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An experience of focus groups fieldwork among novice nurses in the Eastern Visayas Region, Philippines



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Abstract

Focus group (FG) as a method of research is becoming popular in nursing. However, limited practical examples on the processes and skills required for its implementation in the Philippines to address the complexity of this method may prevent novice nurses to pursue more FG-based researches. For nurses and other health researchers who intend to use the FG, facilitation and note taking in FG discussions as well as transcribing and translating are important skills to master. Ways to enhance the quality of data should also be devised to improve trustworthiness of findings such as pre-testing of tools, conduct of debriefing sessions and, validation of translations and other data sources. Through appropriate methodological processes and examples, FG research is valuable in exploring and understanding nursing and health-related issues. This article showcases the experience of nine novice Philippine nurse researchers in their aim to achieve high quality FG study on access to maternal health services conducted in the Eastern Visayas region of the Philippines.

Keywords: *Focus groups, nurses, research skills, Philippines*

Introduction

Internationally, focus groups or FGs are increasingly becoming popular in nursing research since the 1980s (Happell, 2007). It has been used in nursing to explore patient safety (Lyngstad, Melby, Grimsmo, & Hellesø, 2013; Nicklin & McVeety, 2002), investigate health policy (Lawn et al., 2014; Meagher-Stewart et al., 2010) and understand e-learning practices (Bloomfield & Jones, 2013; Moule, Ward, & Lockyer, 2010). However, a systematic search of FG research in nursing in the Philippines within the major databases (Scopus, Proquest, Web of Science, CINHAL and Medline) yielded only limited articles. One potential explanation of this scarcity is that

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examples in relation to the technical skills and approaches required for this type of research are inadequately described in the literature. Documentation of Philippine experiences to serve as practical guides in conducting FG research are lacking, possibly influencing novice nurse researchers to be less appreciative of FG as an important and beneficial research method in the country.

The recent experience of nine young nurses from the Philippines' Eastern Visayas region shows that nurses, with appropriate training and guidance, are able to successfully implement FG research. This particular FG research aimed to assess women's access to prenatal, delivery and postpartum services in the region, a study spearheaded by the Ateneo Center for Health Evidence, Action and Leadership (A-HEALS) of the Ateneo de Manila University. This article presents the process of training, data gathering and data quality assurance that the nurses underwent to serve as a practical example of successful FG research implementation among nurses in the Philippines.

Promoting FG as a qualitative approach for nursing research

Nursing education in the Philippines emphasizes the importance of acquiring data in providing quality nursing care. For instance, in providing postpartum services, nurses are taught to check patients' temperature and observe color changes in lochial discharge that may indicate possible infection. In research, this type of information is classified as quantitative data and is always measurable and observable. In the country, many nurses tend to focus on this type of data and this can be attributed to the continuing dominance of quantitative thinking in research. Despite its relevance, however, this type of data has its limitations and today, there is an assertion for a stronger movement towards a more pluralistic approach in nursing research, as affirmed by Cutcliffe and Ward (2014).

This suggests that aside from measurable data, nurses are encouraged to develop better appreciation of information that are qualitative in nature such as understanding mothers' feelings after childbirth or reasons that influence her to visit a health care provider. One method of qualitative research is the conduct of FGs, which allows deepening and understanding of the context of measurable data at hand from a specific group of people. This process of gathering and processing of qualitative data through FGs can be challenging as it involves interacting with a group and requires attention to the individual responses as well as the exchanges among participants. However, it also provides a rich opportunity for in-depth appreciation of factors that may explain a particular issue or phenomenon and is truly a valuable research approach.

Focus groups in brief

A focus group is a special type of group in terms of purpose, size, composition, and procedures (Krueger & Casey, 2015). This research method gathers a certain number of participants, preferably around 6 to 10, to obtain their knowledge, perspectives, opinions, feelings and experiences regarding a specific issue or topic. Focus groups, using predetermined guide questions, follow a procedure that promotes interaction among participants and this interaction is considered the unique feature that distinguishes it from other qualitative research methods. Morgan (2010) argues that interaction in FGs is essential in producing high quality data. It is important as one participant's comment may provide other participants the opportunity to reflect and better understand the issue at hand. This allows them to elaborate their perspectives and experiences as they share to the group, providing even deeper insight. Interaction may also influence participants to modify or change their perspectives as other's sharing may serve as confirmation or disagreement to the data provided or their own opinion. Data presented by each FG participant is considered valid and there are no right or wrong answers especially when discussing personal perspectives and experiences.

Focus groups are considered particularly useful when the topic under investigation is complex and concurrent use of additional data collection method

is necessary to ensure validity. This approach is also applicable when the existing knowledge of a subject is inadequate and elaboration of pertinent issues or the development of new supposition is necessary to help develop or improve a data collection tool (Powel and Single, 1996; Jayasekara, 2012). On the other hand, FG is inappropriate when the issues at hand are sensitive and highly confidential (Krueger & Casey, 2001), in which the interactive processes could be compromised. In this case, individual interviews are more appropriate in gathering the necessary information.

The Eastern Visayas FG research on access to maternal health services

Focus group research was conducted by A-HEALS to provide deeper understanding to the results of a recently conducted household survey on access to maternal health services in the Eastern Visayas region. Quantitative results from the survey revealed questions that could not be answered by figures or other measurable data. Hence, the FG research sought to supplement and complement quantitative findings by providing the "why" to explain the reasons behind observations as well as to clarify the context in which the study was done. One example is the finding that less than half of women in the region had access to postpartum care services. The reasons for this cannot be derived from the survey's numerical data and thus, necessitated a qualitative approach to explain the issue further. This article, however, does not focus on the content of the research but on FG as a method used in discovering the answers to these questions.

Four researchers from A-HEALS comprised the investigating team. Each acted as an area supervisor, and led a data gathering team in the conduct of FGs with women, village health workers (locally called barangay health workers or BHWs), and registered midwives in the Eastern Visayas region. Nine young nurses from the region comprised the data gathering teams and played a central role in moderating the FG sessions, transcribing discussions and translating the data to English.

A total of sixteen (16) audio-recorded FGs were facilitated by nurses, conducted in the local dialects, particularly Waray and Visaya. A standard pre-tested FG guide was used by all four teams and each discussion was accomplished by asking directed questions as well as applying activity-based strategies (Colucci, 2007) using pictures, ranking and rating to enhance the elicitation of responses from the participants.

The main source of data generated was the transcripts of the 16 FGs, along with their subsequent English translations. For each FG, nurses also produced *field notes* that included the shorthand responses of the participants and salient observable data relevant to the participant responses. In addition, *debriefing sessions* (Mack et al., 2005), an essential FG research activity emphasized in this study, were conducted after each FG to synthesize salient ideas, identify problems encountered during the FG and determine recommendations for succeeding discussions. These sources of additional data are expounded below.

Specific tasks of the young nurses in the Eastern Visayas FG research

In this FG research, the nine novice nurses were immersed in the data collection process. Despite limited knowledge in the practice of FG research, the experience was an enriching experience for all of them.

These young nurses are local residents of the Eastern Visayas region. This important consideration maximized their familiarity with the locality they were assigned to and proved advantageous in the overall conduct of the research. Identification of FG potential respondents was easy as the nurses had prior knowledge about the target participants and their household location. Being conversant in the local dialect also facilitated clearer understanding of issues discussed during the FGs and contributed to establishing trust between the nurses and the participants. Likewise, familiarity of the local

culture and location of facilities also facilitated coordination with the local health offices and village officials.

Preparing the nurses for FG data collection

The nurses' preparation began with a training-workshop to introduce the FG method and develop essential skills for qualitative research. Training of these young nurses in the conduct of research and timely guidance was essential to achieve a more rigorous research process. To aid the appreciation of their specific tasks, these young nurses were trained on the principles of the qualitative paradigm, principles of FG research, designing and moderating focus groups, effective communication, observing non-verbal cues and group dynamics.

The training-workshop was conducted with all nurses in attendance for three (3) consecutive days in February 2015. Inputs were given by the main resource person Dr. Erlinda Palaganas, a nurse researcher and a regarded country expert in the use of FG method.

For each team, two essential roles in the conduct of FGs were identified namely, moderator and note-taker. The nurses had to select from these based on which best fit their interest, skills and personal strengths. Several practice FG sessions were then conducted during the training to increase the nurses' familiarity and comfort with the method as well as to gain expertise in their assigned specialized task. These practice sessions were overseen by the resource person and A-HEALS area supervisors where immediate feedback was provided after each session to recognize effective practices and areas for improvement. Two of the practice sessions involved actual BHWs and mothers from a nearby village and served as pre-test groups for the FG guide. The opportunity to pre-test the guide, the subsequent processing and feedback better equipped the nurses in anticipating and handling possible scenarios in the conduct of FGs. One-on-one mentoring was made available for individuals who had specific concerns regarding the conduct of the FG.

Arranging and preparing the focus groups

The recruitment of participants took place one week before the actual FG sessions. Informed consent was acquired using a standard form, approved by the ethics review board of the Ateneo School of Medicine and Public Health. The form was discussed by the nurses with the participants before each FG session, allowing adequate time to discuss any questions raised regarding the study. Most consent forms were given several days prior to the FG, some were given immediately before the discussion began. One day prior to the scheduled FG session, each participant was followed up by a nurse researcher and reminded of the session either through a home visit or text message. At times, nurses would provide an orientation to the participants prior to the actual FG session to introduce themselves and begin building rapport. All FGs were well attended and each lasted for at least one (1) hour.

Each data gathering team arrived at the FG venue at least 45 minutes prior to the scheduled session. This provided ample time to prepare the venue, particularly the layout of tables and chairs used, as well as to address possible distractions such as noise in the vicinity and warm temperature inside the venue. For the first few FGs, participants arrived at the venue in trickles, delaying the start of the discussion. These late participants missed some early parts of the discussion including the orientation and house rules relevant to the session. One helpful realization regarding this concern is the need to remind and emphasize to participants the importance of arriving at the venue early so the session can start on time and all may receive proper briefing. Hence, this was done for subsequent FG sessions. Another modification was the provision of a detailed orientation during recruitment to level off expectations of participants and to save time during the actual FG.

The venue of the FG session significantly influenced the conduct of the discussion. As a case in point, a FG with midwives that was held within their health clinic had several interruptions from other

employees on work-related concerns. Likewise, a FG with women participants held at the local government hall influenced them to be hesitant to talk about the lack of government support for maternal services. This guided the team to ensure that subsequent sessions were not held in participants' areas of work and were conducted in a neutral venue where opinions could be expressed freely without fear of being heard and judged by others. The decision to hold the succeeding FGs in places with fewer distractions and limitations was helpful in focusing the attention of the participants and gathering meaningful data.

Moderating the focus group discussions

Moderating discussions is critical in FG research, as it requires mental discipline, preparation and group interaction skills (Krueger & Casey, 2015). One important factor that was helpful in facilitating the sessions was that the FG moderators were native speakers of either the Waray or Visaya dialects. This allowed the moderator to establish rapport, aiding the participants to be more relaxed and spontaneous. Apart from their familiarity of the local language, the ability to recognize possible power play among the participants helped these nurses to moderate the discussion with ease, thus, providing opportunity for all participants to share experiences adequately. Krueger and Casey (2015) opined that the moderator's role is to level off participants who are dominant and less dominant thereby allowing them to reflect on various arguments without pressure. The use of facilitating skills such as listening, reflecting and synthesizing were also crucial in ensuring that all participants were engaged in the discussion.

Interaction as an important component of FG (Morgan, 1996) may become limited when participants are very much acquainted with each other and have the same experiences in the same setting. It is not common that people share experiences with others when they know that their experiences are the same. The moderator's role in asking other participants about personal experiences or opinions has been shown to encourage interactions within the group. Another possible way to encourage interaction is the modification of the FG composition such as having a mixture of participants from adjacent villages or municipalities but this may require additional fieldwork expenses.

In rural communities, mothers commonly brought toddlers and babies to the FG. At times, a mother's attention to the discussion became limited especially when the baby expressed needs or became irritable. For this concern, it was helpful to allow family members to come along to the FG venue as the children's caregiver while the discussion was on-going. Another alternative was to request, if possible, that children remain at home if the mother was not breastfeeding. Inability to resolve this issue may result in the unproductive participation of the mother or even absence from the actual FG session.

Activity-based strategies used in the discussion were helpful in achieving the goals of the FG research. These included the use of pictures illustrating factors that influence access to maternal health services as well as evaluation of health services and service providers. One effective activity was the use of a rating scale with pictures to understand levels of satisfaction of maternal health services provided. Instead of using numbers in the scale, pictures of faces showing a progression of expressions from anger (low satisfaction) to delight (very high satisfaction) was shown, thus helping participants express their satisfaction rating better. This strategy provided the researchers a clear understanding of the participant's perception of the quality of service provided by health care workers. There were times, however, when activity-based strategies were not useful and asking straightforward questions were more appropriate. This was true when investigating mothers' reasons for choosing between home delivery and facility delivery. Questions were asked plainly and participants answered them directly and adequately.

Note-taking and recording

For each FG, nurses produced *field notes* that included participants' shorthand responses and

salient observable data such as facial expressions, body language and other non-verbal cues. Wolfinger (2002) argues that there is a relationship between the background or tacit knowledge of the note-taker and the quality of field notes. For the study, the note-taker's background knowledge about the geographical location of women in relation to the health facilities, the prevalence of home deliveries or the extent of postpartum visits and other information were essential in providing details for writing the field notes. Background information gathered from the previously conducted household survey were reviewed prior to each FG, ensuring that nurses understood the context of each discussion. In addition, their academic training as nurses provided sufficient context in understanding the maternal care concepts and terminologies relevant to the study.

A *field notes* guide was provided for each team, which highlighted vital components of the FG discussion such as answers to questions, layout of the FG venue and arrangement of participants as well as other observable non-verbal cues. While getting the gist of the responses for each question from the FG guide, the nurses' previous experience during the training also allowed them to identify and elaborate important details to include in expanding the field notes. It is necessary to write the field notes during the actual FG or shortly afterwards to ensure data validity and inclusion of all pertinent details. However, Mulhall (2003) suggests that when the purpose of the research is to capture broad patterns, it is possible to write field notes after a longer period from the fieldwork. During the actual FG discussion, the note-taker worked collaboratively with the moderator who was usually seated among the participants. It was ensured that the note-taker and moderator had eye contact with each other to allow non-verbal communication such as to signal the need to provide cues, to ask follow-up questions or to gesture the amount of time left in the discussion. In one instance, one team had three nurses, instead of the usual two. The additional member was helpful in preparing needed materials for the activity-based strategies as well as following-up important points missed by the moderator in the course of the discussion.

Moreover, all the 16 FGs were recorded using two or more units of audio recorders. The use of additional recorders was necessary to overcome possible problems that relate to the audibility of recordings and other fortuitous events such as loss of or damage to equipment. The research team realized that in the actual conduct of the FGD, apart from ensuring a quiet physical environment, having less space between participants and use of a smaller table or having no table at all were significant factors that improve audio recording. This is particularly important when the 'microphone range' of the audio recorder is limited.

Transcription of audio recording

It is ideal that the transcriber of the discussion's recording should come from those who were involved in the actual FG data gathering. In most instances, the note-taker led the transcription process. Transcriptions did not only include a verbatim account of the session but also captured important information such as silent agreement, obvious body language, and indication of group mood or contradictory agreements. This information can be manifested through notations such as emotional contents (e.g. 'soft laugh', 'sounding tearful', 'nodding', 'tapping the table') and conversation fillers (e.g. 'hum', 'ahm', 'ahh'). According to MacLean, Meyer, and Estable (2004) including such notations enhances the understanding of the data as well as interpreting the motivation behind the interaction. For instance, when asked to comment about political support for maternal services in their community, some participants responded with a long silence, rolling of eyes and tapping on the table before responding to the question. This may be an indication of the presence of a problem in relation to this issue. This important account cannot be captured if the transcriber was not involved in the actual FG, thus limiting the interpretation of the data. The issue of recall and the ability to incorporate relevant non-verbal cues could be addressed and realized when the transcriber comes from the data collection team.

Translation from the local dialects to English

The FG transcripts in the local dialect were subsequently translated into English text. As translation involves interpretation of meanings in which the translator interprets the language in the local dialect and transfer it to the target language (van Nes, Abma, Jonsson, & Deeg, 2010), careful processing is necessary to ensure validity of the translation. Although the moderator was commonly designated to do the translation, this process was also a collective effort of the team. The note-taker provided some support in translating some concepts in the local dialect to a more understandable English text by discussing with the moderator difficult concepts in the local dialect and coming up with better translation alternatives. Although the area supervisor is not conversant of the local dialect, they also supported the translation process by commenting on the English construction of the text. In some instances, area supervisors of the other teams also contributed to improving the translation. In addition, validation of the initial translations was also conducted and will be discussed further in the succeeding section.

Enhancing trustworthiness of data

Although qualitative data is not measurable in numbers, accuracy and quality are still factors that need to be assured. Ensuring trustworthiness of data was of primary importance and the investigating team guaranteed this through several approaches.

Firstly, the FG guide was pre-tested by the nurses and the area supervisors. The guide included items in relation to the results of the household survey that identified factors that facilitate and obstruct women's access to prenatal, delivery and postpartum services. Pre-testing was initially administered among the nine nurses and later to two groups of women and one group of BHWs. The objectives of this process were to determine if the questions were unambiguous and to evaluate the appropriateness of the activity-based strategies employed. It was important to ascertain if the strategies and questions were indeed helpful in eliciting desired responses from the respondents. Deliberation of each pre-test result was conducted and subsequent revision of the tool was done before the pretesting of the next set of participants. Eventually, the investigating team finalized the data collection tool based on the significant points raised in the four pretested groups.

Secondly, to ensure the quality of data, a *debriefing session* was conducted every after FG discussion, totalling to 16 debriefing sessions. The main purposes of these sessions were to evaluate if the objectives of each FG was met, to analyse salient ideas that surfaced, to identify problems encountered and to determine recommendations for succeeding discussions. Sessions were guided by a standard form and were audio recorded. For each session, the team facilitated a review of the events during the FG, consolidated observations of the nurses and their supervisors, reflected on findings from the discussion and synthesized conclusions and initial analysis. Although in many instances strengths and weaknesses in relation to the conduct of FGs were context specific, there were important points that were applicable to the succeeding FGs by providing some recommendations on how future sessions were to be conducted with due consideration to the contexts.

Throughout the conduct of the FGs, nurses had regular communication with their area supervisors. The presence of the supervisors during the entire period of data gathering allowed provision of timely guidance to the nurses especially during the debriefing sessions. Notes from the debriefing sessions were also shared among the four data gathering teams to identify common patterns across the FGs and served as an approach to determine emerging salient data. This helped the team to note repeatedly surfacing ideas or concepts in relation to the research questions, thus providing basis to the achievement of 'saturation point' (Munhall, 2012; Streubert Speziale & Carpenter, 2003, Glaser & Strauss, 1967).

The third significant strategy to ascertain data quality was the validation of the translated FG transcripts. Selected validators were invited to provide feedback on the translation done by the

nurses to determine if the meaning of the local dialect was appropriately captured in the translated text. These validators are language educators and regarded experts from the major colleges and universities in the Eastern Visayas region who are conversant in both the local language and English. They were required to provide comments and alternative reformulation of the translation, as deemed necessary. This process resulted in the further refinement of the initial translation and identified inconsistences were appropriately revised by the nurses based on the validator's comments. Validation of two secondary sources of data, the debriefing session report and the expanded field notes, were also reviewed by volunteer students. In particular, these students, identified consistencies between the salient points presented in these two materials. Although back-translation is sometimes done to determine accuracy of the translated text, validation by the socio-linguistic competent language validators, as uniquely applied in this study, could be a practical alternative in achieving quality data. Translation and validation are time-intensive processes and additional cost for these tasks should be taken into consideration in the conceptualization of FG research.

Conclusions

This experience of young nurses provided some insights on practical methodological considerations in the conduct of focus groups fieldwork. Focus group as an important research approach in nursing and other health related studies could produce trustworthy results when required research skills are detailed and effectively learned. Techniques to ensure trustworthiness of FG data can be employed in the various stages of the fieldwork process such as the pretesting of tools, conduct of debriefing sessions and validation of English translation. Appropriate training, complemented by timely and consistent guidance by area supervisors was crucial in priming the young nurse researchers in entering the complex process of FG fieldwork.

Moreover, familiarity of the nurse researchers with the local setting is an important asset in carrying-out FG research. As evident in this experience, it facilitated many benefits from the recruitment of participants, moderating of the FG discussions, local coordination with village partners as well as transportation and communication in the area.

By highlighting and mastering the essential FG skills, this research approach can serve as a useful and valuable tool in understanding and exploring various nursing and other health-related issues, and should be promoted to younger nurse researchers in the Philippines.

About the Authors

Celso Pagatpatan, Jr., DRPH has been connected with the Ateneo Center for Health Evidence and Leadership as a Public Health Leadership Fellow for almost a year now. He is also currently holding a full academic status of lecturer at the Discipline of Public Health, Flinders University in South Australia where he finished his doctor of public health degree. His research interests centre on equity and access to health care services and public participation in health policy. In terms of research methodology, he is particularly inclined to the utilization of qualitative approaches as well as the realist approach in health and social sciences research. He also had an extensive work in community health and development with several non-government organizations and in a nursing academia in the Cagayan Valley region for less than two decades.

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