

Including individual interviews in a study using focus groups: a pragmatic solution or a threat to coherence?

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Aim

To debate how adding individual interviews into a study that intended to use only focus groups affects the overall data set and coherence of the study design.

Focus groups

- May be the sole data collection method or used in:
 - Mixed method studies e.g. with questionnaires in a survey (sequential or concurrent data collection)
 - Multi-method qualitative designs
- A particular form of group interview intended to exploit group dynamics (Freeman 2006)
- Data created through the interactions provides insights into public discourse - not just *what* people think but *how* and *why* (Kitzinger 1994).
- Interactions between participants stimulate further ideas for discussion through a 'synergistic sparking-off' between group members (Cleary et al. 2014, p.474).

Focus group extract – a discourse about the topic

- It is mind blowing to believe that a patient is put into an ambulance with whatever their problem is and they come with a carer from the home who goes: 'I don't know', 'I don't know'.
- They say: 'I've been told to take this person to A&E'.
- And in the end you ask them to ring up the home and ask for the various questions like: have they rung the nearest relative to say that they are with us, are they allergic to anything? It's simple things, we're not talking about anything major.
- They don't even know why they've been brought in.
- I have seen that from the other side in the fact that if you've got two nurses and two HCAs working on a night shift in a busy home and you've got one HCA who knows all the patients and how to run it with nurses, and then one HCA doesn't know how to do it, who are you going to send to the hospital?
- Inform the agency nurse before they move.
- Yes but you need to handover accurately otherwise there's no use them coming at all and you can keep them at the home.

Epistemological perspectives

- Researchers may reveal their epistemological assumptions within the framing of research questions and methodological concerns, rather than being explicit
- Studies that use focus groups are likely to be:
- Realist (naïve, scientific, critical): discovering knowledge - assumes that scientific method can capture true representations of the world, knowledge exists in pre-existing categories, reliability checks on data possible

Or

- Social constructivist – no single reality, knowledge is context specific, need to make researcher's role explicit

(Madill et al. 2000)

Focus group theorists

Jenny Kitzinger (1994)

- Informed by constructionist assumptions,
- Primary concern: the interaction between participants
- Value of pre-existing groups: how do they talk about a topic?
- Emphasises transferability of results at the level of theory

Richard Kreugar (1994)

- Realist assumptions revealed through procedures to reduce selection bias and increase transferability of results from samples to broader populations.

Major differences in views:

- Group membership; homogeneity; the status of interaction; the generalizability of results to populations
- Differing epistemological perspectives leads to different views about best practice in focus groups (Freeman 2006)

Focus group recruitment

- Ideally 6-10 participants per group but recruitment can be difficult - reasons include workload, working patterns, family commitments, locations....
- Kreugar (1994) acknowledges challenges in bringing people together, particularly in organisations – compromise may be necessary
- Including some individual interviews within an overall focus group design may be a pragmatic decision in some circumstances (Barbour 2007) e.g. to recruit people with particular characteristics who cannot attend planned focus groups.
- But is this strategy always planned and how do these interviews ‘fit’ with the overall data set?

Example

A study using a social constructivist perspective planned focus groups with hospital and community staff but ultimately included some individual interviews. The original submitted paper stated:

- Purposive sampling was used to include participants from different professions (clinical and non-clinical) and care settings. The group sizes varied from 2-13 and a few individual interviews were conducted, mainly with ward-based staff

Reviewer:

Why were certain staff selected for in-depth interviews. The author(s) state 'a few individual interviews were conducted' but exactly how many and who with during which time-frame is not clear – even with reference to table 1. Further there is no sense about how decisions were made concerning who to have in-depth interviews with.

Author response

This has been clarified in the article. Organising focus groups with healthcare staff is challenging due to their work commitments. In Phase 1 data collection an individual interview was conducted with a non clinical manager of staff without patient contact as this staff group had not been able to attend a focus group. At Phase 2 some ward based staff who could not attend focus groups were interviewed individually to ensure that their views were not contrasting with other staff who could more easily attend. The individual interviews were not more in-depth and they followed the same topic guide.

Published version

Purposive sampling was used to include participants from different professions (clinical and non-clinical) and settings and the aim was for group sizes of 6-10 people. In practice due to the acute nature of the Trust, the facilitators had to be flexible and group sizes ranged from 2-14 participants (see Table 1). In groups with only two staff, there was still rich discussion between them. The larger groups occurred because facilitators did not wish to turn away staff who had managed to attend. An individual interview with a Facilities manager was conducted during Phase 1, in order to access views from a non-clinical and non-patient contact perspective. At Phase 2, three individual interviews were conducted on wards, with nursing staff on a busy hospital site and who could not leave their wards to attend a focus group. The use of some interviews within an overall focus group design has been previously recognised as a pragmatic decision (Barbour 2007).

(Baillie et al. 2016)

Focus group data extract (group of outpatients nurses)

- I think it's shock they treat individuals like that, especially when she's in the hospital, when she's lost in the hospital, that one I wanted to scream out.
- Could no one see that she was lost?
- Like when she went in and they asked if a student could come in and observe but they didn't explain to Barbara.
- And reception, the way the reception was, I was getting really angry, regardless of if she's got dementia you can't treat another human being like that, she clearly looked confused and lost.
- It was the first time I could see everything from the point of view of a person with dementia

Interview extract (Ward nurse)

- I think one thing for me that I remember mostly is being able to have a look from outside what's going on, to kind of I guess make you realise the little things that you could be doing to kind of help, and it's a lot easier to see it from outside rather than if you're involved in that situation.
- **Yes. What sort of little things?**
- So, for example, when she's in the waiting room and she's waiting for her appointment she looks a little bit concerned, a little bit confused about where she is, she's constantly looking around, she looks a little bit stressed, and I think if we see somebody like that we can actually step in, even if we're not from that department, just to double check that she's okay.

Focus group studies that didn't plan to include individual interviews but did

- Usually a pragmatic decision in studies that planned to use focus groups but had difficulties in recruiting and included individual interviews with participants who meet the criteria for focus group participants
- Could be a deliberate change in approach part way through the study due to recruitment challenges, or occur when only one person attends an organised focus group
- How often does this happen and how do researchers report it?

Reporting of focus groups

- Focus group research methodology field is burdened with ‘poor design and shoddy reporting’ (Krueger 1993)
- Carlsen and Glenton (2011) reviewed 240 studies using focus groups:
 - authors’ explanations of the numbers and sizes of focus groups varied, but were often unclear or completely lacking
 - minimum number of participants as being 1-13 (the ‘focus group’ of one did not attract any comment)

Example 1 (Hunter & Magill-Cuerden 2014)

- Aim: to explore the ways in which UK adolescent mothers conceptualise their decisions to breastfeed and experience breastfeeding in their communities
- Qualitative study with a constructionist perspective
- Focus groups selected as *'an ideal medium to enable participants to explore and articulate the concepts and frameworks informing their breastfeeding decisions and experiences'* (no focus group theorist cited)
- 6 focus groups set up: 4 had 2-5 participants but only one person attended for the other 2: an individual interview held as *'it was important to capture all possible data to give voice to this vulnerable and minority group'*
- Limitations referred to small self-selecting sample and geographical area but not the variation to data collection methods

Example 2 (Robinson et al. 2012)

- Study aim: To examine critically the views and experiences of a wide range of professionals on advanced care directives in two clinical areas, dementia and palliative care, where professionals may be more likely to introduce it due to future loss of capacity and terminal illness
- A qualitative study: no epistemological stance or other methodological detail included – no focus group theorist cited
- Focus groups (n=14) and individual interviews (n=18) (Total participants=95) – purposive sampling to recruit from different practice areas and authors stated
- *‘Where professionals were unable to attend, individual semi-structured interviews were offered’*
- Solicitors: 3 individual interviews – no focus groups, ambulance service and social workers – focus groups only, others - mixture

Example 2 (continued) (Robinson et al. 2012)

- Strengths stated: wide range of professionals included – no mention of group interaction
- Limitations stated: limited generalizability due to one geographical area and sample may have been particularly interested in ACP, no quantitative measures of knowledge of ACP, no patients and families included
- Overall impression: realist approach, main concern generalizability

Example 3 (Carroll et al. 2014)

- Qualitative descriptive study - no rationale for focus groups or theory
- Aimed to explore the views of women from low socio-economic groups in Ireland on their choice to feed their infants artificial milk, and to elicit factors that may encourage these women to breast feed in the future
- Planned to hold 5 focus groups with 6 women in each but only 2 people attended first two.
- The women all had other children and couldn't attend
- Switched to individual interviews via telephone (6 interviews)
- Discussion and interaction between the two women in the small focus groups meant the duration was longer (42-68 minutes), than the telephone interviews (10-16 minutes).
- *They both provided a rich source of data.*

Quality of the study

Two core principles of quality in qualitative research:

- 1) transparency: the disclosure of the research process
- 2) Systematicity: the application of a systematic data collection and analysis process, with any deviation explained and justified.

Meyrick (2006):

'Big-tent' criteria for quality in qualitative research (Tracy 2010)

Criteria	Explanation
Worthy topic	The research is relevant, timely, significant, interesting and worthwhile
Rich rigour	Includes rich description and detailed explanations that illuminate complexity and demonstrate careful data collection and analysis
Sincerity	Shown through reflexivity and an honest and transparent account (audit trail) of the research process and the researcher and their perspectives.
Credibility	Trustworthiness and plausibility of the findings. Thick description, triangulation, member reflections (checking analysis/findings with participants)
Resonance	The research is meaningful and has an impact on readers. Potential for transfer of findings to other settings.
Significant contribution	The findings contribute to the field
Ethical	The research is ethically sound in how it is conducted and findings reported
Meaningful coherence	The study achieves its stated purpose. The methods, findings and theories interlink appropriately. The processes used are consistent with the specific methodology.

Tracy SJ. (2010) Qualitative criteria: eight “big tent” criteria for excellent qualitative research. *Qualitative Inquiry* 16(10): 837–51.

Conclusion

- Healthcare researchers are often studying hard to reach groups of people – focus group organisation is a further challenge in sampling and data collection
- Using individual interviews in a focus group study is aimed at increasing inclusivity and purposive sampling – to ensure particular voices included
- Not always easy to predict the success of focus group recruitment: better to plan in advance what to do if only 1 person attends , or you ultimately decide to include individual interviews as well
- But need to reflect on epistemological stance to study and how this affects sampling and use of individual interviews
- Key message: ensuring there is a systematic and transparent process with clear reporting about decisions and justification

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