

Family Medicine

Interviews and Focus Groups – Guide Development and Use

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Agenda

- 1. Background & Introduction
- 2. Why use Focus Groups and Interviews?
- 3. Guide Development & Use (including examples)
- 4. Review of Key Take-Aways
- 5. Q & A

Today's Objectives:

Learners will:

- Be able to identify key characteristics for the application and use of focus group and interview-based research.
- Understand some objectives and rationales for focus group and interview-based research.
- Become acquainted with:
 - Steps to move from research objectives to guide development.
 - Initalonsiderations and strategies for guide use.



1 – Background & Introduction

Research & Teaching:

- Imprisonment & settler colonialism through an intersectional and decolonial feminist lens.
- Prison-based health research
- Activist work and prison-based teaching (Walls to Bridges Collective)
- Anti-oppression and social justice framework



Visual Legend

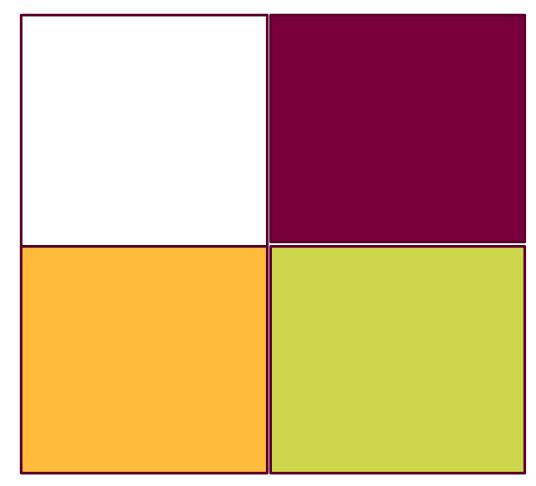
White: basic information slide

Maroon: key takeaway points

Yellow: new section + guiding

Questions

Green: memorable quotes



What are focus groups and interviews for?

How can we use them in our research?



2 – Why use Focus Group and Interviews?

Focus Groups:

Interviews:

People's feelings or experiences

In-depth experiences in their own narratives

 Researcher to play a less dominant role

"Back-and-forth" exchange

- Strength in numbers.

Embeddedness v. Observation

2 – Focus Group and Interviews - foundations

- Developed out of behavioral sciences and often used in clinical psychology and marketing research (Stewart & Shamdasani, 2015)
- More recently influenced by other disciplinary questions, theories and methods.
- No "one size-fits-all" approach (Stewart & Shamdasani, 2015).
- Different designs for different tasks (Fern, 2001).

Behavior → Experience



To use focus groups and interviews effectively, we need to understand what they are supposed to *do* in a research project.



2 – Focus Group and Interviews - role & purpose

- To gain insight and learning from other people's stories and experiences.
- To recognize the limits of our own understanding as researchers.
- To be able to understand the reasons and context of people's behavior.

(Seidman, 2006)



"At the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience."

~ Irving Seidman, 2006, p. 9



2 – Focus Group and Interviews - role & purpose cont'd

Broaden participant agency by making space for participants to:

- Answer in their own words.
- Identify research priorities that add breadth/depth the the research question and/or topic of study
- Add specificity and context
- Re-frame the research question
- Not just a way to "supplement" quantitative methods.

(Stewart & Shamdasani, 2015)



Effective use of methods like focus groups and interviews means valuing where they come from and what they offer on their own terms.

2 – Focus Group and Interviews - applications & use

Focus Groups:

- Background or new ideas
- Generating a research question or hypothesis
- Locating problems in or feedback.
- Informs the development of other tools
- Interpreting and broadening other qual/quant data.

Interviews:

- Flexibility in answering questions.
- 'Picture' of subjective experience
- Labour intensive but yields rich findings
- Emotional responses
- Redefine the standards of healthbased research.



"Man is an animal suspended in webs of significance he himself has spun."

~ Clifford Geertz, *The Interpretation of Cultures,* 1973



Focus Groups and Interviewing can serve a variety of functions in the research process, but these all generally share the purpose of making space for participant experience, agency, and meaning.

2 – Focus Group and Interviews - best practices

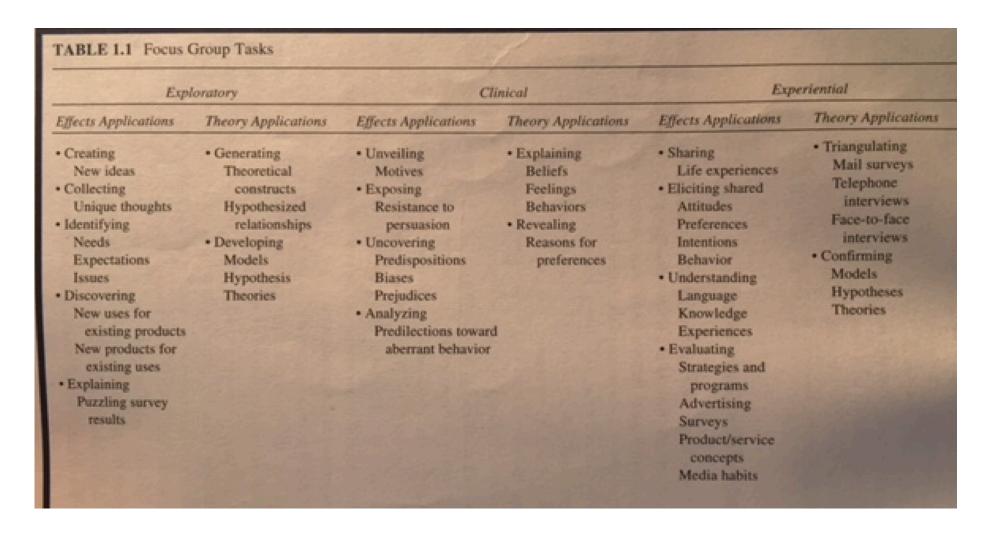
- Validating quantitative research vs. exposing and/or building on the gaps of quantitative research.
- Most effective when they don't just respond to the interview question, but develop it.
- Talk about how supplement and build on quant research. Show you anticipating and planning a response.
- Let them "do their own thing" and listen to the conversation they are having.



Keeping these foundations in mind...

What are best practices for guide development and use?

3 – Guide Development & Use - Types



- 1. Exploratory
- 2. Clinical
- 3. Experiential

Not necessarily mutually exclusive

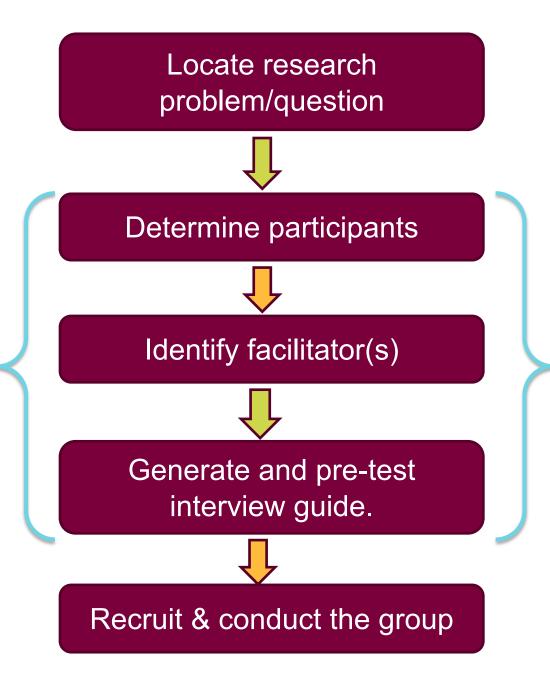
Fern, 2001, p. 6



3 – Guide Development & Use - Step 1: Determining purpose

- What is the research question?
- What is the problem that the study is trying to address?
- What led to the decision to do this study?
- What kinds of information do you want/need/is most important?
- Who needs the information and/or who is your audience?
- Are there any ethical, legal, economic, or social considerations that lead to one approach over another? Why?





3 – Guide Development & Use - Step 2: From problem/question to guide development



Guide development can occur alongside defining the participants and selecting a moderator.

Stewart & Shamdasani, 2015



"It's common to carry out simultaneously the identification of the moderator [facilitator] and design of the interview guide with the recruitment of participants for the focus group."

~ Stewart & Shamdasani, 2015, p. 51.



3 – Guide Development & Use - Step 3: Developing the question guide

- Re-cap: Interview guide = agenda for group discussion
- Can be developed in collaboration with research partners.
- Facilitator: comfortable with the questions and their intention.
- Skilled facilitators can help to modify questions if their framing is not being well-received by the group.
- Questions are a guide, open-ended, semi-structured.



3 – Guide Development & Use - Step 4: Formulating questions in a semi-structured format

- For a 1-1.5hr group aim for approximately 10 questions and 2-3 themes.
- Within each theme, start with more general questions and move towards more specific questions.
- Choose a theme/question order that is the most organic.
- Think: How do answers to one set of questions inform other questions?

3 – Example of themes and question order

Continuity of Care study with people released from HWDC:

- 1. Challenges at the time of release → Experiences in jail
- 2. Thoughts/ experiences at time of release
- 3. Strategies to improve access...

Strategies to IMPROVE ACCESS TO PRIMARY CARE and TRANSITION to community AFTER RELEASE.

- 1. What improvements could be made to enable better access to health care: In jail? In the community?
- 2. If you could change anything about your experience accessing health care in jail or in the community what would it be?
- 3. What do you think would help assist people in accessing their health care needs after release from custody?
- 4.a. Thinking about your experience currently, is there anything that would make your ability to access health care easier? Why or why not?
- 4.b. If you feel satisfied with how your health care needs are being taken care of currently, what about your current health care arrangement is working for you?



3 – Guide Development & Use - Step 4: Formulating questions in a semi-structured format

- Questions should provide opportunity for a multiplicity of responses
- Combination of unstructured (broad) and structured (specific)
- Balance providing direction and prompts, but without being too leading.
- More bread/unstructured and more specific/structured through each theme.



3 – Example of unstructured/structured questions

How do you feel/what do you think about (being asked to participate in) X drug trial? Why?
 (unstructured/broad)

-How did you feel when you were not selected to be a part of X drug trial. Did you feel this was a fair or unfair decision? (structured/specific)



3 – Guide Development & Use - Step 5: Some things to remember

- Facilitator must <u>listen closely</u> to know how to frame more specific/structure questions.
- Personality and style of the facilitator can also add more/less structure to discussion.
- Discussion between participants useful.
- The guide won't work equally well for all groups.
- Avoid going past 1.5hrs when mentally / emotionally demanding subject matter.



3 – Guide Development & Use - Step 5: Some things to remember cont'd

- Building trust: name and acknowledge problems and challenges.
- Acknowledge personal or sensitive nature of topics.
- Silence is ok and gives us important information.
- Be transparent about your intentions.
- Consider that many people have had negative health care experiences.
- Don't make value-judgements or assumptions about how people take care of or relate to their personal health.



Valuing people's experiences as knowledge means thinking about who you're speaking to, prioritizing their comfort accordingly, and sincere verbal acknowledgement and monetary compensation for their time and energy.

All research is for someone and for some purpose.

~ Robert Cox, 1981



Despite the growing interest in drawing from qualitative methodologies from the humanities and social sciences, researchers may not always have an understanding of how different approaches to health research affect how methods are used in that research.



4 - Key Take-Aways - Focus Groups & Interviews

- To use effectively need to understand what they are supposed to do in a research project.
- Effective use means valuing where they come from and what they offer on their own terms.
- Generally share the purpose of making space for participant experience, agency, and meaning.
- Valuing participant experience as knowledge.
- Different approaches to health research affect how methods are used in that research.



5 – Any Questions?



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Thank you!

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