and conducting focus group interviews for the first time was very challenging. No amount of research can truly prepare someone for the complex nature of this role; it must be experienced to gain mastery. The few articles found during my preliminary research that were based on the experiences of other researchers were very helpful in gaining insight into what to expect during the focus groups. My experiences may be helpful to others. Once facilitation skills have been developed, focus groups can be a valuable tool, yielding a great deal of qualitative data with relatively little cost. There are many facets of conducting focus group research. I have only touched on those relevant to the novice researcher. In this situation, the focus groups also may have helped health care staff feel invested in the larger study's research interventions. With so many changes ongoing in the health care sector, perhaps health care managers could incorporate focus groups to facilitate their change processes.

In the future, it would be interesting to conduct focus group interviews with a wider group of health care professionals, perhaps with the rehabilitation therapy staff, or with different

specialties of physicians (e.g. geriatricians, internal medicine specialists, or primary care physicians). Their unique perspectives could potentially provide alternative qualitative data to contribute to the larger study.

Conclusion

As a novice researcher conducting focus group interviews for the first time, I feel that I was able to successfully elicit very useful qualitative data. This experience helped me to grow as a nurse researcher and learn first-hand about the qualitative research process. Being a part of a larger study was instrumental in the development of my learning experience. The issues that arose throughout my experience were: difficulty with recruitment, the use of field notes and reflective memos, the usefulness of flip charts, and the importance of both professional support and environmental set-up. As each issue was confronted and dealt with, a valuable lesson was learned. With each focus group, I became more skilled in my role as a focus group facilitator and research data collector.

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Appendix A:
Semi-Structured Focus Group Guide

A. Obtain Informed Written Consent
B. Complete Demographic Information Sheet
C. Focus Group
D. Two Questionnaires*****

Elder Friendly Interventions

INTRODUCTORY SCRIPT

My name is Roxanne and the person assisting me today by taking notes is Rachel/Susan.

In 30 seconds or less please tell us your name, your unit & why you are interested in this group discussion.

Introduce the **Elder Friendly Interventions** for this study:

a. Collocating elderly surgical patients on the same nursing unit
b. Interdisciplinary team based care including: geriatric consultants, rehabilitation providers, pharmacists, dieticians and social workers
c. Evidence informed practices: medication review & reconciliation; early mobilization; prevention of post-operative complications; avoidance or early elimination of tubes; *Comfort Rounds* including: support of mobility, optimal nutrition and hydration, pain management, delirium prevention/management; and education of patients/families/healthcare providers
d. Discharge Planning at admission with family, social worker and team to support a safe quality discharge

Barriers and Facilitators to Elder Friendly Interventions

1. What would make it difficult to implement the suggested Elder Friendly interventions?
   Prompt: Why?

2. What would make it easier to implement the suggested Elder Friendly interventions?
   Prompt: Why?

Suggestions for Elder Friendly Interventions

3. What other interventions could you suggest to make the unit an 'Elder Friendly' unit?
   Prompt: What else could the team do to make the unit more responsive to the needs of older adults?

*****These questionnaires, which included Likert scale questions to collect quantitative data pertaining to facilitators and barriers to change, were used to gather data for another component of the larger study.