

# Composition of focus groups when exploring the cultural heritage of student nurses' beliefs of dementia

Dr Joanne Brooke

Reader in Complex Older Persons Care



# Aim

---

- ▶ Focus group methodology
  - ▶ Methodological challenges
  - ▶ Introduction of our study
  - ▶ Composition of our focus groups
  - ▶ Discussion on ‘frame of reference’
- 



# Focus groups

---

- ▶ Qualitative methodological approach
- ▶ Explore participants' knowledge and experiences
- ▶ What people think, but also why they think the way they do, about a specific issue
- ▶ Peers with whom they are likely to share a 'common frame of reference'
- ▶ Sensitive to cultural variables

(Kidd and Marshall 2000; Kitzinger 1994; Liamputtong 2011)

---



# Focus groups

---

- ▶ Importance of the interaction between participants
- ▶ Sharing their experiences with peers
- ▶ Allowing them to comment on or even challenge each other's view
- ▶ Building on others' responses providing understanding of consensus and diversity within the group
- ▶ Influence and are influenced by each other as in a real world setting



# Focus group composition

---

- ▶ Homogenous groups for example, gender, age and ethnicity
- ▶ Increases participant compatibility
- ▶ Supporting participants to speak more openly
- ▶ Allowing conversation that is more free-flowing than in heterogeneous groups
- ▶ Particularly important when considering sensitive issues

(Greenwood et al. 2014)

---



# Focus group composition

---

- ▶ Two contrasting interaction styles in focus groups
  1. Complementary interactions
    1. which draw out consensus amongst the group
  2. Argumentative interactions
    1. where participants disagree or challenge each other
  
- ▶ Assumed the more comfortable participants will engage in both consensus and challenge

(Kitzinger 1994)

---



# Methodological questions

---

- ▶ When exploring the impact of culture on a topic how does this influence the compositions of focus groups?
- ▶ What ‘frame of reference’ is more dominant or influential?
- ▶ How can a frame of reference be ‘measured’?
- ▶ How many layers of a frame of reference need to be considered?



# Our study

---

- ▶ The intersect of culture in the understanding and development of person-centred dementia care amongst adult nursing students
- ▶ Focus group methodology
- ▶ Student nurses from England, Slovenia, New Zealand and the Philippines
- ▶ 23 focus groups
- ▶ 181 student nurses





# Recruitment

- ▶ Student nurses either in their 1<sup>st</sup> or last year of studies
- ▶ At one of 5 Higher Education Institutes
- ▶ No further inclusion criteria, each focus group included those who ‘turned up on the day’
- ▶ One occasion three separate consecutive focus groups occurred due to a large number of students volunteering
- ▶ Small groups of peers arrived, so the groups might have been self defining



## Self-defined cultural heritage

### England

Black British African (n=9), Black British Caribbean (n=1), East African Arabic and Muslim (n=1)

White English (n=7), Black African (n=1), Black British (n=1), Indian British (n=1)

White British (n=2), Muslim British (n=1), Asian (n=1), Indian Sikh (n=1), Black African (n=1), Caribbean (n=1)

Black African (n=3), Black African and Scottish (n=1), White British and Black Caribbean (n=1), Indian British (n=1), White British (n=1)

Afghanistan (n=1), Pakistan (n=1), Irish (n=1), White British (n=1), Nigerian (n=1), Black African (n=1), Ghanaian (n=1), Pakistan (n=1)

### England

**White British (n=7), Asian (n=1), Filipino (n=1)**

White British (n=6), White British and Italian (n=1)

White British (n=6), Guyanese and White British (n=1), Polish (n=1)

White British (n=4), White British and Bosnian (n=1), American (n=1), Black African and Italian (n=1)

Black African (n=4), White British (n=2), Nigerian (n=1)



	Self-defined cultural heritage
<b>Philippines</b>	<b>Filipino (n=8)</b>
	Filipino (n=9)
	Filipino (n=9)
	Filipino (n=9), Rwanda, in East Africa (n=1)
	Filipino (n=9)
	Filipino (n=7), Asian, born in India (n=1)
<b>Slovenia</b>	Slovenian (n=6)
	Slovenian (n=9)
	Slovenian (n=7)
	Slovenian (n=7)
	Slovenian (n=6)
	Slovenian (n=6)
<b>New Zealand</b>	New Zealand (n=2), Maroi (n=1), South Korean (n=1), White South African (n=1), Asian from Hong Kong (n=1)



# Culturally diverse FG

---

- ▶ All students were interested in each others cultural belief
  - ▶ Students questioned each other on beliefs and approaches of care for people with dementia in different countries
  - ▶ Discussions included cultural beliefs and care, but from a perspective of the knowledge they had gained from their studies
  - ▶ Sensitive topics such as the witchcraft were discussed openly and students engaged in complimentary and argumentative interactions
- 



# Culturally similar FG

- ▶ Students from the Philippines
  - ▶ Differences between village and city beliefs
  - ▶ Discussed their cultural beliefs in agreement
  - ▶ From a family perspective not a future healthcare professional



# Culturally similar FG

- ▶ Students from Slovenia
  - ▶ No differences in culture or village city level were identified
  - ▶ Discussion were from the perspective of future healthcare professionals
  - ▶ Concentrated on the poor beliefs of ‘older’ untrained nurses



# Frame of reference

---

- ▶ Being a student nurse was the intended frame of reference
- ▶ Ethnic diversity in some FG provided a heterogeneous group
- ▶ However, so did age, and experience of caring for people with dementia prior to commencing their studies
- ▶ FG commenced with questions regarding their student nurse programme in relation to dementia



# Methodological questions

---

- ▶ When exploring the impact of culture on a topic how does this influence the compositions of focus groups?
- ▶ What ‘frame of reference’ is more dominant or influential?
- ▶ How can a frame of reference be ‘measured’?
- ▶ How many layers of a frame of reference need to be considered?







Thank you



Twitter: @DrJoBrooke

Website: [www.idcc.org.uk](http://www.idcc.org.uk)