



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Health Information  
and Standards

# Conducting focus groups

Methods in the development of National  
Standards, Guidance and Recommendations for  
the Irish health and social care sector

September 2018

*Safer Better Care*

## Version control

This table shows the version history of the Conducting focus groups document.

Date	Version	Change
September 2018	1.0	First draft

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services**— Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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## Key terms used in this document

**Advisory group:** An advisory group is a group of external stakeholders and experts whose purpose is to provide advice in the development of standards, guidance and recommendations in accordance with specific Terms of Reference.

**Focus groups:** Focus groups are a guided or open discussion of specific questions among a small group of people.

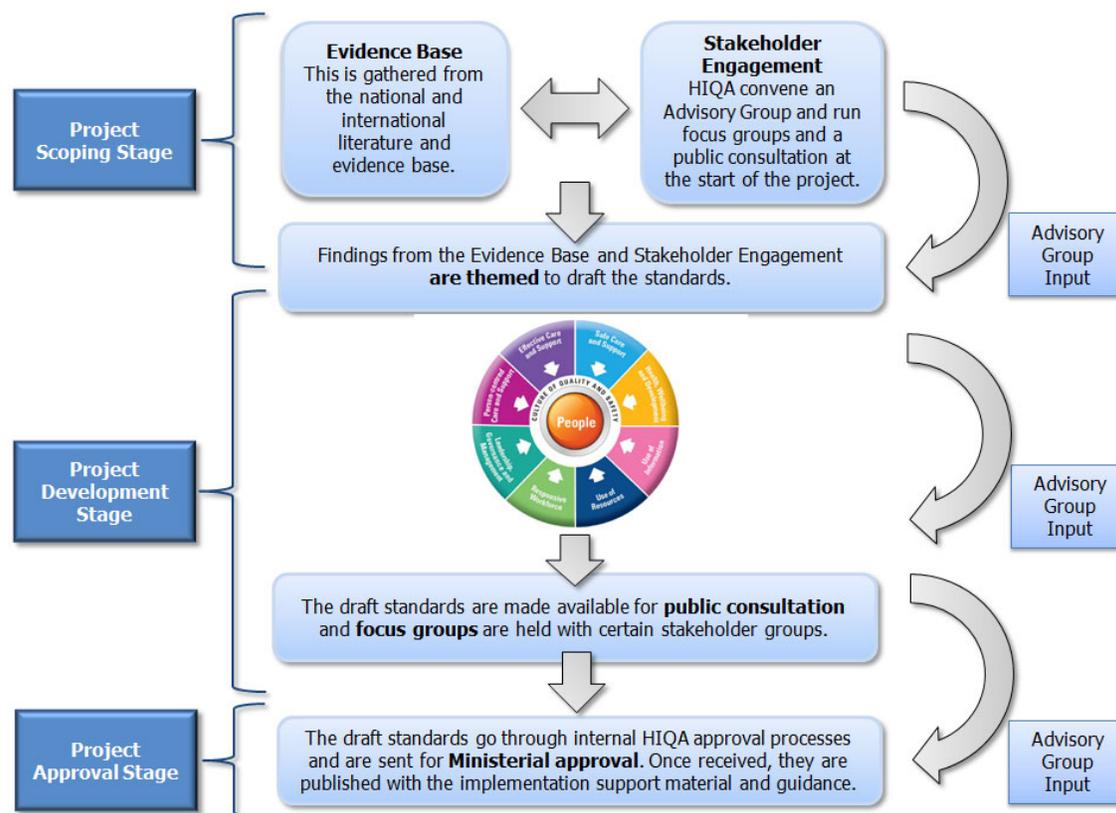
**Intermediates:** Intermediates are sometimes used to help with recruitment to focus groups. These are bodies external to the project team that have links to potential participants and recruit to the focus groups directly, on behalf of the project team. An example of an intermediate is an advisory group member.

**Stakeholder:** A stakeholder is a group, person or expert who is significantly involved with, interested in or affected by the topic under discussion. It includes organisations and individuals external to HIQA.

**Schedule of questions:** A schedule of questions is a structured set of questions on a given topic utilised by facilitators when conducting focus groups. The order of the questions, the language of the questions and the arrangement of the parts of the schedule are not changed from focus group to focus group or between facilitators in order to standardise the experience.

## 1 Introduction

HIQA’s Health Information and Standards Directorate uses an established process to develop national standards for health and social care. This process was developed following a review of national and international evidence, engagement with national and international experts and applying HIQA’s knowledge and experience of the health and social care context. The following figure provides an overview of the standards development process. Guidance and recommendations are also developed using a similar process.



When developing standards, guidance and recommendations, the Health Information and Standards Directorate does so in consultation with subject matter experts, service providers, people using services, the general public and other key stakeholders. For each programme of work, a stakeholder engagement plan is developed and relevant stakeholders are identified for participation. Focus groups are used as one way of consulting and engaging with these stakeholders.

This document details the process by which focus groups are conducted in HIQA’s Health Information and Standards Directorate. It is published for transparency and as a resource for others conducting reviews for the development of standards, guidance, recommendations or other health services research.

## 2 Purpose of focus groups

Focus groups are a form of qualitative research in which small groups of participants explore predetermined topics in an open or guided discussion.

When developing standards, guidance and recommendations focus groups are used to:

- gain information and insight on the topic of the standards, guidance or recommendations
- gather perspectives of people who use the services and of service providers
- deepen understanding of the context of the standards, guidance or recommendations
- scope or refine concepts and proposals
- start a conversation with stakeholders on implementing the new standards, guidance or recommendations.

Focus groups are a quick and cost effective method of capturing the detailed and contextualised information necessary to develop standards, guidance and recommendations. They also offer the opportunity for the researchers who are responsible for writing the standards, guidance or recommendations to learn directly from those that the documents they produce will apply.

HIQA's Health Information and Standards Directorate uses a defined process when undertaking focus groups. This process is standardised yet flexible to allow it to be adapted to various standards, guidance, recommendations and health information projects. This process aims to provide high-quality focus groups by ensuring they are fit for purpose, transparent, applicable, transferable and conducted ethically and rigorously.

### **3 Conducting focus group process**

This section details the process applied by the Health Information and Standards Directorate to ensure that the focus groups are of high quality, meaning that they are conducted in an ethical, rigorous and transparent manner and the results are applicable and transferable.

#### **3.1 Process outline**

1. Relevant stakeholders groups, as identified in the stakeholder engagement plan, are recruited using convenience and purposive sampling.\*
2. Focus groups are designed to have six-to-eight participants and a mix of stakeholders, where possible. A case can be made for smaller groups to be convened when the participants are highly specialised. Ringfencing, that is choosing not to mix stakeholder groups, can also be implemented if necessary. Larger groups may be convened if the aim of the focus group is scoping.
3. The number of focus groups required to host is set out in the stakeholder plan and is based on the project team's experience of similar projects, the number of identified stakeholder groups and the planned group size.
4. Participants are invited to attend a focus group. Information is sent to them on the purpose of the discussion, the expectations of the participant, reason for the invitation, data handling and use, and ground rules of the focus group. One-to-two additional people are invited to each focus group to ensure enough participants will be present on the day to stimulate discussion.†
5. Invited stakeholders, declines, dropouts, no shows and final participant inclusion numbers are documented. When using intermediates (for example, advisory group members) to help with recruitment to the focus groups, effort is made to document as best as possible, even if it is limited to organisational level or broad stakeholder group.
6. A schedule of questions is developed to standardise the steer of the focus group discussion across researchers and focus group sessions.

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\* Convenience sampling: selecting participants based on accessibility and proximity. Purposive sampling: selecting participants based on a common characteristic relevant to the objective of the focus group. For example, GPs; their profession is the common characteristic.

† Where fewer than the desired number of participants attend, the discussion can still continue as a small group interview. This has the limitation of less discourse due to fewer perspectives, but has the strength of allowing for detailed and deep discussion.

7. An analysis framework is designed with defined superordinate themes (general concepts)<sup>‡</sup> and an 'other' category. The superordinate themes are designed to encompass the themes or information expected from the focus groups.
8. Focus groups are convened in a comfortable, accessible location and format. Each focus group lasts approximately 1 hour 30 minutes.
9. At a minimum, a facilitator and a note taker join the six to eight participants for the discussion.
10. Focus groups begin with an outline of their purpose, the ground rules and the confidentiality arrangements.
11. Participants are asked to acknowledge the purpose of the focus group either verbally or via a sign-in sheet. The onus is on the facilitator to ensure there is informed consent.
12. High-level notes are recorded from the focus group discussion including detail on agreement and or disagreement on themes from participants. Recorded comments are not attributed to specific individuals; however, noting which stakeholder group the contributor belongs to may be useful.
13. After each segment of questions or at the end of the focus group, the facilitator summarises the emerging themes and requests validation from the participants that it reflects their opinions and is an accurate representation of what they have shared.
14. Directly following the focus group, the facilitator and note taker meet briefly to reflect on the discussion, share perspectives and record any further notes.
15. As soon as possible after the session, coding is carried out using the focus group notes as raw data. Where possible, the two researchers who were present at the focus group (that is, the facilitator and note taker) independently code the resulting data.

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<sup>‡</sup> The hierarchical model of theme or concept classification includes three levels: the most general are superordinate themes, followed by basic themes, and the most specific are subordinate themes.

16. Subordinate themes (specific concepts) are added to the analysis framework as they emerge, creating a coding tree.<sup>§</sup>
17. Analysis of each focus group is added to the tree as it is completed.
18. After completion of the pre-agreed number of focus groups, the need to carry out more focus groups is evaluated. It is considered appropriate to finish conducting focus groups when at least n=2 from all identified stakeholder groups have participated and consensus has been reached among the researchers that theme saturation has emerged.
19. A summary report of the study is compiled in line with reporting guidelines, for example COREQ,<sup>1</sup> with attention to context, setting and relevance to allow for transferability.
20. To facilitate triangulation, the findings of the focus group discussions are presented to the advisory group for discussion and reported along with the findings from all other complementary research undertaken, such as findings from a public consultation.
22. Once published, the report is placed in an indexed repository.\*\*
21. Data collected during the study are retained in line with HIQA's retention and destruction policy.

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<sup>§</sup> A coding tree, also known as hierarchical coding, has branching arrangements of sub-ordinate codes. Codes in a tree relate to their parent, or ordinate, code by being examples of or contexts for or causes of and so on.

\*\* An indexed repository is an online catalogued archive. Placing documents in an indexed repository makes them easier for people to find as they are catalogued by key words and by publisher and can be retrieved using search engines without the need to know the full name of the document.

## **4 Strengths and limitations of the process**

All study designs have strengths and limitations. In this section the strengths and limitations of this focus group process are acknowledged and the implications they have on the reports produced are discussed.

The most rigorous data collection method for focus groups is likely verbatim or word-for-word transcription with direct quotes as examples of emergent themes. The outlined process relies on researcher field and summary notes, and does not include direct quotes from individual participants. As such, there is a possibility of inaccurate recollection and misinterpretation by the researcher and there is no ability to return to the original conversation for clarity. While this approach is less rigorous, it facilitates processing the large number of focus groups conducted as part of developing standards, guidance and recommendations and ensures confidentiality for participants.

To counteract the impact of this limitation on the quality and robustness of data collected, there are a number of highly rigorous steps included in the process. Most importantly is having two researchers (the facilitator and the note taker) present at focus groups, and that these same researchers code the data. This ensures triangulation of viewpoints, improves validity and reduces the potential for bias arising from researchers' internal lenses. Furthermore, the process includes steps to extract participant validation and estimates of agreement and or disagreement during the focus group, both of which increase rigour and therefore quality.

When developing standards, guidance and recommendations there can be multiple researchers involved in data collection. A strength of this process is that it directs the use of a schedule of questions. This promotes effective and relevant discussions, and also helps standardise facilitation across researcher and focus group.

There are a large number of methods for analysing focus groups. As such, when choosing a methodological orientation it is important that it is fit for purpose. In this process, the themes are agreed before beginning analysis which limits researcher bias and inter-researcher variability, an important consideration when there are multiple researchers involved. Furthermore, as the focus groups are exercises for gathering knowledge, framework analysis (which is a deductive, problem-solving approach) works well.

Another strength of the protocol is that it calls for triangulation of results with the results of other complementary research. This allows for cross-validation of findings and also captures different dimensions of the same phenomenon, facilitating the production of a thorough and robust summary report.

## 5 Summary

There is no 'one size fits all' approach to conducting focus groups. The key attributes of high-quality focus groups are: applicable, transferable, ethical, rigorous and transparent.

In this process, applicability and transferability of findings are achieved through careful sampling, ensuring representation from each of the *a priori* identified stakeholder groups, documentation of participant demographics, and discussion of context, setting and relevance.

Steps considering the ethics of conducting focus group studies are built into the process. These include obtaining consent, ensuring confidentiality by not attributing comments to individuals, managing potential distress through researcher experience, awareness and use of participant information sheets, and avoiding exploitation by using the data only for the purposes outlined.

The process is designed to be scientifically robust by balancing choice of methods for data collection, coding participant validation, and measuring agreement and disagreement. It is also designed to be carried out by experienced research teams who engage in continued professional development in facilitating and analysing focus groups. This is to ensure a high level of individual researcher reflexivity and experience, and therefore an overall high-quality study.

The process has been published to promote transparency of the scientific methodologies employed by HIQA in the development of standards, guidance, recommendations and health information projects under the Health Information and Standards Directorate. It is also published as an open resource for others conducting reviews for the development of standards or other similar projects.

## References

1. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007;19(6):349-57.



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