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Chapter objectives

After reading this chapter, you should

- understand when and when not to use focus groups;
- see particular reasons for using them; and
- understand that you should weigh advantages and costs of this method.

This chapter critically examines the uses to which focus groups have been put, reviewing the use of focus groups during the exploratory phase of mixed methods studies. This discussion considers the often overlooked role of the researcher's predispositions and interests in determining the way in which focus groups are used. Taking a measured look at the advantages and disadvantages of focus groups, it compares appropriate and inappropriate uses of focus groups and highlights some common misconceptions and pitfalls, both for the novice and the more experienced focus group researcher. It goes on to consider the appropriateness of focus groups for researching 'sensitive' topics, accessing narratives or 'attitudes', engaging with 'reluctant' respondents, accessing the 'hard to reach' and providing insights into experience. The next section weighs up opportunities and costs of focus groups and highlights their suitability for responsive and timely studies, their capacity for addressing 'why not?' questions, and, lastly, their

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comparative potential. Notwithstanding their impressive pedigree, focus groups are not always the most appropriate method. Not only does inappropriate use of focus groups result in poorly designed research; as Krueger (1993) pointed out, overzealous and inappropriate use threatens to discredit the method itself.

Use of focus groups in the exploratory phase of mixed methods studies

One of the most common uses to which focus groups are put is in the exploratory phase of a research project. Although focus groups have most frequently been used within the context of quantitative studies for the purpose of developing and refining research instruments, some researchers have also used exploratory focus groups alongside other qualitative methods. This was the approach taken by Lichtenstein (2005), who used focus groups with women in the Deep South of the USA in order to develop a definition of 'domestic violence', which was subsequently used in one-to-one interviews.

There are many examples of focus groups being used during the preliminary phase of studies in order to develop items for inclusion in questionnaires (O'Brien, 1993; Amos et al., 1997; McLeod et al., 2000; Wachterbarth, 2002; Stanley et al., 2003). Focus groups have also been used to advantage to adapt surveys for other populations (Fuller et al., 1993) and to formulate contextually relevant questions (Dumka et al., 1998). They have been employed to provide a basis for designing culturally sensitive survey methodology (Hughes and DuMont, 2002) – often for minority ethnic groups (Murdaugh et al., 2000; Wilcher et al., 2002).

Many researchers have used focus groups to inform development of survey instruments, since they allow the researcher to harness the insights of participants as they peruse draft questionnaires. However, this exercise is not recommended for the faint-hearted: in my experience, focus group participants do not mince their words and are particularly adept at criticizing questionnaire design. Provided the researcher is prepared to go away and lick her or his wounds and reformulate questions, however, this approach can pay huge dividends.

The example in Box 2. 1 describes our experience of using focus groups to develop specific items for inclusion in a survey and demonstrates the added value of using preliminary focus groups. Although many quantitative researchers have utilized the potential of focus groups for developing instruments, focus groups held for this purpose are not always recorded or subjected to detailed analysis. This may, however, be a missed opportunity in terms of providing data that might prove to be helpful, for example, in furnishing explanations for anomalous findings or surprising statistical associations (Barbour, 1999b).

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Box 2.1 Using focus groups to develop a questionnaire

We convened three multidisciplinary focus groups to inform development of a self-completion questionnaire to be sent to a range of health and social care professionals involved in providing care to women with mental health problems, whose children were on the child protection register. In particular, we used the focus groups in order to test the wording of two questions and to ensure that we had provided an exhaustive list of potential professionals with whom people were likely to come into contact. One question related to the frequency of difficulties in co-ordinating work with other professional groups and the other to the frequency with which confidentiality problems were experienced.

It was not feasible to hold single professional groups, as so many were involved – the three focus groups included child care social workers; health visitors; adult psychiatrists; mental health social workers; community psychiatric nurses; children's guardians; practitioners from voluntary organizations serving mental health service users; voluntary organizations dealing with children; and middle managers from both community health and social services.

... there was some discussion concerning how perceived levels of risk might affect a practitioner's ability to refer mothers with mental health problems to other services. One child care social worker noted that 'It's getting your particular client higher up on the priority list', while a mental health social worker commented on the way in which mothers with mental health problems could be excluded from services. ... While mental health needs were perceived as excluding some women from mainstream services, some professionals acknowledged that they had, on occasion, over-emphasized the degree of risk to a family in order to access services. It was decided, therefore, to include this as a fixed-choice question in the survey. (Stanley et al., 2003, pp. 52–3)

Personality disorder is also a label that is frequently applied to difficult and hard-to-engage patients that services wish to place outside their remit. There is considerable uncertainty about the extent to which personality disorder responds to treatment, with variations in defining the condition making evaluations of intervention particularly difficult ... The focus group's discussions produced widespread agreement about the imprecise use of the term 'personality disorder' and its function as a label that could exclude women from services.

We therefore decided to include a vignette relating to personality disorder in the questionnaire, which presented these hypothetical scenarios and asked respondents to indicate, on a scale of 0–10, the level of risk considered to apply to each case.

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'Sensitive' topics

Sometimes researchers argue that focus groups are not suitable for eliciting experiences with regard to sensitive topics, but this is a questionable assumption. As Farquhar and Das (1999) point out, the sensitivity of a topic is not fixed – rather it is socially constructed with one person's or group's 'no-go area' being perfectly acceptable for another.

Despite the scepticism of some researchers, focus groups have been used to address topics considered 'sensitive' in a wide range of 'difficult' situations with groups viewed as potentially vulnerable. Focus groups have proved to be a mainstay of research into sexual behaviour (Frith, 2000), often utilizing peer groups, as did Ekstrand et al. (2005) in their study of the sexual behaviour, views of abortion and contraceptive habits of Swedish schoolgirls. Focus group researchers have also sought the views of those with serious mental health problems (Koppelman and Bourjolly, 2001; Lester et al., 2005) and have explored topics such as end-of-life care with those who are terminally ill (Raynes et al., 2000; Clayton et al., 2005). The ethical issues and challenges of recruitment and running of focus groups with such 'vulnerable' participants are discussed in more detail in Chapter 7 under the heading 'Special Considerations and Challenges'.

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Accessing narratives

There are, however, certain situations where the use of focus groups would be ill-advised. They are not, for example, the method of first choice when the concern is to elicit individuals' narratives. The issue is not so much that people will be reluctant to share their experiences in a group setting, as that having several participants competing to tell their individual and detailed stories is likely to produce 'noise', that is, data that it is hard to order and attribute to speakers. The nature of focus group discussions means that stories are unlikely to unfold sequentially, as they can do in a one-to-one interview, and hence the picture presented will be confusing and attempts to analyze data will be frustrated. Ong (2003) reports on a study of experiences of back pain, where the initial focus group allowed participants to tell their individual stories with later groups focusing more explicitly on the research questions, suggesting that a series of focus groups may be more appropriate, where the intention is to build up a detailed picture of individuals' experiences. Côte-Arsenault and Morrison-Beedy (1999) suggest, however, that it is possible to elicit narrative through focus group discussions, provided that the researcher uses smaller groups. Cox et al. (2003) did successfully use focus groups to elicit women's narratives about diagnosis and treatment of endometriosis, but I suspect that the extra work

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required to extricate individual stories and sequences of events may cancel out any benefits of using focus groups in preference to one-to-one interviews.

Accessing 'Attitudes'

Nor are focus groups an appropriate method if you want to measure attitudes. Puchta and Potter (2002) argue that attitudes are the end result of a series of analytic decisions, which suggests that we should be wary of thinking that there is any such thing as an 'attitude'. They remind us that attitudes are 'performed' rather than being 'pre-formed' (Puchta and Potter, 2004, p. 27). The implications for the process of analysis and use to which focus group findings can be put are further discussed in Chapter 11.

Whilst marketing researchers tend to focus on using focus group data to make inferences regarding the attitudinal stances or preferences of the wider consumer body, within social science research this is generally not the preferred end product. Nor are results generally required so speedily as with marketing research and there is a venerable survey tradition within the social sciences that serves this requirement much better. If you want to make statistical generalizations from your data, then focus groups are not the method of choice. 'Focus group samples are usually both unrepresentative and dangerously small' (Morgan and Krueger, 1993, p. 14).

Accessing the 'reluctant'

Morgan (1988) advocates using focus groups in preference to one-to-one interview in situations where respondents might find face-to-face interaction intimidating. In comparison to one-to-one interviews, focus groups may also encourage participation of individuals who may otherwise be reluctant to talk about their experiences due to feeling that they have little to contribute to a research project (Kitzinger, 1995). The selection of one-to-one interviews or focus groups is discussed in more detail in Chapter 4.

In some instances, focus groups may allow the researcher to engage with respondents who are otherwise reluctant to elaborate on their perspectives and experiences (see Box 2.2).

Box 2.2 Eliciting data from the potentially 'recalcitrant'

I took over supervision of a PhD student who had been attempting to use interviews to elicit data about men's concepts of health (Brown, 2000). She had found, to her dismay, that although men were generally willing to agree to be

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interviewed, their responses to her questions were often monosyllabic and they appeared to find it very difficult to focus on this topic. She explained that she feared that this was indicative of the reluctance of men in the North-East of England – a notoriously taciturn bunch – to discuss personal issues. We came to a joint decision to carry out some interviews with men who had experienced the 'critical incident' of a heart attack, which produced data that illuminated their previous assumptions and expectations now thrown into sharp focus by this illness event.

However, the student was still interested in eliciting the views of men who had not experienced this specific occurrence and we decided that she would also attempt to convene some focus group discussions. This was achieved through contacting significant employers in the locality, and resulted in 12 workplace-based groups (with separate groups for white-and blue-collar workers) being convened in a variety of settings, including Hull City Council, the fire service, the police, and two big pharmaceutical companies. One further church-based community group was carried out.

Unfortunately, attempts to hold groups with members of sports clubs were unfruitful. Men were receptive to overtures made via their workplace, with recruitment being aided by the holding of the sessions in work time. Moreover, discussions in the focus groups provided a marked contrast to the earlier interview attempts, with men engaging animatedly with the subject, whether or not they, personally, had experienced periods of illness. The focus group format allowed men to compare their perceptions and experiences with those of their colleagues and to draw on common knowledge, for example, about media and sports personalities who had experienced heart attacks. The inclusion of men of varying ages also made for illuminating discussion with regard to the influence of the different stages of the lifecourse – and related responsibilities and possibilities – on perceptions of health and health-related behaviour. Most importantly, perhaps, the focus groups avoided putting individual men on the spot and allowed them to join in the discussion as and when they wanted, stimulated by the reflections of their peers.

Accessing the 'hard to reach' or marginalized and providing insights into experience

Because of their perceived informality and growing public acceptability (perhaps due to the ubiquitous use of focus groups by marketing researchers and those interested in accessing public opinion), focus groups have earned a reputation as something akin to the 'method of last resort' in terms of their capacity to engage with those who may otherwise slip through the net of surveys, or studies that rely on recruiting those who are in contact with services. As we have seen, this strength has frequently been exploited for developing culturally sensitive survey instruments. With regard to qualitative studies, focus groups have regularly been

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the method of choice for researchers attempting to access groups viewed as 'hard to reach', such as members of ethnic minority groups (Chiu and Knight, 1999), urban youth (Rosenfeld et al., 1996) and migrants (Ruppenthal et al., 2005). Some groups, of course, may be marginalized in respect of several of their attributes, such as the drug-using gay men living in an environment characterized by high rates of HIV infections studied by Kurtz (2005). Focus groups can encourage greater candour (Krueger, 1994) and give participants permission to talk about issues not usually raised, especially if groups have been convened to reflect some common attribute or experience that sets them apart from others, thus providing 'security in numbers' (Kitzinger and Barbour, 1999).

The method has often been selected as especially appropriate for eliciting the perspectives of women, perhaps due to the idea that focus groups more closely resemble 'feminized' patterns of interaction and exchange. However, of late, researchers studying men have begun to rely more heavily on focus groups, either to access men who belong to a minority ethnic group (e.g. Royster et al., 2000), or who tend not to use services (O'Brien et al., 2005). Although men tend not to be viewed as likely to be marginalized – unless they belong to an identified minority group – eliciting their views on more sensitive topics can present a challenge. Recent studies have explored men's perspectives and experiences with regard to several 'difficult' topics, including the 'impotence' drug, Viagra (Rubin, 2004), and body image (Grogan and Richards, 2002).

A particular popular usage of focus groups in health services research has been to provide ready access to the perspectives of a specific group of people – frequently those whose voices have otherwise been muted. There is certainly a venerable tradition of writing that seeks to 'bear witness', but to limit focus groups to simple reporting is to underplay the potential of focus groups: they can do much more than simply provide a window onto subjective experience – a task at which biographers, ghost writers, novelists and pressure groups already excel. Illustrating his argument with reference to the large body of work on the experiences of chronic illness, Atkinson (1997) cautions against falling into the trap of romanticizing respondents' accounts, taking them at face value and failing to subject these to critical scrutiny, as we would do with other arguments. Chapter 4 on research design (which shows how to ensure that the comparative potential of a study is maximized) and Chapters 9 and 10 on producing analytically informed analyses, provide advice on how researchers can transcend the pitfalls associated with focus group work aimed at accessing experience (through identifying patterns in the data and systematically interrogating these).

However, focus groups have added potential – particularly for the practitioner-researcher – for use in overtly action-research-oriented projects. Crabtree et al. argue that 'it is possible to use focus groups as a data collection tool and an intervention simultaneously' (Crabtree et al., 1993, p. 146). This is, in essence, not dissimilar to the approach advocated by Touraine (1981) but with the notable difference that practitioners – unlike the academics whose role Touraine emphasized – are likely to possess skills that focus group participants value (and

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which may be exercised even during group sessions) and may also, importantly, have the capacity to influence service provision and allocation of resources.

Weighing up opportunities and costs

One of the most common myths surrounding the use of focus groups is that they allow for research to be carried out more quickly and more cheaply than do other methods. Morgan and Krueger (1993) have attempted to dispel this myth and others, such as Jackson (1998), Kitzinger and Barbour (1999) and MacLeod Clark et al. (1996), have provided details of the additional costs likely to be involved, including travel, room hire, refreshments and transcription. There may be further costs in terms of the researcher's time spent telephoning participants to ensure that they are to attend and simply dealing with the logistics of matching the required characteristics for group composition and availability of potential participants. (This aspect is discussed in Chapter 5, which is devoted to sampling.)

David Silverman (1992) made the observation that researchers sometimes select a qualitative approach not so much for what it will allow them to achieve but, rather, because of what they imagine it will allow them to avoid. For some researchers – and, indeed, for some funders – the appeal of focus groups lies chiefly in their assumed economy in terms of time and effort. Such benefits, however, are largely illusory, as focus groups – if their full potential is to be realized – require the investment of more time and effort during the planning stage. One of the most common misconceptions about focus groups is the idea that they can provide a 'back-door', cheaper equivalent to a survey. Should researchers wish to recruit a representative sample – which is essential if the intention is to make statistical generalizations – then focus groups are not the most reliable way of either selecting participants or procuring information regarding their attitudes.

There is, undeniably, a large opportunistic element in some focus group research. Kevern and Webb (2001) criticize this approach and highlight how the 'focus group' label may even be applied after the event.

Although it is, of course, possible to utilize pre-existing meeting slots (rather than recruiting and allocating participants to groups on the basis of researcher-defined criteria), it is important to ponder the gaps that may be involved by virtue of the composition of such groups; that is, they are unlikely to convey the whole story, unless, of course, the research question is concerned with these specific groupings alone. It is also possible to hold brainstorming sessions (without having developed a topic guide or having selected stimulus material), but, as with any other research method, the adage 'Rubbish in, rubbish out' applies.

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Timeliness and relevance

One great advantage of focus groups, however, is their capacity to capture responses to events as these unfold. Economies of scale mean that, in certain circumstances, a study can be mounted fairly rapidly and it is perhaps for this reason that the method has found such favour amongst marketing researchers and journalists. An example of timely use of focus groups is provided by the study carried out by Black and Smith (1999) following Princess Diana's death. Having noted that 80 percent of the signatories in books of condolence were women, they confined their study to women, and conducted three separate focus groups (with Australian women of different age groups and social backgrounds) within 2 weeks of Diana's death and 3 weeks after her funeral (see Box 2.3).

Box 2.3 An example of responsive and timely focus group research

Black and Smith explain that they needed a flexible methodology that allowed them to go into the field immediately, allowing a short time from conceptualization of the research issue to completed data collection. In the period following her death Diana became a topic for talk, reflection and self-reflexivity" (Black and Smith, 1999, p. 265), both in the Australian context (in which this study was carried out) and throughout most of the rest of the world.

Among the mass media and her biographers, Diana was relentlessly depicted as a deeply meaningful sacred symbol – particularly for women. ... Charm, good looks, charisma and glamour were claimed to be at the heart of her status as 'the people's princess'. Others focused attention on her social roles and the ways that these intersected with a changing world. Such discussions depicted a saint-like Diana devoted to charity work and contact with marginal and minority citizens. (1999, p. 264)

Commentators identified a suffering, resilient 'feminist' Diana with whom other oppressed women could form a solidaristic bond. (1999, p. 264)

We reasoned that feelings and attitudes that may have been hard to retrieve or justify prior to her death, were more likely to be discursively available to ordinary people at that time. (1999, p. 265)

Black and Smith took as their research question the claim that women organized their identification with Diana through biography and life history. Therefore they made the decision to organize focus groups around the variable of age, which, they reasoned, would facilitate the triggering of cohort-specific memories. They conclude:

Limited in scope as it may have been, at least our study was flexible and fast enough to collect data at a critical moment that will never be repeated. (1999, p. 267)

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'Why not?' questions

However, for those situations where, in formulating your research question, you find the words 'Why don't ... ?' creeping into your thoughts, focus groups are the ideal approach. On one occasion I provided advice to a dentist who wished to carry out some research to explore why people do not visit their dentist at 6-monthly intervals in accordance with dental health advice. I reasoned that one-to-one interviews with such a theme were likely to result in putting people on the defensive and would, thus, probably elicit entirely negative responses, which would give little indication of the extent to which individuals might, in practice, actually take cognizance of other recommended dental health promotion messages. Following our discussions she opted, instead, for focus groups and located questions about the relevance of 6-monthly check-ups within a broader discussion about the importance to accord dental health and how best to achieve this.

Because of their capacity to explore such elusive 'Why not ... ?'-type questions, focus groups have frequently been used to investigate non-take-up of health care services or 'non-compliance'. Studies have looked, for example, at barriers to screening (Lagerlund et al., 2001; Jernigan et al., 2001) and several studies have employed focus groups to illuminate immunization behaviour (e.g. Keane et al., 1996). Focus groups have also been used to provide a greater understanding of apparently illogical health-related behaviours, such as smoking whilst pregnant (Hotham et al., 2002) and lack of adherence to asthma management protocols (George et al., 2003). All of these studies are characterized by a focus on the importance of lay understandings and take, as their starting point, the notion that apparently illogical beliefs and practices, once viewed from the perspectives of the people involved, are likely to display a coherent and possibly highly sophisticated logic. This, however, only becomes apparent when focus group participants are given scope to justify and extrapolate on their views in a non-judgemental environment.

C. Wright Mills, writing in 1959 about what he called 'the sociological imagination', exhorted researchers to employ a 'sociological playfulness of mind', which involves, amongst other approaches, turning research questions on their head. Thus, in attempting to understand why people do *not* do something, it may also be useful to problematize the behaviour that we view as desirable or, at least, not requiring an explanation; for example, why *do* people take professionals' advice?

Embedding the 'Why don't ... ?' questions in a wider discussion also serves the useful function of not singling out for potential criticism those who have failed to take up services or follow advice. It therefore avoids the resultant 'sampling by deficit' (MacDougall and Fudge, 2001), which threatens to alienate potential participants and renders problematic the description of the research to be provided when negotiating access. This approach has the additional bonus that it makes it easier for participants to account for their actions in a broader context,

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joining the researcher in comparing and contrasting responses. This was the approach that we took in a study of patients' responses to and experiences of cardiac rehabilitation (see Box 2. 4).

Box 2.4 Understanding contrasting experiences of cardiac rehabilitation

Having been invited to run a series of workshops on qualitative research for a small group of 8 sports medicine students, I decided to involve them in a mini project (Clark et al., 2002, 2004). They had expressed an interest in examining the reasons for failure to attend and attrition from cardiac rehabilitation programmes. A colleague (Alex Clark) assisted in subsequent workshop sessions and provided practical support to students who were charged with the task of carrying out focus groups (in pairs) with patients identified by hospital records as having experienced a heart attack within the previous 2 years, with two students also running focus groups with professionals involved in providing care to cardiac patients in a variety of settings in the community and within the hospital.

Patients were contacted by the hospital records department in order to ensure anonymity and were invited to attend one of six focus groups, with separate groups being convened for those who had completed the programme, those who had dropped out part way through the programme and those who had not taken up the invitation to attend. We considered it important to avoid the potential awkwardness that might be occasioned by pitting 'star' patients against those who had failed to take health promotion advice. Holding separate focus groups allowed us to explore non-attendees' views about the sort of people who take part in cardiac rehabilitation and went some way towards explaining why they considered this an inappropriate course of action for themselves. Not only were such individuals, and those who dropped out, unlikely to volunteer for one-to-one interviews; interviews, through putting the spotlight on their failure to take on board health promotion advice, would have risked alienating them even further.

In carrying out such a project the researchers tread a narrow line between preaching to the unconverted, on the one hand, and condoning unhealthy behaviour, on the other. Patients may have been encouraged to participate because this project was being carried out by medical students in a learning capacity. This may have helped to reassure patients of the value of students hearing the views of all patients and gave them an opportunity to have an input into training future professionals.

The key to producing research findings that transcend the purely descriptive and begin to be analytical lies in the study of the patterning in our data. This is possible, provided that close attention is paid to research design (see Chapter 4)

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and selecting participants in order to maximize the potential for comparison. Analysis then becomes more than simply plucking themes out of the data and involves a process of interrogating the data, contextualizing comments, developing tentative explanations and subjecting these to further interrogation and refinement (see Chapters 10 and 11).

Within the arena of research into patients' experiences, those that provide most detailed recommendations for health promotion practice, however, are – once again – those that most thoroughly interrogate the data generated (see Box 2. 5).

Box 2.5 Harnessing the comparative potential of a focus group study

Evans et al. (2001) compared the views of parents who had accepted MMR immunization and those who had refused. The data highlighted the anxieties of parents who had opted for immunization and showed that very few approached MMR with complete confidence. Even the immunizers 'chose compliance rather than making an informed positive decision' (pp. 908–9). This study was able to access the reasoning and weighing-up behind parents' decisions, but demonstrated the complex way in which this was overlaid by other attitudes and psychological processes. These researchers capitalized on opportunities for further comparison within groups and observed that, interestingly, many of the non-immunizers had had their older children immunized, but had changed their views over time as they came to feel more confident about questioning professional recommendations and exploring alternatives. The study findings highlighted key information needs of parents: regarding 'why the MMR schedule has changed, the importance of immunizing both boys and girls, the duration of protection and the rationale for boosters, the limited transfer of immunity in breast milk, and why immunization is important at a young age' (2001, p. 909).

Bloor et al. (2001) argue that focus groups are the method of choice only when the purpose of the research is 'to study group norms, group meanings and group processes'. They are particularly well suited to studying decision-making processes, for example, and the ways in which people weigh up competing priorities or the ways in which they qualify their views to take situational and circumstantial factors into account.

As Wilkinson (1999a) suggests, focus group discussions can provide a window on processes that otherwise remain hidden and are difficult to penetrate. She argues that, during focus group discussions, typically: 'Collective sense is made, meanings negotiated, and identities elaborated through the processes of social interaction between people' (1999a, p. 225).

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Herein lies the key to focus groups' potential for therapeutic use, or – less ambitiously, or perhaps less contentiously – their capacity to provide insights to participants as well as researchers. Crabtree et al. observe: 'People can recognize previously hidden parts of themselves in others. They can also reconstruct their own life narrative from others' stories' (Crabtree et al., 1993, p. 146). Whether this is used to therapeutic effect or whether it is simply used by the researcher to illuminate similarities and differences in experiences and accounts depends, ultimately, on the purpose of the research and the predispositions and expertise of the researchers involved. Before we turn to considering in more detail the sort of data that focus groups can elicit and how this can provide a basis for interpretation and development of theoretical explanations, however, it is important to locate focus groups in the wider methodological and epistemological debates that continue to be a feature of the research endeavour. This is the subject of Chapter 3.

Key points

- Focus groups are useful for informing design of survey instruments and culturally appropriate methodology.
- They can be used in a wider variety of circumstances, including topics conventionally regarded as 'sensitive' – provided that adequate forethought is given both to research design and ethical considerations.
- Focus groups are not the method of first choice for eliciting narratives.
- Focus groups may encourage greater candour and may be more acceptable to participants reluctant to take part in one-to-one interviews.
- They should not be used as a 'back-door' route to collecting survey data, as they do not offer a means of measuring attitudes, nor do they provide data amenable to statistical generalization.
- Focus groups can be useful in accessing the 'hard to reach' and the potentially recalcitrant.
- This approach can illuminate the concerns of those whose voices are otherwise muted.
- Focus groups also lend themselves to action research approaches.
- Data elicited in focus groups can be used to provide a window on subjective experience – but this is the least of what this approach is capable of doing.
- Opportunistic use of focus groups results in improvised research design and impoverished data.
- Focus groups excel at accessing responses to events as these unfold.
- They are particularly appropriate for addressing 'why not ... ?' questions and for accessing perspectives on topics to which participants may previously have accorded little consideration.

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Further reading

In the following articles and books you will find examples for the ways of using focus groups discussed here outlined in more detail:

- Clark, A., Barbour, R.S. and MacIntyre, P.D. (2002) 'Preparing for secondary prevention of coronary heart disease: a qualitative evaluation of cardiac rehabilitation within a region of Scotland', *Journal of Advanced Nursing*, 39(6): 589–98.
- Clark, A.M., Barbour, R.S. and McIntyre, P.D. (2004) 'Promoting participation in cardiac rehabilitation: an exploration of patients' choices and experiences in relation to attendance', *Journal of Advanced Nursing*, 47(1): 5–14.
- Kevern, J. and Webb, C. (2001) 'Focus groups as a tool for critical social research in nurse education', *Nurse Education Today*, 21: 323–33.
- Stanley, N., Penhale, B., Riordan, D., Barbour, R.S. and Holden, S. (2003) *Child Protection and Mental Health Services*. Bristol: Policy Press.