



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

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Aim

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research • patient care • education

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

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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

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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
- Complementary interactions
 - which draw out consensus amongst the group
- 2. Argumentative interactions
 - where participants disagree or challenge each other
- Assumed the more comfortable participants will engage in both consensus and challenge

(Kitzinger I 994)

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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 Ist 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
	Black British African (n=9), Black British Caribbean (n=1), East African
England	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 $(n=1)$
	White British (n=7), Asian (n=1), Filipino (n=1)
England	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
	Filipino (n=8)
Philippines	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)
	Slovenian (n=6)
Slovenia	Slovenian (n=9)
	Slovenian (n=7)
	Slovenian (n=7)
	Slovenian (n=6)
	Slovenian (n=6)
	New Zealand ($n=2$), Maroi ($n=1$), South Korean ($n=1$), White South
New	African (n=1), Asian from Hong Kong (n=1)
Zealand	

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



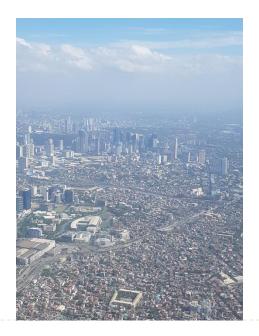




Students from the Philippines

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









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

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Thank you

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