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Focus Groups

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Introduction :

Focus groups are a very commonly used method in health research and appear to be both highly accessible and amenable to addressing a broad range of topics. However, this masks some of the subtleties involved and the apparent ease with which focus groups can be employed has sometimes led to lazy and uncritical use. Although most novice focus group researchers already possess valuable transferable skills – via their previous committee work, teaching through seminars, using groupwork methods in a therapeutic context, or dinner party conversations – this is not the whole story. We should always be mindful of the rather different requirements that come into play when we are seeking to use group discussions in order to generate research data. Focus group discussions may resemble such informal conversations, but serve a somewhat different purpose and demand additional competencies.

Moderators' skills are sometimes presented as involving little more than a set of techniques which can be imported to address a range of research questions. However, good focus group moderating can be described as more of an art, depending on the researcher capitalizing on his/her pre-existing abilities whilst learning from experience

(throughout a research career and during the life of a single research project), always reflecting on the purpose and scope of the particular research project involved.

Slavish adherence to prescriptive texts can give rise to intractable problems and the focus group researcher may be left looking in vain for solutions in these same texts. The key to successful use of focus groups is to use them appropriately and imaginatively, accepting when other methods may be more suitable for addressing the topic in hand and having the courage of one's convictions (tested out through rigorous piloting of topic guides and exercises) in terms of what is likely to work - i.e. generate data on issues of interest to the researcher - with a particular group in a specific context. The successful focus group researcher should also engage in rigorous planning in order to ensure relevant and rich data that addresses the issues in which s/he is interested and which affords ample scope for comparative analysis that allows us, as researchers, to transcend the purely descriptive. (Again, it is attention to research design that enables researchers to move beyond the descriptive to furnishing potential explanations.)

There is even considerable confusion as to what constitutes a focus group, with the terms 'group discussion', 'group interview' or even 'focus group interview' being bandied around and sometimes being used interchangeably resulting in confusion. The definition used for the purposes of this paper is a broad one, which argues that, "any group discussion may be called a 'focus group' as long as the researcher is actively encouraging of, and attentive to, the group interaction." (Kitzinger & Barbour, 1999, p.20) This emphasizes the importance of interaction between participants and avoids the notion, still

apparent in those terms that include the word ‘interview’, that participants will always address their remarks via the moderator. Instead, a focus group discussion is likely to involve participants talking ‘across’ the moderator, who may literally take a back seat during the discussion (provided that the topic guide is successful in focusing discussion around desired topics). Although, at first glance, this definition may appear an overly permissive one, it has important implications, and demands quite a lot of the moderator, who is required to ‘keep several balls in the air’ at any one time. This definition refers not only to generating data (by stimulating discussion through active questioning and active listening); but also with regard to anticipating analysis (by remaining alert to the content of discussion, variations in opinion and nuanced differences) and analyzing data (through paying attention to group interaction and group dynamics as resources to be used in interpreting transcripts). This definition of focus groups highlights the dual imperative of planning ahead whilst continuously revising and refining our ideas, reflecting the iterative process that characterizes the qualitative research endeavour.

This chapter aims to provide advice on how to effectively design focus group studies, how to run focus group discussions and how to interpret focus group data. It begins by locating focus groups with reference to key research traditions and emphasizes the importance of ensuring that focus groups are used appropriately, drawing attention to the special benefits and resources afforded by placing focus groups firmly within the qualitative tradition. The particular advantages of focus groups are laid out, together with practical advice on research design (including recruitment and ethical issues; sampling and group composition; running focus groups and dealing with the challenges involved in

analyzing focus group data). Examples of health research using focus groups are provided and the chapter concludes by discussing the contribution that focus groups can make.

Locating Focus Groups within Qualitative Research Traditions:

Discussions about focus groups draw on a number of overlapping, but potentially conflicting, models. Focus groups have been used in a variety of research traditions, including marketing research, organizational research and development, community development, and social science research, and each has its own particular ‘take’ on the method, which reflects the very different end point involved. This has led to conflicting and often partial advice which does not necessarily transcend the context in which it was originally formulated. While marketing researchers are charged with determining the likely reception of a new product or advertising campaign, community development workers or action researchers are concerned with effecting social – even political – change, and those employing focus groups within a professional context tend to be seeking to develop protocols for practice. Consequently, the advice dispensed with regard to carrying out focus group discussions in these varying contexts tends to emphasize particular aspects of the process at the expense of others. Marketing researchers are concerned with extrapolating from focus group members’ views to those of the wider target group and use sampling strategies to this end. In social science or health services research, of course, we would most likely turn to other more reliable methods at our disposal – in the form of questionnaires or surveys - should this be our central concern. In contrast, action researchers (who aim to effect change – either in

professional practice, service delivery, organizational procedures, or even political structures) are less concerned with canvassing opinions with regard to 'representativeness' and are more likely to seek to engage with key stakeholders or those with the capacity to instigate shifts in perspectives, professional practice, policies or even social structure. The focus here is not on pinning down views or reactions but on understanding and facilitating the process of change.

What counts as 'data' also varies, depending on the purpose of focus group research. While some focus group researchers stress the need to produce verbatim transcripts to afford the opportunity for detailed analysis, others are more concerned with providing a summary or focusing on the outcome of the discussion, which may simply involve deciding whether or not to pursue a particular advertising or political campaign or furnishing a professional protocol. With action research, the success of the research project may simply be judged with regard to what it has achieved (Hilsen, 2006) or what has been learnt through the exercise (Meyer, 2000).

Appropriate and Inappropriate Use of Focus Groups:

Many studies have used focus groups opportunistically, not capitalizing on their strengths, but using them, instead, to overcome perceived problems of arranging individual interviews with busy or potentially reluctant respondents. This may encourage them to treat the data generated as 'second best', limiting themselves to using focus groups to access respondents' perspectives through providing a window onto individual experience. However, the extra effort required to extricate from focus group data

individual stories and sequences of events should disabuse those who hope that focus groups can provide a short-cut to the sort of data usually generated via one-to-one interviews (Barbour, 2008).

Some overly prescriptive applications have been associated with what is frequently referred to as the ‘nominal group’ approach (literally meaning a group brought together solely for the purpose of research, but in common usage often referring to a group that involves carrying out identification of issues and concerns, followed by a ranking exercise). Such applications emphasize the end product of focus groups discussions at the expense of the much more important and complex insights into *process* that can be acquired through focus group discussions. Although many focus groups do not reach a consensus, there can sometimes be a tendency towards this (Sim,1998). However, it is crucial that the researcher recognizes when this is part of the group dynamics and that s/he concentrates, instead, on studying the *process* through which participants arrive at this consensus and what illumination this can provide with regard to their understandings or decision-making by showing *how* they arrive at their ideas or decisions.

Despite the impressive qualitative research pedigree of focus groups as a method, many of the problems experienced by new converts to this approach can usefully be understood in terms of unrealistic expectations, which reflect a lingering adherence to quantitative approaches. This can lead some focus group researchers to perceive as problematic features that are part and parcel – indeed, often particular strengths - of qualitative research. Looked at through another lens, these can often be viewed as resources rather

than as weaknesses. Once data have been generated, perceived difficulties in interpreting apparently ‘slippery’ views reflect a view of opinions as fixed and measurable. It is misguided to attempt to extrapolate from focus group discussions in order to attempt to identify individuals’ attitudes and focus groups should not be used as a ‘back door’ survey technique (Barbour, 2008). Similarly concerns that surface during analysis about the differences between focus groups may reflect an over-simplistic expectation that the same questions will give rise to similar discussion, regardless of context, group composition and dynamics. The more wily or experienced focus group researcher is likely to be aware that thoughtful sampling can help to highlight differences between groups and afford potential for comparison. Importantly, some approaches to using focus groups also fail to acknowledge the impact of the researcher on the data generated. While it is not always possible to match the researcher and focus group participants it is certainly important to bear in mind the effect that actual or attributed researcher characteristics may have on the direction and content of discussion (Kitzinger and Barbour, 1999). Again this is a potential resource to which to return during the analysis, as responses to different moderators may give important clues as to how people construct and modify their perceptions. Qualitative methods excel at accessing context, but context is an equally important resource to be utilized in making sense of data.

Although this emphasis on process and context locates focus groups within a broadly-conceived qualitative paradigm, their provenance is not clear. As Kidd & Parshall observe, “focus groups developed and (have been) maintained outside of the major methodological traditions of qualitative research, and they are thus relatively agnostic in

terms of the methodologies attending them.” (Kidd & Parshall, 2000, p.296) Focus groups are frequently used in a rather loose or casual way without giving due attention to their positioning – and hence, their full potential. There has been some discussion and debate about the fit between focus groups and the various qualitative traditions, which, although similar in some respects, nevertheless have differing and potentially contradictory ideas as to what constitutes appropriate research questions and what counts as data (Barbour, 1998).

Focus groups have usefully been described by Powney (1988) as ‘structured eavesdropping’ and there has been some spirited debate as to where exactly focus groups fit on the continuum between structure and spontaneity. Located midway between structured interviewing and observational fieldwork, as Powney’s description suggests, they have often been viewed as a poor relation of anthropology and ethnography, the hallmark of such approaches being that they afford insights into naturally-occurring human behaviour. Although some commentators would contend that research which intervenes in the form of sampling, as do many focus group studies, involves a different sort of enterprise, this distinction can be laboured too much. Many focus group researchers draw on pre-existing groups, or ‘piggyback’, utilizing pre-arranged meeting slots. The presence of a researcher may have an effect on both on the content of discussion, and on group membership. Any group that includes a researcher – even as a non-participant observer – cannot be assumed to be entirely naturally-occurring. Even anthropologists working in the classical tradition asked occasional questions and capitalized on insights provided by key informants.

Focus groups may even have some advantages over the more laborious and opportunistic aspects of observational fieldwork. Bloor et al. argue that focus groups can provide, “concentrated and detailed information on an area of group life which is only occasionally, briefly, and allusively available to the ethnographer over months and years of fieldwork.” (Bloor et al, 2001, p.6)

When to Use Focus Groups:

Focus groups really come into their own when the topic of the research relates to group processes, such as establishing group norms, developing a consensus statement, resolving differences of opinion, or interrogating new developments, procedures or advice dispensed. Since they do not require individual participants to talk at length about the topic involved, focus groups are extremely useful in eliciting responses to issues that may not be of prime importance to respondents. The group situation allows them to step back from their taken-for-granted behaviours and assumptions and provides space to ‘problematize’ concepts and ideas to which they may previously have paid scant attention. It is for this reason that focus groups excel at answering what I would term ‘Why not?’ questions. Although individuals might find it hard to explain their reasons for neglecting to follow professional advice (such as taking up screening opportunities) group discussion gives them permission to formulate and articulate their responses – perhaps for the first time. This is one of the most significant advantages of focus groups as compared to other methods. (It is, obviously, important that the focus group situation is permissive in this respect and that all participants have responded in a similar way. It

could be disastrous and potentially upsetting to mix those who have ignored advice with ‘star’ performers who might be overtly critical of those who have not behaved in the recommended way.)

A recently-funded study aims to establish women’s reasons for not taking folic acid during and in the lead-up to pregnancy. Our concerns were sparked by the high rate of neural tube defects that have been recorded in a particular area of Scotland. In situations such as this, focus groups can be useful in allowing researchers to establish the level of knowledge of group members, without putting them ‘on the spot’ in the way that a one-to-one interview might. The focus groups carried out for this research project brought together women with similar histories of folic acid use and provided valuable insights into the reasoning behind women’s choices. Considerable ambivalence about folic acid is evident, even amongst the three women in the excerpt below who *did* take folic acid once they knew they were pregnant. (This also highlights the value of including some individuals who did comply with health promotion advice, rather than concentrating exclusively on those who did not:

Excerpts from Folic Acid Focus Group (Group F)

In the early part of the focus group discussion the women were asked to comment on the role of folic acid. Although one recalled having read about spina bifida this was not mentioned straight away:

Frances : It’s for the baby eh? I knew it was to do with the bones and... to aid that... more as a preventative.

Sarah : That’s right.

Frances: Spina bifida and that...?

Sarah: Yeah ... I saw something about that.

The moderator sought later in this same focus group discussion to find out more about the women's knowledge about prevention of neural tube defects. In the excerpt below the three women involved can be seen co-constructing an explanation:

Sarah: There's no proven fact that it's good for you or not good for you. But, as Frances (who'd talked about having had a miscarriage and wondering if taking folic acid might have prevented this) said, you want to cover every track. But ...

Linda: Or how much is staying in your system. Like me, I was sick all the time.

Moderator: Why do you think there's an emphasis on the first 12 weeks of pregnancy?

Frances: Is that no(t) to do with your risk of miscarriage – in the first twelve weeks.?

Sarah: I'd think its it's maybe that after that the baby's stopped forming ...

Moderator: Is that something you read in a leaflet?

Sarah: Just something I made up in my own head.

Linda: After 12 weeks it's already starting to develop.

Sarah: I'd assumed that whatever the folic acid prevents or helps to prevent has already done its job by the twelve weeks.

At several points through the discussion these women alluded to the need for proof with regard to the impact of folic acid on pregnancy outcome:

Frances: It's hard to say, because there's, like, two people on either side of me and one took and one didn't. They could end up exactly the same healthwise. It's one of they things, It's an unknown. You can't say

Sarah: You can't say 'Did you take folic acid?. Well, your baby'll turn out like mine or if you didn't it won't..

Frances: Every pregnancy's different. I'd a great one. I sailed right through it, so did that have something to do with it?

Linda: That's right.

Frances:	If you're getting it all through food anyway, I don't know that taking the tablet does any good.
Moderator:	What do you think might encourage women to take folic acid supplements?
Sarah:	It's so hard because you're obviously thinking 'I want to start a family', It's just supposed to be one of those natural things you do
Frances:	I don't know if you'd need proof. If they could maybe come up with 4 or 5 mums who – I don't meant it nastily - who didn't take folic acid and did have problems with their children. We're all sitting here with healthy babies, but is it the folic acid? We're all in the same boat ...
Linda:	Yes.
Frances:	Would it make a difference if somebody came in and said I took it every day and I still had problems? You just don't know ...
Sarah:	Is a lot of this not hereditary too? Maybe a family gene or at risk with age. That's one of the reasons I took it because I was older.

Many focus group researchers have used the method opportunistically, either indulging in 'brain-storming' sessions, (expending minimum effort with regard to formulating topic guides or stimulus materials) or capitalizing on social situations with no attempt to select participants. The art of successful designing focus group studies, however, depends to a large extent on a certain sleight-of-hand in terms of paying attention to structure – in the form of sampling decisions, development of topic guides, and selection of stimulus materials – which serves to shape or focus discussion in a direction that addresses the concerns with which we have embarked on the research. Although discussion, hopefully, emerges in a relatively spontaneous fashion, it has, nevertheless, been skillfully cultivated through putting markers in place from the outset in order to guide discussion. If you put

in the necessary effort ‘up front’, however, you can, hopefully, sit back to a degree – albeit remaining alert to distinctions and nuances – as discussion flows in the desired direction. The following sections provide some hints on Successful Use of Focus Groups, giving advice on how to ensure that this apparently effortless match between research topic, data and findings can be attained. This is discussed under the four headings of

- Recruitment and Ethical Issues
- Sampling and Group Composition;
- Running Focus Groups, Developing Topic Guides and Selecting Stimulus Material; and
- Challenges in Analyzing Focus Group Data (with sections on Coding, ‘In-vivo’ Codes and Grounded Theory; and Identifying Patterns)..

Successful Use of Focus Groups:

Recruitment and Ethical Issues:

Focus groups are frequently recommended when researchers wish to engage with groups that are notoriously hard-to-reach, since the informal nature of group discussions is generally considered to be less threatening to those who may have an antipathy towards authority, for example. It is for this reason that focus groups have been used extensively with children (Mauthner, 1997), minority ethnic groups (Chiu & Knight, 1999), those out of contact with services, or who have chosen not to take up opportunities such as screening or immunization (Barbour, 2007).

However, it is important not to alienate potential participants through insensitive approaches. Obvious examples might involve using ethnic, religious or ageist labels which may be offensive, but even labels such as ‘obese’ which are frequently used by health researchers may provoke an unfavourable response in our target group. Even where the research design relies on ‘stand-alone’ focus groups (without employing any other methods), the researcher would be well-advised to carry some observational groundwork – or to carry out some background reading or to seek advice from knowledgeable individuals - in order to ensure that such unfortunate mistakes are avoided (Baker & Hinton, 1999). Culley, Hudson and Rapport (2007), for example, drew on their knowledge of South Asian communities in deciding not to hold inter-generational focus groups, due to the practice of deferring to older people. Another problem is that of ‘sampling by deficit’ (MacDougall & Fudge 2001), where researchers may highlight ‘deviant’ behaviour, such as failure to turn up for screening. Our folic acid study had the original title of ‘Reasons for Sub-optimal Intake of Folic Acid Pre-pregnancy and in Early Pregnancy’ but we decided to amend this title for the information sheets to be used in recruiting focus group participants, opting to use the more user-friendly and less censorious title of ‘Folic Acid and Pregnancy’.

Although some researchers have argued that one-to-one interviews are most suitable for sensitive topics, focus groups can afford ‘safety in numbers’; do not force each participant to answer each question; and may, therefore, cede a greater degree of control to participants in terms of what they choose to share or withhold from discussions.

Recent developments afforded by the Internet (in the shape of online discussion fora), can

be harnessed - either as a means of generating fresh data or allowing the researcher to 'harvest' as data contributions posted in naturally-occurring fora. Using the Internet in this way can afford enhanced anonymity and may be a particularly attractive option for younger people who are more likely to be comfortable with this medium, as were the young people with potentially stigmatizing skin conditions who took part in synchronous (i.e. real-time) online discussion in one study (Fox, Morris and Rumsey, 2007).

The issue of confidentiality – no longer a matter to be resolved merely between researcher and 'researched' - has to be addressed at the outset of focus group discussions, as there is, obviously, the potential for information to be leaked after the event.

However, this applies to all participants and flagging up this issue at the beginning also alerts participants to the potential for tempering their contribution accordingly.

Researchers who are keen to share transcripts with research respondents should give careful consideration to the implications of providing focus group members with accounts of each others' contributions to the discussion.

The other constituency that needs to be taken into account with respect to recruitment is gatekeepers – key individuals who can facilitate access to our sample and provide advice as to how best to approach them, or where to hold groups. Such people can include managers or professionals in contact with clients, and, depending on the study involved, they may sometimes undertake to present our research on our behalf to potential participants. This can be useful in situations where participants are likely to be especially wary of overtures from researchers. Gatekeepers' input can significantly shape our

resulting sample – and, hence, the potential of our dataset. It pays to be mindful of the ways in which gatekeepers can block access – either intentionally or inadvertently. They may screen out potential participants through employing their own judgment as to who is or is not a suitable group member and may be selective with regard to how they receive or present our research message. Gatekeepers may not always be the senior people we envisage – Umaña Taylor and Bámaca (2004), for example, talk of the key role played by bilingual children who frequently answered the telephone to researchers attempting to recruit Latino women for a research project.

Sampling and Group Composition:

Although qualitative researchers are seldom called upon to formulate the precise inclusion and exclusion criteria that are a standard feature of sampling decisions for randomized control trials, it is still crucial that we give some thought as to the ethical issues involved. In the context of the folic acid study, for example, we have been careful not to recruit any women whose babies have experienced health problems following delivery. Whilst it might be illuminating, as a researcher, to discover whether having a sick baby might make women more likely to follow health care professionals' advice in subsequent pregnancies, we considered that it would be unethical either to explore or, potentially, even to plant such doubts. (In the context of this particular study, however, we are conscious that we are treading a narrow line, as we would hope that, as a result of taking part in focus group discussions, women might be more likely to appreciate the importance of taking folic acid supplements in the run up to and during the early stages of any subsequent pregnancy.) Ensuring that focus group participants all have healthy

babies also avoids the danger of women whose babies have experienced health problems comparing themselves unfavourably with those who have followed advice about folic acid supplements. This is something that focus group researchers need to consider carefully before convening groups comprising individuals who may, for example, be at different stages of an illness, or who may have differing prognoses, where comparison with others might be upsetting for those involved.

Although some focus group projects rely on selecting fresh samples, we are sometimes in the fortunate position of being able to utilize a larger dataset (replies to a questionnaire, for example) as a sampling pool from which to select focus group participants on a more systematic basis – provided that agreement has been obtained to re-contact respondents. This has the added advantage that preliminary analysis can help identify important relationships between quantitative variables and, therefore, which of these characteristics of focus group discussants are likely to reflect differing perceptions or experiences and, hence, make for richer discussion and debate. For the study investigating low uptake of folic acid supplements we opted to employ a short researcher-administered screening questionnaire at mother and baby clinics in order to recruit women who have recently given birth and to invite them to take part in further focus group discussions. A research midwife administered the questionnaire and recruited a total of 202 women who were willing to take part in focus groups. The information that we collected related to women's parity, age, marital status, education, employment, area of residence (measured by reference to deprivation categories developed for studying Scottish populations) and, crucially, their experience of taking folic acid supplements prior to and during their most

recent pregnancy. (Some researchers also include a few attitudinal questions in such screening tools, but, in this more specific case, we were content to limit such information to folic acid use.)

As with all qualitative research, sampling holds the key to the systematic comparisons which our data allow us to make and, hence, determines the analytic potential of our studies. Whether described as ‘purposive’ (Kuzel, 1992) or ‘theoretical’ sampling (Mays & Pope, 1995) the intention is the same: to use what is already known about the variety encompassed by the group or population we are studying to make informed guesses as to how these differences may affect experiences and perceptions and to select our sample in order to explore these more fully.

Rather than taking up valuable discussion – and transcribing time – by asking focus group participants to provide detailed information it can be useful to collect standard data by employing a pro-forma. If this is done in preparation for the group session, this can have the added advantage of aiding recall and ensuring that information obtained is accurate. When conducting a study about decision-making in relation to redeeming prescriptions and taking medication, we asked participants to complete a short pro-forma at home which recorded details and dosages of the medication they were currently taking. Filling in these forms at home allowed individuals to record the relevant information with reference to the labels on their pill bottles – and also prevented focus group discussions being high-jacked by stories about who was taking which medication, which, although possibly compelling for participants, was not, in this instance, the topic of the research.

In the context of the folic acid study we used the information collected from women attending clinics in order to draw up a sampling grid to provide a total of 6 focus groups, and to include all the women (who indicated that they had not taken folic acid during their most recent pregnancy). We identified 6 potential focus groups:

GROUP A

7 primiparous women (with first babies) who had NOT taken folic acid
Age range 22-37 years
Deprivation categories 2-5 (where 1 is least deprived and 7 most deprived)
All with standard grades (exams taken at 16 years of age)
5 single; 2 co-habiting

GROUP B

8 primiparous women (with first babies) who had taken folic acid, but not as recommended (Some had taken it throughout their pregnancies; others had taken it only very briefly; and some had taken it only during the later stages of pregnancy)
Age range 20-33 years
Deprivation categories 1-5
Range of educational qualifications
3 single; 3 co-habiting; 2 married.

GROUP C

5 multiparous women (with one or more previous births) who had taken folic acid during this pregnancy, but not as recommended.
Age range 19-40 years
Deprivation categories 4-6
Range of educational qualifications
2 single; 3 married

GROUP D

6 multiparous women (with one or more previous births) who had NOT taken folic acid during this pregnancy or during a previous pregnancy/ies
Age range 19-36 years
Deprivation categories 4 & 5
Range of educational qualifications
All co-habiting

GROUP E

6 multiparous women (with one or more previous births) who had NOT taken folic acid during this pregnancy but who had a different experience of folic acid in a previous pregnancy/ies

Age range 22-37 years

Deprivation categories 2-5

Standard grades (exams taken at 16 years of age) or vocational qualifications

3 co-habiting; 3 married

GROUP F

To be selected from the remaining pool of 170 women who had taken folic acid as recommended during their most recent pregnancy

6-8 women who HAD taken folic acid during this pregnancy

Mix to be determined depending on outcome of the other 5 groups and the comparisons we wished to explore.

It is easy, as a researcher, however, to fall into the trap of thinking that we are in control of sampling decisions when, in the event, focus group participants may turn up accompanied by friends or partners and can, of course, always elect not to turn up at all. Nevertheless, it pays to give due consideration to the rationale for bringing certain individuals together. The usual advice to convene focus groups on the basis of some shared characteristic or experience is sound and should help to ensure that people feel comfortable with each other – especially where they may share some stigmatizing condition (Bloor et al., 2001). In the above example, we decided, for similar reasons, not to mix women who had taken folic acid as recommended with those who had not. However, it is also important not to end up with a group that is so similar that there is little room for discussion or debate (Morgan, 1988). Fortunately our potential focus group participants are invariably less one-dimensional than our desk-based sampling plans might suggest and it is likely that further differences will emerge in the course of

discussions – a participant selected because of their role as a health care professional may, for example, also have acted as a carer and patients are also likely to be fathers or mothers, brothers or sisters and will, in all likelihood, draw on these multiple identities in mulling over our research questions. In the folic acid study we initially assigned women of similar parity (number of births) to groups, women selected for our primiparous groups might reveal that they had experienced previous still-births or terminations. In addition, practical issues, such as women's availability and their need for a crèche meant that we had to be flexible. Although we still wished to avoid mixing those who had taken folic acid as recommended with those who had not taken it at all, we took a more relaxed attitude to mixing women of differing parity and to assigning to the same group those who had taken folic acid (but not as recommended) and women who had not taken it at

Focus group researchers engaged in studies of professionals frequently ask whether it is better to hold multi-disciplinary or single –discipline focus group sessions. As is so often the case, the answer ultimately depends on the purpose and topic of the research – whether the main research interest is in how teams function as entities or how the individual professional groups involved construct the issue in question. Holding some of each type of group, however, might yield useful comparative data. If the researcher is tasked, for example, with evaluating a series of group therapy sessions, it may make more sense to convene separate groups with all the fathers, all the mothers, and all the children involved, rather than holding focus group discussions with family units, which might begin to look and sound remarkably like the sessions they were set up to study.

Although it may be tempting to utilize pre-existing management meetings or tutorial groups, or the like, for generating data, this may not be appropriate for the specific research question being addressed and may yield data which tells us more about these specific contexts than it does about the more general processes in which we are interested (Kevern & Webb, 2001). The decision as to which, if any, pre-existing meetings to use should be made after considering whether the access afforded (both in terms of the nature of discussion and group membership) fits with the research aims, rather than merely offering a solution to logistical problems - whether these be saving time or allowing a recalcitrant researcher to sidestep considerations about sampling and group composition.

This is not to say that pre-existing groups should be avoided as potential sources of data. Peer groups, friendship groups and family units, in particular, provide the context for many of the health-related discussions that shape our attitudes, routines and behaviours. In the context of the study on decisions about medication several participants did turn up with their spouses, which afforded valuable insights into the way in which joint decision-making provided the backdrop for and ultimately engineered individuals' responses. Focus groups can provide a window onto the intimacies of family life, as Crossley (2002) discovered when analyzing some rather acrimonious exchanges between two sisters in a focus group concerned with responses to health promotion advice.

However, particularly when more formal pre-existing groups with their own clear agendas – such as work groups or committees - are used, it is paramount that attention be paid to the ordering and content of the topic guide and stimulus material. This ensures

that some ‘structure’ is provided to give direction and focus to the discussion. This is the only way to ensure that the researcher is not merely ‘eavesdropping’ on a conversation or discussion which, although of consuming interest for participants, will not, in all likelihood, touch on issues salient to the research project.

Obtaining permission from a group is seldom a straightforward business, as membership is likely to fluctuate and those who turn up on the day may not in fact, be the same individuals who agreed to providing access for the focus group. This means that it is important to ensure that participants are provided with relevant information in sufficient time to enable them to make an informed decision regarding attendance. A further issue in relation to capitalizing on pre-existing groups relates to the implications for the future of the group and its members of taking part in the research. On balance, though, focus group discussions are unlikely to stimulate particularly heated discussions between individuals who are not already prone to interacting in this way and, in such instances, they probably have a repertoire of ways of accommodating and moving on from such disagreements. Nevertheless, it is wise to try to end a focus group discussion on a conciliatory or positive note – this is further discussed in the next session which examines topic guides and ordering of questions.

Running Focus Groups, Developing Topic Guides and Selecting Stimulus Material:

Running Focus Groups:

Before the group even takes place the researcher should be engaged in making some important decisions. The choice of venue can be important, as this may determine the

emphasis likely to be given to particular issues. A focus group held in a hospital seminar room complete with posters of surgical interventions is likely to give rise to more discussion around medical treatment than is a session held in a community centre or University office. This does not mean, of course, that there is such a thing as an ideal location for a focus group – rather that the researcher should give thought as to the likely impact of the setting on the nature of the discussion and that s/he should take care to structure her/his topic guide to ensure that the whole range of potential topics is covered. Access can be important, particularly where the research aims to be inclusive of those with physical disabilities. Travelling distance may also affect turnout (and expenses if the project undertakes to provide compensation to participants).

Another decision relates to whether to audio-tape (or even video-tape) discussions. Many focus group researchers do audio-tape discussions and produce verbatim transcripts, but do not subject these to detailed analysis. It is not the existence of a transcript that guarantees rigour – it is the attention to detail and degree to which the researcher engages systematically with the data (Barbour, 2007, 2008). In my view, this can be achieved either by means of audio-recording and verbatim transcripts, or via meticulous analysis of notes or repeated re-listening to recordings. If a recording is to be made good quality equipment is essential and it pays to practice so that the researcher is confident in using this and does not become distracted from the task in hand – which is to facilitate and focus discussion. Notes on non-verbal cues may be especially valuable, when it comes to interpreting data, as can information on individual speakers. For these reasons it can be useful to enlist the help of an assistant moderator, who can take notes on expressions,

gestures and tone of voice and, also crucially, on the sequence of talk, in order to help identify individual speakers.

As discussed earlier, many of the skills that researchers are likely to have developed in other group contexts are likely to serve them well when they turn to moderating focus groups. However, the purpose of the research focus group may be rather different to these other groups. Owen (2001) for example, provides an insightful discussion about the difference between running groups for therapeutic purposes and using them in order to generate research data. When utilizing groups in a research context it is more important, perhaps, to encourage contributions from everyone and to explore the reasons behind differing perspectives or qualifications that people may make – this is because the focus is on process rather than the outcome of the group discussion. It is also worth giving some thought to the match – or potential mismatch – between moderator and group members. Although participants may be more likely to talk openly with someone they identify as belonging to their group or community, it is easy to slip into making unwarranted assumptions about shared meanings and the ‘seduction of sameness’ (Hurd & McIntyre, 1996) may prevent moderators from asking the penetrating questions necessary in order to process discussions as research data. Rather than attempting the impossible in terms of matching moderator and group it is probably better to remain alert to the impact of the researcher’s persona on the data generated and to use this as a resource in the analysis - alongside consideration of participants’ characteristics, for example.

When conducting focus groups with ethnic minority groups whose first language may not be that of the researchers, it is also easy to make unwarranted assumptions about ‘sameness’ based on shared language skills. Dialects are important here, as are shared cultural and even sometimes religious referents. Language skills alone do not necessarily qualify an individual to moderate a focus group and focus group training is also important. Translation can be a potential minefield and it is important to enlist the help of bi-lingual moderators in carrying out back translation to ensure that potential for offensive and insensitive vocabulary (Culley, Hudson and Rapport, 2007) is identified and avoided.

Despite observations about the potential of focus groups to create consensus (see, for example, Sim, 1998) not all focus group discussions do arrive at a consensus (as pointed out by Wynne and Waterton, 1999). Moreover, careful development of topic guides and facilitation of discussion by an attentive moderator can help interrogate and move on from any apparent consensus. The central focus is, thus, on providing a window on whatever is being achieved during the discussion, whether this is the airing of conflicting views, developing a shared understanding, refining individual perceptions, or making decisions. There is more, however, to carrying out focus group research than simply ‘sitting back and seeing what transpires’.

Focus group moderators should attempt throughout to anticipate analysis, and this ultimate aim should guide their requests for clarification or encourage them to follow up any potentially interesting distinctions employed by or alluded to by participants.

Moderators (as well as assistant moderators) need to look out for non-verbal cues which may provide an opportunity to engage otherwise quiet members and must also remain alert to the tenor of the discussion and potential impact on participants. Even with online focus groups this can be achieved by paying attention to emoticons (Fox, Morris and Rumsey, 2007), which may actually leave less room for misinterpretation by the researcher. As Bloor et al. (2001) acknowledge, focus group participants can sometimes ‘under-react’ to our questions and one of the most important skills for the novice moderator to master is that of learning to tolerate silences, in order to allow participants time to formulate responses – whether this is verbally or in terms of typing as in the online discussions moderated by Fox, Morris and Rumsey (2007).

Developing Topic Guides:

Novice focus group researchers may experience as unnerving the rather short and somewhat broadly focused topic guides which are recommended in order to encourage discussion throughout their research encounters. The apparent brevity of focus group topic guides can be particularly unnerving for researchers used to administering tightly-structured survey instruments. Although topic guides may list what look like rather vague areas for discussion ‘the devil is in the detail’ in the form of prompts which ensure that more specific issues are covered, but which allow the moderator to judge when to wait and when to raise these sub-topics. For example, in the case of the ‘folic acid project’ we are keen to explore some of the misconceptions that women may hold about folic acid and its role in preventing neural tube defects, such as spina bifida. These

specific issues are included in the topic guide reproduced below as prompts (*in italic*) to be employed only if discussion about this does not spontaneously occur:

1. Can I start by asking you what your thoughts are about taking supplements during pregnancy?
 - *What other supplements, if any, did you take?*
 - *Were any of you involved in Healthy Start? (A scheme directed at mothers of young children living in economically deprived areas.)*
 - *Fears?*
 - *Perceived benefits?*
2. What other changes did you make either in the run up to or during your pregnancy?
 - *Diet*
 - *Smoking*
 - *Exercise*
 - *Alcohol*
 - *What was the main reason for making any of these changes?*
 - *Where did you get advice about this? Was any of it confusing?*
3. What about folic acid specifically?
 - *How important is it to take folic acid?(Maternal OR foetal health?)*
 - *Where did you get information – clinics/friends/family/mother/mother-in-law/antenatal classes?*
 - *Were any of your friends pregnant at the same time?*
 - *Prevention – knowledge of spina bifida*
 - *Do any of you know anyone with a child with spina bifida?*
 - *Benefits?*
 - *How often did you take it?/What is the recommended dose?*
 - *What about your friends – did they take folic acid?*
4. Current recommendations:
 - *Women who could become pregnant? - Aware of this advice?/How practical?/Where would you get folic acid while you were trying to conceive?/Planned pregnancies?/How easy did you find it to get pregnant?*
 - *Taking until 12th week of pregnancy? - Aware of this advice? /Why do you think there's an emphasis on this early part of pregnancy?/How practical?/Did you take folic acid on its own or with other vitamins?/Are there any benefits to taking folic acid beyond 12 weeks?*
5. For those of you for whom this was not a first pregnancy (Not Group A) – how did your experiences compare with previous pregnancies in terms of taking folic acid?
 - *Did you take folic acid supplements prior to conception?*
 - *Did you take folic acid from conception to 12th week?*
6. Why do you think women might decide not to take folic acid supplements or to stop taking them?
 - *Have you discussed this with other women?*

- *Possibility of increasing folic acid intake through changes to diet?*
 - *Knowledge about foods high in folic acid?/foods with added folic acid?*
 - *Do you think that most women know about the advice on folic acid?*
 - *What sort of barriers are there to taking folic acid as recommended?*
7. Can you please have a look at this leaflet (an excerpt from ‘Ready, Steady Baby’ – a book routinely given to pregnant women at booking):
- *Do you remember seeing this – or something similar before you got pregnant/early pregnancy/during pregnancy?*
 - *Do you think it should target - women who are planning pregnancy/trying to conceive? OR all women who might become pregnant? OR women not using contraception? OR all women of childbearing age?*
 - *Is this information helpful/how could it be changed?*
8. Do you think other mothers share your own views?
9. If you were to have another baby would you change anything regarding taking folic acid/other supplements?
- *What do you think might encourage other people to take folic acid supplements?*
 - *What about women who are at greater risk than you? Who might these be and how might they be encouraged to take folic acid supplements?*

An especially valuable moderator’s skill is that of knowing when to let discussion develop. Although, at times, it might appear that participants are going ‘off piste’ such speculation can, ultimately lead to unanticipated insights. In one of the focus groups where people were discussing their decision-making with regard to medication, participants initially appeared to be trading horror stories about inconsistencies in the system. However, they then went on to collaboratively attempt to find an elusive logic for an arbitrary and inconsistent system, revealing an under-lying faith in the National Health Service that was at variance with the antagonism that some of these comments, if taken at face value, suggested.

Selecting Stimulus Material:

Although some focus group researchers like to use stimulus material at the beginning of groups in order to ‘break the ice’, this approach should be employed with caution, as individuals may bring a lot of unforeseen ‘baggage’ to groups. One person’s delightful parlour game can be another’s worst nightmare, due to associations of which the unwary focus group moderator may be completely unaware. Colucci (2007) provides a useful catalogue of exercises suitable for use in focus group research, including some tasks which can be performed prior to the group sessions. It is not always necessary to use exercises and a warm and unthreatening introduction from the moderator, coupled with the opportunity to introduce oneself to the group will often be sufficient to set the scene for an informal and productive discussion. Stimulus materials can, however, be of much greater value if used at a later stage in the discussion, where they can be used in order to tease out similarities and differences in participants’ perspectives.

There is no definitive guidance regarding the superiority of pre-existing over specially-developed stimulus materials, but the test is always whether these give rise to the sort of discussion you require. Colucci (2007) adds: “However, exercises are meant to be the input for further discussion, and they accomplish their role best if the moderator goes further than the fulfillment of the task and invites participants to describe their answers more in depth, provide more detail, apply them to a real situation, and express agreement or disagreement with other participants’ answers.” (p.1430) For this reason, piloting of stimulus material is necessary. Television soaps, for instance, offer a wealth of possible material and are readily accessible to participants. However, these sometimes have particularly compelling storylines and the focus of the research may become lost as

participants engage in animated discussion about fictional characters and plot lines of little relevance to the research topic.

For our research project on folic acid, we opted to use an excerpt relating to taking folic acid supplements drawn from a book which is routinely given to pregnant women at booking. We hoped that the familiarity of the layout would put women at their ease and would reassure them that we were not seeking to put their knowledge to the test in a threatening way. Although all of the women taking part in the focus groups could recall being given this book and having read the text, they sometimes commented that they had skipped over this section quite quickly and that, in any case, the information was often redundant by the time they read it, since they might be more than 12 weeks pregnant by then..

When carrying out another research project looking at how health visitors identified and responded to problems in mother-infant relationships we decided to show a short video, selected precisely because it was unlikely to give rise to straightforward assessments, since it depicted a grey area of practice. On other occasions you might want to develop your own vignettes, taking care to incorporate problematic or uncertain areas. The brevity of such materials belies the significant amount of work that is likely to be involved in selecting or constructing such examples. The ultimate test of what to include is always the focus of the research in question and whether the vignettes are likely to encourage discussion around desired areas. The attentive focus group moderator should always be anticipating analysis, teasing out similarities and differences - whether these

are stark oppositions or delicately nuanced variations. S/he should be engaged in exploring with participants the ideas behind these comments, inviting them to join her/him in speculating as to how to explain these. The use of stimulus materials aids systematic comparison between groups, as the researcher can, for once, be certain that participants are referring to the same items, which have been presented to them in the same way by the moderator.

However, early focus groups are quite likely to furnish material that can be employed in later groups as stimulus material – as was the case on a study of GPs' views and experiences of sickness certification (Hussey et al., 2004). Both in this project and in the study of health visitors' practice (Wilson et al. 2007), we elected to show participants in later focus groups some quotes from earlier focus group discussions (sometimes altered slightly to clarify our questions or concerns). (The probes used in the second round of focus groups held for the sickness certification study are reproduced in full as part of the supplementary material deposited on the *British Medical Journal* website, which can be accessed via the electronic version of the article.)

Challenges in Analyzing Focus Group Data:

Coding:

Coding is, quite simply, an attempt to categorize excerpts of data with reference to a set of key themes and related sub-categories developed by the researcher. The principles involved are much the same, whether you are coding fieldnotes, interview or focus group transcripts. However, it is important not to slip into routinely coding individual

comments in focus group discussions, but, rather to look out for collaborative efforts and what is being achieved in sections of consecutive talk. In focus group research group dynamics sometimes *are* the data – particularly where we are interested in accessing how peer groups make decisions or formulate collective understandings. At the very least group dynamics are a valuable resource for interpreting our data. See, for example, the helpful discussion by Wilkinson, Rees and Knight (2007) on the ways in which humour can be employed in focus groups in order to accomplish a range of tasks - including the creation and expression of solidarity, negotiating conflict, reflecting or challenging power relationships. What is *not* said can be as important as what *is* articulated during group discussions, but this can present a challenge for analysis. Hopefully, sensitive moderating will already have ensured that any apparent silences have been probed, using gambits such as ‘Other groups have mentioned X – is that a concern/issue for you at all?’ Differences in emphasis – and even de-emphasis - initiated in response to the same stimulus material, however, can be particularly revealing, provided that groups have been given equal opportunity to reflect on materials.

Sometimes novice qualitative data analysts agonize over allocating multiple codes to a piece of text. However, this is not only permissible – it is highly likely that even a small piece of interaction will encompass several related – or even disparate – issues. This richness is one of the key strengths of qualitative methods in general and focus groups in particular. For an example of a coded focus group transcript and discussion of coding strategies see Frankland and Bloor (1999) who employed Ethnograph – one of the older software packages available. The principles of all coding packages, however, are

remarkably similar, although the labeling and terms varies with each using its own distinctive language. It is essential, however, that the novice focus group analyst be conversant with the principles of qualitative data analysis – otherwise analyses run the risk of being driven by the properties of a given package, rather than the more important aims of the specific research project. For example, some packages afford the opportunity of isolating and thus retrieving all segments of talk produced by one focus group participant. It is important to weigh up carefully the disadvantages involved and not just to carry out a procedure simply because it is possible to do so.

‘In-Vivo’ Codes and Grounded Theory:

Grounded theory emphasizes the importance of developing ‘*in-vivo*’ codes, which Kelle (1997) helpfully defines as theories of members of the investigated culture. These are key analytical tools and provide evidence of thoughtful and thorough engagement with the data. However, ‘*a-priori*’ or researcher-generated codes also have their place – especially at the outset of the process of analysis. It is important, though, to ensure that you do not rely overly on such largely descriptive codes.

Many focus group texts give advice to focus group moderators to remain alert to the possibilities of exploring further comments or distinctions made by participants, but we may not always be the ones who make the initial steps towards such theorizing. Focus group participants do frequently engage in the development of ‘grounded theory’ that characterizes the social science research enterprise, providing ‘*in vivo*’ coding categories which help us to make sense of our data. In the course of discussions participants can

draw each other's and the moderator's attention to underlying assumptions or contradictions and may provide thoughtful commentaries.

The study of health visitors' practice in relation to problematic mother-infant relationships (Wilson et al. 2007) we developed several '*in-vivo*' codes, including 'Are they holding it lovingly?' which referred to the combination of observational skills and health visitors' initial reactions to mothers and concerns that were hard to articulate, all of which were drawn on in the context of their overall assessment. One of the most experienced (and respected) health visitors described situations where the 'hairs on the back of her neck stood up', illustrating dramatically the immediacy with which problems were recognized, although this apparently automatic response was likely to draw on many years' painstaking experience and thorough perusal of the research literature. A further code used on this project was that of 'this is all these women know' which referred to the cycle of disadvantage as a backdrop to health visitors' work and the balancing of realism, sympathy and potential for discouragement that was a feature of their engagement with such families. A useful way of describing '*in-vivo*' codes likens them to the 'soundbites' so beloved of journalists. These are frequently colourful phrases, but which, nevertheless, may sum up complex ideas.

Identifying Patterns and Being Analytical:

Although many qualitative data analysts are content to identify and provide illustrations of themes that arise in discussions, this is only half of the story. In order to develop more analytically sophisticated accounts it is essential to explore patterning in our data and to

seek to provide explanations for these – including seeking to explain contradictions and exceptions. This is what is meant by the term ‘analytical induction’ (see, for example, Frankland and Bloor, 1999).

Systematic and thorough comparison lies at the root of the ‘constant comparative method’ (Green, 1998) and provides the means through which we begin to articulate and test out our emergent theoretical explanations, paying particular attention to exceptions (Barbour, 2001). Although most of the comparisons that focus group researchers are likely to make will probably be at the level of groups, supplementary information also allows us as researchers to pay attention to individual voices within groups. This can be a further useful feature to incorporate in framework grids (Ritchie and Spencer, 1994) which provide a means of depicting – and ultimately the basis for interrogating – patterning in data. This can be especially valuable as it may provide suggestions for further sampling (see discussion below).

In seeking to account for patterns and exceptions we identify during analysis it is often necessary to retrospectively collect more information about specific groups, whether this relates to individuals, their relationships to each other or other features of the setting.

Although the moderator, will, hopefully, have provided a good deal of such contextual information it is impossible to anticipate all of the details that might be helpful.

Traulsen et al.. (2004) recommend ‘interviewing the moderator after each focus group session, but, in my experience it is infinitely preferable to have the original moderator on

hand and even actively participating in analysis in order that such questions can be raised and answered.

Provided that the researcher engages systematically in such comparisons, the small scale of qualitative research and its iterative nature allow perhaps unique room for manoeuvre in the form of the potential to convene further groups. As with the example provided by the folic acid project above, it is not necessary to stipulate in advance what the selection criteria for such additional ‘wild card’ (Kitzinger & Barbour, 1999) groups will be, but to await preliminary analysis in order to further investigate tentative hypotheses. The original formulation of ‘grounded theory’ (Glaser & Strauss, 1967) advocated returning to the field to test out the hypotheses developed as data is analyzed. This is rarely done in today’s climate of shorter timescales and pressure to publish (Barbour, 2003) but focus group research is particularly well-placed to fulfill this requirement, allowing the researcher to follow up ‘hunches’ developed through paying attention, for example, to individual voices within focus group discussions. Moreover, relatively little additional work may be involved in convening a small number of additional groups. Notably, this involves bringing individuals from the same original sampling pool together (i.e. people who have agreed to take part in focus groups) in different constellations rather than recruiting additional people. Thus, this approach is unlikely to require further permission from ethics committees.

In the context of our health visitor study we had elected to run focus groups with health visitors working in affluent areas, deprived areas and mixed areas, and we aimed to

recruit health visitors with a range of levels of experience. Because we were particularly interested in the acquisition of skills we also convened one group of recently qualified health visitors. We were struck also by discussions about the importance of learning from the experience of being a parent oneself. For this reason, and in order to, hopefully, elaborate the distinctions and claims being made we decided to hold a focus group with male health visitors. This, as it turned out, threw several issues into particularly sharp focus and alerted us to some issues which, although present in other discussions, had not been so evident to the research team. These included, importantly, the establishment of rapport with mothers and working relationships with other health visitors – an issue that was implicit in much of the discussion in other focus groups, but only thrown into sharp focus in this one group. For the male health visitors claims to professional competence around breast-feeding were a particularly fraught area, but once we were alerted to this as an issue we became aware of its relevance also for female health visitors who were not, themselves, mothers.

The Contribution of Focus Group Research:

The contribution that focus groups can make depends on why the research is being carried out in the first place and whether the goal is to produce a theorized account which addresses disciplinary concerns or whether the aim is to effect social, organizational or political change. However, these different end points may not be mutually exclusive. Even where focus group researchers do not explicitly set out to work within an action research context, it is possible that merely taking part in such discussions can have a beneficial effect for participants, as did the focus groups held by Jones & Neil-Urban

(2003) for fathers of children with cancer. Focus groups certainly have the potential to provide insights for participants as well as for researchers. As Crabtree et al. argue: “People can recognize previously hidden parts of themselves in others. They can also reconstruct their own life narrative from others’ stories.” (Crabtree et al., 1992, p.146). Whether or not this is overtly utilized in a therapeutic fashion depends, ultimately, on the purpose of the research and the predisposition and skills of the researcher.

Nor does working in an overtly interventionist manner preclude the development of a theoretically-sensitized account. Johnson (1996) argues that focus groups can access uncodified knowledge and can stimulate the sociological imagination in both researchers and participants. We can, and sometimes do, enlist the help of interviewees in making sense of and contextualizing their experiences and perspectives. Focus groups, as a complex piece of social interaction, have added potential for harnessing the insights of participants. It is essential, however, that, in acknowledging the importance of representing the views of our respondents, we, as researchers, do not sidestep the important responsibility of providing an overview. Only the researcher can do this – whether this involves furnishing broadly descriptive findings or, indeed, more analytically sophisticated explanations.

Although the question as to whether respondents are telling us the truth does surface in relation to other types of qualitative research, focus groups have probably attracted more than their fair share of such comments. Again this question derives from the practice of

viewing focus groups through the unforgiving and inappropriate lens of quantitative research.

Where focus groups are used in conjunction with one-to-one interviews, the latter are often viewed as the ‘gold standard’, with focus group findings, should they contradict the accounts produced by interviews, seen as lacking. Agonizing over which method produces the most ‘authentic’ data is a futile exercise. This misses the fundamental point that complementary methods generate parallel data, with focus groups eliciting ‘public’ rather than ‘private’ accounts. However, focus groups can provide insights that interviews cannot. . As Wilson reminds us: “We will never know what respondents might have revealed in the ‘privacy’ of an in-depth interview but we do know what they are prepared to elaborate and defend in the company of their peers.” (Wilson, 1997, p.218). We are usefully reminded by Brannen and Pattmen (2005, p.53) that the qualitative research context is a ‘site of performance’. Focus groups afford perhaps unrivalled access to such performances and this constitutes our most valuable data.

Rather than using focus groups and interviews to cross-check or ‘triangulate’ findings, the two methods should be seen as a fertile resource for exploring the limits of and subtleties involved in managing or making sense of both the ‘public’ and the ‘private’ and the tensions between the two. As Morgan (1993) reminds us, “...if research finds differences between the results from individual and group interviews, then the methodological goal should be to understand the *sources* of these differences.” (Morgan, 1993, p.232; my emphasis)

Only by paying attention to contradictions and exceptions – not ‘cherry-picking’ those comments that support our emergent frameworks – can we engage in systematic and thorough interrogation of our data. This, together with subjecting theoretical frameworks to interrogation using our own data, is what allows us to claim theoretical transferability. Reassurance with regard to rigour can only be provided by documenting the steps we have followed and tracing our analytical journey.

Good qualitative research – and focus groups, in particular - have the potential to furnish explanations in the form of developing theoretical frameworks, whether these relate to disciplinary or professional preoccupations. This is because focus groups are located at the intersection between the ‘micro’ and the ‘macro’. Studies focusing on the ‘micro’ – or minutiae of consultations, conversations or other verbal exchanges – have traditionally paid close attention to detail, as, for example is advocated by conversation or discourse analysts. In contrast studies focusing on ‘macro’ elements have concentrated on taking into account the social, economic, political and policy context. One of the main strengths of focus groups as a method is their capacity to engage with both dimensions. However, this potential will only be realized if focus group researchers pay due attention to research design. Again, it is thoughtful sampling that provides the key to allowing such factors to be taken into consideration. This paves the way for systematic interrogation of data and tentative explanations in order to produce an analytical account.

I have selected some examples of the use of focus groups in health research to illustrate both the scope of focus group methods and the flexibility of the method. They also highlight the wide variety of journals which now publish findings from focus group studies:

Some Examples of the Use of Focus Groups in Health Research

Example 1:

Edwards, A., Matthews, e., Pill, R. and Bloor, M. (1998) Communication about risk: diversity among primary care professionals, *Family Practice*, 15(4): 296-300 plus appendices.

Focus groups were selected for this study of approaches to conveying risk to patients, due to their capacity to access group norms and to elicit experiential data through peer group interaction. Separate discipline-specific focus groups were held with primary care staff. Both inter- and intra-group comparisons were employed. Differences between professional groups as well as overlaps in concerns and approaches were identified. Exceptions were also highlighted – such as the finding that the general practitioner groups were the only ones to highlight medico-legal issues in risk communication. The study illuminated the complexities involved and the diversity of influences on professional practice. Charts were used as stimulus material and these are provided in the appendices accompanying this paper. These helped to focus discussion and facilitated comparison between groups.

Example 2:

McEwan, M.J., Espie, C.A., Metcalfe, J., Brodie, M. and Wilson, M.T. (2003) Quality of life and psychological development in adolescents with epilepsy: a qualitative investigation using focus group methods, *Seizure*, 13: 15-31.

This study used existing databases from two Scottish epilepsy centres to furnish a sampling pool for focus groups with adolescents. This paper also provides a helpful account of the development and refinement of coding frames which were used to inform development of a Quality of Life measure for adolescents with epilepsy.

Example 3:

Green, J.M., Draper, A.K., Dowler, E.A., Fele, G., Hagenhoff, V., Rusanen, M. and Rusanen, T. (2005) Public understanding of food risks in four European countries: a qualitative study, *European Journal of Public Health*, 15(5): 523-527.

Strategic sampling (in terms of including individuals at different life stages in Finland, Germany, Italy and the UK) here allowed the researchers to study public understanding of food risks in these contrasting international cultural contexts.

Example 4:

Waller, J., Marlow, L.A.V., Wardle, J. (2006) Mothers' attitudes towards preventing cervical cancer through Human Papillomavirus Vaccination: a qualitative study, *Cancer Epidemiol. Biomarkers Prev.*, 15(7): 1257-1261.

Focus groups were used to elicit the views of mothers of girls aged between 8 and 14 years with regard to a new vaccination programme under discussion at the time the research was carried out. The researchers emphasize the importance of 'naturally occurring' groups for investigating sensitive issues, and explain that they utilized their own personal networks for recruitment, as well as approaching the parents of girls attending a school in a deprived area. Reflecting on differences in emphasis of groups held at different time points within the study, the authors make an interesting point about the shift in views observed in groups held after exposure to media coverage and comment that this appeared to give rise to a more positive response. This highlights the capacity of focus groups to reflect rapid and incremental change in perspectives – one of the reasons why the method is favoured by marketing researchers.

Example 5:

Vincent, D., Clark, Zimmer, L.M. and Sanchez, J. (2006) 'Using focus groups to develop a culturally competent diabetes self-management program for Mexican Americans', *The Diabetes Educator*, 32: 89-97.

This paper highlights the potential for focus groups in informing the design of culturally competent interventions. The focus groups conducted for this study highlighted the challenge of modifying the typical (and culturally highly valued) Latino diet to conform to American Diabetes Association recommendations. Groups were convened to take account of both gender and age and the researchers sought to over-recruit men in anticipation of difficulties in persuading them to attend focus group sessions.

Example 6:

Evans, M., Stoddard, H., Condon, L., Freeman, E., Grizell, M. and Mullen, R. (2001) 'Parents' perspectives on the MMR immunization: a focus group study', *British Journal of General Practice*, 51: 904-910.

This provides an example of the usefulness of focus groups for exploring 'why not?' questions. One of the strengths of this study is that the researchers chose to compare the views of parents who had accepted MMR immunization with those who had refused, allowing for a greater understanding of the reasoning behind 'non-compliance' and showing that such parents did not differ markedly in terms of their concerns from those who reached a different decision.

Example 7:

Angus, J., Rukholm, E., St. Onge, R., Michel, I., Nolan, R.P., Lapum, J. and Evans, S. (2007) Habitus, stress and the body: the everyday production of health and cardiovascular risk, *Qualitative Health Research*, 17: 1088-1102.

This paper engages in an overtly theoretical discussion in order to illuminate the complex conditions in which health and patterns of cardiovascular risk are produced, allowing the researchers to explore “the deeply sedimented, often pre-reflexive relationship between person and place within the numerous social and material locations of everyday life.” (page 1100).

Conclusion:

Rather than using focus groups in a descriptive manner in order to simply bear witness to our respondents’ experiences (Atkinson, 1997), we should seek to should draw on the full potential inherent in this method to produce analytical insights. Attention to structure is paramount in getting the most out of focus groups. This means paying attention to sampling, which is the key to the comparisons which can be made and which provide comparative – and, hence – analytical potential. Honing topic guides and employing moderators’ skills also have an important part to play in the thoughtful application of focus group research, as has the use of the constant comparative method from conception of the project to completion of analysis.

A critical appreciation of the use of focus groups throws into sharp focus some of the perennial dilemmas and challenges involved in doing qualitative research. Debates about the use of focus groups illuminate fundamental issues concerning appropriate research topics, framing of research questions, matters of epistemology and methodology, politics, ethics, reflexivity and representation. While focus group studies can exacerbate the problems associated with the qualitative research endeavour, they also have considerable – and, perhaps, unparalleled potential to interrogate time-honoured and frequently advocated qualitative research processes and procedures and to allow for critical and

creative engagement with these. Focus groups are an inherently flexible method and can allow for testing and refining of theoretical propositions in an especially economical way (provided that due attention is paid to judicious research design). If employed thoughtfully, focus groups can produce qualitative research at its very sharpest.

Atkinson, P. (1997) 'Narrative turn or blind alley?' *Qualitative Health Research*, 7: 325-344.

Baker, R. & Hinton, R. (1999) 'Do focus groups facilitate meaningful participation in social research?' in R.S. Barbour and j. Kitzinger (eds.) *Developing Focus Group Research: Politics, Theory and Practice*, London: Sage; pp.79-98.

Barbour, R.S. (1998) 'Mixing qualitative methods: Quality assurance or qualitative quagmire?' *Qualitative Health Research*, 8: 352-361.

Barbour, R.S. (2001) 'Checklists for improving the rigour of qualitative research; a case of the tail wagging the dog?' *British Medical Journal*, 322: 1115-1117.

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