

Doing Focus Groups

Ethics and engagement

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Ethics and engagement

Chapter objectives

After reading this chapter, you should

This chapter revisits and expands upon the ethical issues that arise throughout the whole process of conducting research using focus groups. It examines the reasons for people agreeing to take part in our research and the responsibilities of the researcher in terms of reciprocity. Participating in focus group discussions can have either a positive or negative impact and some suggestions are provided with regard to minimizing the potential negative consequences. However, the difficulty of predicting what might give rise to distress is acknowledged, since responses to discussion are inevitably dependent on the specific context and circumstances of the individuals taking part. The importance of allowing time to debrief is emphasized, as is the need to have relevant information or contact numbers on hand, so that researchers do not simply 'grab the data and run'. Debriefing may also be valuable for the researcher, particularly if the topic is an emotive one and grant-holders and supervisors also have ethical obligations with regard to safeguarding the psychological and physical well-being of research staff and students. The final section of this chapter examines the issues raised in conducting focus groups with vulnerable groups, such as children, the elderly, [p. 93 ↓] the disabled and those with mental health problems, and the challenges of cross-cultural focus group studies.

Impact of focus group participation

Little is known about the reasons why people agree to take part in focus group discussion, but several researchers have noted that focus group discussions can be cathartic. Jones and Neil-Urban (2003), for example, report on the impact of a focus group session on fathers of children with cancer, which far exceeded the anticipated benefits. Taking part in focus groups can also have benefits for participants who do

not have such expectations at the outset. Burman et al. (2001), who carried out a study of teenage girls' views and experiences of violence, commented that: 'Many girls maintained that taking part in the research enabled them to reflect upon their experiences and gain better understanding of the role and impact of violence in their lives' (2001, p. 449).

Particularly where we are involved in convening focus groups to discuss sensitive topics - but not only in such cases - the discussion may touch on areas that are more difficult for some participants than for others. However, it is worth bearing in mind that focus group participants can be very skilled in terms of providing support for each other and can, at times, give reassurance that it would be difficult to provide in the course of a one-to-one interview. This is what is occurring in the following excerpts from a mixed gender focus group discussing fathers' attendance at deliveries, where two of the men present questioned the conventional wisdom about the birth being an overwhelmingly emotive experience for new fathers (see Box 7.1).

Box 7.1 A focus group as a forum for providing support

Moderator - Male General Practitioner (GP)/Family Physician with 2 children

Isaac - GP with 1 child

Jack - GP with 2 children

Pam - GP with 1 child

Jane - Practice Nurse with 2 grown-up children

And we've seen so many births and we know - well, maybe it lessens the significance of childbirth ... which must be an amazing experience for other people. Erm, but in so many ways it was just another birth to me. Although, you know, there's no way that I [p. 94 ↓] would have missed it. I wanted to be there. Erm, I think it would have been better if I hadn't been a doctor in my first childbirth experience.

Can you think back to how you felt at the time?

During when the baby was actually being born? When the baby was actually born or during the labour? Erm, yeah, it just seemed like another birth. It doesn't particularly - you know, I can't say, 'Oh, gosh, yes, that was when ... ' and the two of them were fairly blurred, even though they were in different hospitals. Er, and, you know, it's not really such a big deal ... And, er ... erm ... you know, to me it was just another (laughs) another day.

And, you know, other things that the children have done since then have been much more special in different ways than just popping out.

(Excerpt One - Workshop Mixed Gender Focus Group)

Isaac, you said you wouldn't have missed it for the world. What do you think you would have missed if you hadn't been there?

The first sight of my child being born and seeing, 'Is it a boy? Is it a girl?'

Um ...

Erm, and, actually, to have, in some ways, I have to see it to know it had happened. To know it was my baby, almost. Erm, and I suppose I wanted to protect (my wife) from what she might go through. Because I've seen plenty of things go wrong.

Um.

And I did witness a rather cocky anaesthetist and I kept quiet and didn't say I was a doctor ... Yeah, I wouldn't have missed it, but, erm, it was spoilt by my previous experiences.

Yeah ... yes.

But that's - again as I say it's very personal. Erm, I didn't want that -my previous experiences of some of the midwives - spoiling a very happy experience.

My husband says that he has this ... this sort of image etched on his memory, really, of the birth. You know, that at the moment when the baby is born is just something that will always be there. I think . I just don't know whether that's the same sort of thing that . that you say. The sort of - this kind of picture of your child, who is actually coming into the world - something that you will never forget. That was that moment.

[p. 95 ↓]

Yeah. Having said that I can relate to what Jack said about it being a bit of a blur and ... (laughs) It wasn't that it was any different to any other birth.

That makes me feel better. I must say, never having done an obstetric job, either, so you haven't, you know, you haven't seen lots of ... maybe seen a few ... A few, but that's all.

(Excerpt Two - Workshop Mixed Gender Focus Group)

As well as providing support for each other in their admissions of having had experiences that fell somewhat short of the euphoric picture often painted of fathers' engagement, Jack and Isaac are also comparing their experiences and reflecting on the impact of their previous levels of professional involvement: that is, they are, in effect, sharing in the moderator's task of starting to analyze the data, even as it is being generated. Focus group discussions may also throw up comments on the part of some participants that may upset others (for example, racist or sexist ones) (Kevern and Webb, 2001, p. 331). However, a common feature of focus group discussions is the degree to which participants actively support each other, encouraging others to speak (Duggleby, 2005) and endorsing their experiences, if not always their specific views.

The potentially harmful impact can also be lessened by giving careful consideration when convening groups and seeking to separate those whose comments are likely to cause offence to others. For example, in the study of professionals' experiences of advance directives, we opted to carry out one-to-one interviews with individuals who were known to hold particularly strong stances and whose presence might have inhibited - even offended - others with less well-developed views. However, it is not always possible to anticipate all such occurrences, due to the fluid nature of focus

group discussions and to the fact that the researcher is never in possession in advance of all the information about participants that might be relevant or that might influence comments (Krueger, 1994). Smith (1995) stresses the importance of considering not only how participants feel during the group discussion, but how they feel at the end of the session. Here, too, there can be surprises in store, as what participants may find upsetting is likely to be a highly personal matter.

Debriefing

Debriefing participants at the end of a focus group session is the responsibility of the moderator and should never be rushed. It is important to allow enough time for participants to raise any concerns and to ensure that they have a contact [p. 96 ↓] number for the researcher, should they wish to query anything. At this stage it is also advisable to give participants the opportunity (then or later) to request that any of their comments be erased from the transcript. Interestingly, I have never had the experience of anyone asking for this to be carried out; perhaps knowing that this is an option provides reassurance enough for most people.

Moderators should also come prepared with relevant information leaflets or helpline contact numbers. For instance, in our study of decision-making about medication in the context of prescription charges, we provided information about 'pre-payment certificates' (which allowed people to save money and budget for prescription charges). Similarly, Seymour et al. (2002) provided the elderly people they had asked about end-of-life care with addresses of bereavement care organizations and scheduled a follow-up meeting with each association that had been involved in recruiting participants to the study.

The issue of the impact of doing research on the researcher is also important -although frequently overlooked. Carrying out qualitative research, even where sensitivity of the topic is not immediately apparent, may expose the researcher to upsetting or distressing accounts, and it is important that the researcher has access to a 'supportive and experienced research supervisor or colleague: in order to discuss her/his thoughts and feelings after fieldwork exposure' (Owen, 2001, p. 657). Commenting on their experience of eliciting data from girls on the topic of violence, Burman et al. (2001)

highlight the cumulative effect of reading multiple transcripts during the process of analysis, which may catch the researcher unawares. Support needs, therefore, are not limited to the data generation phase.

Physical safety also needs to be considered when designing a piece of research. Contract researchers tend to be young and female and, as such, may be particularly likely to be placed in potentially dangerous situations (Green et al., 1993). Since focus group work frequently seeks to include the 'hard to reach' or marginalized, it may require researchers to travel to areas characterized by high crime rates and violence.

Special considerations and challenges

Vulnerable groups

Focus groups have frequently been used to access hard-to-reach populations, such as urban youth in Boston (Rosenfeld et al., 1996), Mexican-American gang members (Valdez and Kaplan, 1999), minority ethnic groups (Hennings et al., 1996; Farooqui et al., 2000), or people who are out of contact with services (Cossrow et al., 2001). For other groups, such as the elderly or children, focus groups are often favoured in preference to one-to-one interviews, which tend to be considered either inappropriate, or too invasive or threatening. This raises the question as to whether special consideration should be given to using focus groups in these situations or whether specific techniques should be developed.

[p. 97 ↓]

Focus groups are generally considered more appropriate than one-to-one interviews for young children (Mauthner, 1997, p. 23). Gender is likely to play an important role in determining dominant voices in focus groups with children; thus, most researchers advocate holding single-sex groups to guard against the tendency of boys to 'talk more, more loudly and determine the conversation topics [and] to overshadow girls' (Mauthner, 1997, p. 23) in mixed gender groups. Similarly, focus groups with

siblings also present a challenge in terms of older children tending to dominate the discussion (Mauthner, 1997).

Most researchers working with children rely on a combination of activities involving drawing, writing, reading and sorting (Mauthner, 1997). Both Mauthner (1997) and Morgan et al. (2002) recommend using pen and paper exercises, and Morgan et al., report that, on one occasion, a child who had previously been very quiet contributed more to the discussion after engaging in this activity. Morgan et al. (2002) were also enthusiastic about the data-generating potential of role-play and found it helpful to permit children to 'fiddle' with toys throughout the discussion. They report having used a soft toy as a mouthpiece to allow them to ask knowledge-related questions in a non-threatening manner. It is also important to locate discussion within a meaningful context for children (Mauthner, 1997, p. 24).

However, props are not always necessary, and a creative approach that builds on children's natural propensity for imaginative play can pay dividends: see, for example, the paper by Sparks et al. (2002), who were interested in studying the 'ways in which the moral and practical dilemmas of punishment are debated and deliberated upon in discussions among nine year old children' (Sparks et al., 2002, p. 116). They employed a Hobbesian-inspired make-believe gambit to encourage children to consider a world in which adults had disappeared. Generating data from children raises important issues for researchers, not least ethical considerations. Also useful is a degree of reciprocity, whereby the researcher is willing to share some information about her or himself, perhaps in response to direct questions put by child participants, who may well broach subjects that adult respondents would hesitate to raise.

Carrying out research with children highlights the issue of the unequal power relationships involved between adults and young people. However genuine the researcher's intentions, there nevertheless appear to be some defining characteristics of the research relationship that concentrate power in the hands of the researcher rather than the participants.

Seymour et al. (2002) used focus groups to explore the attitudes of elderly people towards end-of-life care, thus combining a sensitive topic with a group considered to make special demands of the researcher. In common with Barrett and Kirk (2000), who

make recommendations regarding the use of focus groups with the elderly disabled, Seymour et al. (2002) advise using small groups. The use of a television-like format that was familiar to participants facilitated discussion and allowed the researchers to move the discussion along if it became too personal. Barrett and Kirk also point out that aspects of working with the disabled elderly, such as their declining ability to divide attention between more than one speaker, [p. 98 ↓] difficulty in switching topics, and the tendency to answer questions some time after these have been put, provide specific challenges. These characteristics require the moderator to take particular care to discourage interruptions and to flag up changes in topic, and they suggest that, during the process of analysis, the researcher should remain alert to the possibility of replies that are 'out of synch' and ensure that any apparent non-sequitur is interpreted within its rightful context. Similar issues were raised by research that involved conducting focus groups with women with serious and enduring mental health problems (Owen, 2001).

Owen (2001) reports that she had chosen focus groups on account of their potential to be respectful and non-condescending (as suggested by Morgan and Krueger, 1993). In the event she found that the women participants did not engage in interaction with each other to any great degree, generally responding directly to the moderator, which suggests that the extra time and effort involved in setting up focus group sessions may not yield many significant advantages. In our own study on mental health and child protection, we opted to use one-to-one interviews with mothers with severe mental health problems, since these also gave us the opportunity to follow up their progress through the system some six months later. We were careful, however, to employ as the interviewer an individual with experience as a psychiatric nurse. In contrast to many researchers with clinical experience who take their skills for granted, Owen does not discount such valuable expertise, which is eminently transferable to the task of generating focus group data. Although Owen (2001) acknowledges that, at times, the distinction between a research focus group and a therapy session became quite blurred, she was able to address this dilemma through eliciting the support of staff members who had sat in on the focus group sessions and who worked with individuals with regard to the issues raised over the weeks following the focus group discussions.

Cross-cultural research

Yelland and Gifford (1995) argue that focus groups may be inappropriate for use in cross-cultural research, since they have been developed specifically for use with Anglo-Celtic populations. However, they found that, with due attention to context, focus groups did provide a forum where they were able to discuss in depth the beliefs about sudden infant death with women from a wide variety of cultural backgrounds, who were living in Australia. For such research to be successful, it is crucial that the researchers have a detailed knowledge of the cultural context in which they wish to work. Strickland (1999) reports on the important role played by tribal planning teams whose help was enlisted for a study of conceptualizations about pain amongst Coastal Salish (Inland River Native Americans in Washington State). Amongst the many helpful pieces of advice provided was one alerting the research team to the custom whereby tribal elders -especially men - did not speak until others have spoken. This had important consequences in terms of building in time at the end of focus group sessions to [p. 99 ↓] ensure that these individuals' views were given adequate expression and attention. Further immersion in this culture revealed that the talking circle relied on turn-taking, resulting in a distinctly Native American form of communication as compared to that of other cultural groups where group communication is generally more interactive and spontaneous.

Focus groups with non-English-speaking participants, however, raise particular challenges. There are dangers in restricting research to members of these groups who do speak English. As Esposito (2001) points out, such individuals have, by definition, been acculturated and, hence, cannot provide a 'true reflection' of the views of their non-English-speaking peers.

There are obvious advantages to holding focus groups in participants' native languages. Even where they are also fluent in English, using their mother-tongue can encourage more spontaneous and open discussion. Lam et al. (2001) observed that they generated much richer data through allowing medical students to hold discussions about their training course in colloquial Cantonese. Umana-Taylor and Bamaca (2004) recommend, if possible, recruiting bilingual moderators, since even where focus groups are held in English and participants are fluent English-speakers, they found that the

Latina women they studied still frequently resorted to using Spanish terms, particularly to refer to concepts and people invested with emotive significance.

Most translation exercises in research involve developing a culturally equivalent research instrument for cross-cultural testing in quantitative studies. Not all concepts can be rendered in another language, nor are they necessarily universal. Therefore, not everything is, in effect, translatable (Esposito, 2001, p. 572). This applies equally to translating focus group topic guides. Tang et al. (2000) found, for example, that Chinese women did not have a word for violence and had to find novel ways of directing conversation to this topic in focus groups. Also, given the flexibility with which moderators apply these loosely structured topic guides, picking up on new topics as these emerge and seeking to harness participants' insights, there is considerable potential for meanings to shift. Chiu and Knight (1999) encountered challenges of this kind in their work on minority ethnic women's views and experiences of breast and cervical screening, where they relied on interpreters to run groups in languages other than English. Since Chiu is herself bilingual, this afforded insights that might otherwise have been overlooked and highlighted the extent to which interpreters were changing the meaning of questions and, hence, affecting the content of the data generated. They conclude that it is essential to provide interpreters with some training in moderating focus groups; it is not sufficient to expect them simply to translate 'on the hoof' and hope that research objectives will somehow, magically, be preserved.

Translation - whether of topic guides or taped focus group discussions - is a highly complex process, which in addition to the obvious requirement of fluency in another language, needs to take into account contextual issues (Esposito, 2001). This is particularly important where there are no equivalent words in English [p. 100 ↓] for concepts appealed to during focus group discussions. With regard to some languages, such as Cantonese (Twinn, 1998), verbatim translation would result in ungrammatical English, since the structures of the languages are so different. Taking these difficulties into account, Esposito recommends encouraging translators to use 'meaning-based rather than word-for-word interpretation' (Esposito, 2001, p. 572). This has clear implications for the extent to which phenomenological approaches can be applied to data analysis, since nuances are as likely to have been the result of the translation process as to have reflected participants' original meanings and constructions. In the iterative process, which characterizes qualitative research, data generation and the

beginnings of analysis occur simultaneously. Topic guides are 'fluid, adaptable, and change course when appropriate' (Esposito, 2001, p. 573). Esposito goes on to outline two main options in generating data in languages in which the researchers are not fluent, the first of which involves the monolingual researcher relying on trained bilingual facilitators to carry out focus groups. The other option is to add a real-time professional interpreter to the process, which lets the researcher participate in the data collection process as it occurs (2001, p. 573). This facilitates concurrent analysis, redirection of questions and validation through feedback to participants.

Umana-Taylor and Bamaca (2004) describe in detail the approach that they took in order to ensure that translations of their Spanish-speaking focus groups remained as true as possible to the original content and meaning. They had taken pains to recruit some researchers who were bilingual in English and the various dialects spoken by the Latina women in their study. Each focus group was transcribed and then translated by one researcher, after which a second researcher listened to the tape and double-checked the translation. Wherever possible, they made sure that a researcher familiar with the dialect in question was involved at some point in this process.

Key points

Ethical issues are not just something that needs to be taken into account in completing application forms for ethics committees. Consideration of ethical issues should be a feature of each stage of focus group research and we should not only seek to minimize potential harm for those recruited into our studies, but should also build protective measures into our supervisory relationships. Whilst carrying out focus group research with vulnerable groups, such as children, the elderly, the disabled or those with mental health problems, raises particular challenges, we can benefit from paying more attention to these same issues in our more mundane focus group applications. Cross-cultural research, for example, highlights the extent to which analysis - and moderators' influence on the analytic potential of datasets - begins even before transcripts are produced.

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Ethical issues around using focus groups are discussed in more detail by these authors:

Mauthner, M. 'Methodological aspects of collecting data from children: lessons from three research projects', *Children and Society* (1997) vol. 11 pp. 16–28.

Owen, S. 'The practical, methodological and ethical dilemmas of conducting focus groups with vulnerable clients', *Journal of Advanced Nursing* (2001) vol. 36 no. (5) pp. 652–58.

Seymour, J., Bellamy, G., Gott, M., Ahmedzai, S.H., and Clark, D. 'Using focus groups to explore older people's attitudes to end of life care', *Ageing and Society* (2002) vol. 22 no. (4) pp. 517–26.

Umana-Taylor, A.J. and Bamaca, M.Y. 'Conducting focus groups with Latino populations: lessons from the field', *Family Relations* (2004) vol. 53 no. (3) pp. 261–72.