

# **Qualitative Research Methods**

**A Focus on “Focus Groups”**

**Applied Rural Sociology**

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# Qualitative Research

Qualitative research is often conducted as a way to develop an in-depth descriptive and interpretive understanding of the social world.

Qualitative research methods are used in studies that are “exploratory” in nature and those where the researcher wants to develop a detailed and nuanced account of a particular issue.



Qualitative methods may be used for theory development and theory elaboration.

Tonight, we will look at one particular method of conducting qualitative research - the focus group.

# Focus Groups

“Group process” research involves the use of groups of people interacting to generate data.

Focus groups represent one form of group process research using interaction and discussion on a set of topics as the primary mode of data construction/collection.

It is advisable to conduct multiple focus groups for any particular research effort. This allows for greater participation (and thus wider representation of results) and the opportunity to compare results across groups.



## **Focus Group Questions and Activities**

Focus group sessions should be guided by a set of topics, questions and activities (moderator's guide or protocol).

Similar core questions should be covered in all focus group sessions conducted for a particular project. This is important for future comparability across sessions.

However, the researcher should be flexible in using this guide. Conversations are dynamic.

New questions may arise in the course of conducting focus groups, and they may be incorporated into the process.

It is usually not enough to have participants just answer questions.



**Many focus groups involve activities for participants to engage in.**



To stimulate thought and participation, ask them to write things down and report back, draw diagrams, role play, complete a short survey, etc.

## Focus Group “Players”

Discussion participants: People recruited to participate in the focus group.

The appropriate number of participants ranges from 5 – 15.

Participants should be selected on the basis of the research. Tools similar to those for recruiting survey respondents and qualitative interviewees are often useful.

Facilitator(s)/Moderator(s): One or two people to facilitate the discussion.

They will lead the group by presenting information, asking questions, probing for details and ensuring that everyone participates.

The facilitator should be someone that the participants will feel comfortable interacting with.

Documenter: A person designated to take notes, operate recording equipment (if appropriate) and keep track of documents from focus group activities.

# Selecting Focus Group Participants (cont'd)

Focus group participants should be selected on the basis of who the data are intended to represent. In some cases, attention might be directed toward homogeneity, while in other situations diversity might be key.

Consider:

- Level and type of community involvement
- Organizational and institutional affiliation
- Occupation and socioeconomic status
- Race/ethnicity, gender and age
- Residential location



# Selecting Focus Group Participants (cont'd)

Probability sampling techniques may be used to select focus group participants. As with quantitative surveys, this is important if the researcher intends to generalize findings to a larger population.

Two helpful alternative strategies for selecting participants:

“Snowball” sampling involves a process of “chain referrals.” Begin with a small group of people and ask them who else to speak with concerning the topic of interest.

“Proportional” or “quota” sampling involves deciding what traits are important to the research and deciding on a number of participants. They can then be recruited through direct contact, fliers, etc.

The criteria for selecting participants must be documented. This is important for determining who the research findings actually represent.





# Issues of Concern: Confidentiality

## **Confidentiality**

*“Sociologists have an obligation to ensure that confidential information is protected. They do so to ensure the integrity of research and the open communication with research participants and to protect sensitive information obtained in research, teaching, practice, and service. When gathering confidential information, sociologists should take into account the long-term uses of the information, including its potential placement in public archives or the examination of the information by other researchers or practitioners.”*

– Section 11, ASA Code of Ethics (1997)

This means that the researcher will not make known the identity of the respondent or link them directly with the data they provide.

Note that there is a difference between confidentiality and anonymity.

# Issues of Concern:

## Voluntary Participation and Informed Consent

### Voluntary Participation and Informed Consent

*“Informed consent is a basic ethical tenet of scientific research on human populations. Sociologists do not involve a human being as a subject in research without the informed consent of the subject or the subject's legally authorized representative, except as otherwise specified in this Code. Sociologists recognize the possibility of undue influence or subtle pressures on subjects that may derive from researchers' expertise or authority, and they take this into account in designing informed consent procedures.”*

– Section 12, ASA Code of Ethics (1997)

Achieving informed consent means that, ideally, people are able to maintain their autonomy and can decide whether or not to participate in the research process. One approach used to help provide for informed consent is the “statement of informed consent.”

Depending on the context and rules set forth by the research review body, consent may be given by the research participant in written or oral form.

## **Example Informed Consent and Confidentiality Statement**

Tonight's meeting is being held by \_\_\_\_\_.

This focus group is intended to obtain information regarding your experiences, interests and concerns relating to \_\_\_\_\_.

The data and analysis from this project will be used to \_\_\_\_\_.

Your participation in this meeting is voluntary and confidential. You have the option of refusing to answer any question, and your name will not be included with any reports from this information.

We will audio record this focus group. The recordings will be used to make sure that we accurately document what you have to say. The recordings will be kept by the project directors.

If you are interested in receiving reports and other information from this project, please feel free to contact \_\_\_\_\_.

Do you have any comments, questions or concerns before we begin the meeting?

# Documenting Focus Groups

Focus groups must be thoroughly documented.

Documentation should consist of written notes regarding:

- The date, time, location and people involved in the focus group.

- Questions and topics covered during the interview. Capturing the points made by the participants and the terms they use is crucial.

Notes should be typed as soon as possible following completion of the focus group.

Focus groups may be audio-recorded. It is important to first ask the participants for permission.

Documentation from focus groups can later be coded and analyzed for content.



## Data Analysis

Data (notes, audio-tapes, focus group surveys, etc.) obtained from focus groups need to be analyzed.

These data should be “coded” for themes relevant to the research topic(s).

Coding qualitative data involves:

- Development and assessment of themes and categories.

- Looking for patterns and contrasts.

- Interpretation of meaning.

- Data reduction.

Coding via – pen and paper, basic computer software and specially designed qualitative analysis software.

# Analysis Example: Underemployment and Poverty

## Underemployment and Poverty from the Perspective of Employers and the Underemployed in the Mississippi Delta: Summary Results from Interviews and Focus Groups (2002)

Employers	Underemployed
<b>Assets</b>	
Tourism Farm-related industry Future industrial development opportunities Increased educational stability Existing workforce training programs	Strong willingness/desire to work Heightened educational levels Extensive skills and experience Existing workforce training programs Social service organizations
<b>Barriers and Challenges</b>	
Few jobs Inability to attract new businesses Unemployable workforce Low educational levels Crime and drug problems in the community	Overall social and economic structure Few jobs Limited educational credentials Lack of dependable transportation to outside jobs
<b>Action Ideas</b>	
Develop more industry and jobs Basic skills education (reading, writing, math) Vocational training High-tech. skills training Hands-on experience Work ethics	Move beyond traditional/ established approaches Advocate, search for and help develop "good jobs" Increase educational and training opportunities Mentorship/apprenticeship program Small business incubator Address health and transportation constraints

## **Analysis Example: Access to Health Care**

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### **Community Social and Health Issues from the Perspective of Delta Residents: Summary Results from Focus Groups and Key-Informant Interviews (2003)**

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#### ***Important Social and Health Issues***

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Limited formal education	Drug and alcohol abuse
Lack of good jobs, few benefits, poverty	Poor diet and nutrition
Racial barriers and disparities	Obesity
Poor housing conditions	Diabetes
Limited access to transportation (especially to access out-of-town services)	Hypertension
Lack of insurance (many people slip through the “cracks” in the system)	Teenage pregnancy
	Health problems accepted as norm
	Limited understanding of health issues

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#### **Ideas for Action**

##### ***Community level***

- Awareness advocacy
- Prevention/wellness education
- Information on available health care and social service resources
- Community involvement (parents, family, churches, police, leaders)
- Address relationship between health, employment and transportation

##### ***Policy level***

- Increase insurance coverage, especially for those who slip through the cracks
- Improve staffing in health care facilities (numbers, professionalism, compensation)