Using focus group research to inform the development of effective information strategies for critical care discharge; a discussion of its relative merits and challenges

Suzanne Bench
Focus group study

Aim
• To gain user insight into the most effective information strategies, to support the adult patient and their family at the point of discharge from critical care (ICU/HDU) to the ward

Objectives
To elicit the views of users (patients, families, and health care professionals) with regard to:
• The most effective methods of information delivery
• The required information content of any proposed strategies
• The benefits and limitations of any existing strategies
• Any potential resource implications
What is a focus group?

- “A group interview- centred on a specific topic (‘focus’) and facilitated and co-ordinated by a moderator or facilitator-which seeks to generate primarily qualitative data, by capitalising on the interaction that occurs within the group setting” (Sim and Snell 1996; page 189)

- Any group can fulfil the criteria to be a focus group as long as attention is paid to the interaction of group members (Barbour 2005). The nature of participation is as important as the view of the group about the topic in question (Curtis and Redmond 2007)

- In a group interview focus is on exchanges between interviewer and participant. In a focus group interview focus is on exchanges between group participants themselves (Litosseliti 2007)
Sample

- Eight focus groups (n=43) (4 patients and families; 2 nurses; 1 allied health care professionals; 1 medical staff)
- 3-8 participants in each group
- Health care professionals were recruited from a single large inner London acute Trust
- Patients and family members were recruited as above and via the internet (www.icusteps.com)
Sample and recruitment

- Purposive convenience sampling
- Random sampling and achieving generalisability not necessary (Curtis and Redmond 2007)
- Recommended number of focus group participants 6-10 (Freeman 2006; Kreuger and Casey 2000)
- Over recruitment strategy
- Number of focus groups
- Homogeneity vs variation
- Separate focus groups for different stakeholder groups to avoid perceived power hierarchies (Curtis and Redmond 2007; Happell 2007)
- Resource constraints and travelling problems
Data collection

• Focus groups were moderated by a single researcher using a semi-structured interview schedule and examples of materials to trigger discussion

• Interviews were digitally audio-recorded

• A co-researcher was present to take notes on group interactions and non-verbal behaviours
The focus group interview

• Location important and should be neutral, familiar, and convenient to those taking part (McLafferty 2004)

• Time period of interviews (2 hours) (Ivanoff and Hultberg 2006; Kreuger and Casey 2000; Sharts-Hopko 2001)

• Time prior to data collection for participants to meet each other and relax, promoting a setting in which they will be willing to interact with each other. Discourage discussing research topic as this could compromise data collection (Jamieson and Williams 2003)

• Generation of rich data depends heavily on moderation skills, particularly the ability to listen, promote interaction and discussion amongst all participants, be neutral, opinion free, non judgmental, confident and in control (Ivanoff and Hultberg 2006; Litosseliti 2007)
Moderating a focus group interview

- Confidentiality
- Matching of voices to individuals

- Group members must be encouraged to view themselves and not the moderator as experts (Ivanoff and Hultberg 2006)
- Challenges associated with dominance, non participation, personal agendas or ‘being a sheep’
- Researcher influence
- Emotional triggers
- Aim not to reach consensus but to uncover dissonant views and perspectives (Sim 1998)
- Opportunity for participant verification
- Challenge of ensuring all stages of effective group development are covered (Litosseliti 2007)
## Focus Group Interview Schedule (Patients)

1. **Introduction and welcome**
   - Researchers introduce themselves, their role, outline process and purpose
   - Ground rules will be discussed-confidentiality (and its limits), respect, allowing everyone to speak, keeping to time.
   - Group will be asked to introduce themselves using first names only

2. **Opening**
   - Encourage each participant to share their experiences of receiving critical care discharge information-when, how, its focus, who it was directed at.
   - Can you tell me what you remember (if anything) about leaving ICU or HDU and going back to the ward?
   - How did you feel?
   - In what way was the ward different?
   - How were you prepared for going to the ward?
   - Did anyone talk to you about what would happen when you went to the ward?

3. **Focusing**
   - Encourage group to focus specifically on the content of information received, its merits and limitations
   - Encourage group to focus specifically on the way the information was delivered, its merits and limitations
   - Were you given any information about the transfer or what to expect?
   - How was this information provided?
   - What difference is there between the information needed by patients and relatives at this time?

4. **Stimulating**
   - Show group examples of information strategies identified from the literature (or from previous focus groups) and ask them to comment on their content and mode of delivery
   - Ask group to consider resource implications of these and other strategies discussed earlier
   - Do you have any ideas about the best way to give information to patients?
   - Examples of information giving strategies include booklets, websites, short films-do you have any views on these? Would they be useful for ICU and HDU patients?
   - What problems or difficulties do you think patients would have with using some of these things?

5. **Summarising**
   - Summarise key themes from discussion and allow any final comments

6. **Closing**
   - Ask participants if they wish to add anything else
Data collection

- The moderator is the main data collector-benefit or limitation?
- A good interview schedule vital to collection of valid and reliable data
- Use of stimuli (previously used discharge information booklets) to encourage and enrich discussion (Jamieson and Williams; Kreuger 1994)
- Phenomenological roots enables evolvement of data collection strategies as new insights emerge, enabling earlier group ideas to influence later interviews whilst retaining a core focus
- Audio recording, co-researcher notes detailing non verbal information and group dynamics allows moderator to focus on group facilitation
Data analysis

• Interim analysis was undertaken at the end of each focus group interview

• Audio-recorded data was transcribed, assimilated with the notes and underwent thematic analysis following the framework by Kreuger (1994)

• NVIVO 7 was used to support this process

• A co-researcher will check final categories against original transcripts for accuracy, and a representative from each original group will become part of an expert group to provide their perspective on any final decisions made
Data analysis

- Systematic data analysis
- Purpose is to understand and gain insight into the topic in question, not to make statistical generalisations (Ivanoff and Hultberg 2006)
- Interim analysis to determine extent of data saturation and alterations for future interviews (Jamieson and Williams 2003)
- Anonymisation during transcription; matching voices to participants
- Three levels of data requiring thematic analysis: Individual, group and group interaction (Duggleby 2005)
- Attention to exceptions in data
- Avoid reliance on group outcomes, but focus on content and process of discussions in order to determine any likely consensus or divergent views (Barbour 2005)
- Problems of returning data to participants for verification: difficulty of reconvening groups, and changes in group dynamics (Barbour 2005)
Conclusion

• Focus group studies can produce robust qualitative evidence to support effective nursing practice

• Awareness of limitations and challenges
Benefits of a focus group

- Offer opportunity for debate and discussion
- Allow group participants to build on the comments of others to produce a range of opinions and generate insightful data (Litosseliti 2007)
- Recognise and value the importance of highlighting the users’ voice (Barbour 2005)
- Economic data collection strategy
- Encourage spontaneity
- Safe forum for expressing views and opinions
- Allow individual expression and the collective identification of problems and solutions (Sim 1998)
- Provision of support and empowerment of those involved (Sim 1998)
The pitfalls of the focus group

- Require a lot of time and effort to be successful (Barbour 2005)
- Rely heavily on the skills of the moderator
- Open to bias and manipulation
- Can lead to false consensus
- Difficult to distinguish between group and individual points
- Difficult to generalize from data collected
- Challenges of robust analysis and interpretation of results
Findings from this focus group study are currently being used to influence the design and evaluation of an intervention for providing critical care discharge information.
Thank you for listening

Any questions

suzanne.bench@kcl.ac.uk
Key references

• Kreuger R (1994) Focus groups; a practical guide for applied research, London, Sage

• Litosseliti (2007) Using focus groups in research. London, Continuum