

Focus Group Manual

**Beate Schulze
Karl Krajcic
Ursula Trummer
Juergen M. Pelikan**

February 2003

Ludwig Boltzmann Institute for the
Sociology of Health and Medicine
WHO Collaborating Centre for
Health Promotion in Hospitals and Health Care
Rooseveltplatz 2/4
A-1090 Vienna, Austria
TEL: +43 1 4277 48282
FAX: +43 1 4277 48290
EMAIL: info@mfh-eu.net



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Using Focus Groups to Assess Local Needs

What are focus groups?

Focus groups are group discussions involving 8-10 participants that are guided by a facilitator. Their purpose is to discuss a limited number of issues in order to identify a range of opinions and ideas. Originally, focus groups were used in market research to identify customer preferences so that products could be matched to perceived wants and needs, and effective communication strategies developed.

Effective strategies towards a migrant-friendly hospital must be based on the needs of specific stakeholders. Interventions must be appropriately tailored to these needs and communicated in ways that the group members will understand. Because focus groups focus on the needs and experiences of those who experience health care for migrants and ethnic minorities, either from the perspective of the service user (migrant patients) or the service provider (staff), and they help to ensure that your interventions address important and concrete needs. More specifically, they:

- Empower patients by acknowledging their expert role and soliciting their assistance in defining effective interventions;
- Help identify and recruit interested and qualified individuals for project groups, both for the project steering groups and the sub-project groups;
- Involve members from all relevant groups in project development and thus can help sustain ongoing support throughout the project and beyond;
- Help balance the interests of project planners with the perceived needs of the intended beneficiaries of the project.

Why use focus groups to assess local needs?

Focus groups produce a rich body of data expressed in participants' own words. They allow respondents to qualify their responses and explain their reasoning. A guided discussion among people who share a central part of their experience encourages participants to articulate grievances and criticisms. The group dynamics stimulate thinking, promote a wider range of contributions, and yield



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information that might be missed or withheld in a structured interview or questionnaire. Therefore, in-depth information from focus groups is an important basis for targeting interventions towards culturally adequate health services and organisational structures.

When to use focus groups

Expectations regarding the desired outcome of a project aimed at improving migrant-friendliness will differ among the various stakeholders. For example, hospital staff might aim at providing more effective services and improving adequate and timely utilisation of services, while migrant patients may focus on receiving culturally adequate treatment and greater familiarity and satisfaction with health services in European societies. There will also be varying expectations among hospital staff, depending on their profession, the specific department they work in, their position in the hierarchy of the hospital, and their own migration experiences. Likewise, patients' perspectives on the desired outcome of the project will vary along with their migration experiences and ethnic backgrounds, language competencies, legal status, health problems, and previous experiences with health services. The process of defining targets and developing effective interventions will require an in-depth understanding of these different perspectives.

Focus groups can be used at different stages in the project development to:

- Generate ideas and concepts to be used as input for project planning. With their open atmosphere, focus groups are well suited for creating ideas. Based on these ideas, innovative and effective interventions aimed at making hospitals more migrant-friendly can be developed.
- Identify and create support. People with considerable experience in project development, community leaders, representatives of government agencies, foundations, and possible sponsors – all of these people can be invited to focus groups as a first step in generating creative ideas for developing community buy-in. Focus groups also can be used to identify additional support that may be required for the project – support for the project being an issue that must be addressed at the outset of project planning as well as regularly in the course of routine project functioning.
- Monitor the project. People involved in the project should have a forum to regularly voice their experiences, concerns, and needs for support. Focus

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groups can be particularly useful for understanding the needs of project teams. Possible needs arising in the course of the project include training, consultation services, additional staff, special expertise, and other resources.

Conducting a focus group:

Successful focus group meetings require careful planning and preparation. You should consider the following steps.

Step 1: Formulate your main question for the needs assessment

It is important to be clear about the concepts or issues that you want to investigate. A good opening or ice-breaker question for a migrant-friendly hospital project can be:

- “How do you like it here at the hospital or in this department?”

This will invite participants to speak about their experiences in a fairly informal way and help them to feel at ease. The facilitator can note statements that point to areas where participants are not satisfied, and use them to probe – i.e., to ask further, more specific questions such as:

- “With regard to [statement in first round], what should be different? What could be improved?”

Having a clear understanding of concepts such as migration, patient satisfaction, quality of health care, literacy, or health promotion is particularly important as you may use these terms to pose questions to focus group participants and to generate discussion.

Step 2: Identify eligible focus group participants

A thorough needs assessment will capture the views of different groups, such as patients with different migrant or ethnic minority backgrounds, different language competencies and legal statuses, as well as hospitals staff working in a variety of different functions. If feasible, assessing the views of local health and social politicians, migrant associations in the communities, religious and spiritual leaders as well as human rights organisations is also recommended. Plan separate sessions for each group. Participants who share similar key characteristics will



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more easily identify with each other's experiences. This will help participants feel more comfortable in the group and thus facilitate discussion. The goal is to create homogeneous groups of participants with respect to the key characteristics you have identified (e.g. country of origin, gender, and legal status for migrants; profession, department and position at the hospital for staff).

The number of focus groups required depends on your purpose. When exploring a broad and complex subject such as migrants' experiences with your services, you may want to run several groups, continuing until you cease getting new information (a situation known as "saturation"). This usually occurs within 4-6 groups. When addressing a more specific question – such as how Somalian women experience a birth preparation programme offered by your department – to identify areas for further development, you may need fewer sessions before you reach the saturation point. For an even more specific and concrete purpose, such as testing a set of pictographs developed to improve orientation at the hospital, or identifying a project group's support needs, a single session with each target group may be all that is required.

Step 3: Develop discussion questions and probes

Identify the main issues to be discussed and formulate open-ended questions for each issue. Each open-ended question should have a series of sub-questions and so-called "probes" (further-reaching questions), to assist the facilitator in generating discussion and eliciting a broad range of responses. The main questions, sub-questions and probes form the discussion guide. This is an important tool for the facilitator in directing group discussion and managing time.

An in-depth exploration of a small number of concepts is preferable to a brief examination of a larger number of issues. Therefore, the number of issues to be addressed in a focus group should be limited to no more than three or four.

Questions do not need to be placed in strict sequence and probes should only be used if the group does not react to an issue or offers little information. Otherwise, the goal is to use the questions to initiate a natural and freely flowing conversation among the group members. It is important to be as non-directive as possible, so as to encourage a broad range of contributions.





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Step 4: Select and train a facilitator and co-facilitator

The facilitator her- or himself can be said to be the main data collection tool. It is important to make a careful choice of facilitator based on the purpose of the project, the characteristics of the focus group participants, and the type of facilitator that would best fit with the group and obtain the most useful data. A good focus group facilitator will create an open and tolerant atmosphere in which every participant feels free to offer opinions. They will have worked with groups in the past and have basic interviewing skills (attentiveness, preparation, skillful phrasing of questions, and genuine interest).

It is advisable to have a co-facilitator whose primary responsibilities are taking careful notes and helping the facilitator to generate discussion. Notes are the basis of the analysis so careful note-taking is indeed crucial to the success of the focus group. It is helpful if all groups composed of representatives of one stakeholder (migrant patients or staff) are carried out with the same team of facilitators. This will improve the comparability of results across groups. If time constraints require several focus groups to be carried out simultaneously, or the requirements for facilitator characteristics differ from group to group, e.g. regarding language competence or migration background, careful training of facilitators should aim for a relatively uniform moderating style.

Step 5: Establish the groups

Make personal or written invitations at least two weeks in advance of your group and confirm attendance. For in-patients at the hospital, invitations should be in such a way as to allow patients attend the group during their stay at the hospital. In your letter of invitation or in the course of an oral invitation to patients or staff members, state the purpose of the group, the nature and benefits of participation, how the information will be used, and how individual's privacy and confidentiality will be protected.

Different recruitment strategies may be necessary for different groups. Always invite more people than required to allow for no-shows. Follow-up contact with participants, either through mail reminders or telephone calls, will help to reduce

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the number of people who do not come despite the invitation. Providing support for transportation costs and offering parking space may increase your turnout. Also, depending on the local context, it may be appropriate to offer small financial incentives for participation.



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Exhibit 1: Focus Group Guidelines for a Assessing Migrant Patients' Suggestions

[Example]

1. Introduction to the session: [example] – **approx. 3 min**

We would like to improve our services for patients who have a different [add specific migrant group here] cultural background. -We have invited you here so that we can speak with you about your experiences at this hospital and your ideas on what should be done to make your hospital stay as helpful and comfortable as possible. Only with your help we can improve our services to your best benefit.

[Followed by the facilitator introducing her- or himself]

2. Participant introductions – **approx. 1-2 min per person**

3. Introductory question – an "ice-breaker":

- How do you like it here at the hospital or in this hospital department?
[if necessary ask specifically: What do you find helpful? What should be different?] – **approx. 30 min**

[If the following are not mentioned, probe:]

Medical services: clinical/communicative

Nursing services: clinical/communicative

Hotel services: technical/communicative

Administrative services, e.g. admission and discharge (in technical and in communicative terms)

4. Further questions:

- Imagine you were the director of this hospital or head of this department, what would you do to improve services for patients with a migrant or ethnic minority background? – **approx. 20 min**

[Facilitator: write down suggestions on a flipchart]

- Imagine you had the money to put three of these plans into practice. Which of the suggestions on the flipchart would be the most, the second most and the third most important ones? – **approx. 10 min**

[Facilitator: Mark importance of suggestions on the flipchart, giving 3 points for the most important one, 2 points for the second most important one, and 1 point for the third most important one]

- Could you tell me a little bit more about what [service with the most points] would look like in practice? – **approx. 20 min**

5. Closing question: (after summary of group content by facilitator)

- Have I correctly described what was said here?
- or
- Is there anything we should have talked about but didn't? – **approx. 5 min**

6. Thank participants and tell them whom they can contact with questions about the project or the focus group session, and where they can obtain a summary of session results if they wish to do so.

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Time the groups carefully so that they do not compete with other important local events. Arrange the focus group sessions to take place in a comfortable and easily accessible environment. Create a relaxed atmosphere for the discussion through informal seating, and by providing beverages and light snacks.

Step 6: Run the focus group session(s)

Before participants arrive, set up and test any technical equipment that you plan to use, such as a tape recorder or video camera. Start the session with an introduction by the facilitator. Explain how members were selected, the purpose of the project, how data will be handled, and how results will be used (approx. 3 minutes). Obtain [written] informed consent from participants if you intend to record the session [see Exhibit 2 below]. For the local needs assessment in the mfh project, it will be sufficient for the co-facilitator to take careful notes. These will serve as the basis for identifying areas of improvement for your services to be more migrant-friendly.

Occasionally you will have more people in attendance than you anticipated. If you have too many people to run an effective group, split the group and have the co-facilitator lead the second group. If your attendance is low, you will have to reconsider your recruitment strategy. Too few group members may render the data incomplete and make it incomparable with that from other groups.

After the introducing yourself and the project, ask all participants to introduce themselves, giving their names and expressing their general expectations of a project aimed at improving hospital services for migrants and ethnic minorities.

Begin the group with a general question and ask all participants to respond. A question about some aspect of their experiences will break the ice and create commonalities among group members. To make sure that everybody responds to the initial question, you may use the “chain technique,” directing the question to each participant in the order of seating. Then follow the discussion guideline you have outlined, using probes to generate more detail or to re-focus the discussion when it wanders off track. Since a focus group is an unusual social situation for participants, not everybody may be comfortable with expressing their views. If there are a large number of “silent” participants in the group, it is recommended that you stick to the “chain technique” to make sure everybody has an input in the session.



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When the discussion is complete, thank the participants and solicit their advice on how you could improve future sessions.

Problems often arise in the course of moderating focus groups. Some of the most frequently experienced problems are as follows:

- The presence of a dominant group member. While they may provide a great deal of useful information, they may also discourage other participants from entering the discussion, force agreement with their own views, or even attempt to take over the facilitator's role. If given too much room for expression, they are a major source of bias in focus groups. To diffuse this situation, be appreciative of the dominant individual's knowledge, but explain that the opinions of others are equally important. You may need to tell them firmly, but politely, to wait their turn to speak. Establishing clear ground rules for communication at the outset may help to prevent this problem.

Exhibit 2: Confidentiality Statement and Consent

[to be obtained if the session is to be recorded]

This focus group discussion is part of a needs assessment for a project designed to improve hospital services for patients with a migrant or ethnic minority background. We wish to learn about your experience with our current services and, together with you, develop concrete ideas about how our services and hospital environment might be improved to better meet your needs.

With your consent, the information you offer as part of the focus group discussion will be recorded. Recordings will be used to help us identify important themes. Data will be treated confidentially and will be used only by research staff. At no time will you be identified individually.

Consent

I, [name], I agree to take part in the above study in accordance with the conditions described the confidentiality statement.

I understand that the use of audio tapes and video footage will be used for the purposes outlined above.

I understand that my contribution will remain anonymous and will not be identified with my person in any way.

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- Censoring and conforming are common processes in group interaction. In focus groups, participants may withhold comments due to a lack of trust, or tailor statements in accordance with their perceived expectations of the facilitator or other members of the group. At the outset, asking participants to describe concrete experiences, rather than having them provide opinions, can reduce this propensity.
- Focus group discussions may become heated as people begin to express different views. Two participants may begin to argue and exclude everyone else from the discussion. Working in smaller groups can overcome this problem. Assign the two people who are arguing to one group in order to encourage their co-operation. By making co-operation an explicit goal of the exercise, they will be faced with the possibility of group sanctions if they are unable to work together.

Exhibit 3: Invitation

We would like to invite you to participate in our project to improve the migrant-friendliness of our services. In order to work successfully towards reducing barriers in communication and access to services and providing better services for you, we would like to learn from your experiences and decide, together with you, how to best proceed in improving our services to better suit your needs. We would like to talk with you and other people who have experienced migration or live here and have a different cultural background about your views and suggestions on this topic in a discussion session taking place on [date] at [time] at/in [place] in [room]. Please find enclosed a map giving you exact directions to the venue. The way to the room will be sign-posted.

Results of the discussion session are to be used as the basis for developing projects to improve the cultural adequacy of our services and the hospital environment. In particular, we would like to address the following topics:

- insert general issues to be covered in the focus group here -

We hope you will have a few moments to think about these issues before the discussion.

Please let us know by [date 2] whether you will be able to come to the discussion session by calling us at [phone number] or returning the reply slip at the bottom of the page. We would also be very appreciative of your letting us know if you are unable to attend.

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- Topics you wish to address may be too abstract for participants. This happens frequently when participants are asked to envision solutions. They may not see themselves in a position to implement change, or such solutions may be too far away from their every day problems to be readily grasped. This situation may be alleviated by introducing games or stories. For example, you may ask the group to imagine that they are a hospital director recently appointed to develop a new hospital in the participants' neighbourhood with a specific budget to address migrants' needs, or that they are a head nurse at the Emergency Service who has been asked to improve communication.
- Participants may feel shy or embarrassed to share their experiences. One option for overcoming this problem is to ask them to write down their views. A second option is to split the focus group into smaller subgroups, asking each one to prepare a brief report. These strategies will assist participants in becoming clear about what they have to say and allow them to be selective in preparing and making their statements. An expansion of this method is to have people write their experiences down anonymously on identical sheets of paper, which they then place in the middle of the table. You then shuffle these thoroughly and let people draw statements at random to be read out one at a time. Unpleasant experiences are thus mentioned but without individual identification.
- With quieter participants, direct questions can be used to probe whether their silence means agreement, disagreement, unwillingness to voice an opinion, or whether they simply have nothing more to say.

Focus groups can be intellectually and emotionally taxing for the facilitators. No more than three focus group sessions should be scheduled per week, to allow facilitators sufficient time to debrief, review notes, identify themes to take up in the next session, look for improvements, and replenish energy levels.

Analyzing focus groups materials:

Material from focus groups can be used in a variety of different ways. Hence there are different levels of analysis, ranging from providing an overview of a broad issue

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to making a detailed analysis of one particular aspect of experience. Ensure that the data analysis approach fits with the objectives of your needs assessment and the questions you set out to address with the focus groups.

For the local needs assessment in the mfh project, a detailed qualitative analysis of the material is not necessary. With a broad research objective such as identifying areas for improving health services for migrants and ethnic minorities, recording of the session and verbatim transcripts are not required. Instead, a more straightforward summary of the contents can be developed by selecting relevant information from the session notes taken by the co-facilitator. In addition, materials produced during the focus group session such as drawings or flipchart sheets summarizing the results of brainstorming sessions can be used.

Summary

This manual has provided an overview of the focus group technique and of how it can be used to conduct local needs assessments with the aim of developing a more migrant-friendly hospital, as well as in a variety of other situations throughout the course of your local project. Both focus groups and in-depth interviews share a common strength in that they provide rich, detailed, qualitative data. Clarity regarding the nature of the inquiry (whether group-oriented or individual), available resources, privacy issues, and other respondent characteristics will help in the selection of methods.



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Exhibit 4: Focus Group Checklist	
<input type="checkbox"/>	Download the focus group manual from www.mfh-eu.net
<input type="checkbox"/>	Prepare a fact sheet explaining the purpose of the focus group, a confidentiality statement, and a consent form in your local language based on samples proposed on www.mfh.eu.net
<input type="checkbox"/>	Identify and brief suitable facilitators (e.g. social workers, staff members with a migrant background, representatives of migrant associations in the community, community liaison officers)
<input type="checkbox"/>	Develop a discussion guideline in your local language on the basis of a proposal provided on www.mfh-eu.net
<input type="checkbox"/>	Send the fact sheet and written invitation at least two weeks in advance or make personal invitations at the hospital, handing the fact sheet to invitees, in a suitable time frame for patients/staff members to arrange being able to participate.
<input type="checkbox"/>	Confirm attendance and give reminders close to the day of the group (by phone or personal contact)
<input type="checkbox"/>	If needed: get technical equipment (tape recorder, microphone, video camera)
<input type="checkbox"/>	Prepare signs indicating the room location
<input type="checkbox"/>	Organise a room for the session that is easily accessible for participants
<input type="checkbox"/>	On the day of the focus group post signs showing people where to find the room
<input type="checkbox"/>	Bring confidentiality statements and consent forms to the group
<input type="checkbox"/>	Set up and test all technical equipment
<input type="checkbox"/>	Set up the seating
<input type="checkbox"/>	Prepare beverages and snacks
<input type="checkbox"/>	Welcome participants to the room
<input type="checkbox"/>	Debrief the session with the co-facilitator
<input type="checkbox"/>	Structure your notes and fill in possible areas for improvement in the reporting form provided with the needs assessment kit on www.mfh-eu.net



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Useful references for further reading

1. Morgan, D. (1997) Focus groups as qualitative research. Second Edition. Newbury Park: Sage Publications

A very handy summary on focus groups from Sage Publications' "Qualitative methods" Series. It gives an overview of the uses of focus groups, research design, conducting focus groups and analysing focus group data. Focus groups are also compared with other methods such as individual interviews or participant observation, and the discussion is illustrated with examples from recent research using focus groups. Very useful for getting into the topic and small enough to fit in your pocket for reference wherever you are.

2. Morgan, D., Krueger, R. (1997) The focus group kit. Volumes 1-6. London, Newbury Park: Sage Publications

"You have just been asked to run a focus group, but you don't know where to start. How do you get the right mix of people together? How many people should be in your group? What kind of questions should you ask? How do you phrase them? What do you do with the information you've gathered? How do you put it all together in one cohesive report? These are but a few of the issues that are covered in the Focus Group Kit. The kit provides you with all you'll need to know to run a successful focus group, from the initial planning stages to asking questions, to moderating to the final analyzing and reporting of your research. An excellent resource."

6 Volumes on

- Planning Focus Groups
- Developing Questions for Focus Groups
- Moderating Focus Groups
- Involving Community Members in Focus Groups
- Analyzing and Reporting Focus Group Results
- The Focus Group Guidebook

3. Krueger, R. (2000) Focus groups: A practical guide for applied research. (2nd edition). Thousand Oaks: Sage Publications.

"A useful handbook addressing the following issues: Overview of Focus Groups \ Planning the Focus Group Study \ Developing a Questioning Route \ Participants in a Focus Group \ Moderating Skills \ Analyzing Focus Group Results \ Reporting \ Styles of Focus Group Research \ Adapting Focus Groups to Audiences and Environments \ Modifications of Focus Groups \ Answering Questions about the Quality of Focus Group Research."