

# Focus groups and observation studies

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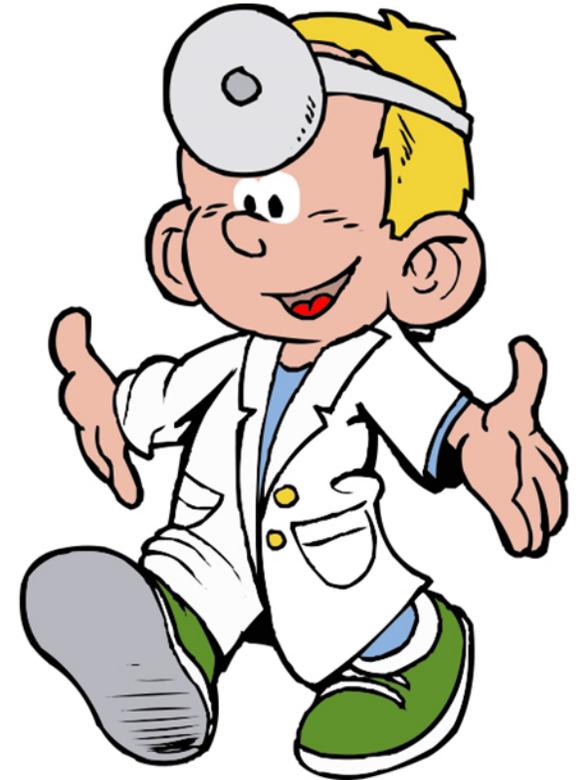
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# Conflict of interest

- There are no conflicts of interest to declare



# What is Focus Group Discussion (FGD)?

- Form of qualitative research
- Well planned discussion about a specific topic with selected group of people
- Key element: interaction between the participants
- Widely accepted method in health care research & published in health science journals



# When FGD is suitable? (Carlsen & Glenton 2011)

- To elicit views, perceptions, attitudes, beliefs, opinions, experiences or ideas
- Pre study to prepare, e.g., a survey or a clinical trial
- Post study to interpret data, e.g., from a survey or clinical trial study
- Explore the views of marginalized groups that typically would not respond to a postal survey or attend to individual interview

# Can be utilized at any point of research program

(Steward & Shamdasani 2007)

- obtain general background information about a topic of interest;
- generate research hypotheses;
- stimulate new ideas and creative concepts;
- diagnose the potential for problems with a new program, service or product;
- generate impressions of products, programs, services, institutions, or other objects of interest → help improve the planning and design of new programs
- learn how respondents talk about the phenomenon of interest: why certain opinions are held
- interpret previously obtained qualitative results

# Advantages

- Possibility to gain multiple views at once
- Provide rich data with lower cost than individual interviews
- Comparatively easy and quick to organize
- Researchers can interact directly with the participants (clarification, follow-up, probing)
- Flexible, reaches participants' own words
- Participants may give more critical comments when discussing in group than in individual interviews

# Disadvantages

- Challenging method:
  - Moderator/interviewer needs to be skilled on group dynamics
  - Interviewer bias
- Views expressed are always affected by the interaction in the group discussion
  - Data represents a group rather than an individual
  - Interaction has to be taken into account in the analysis
  - Rich data makes data analysis difficult
- Group composition may influence on the willingness of individuals to share their thoughts
  - Bias by presence of a dominant participant
- Privacy protection
- The results cannot be generalized to populations (qualitative data)

# Examples of health care research utilizing FGDs

- Clinician preferences for computerised clinical decision support for medications in primary care: a focus group study.
- A meal concept designed for older adults - Small, enriched meals including dessert.
- Barriers and facilitators to the uptake of Test and Treat in Mozambique: A qualitative study on patient and provider perceptions.
- Barriers and gaps in utilization and coverage of mass drug administration program against soil-transmitted helminth infection in Bangladesh: An implementation research.
- Factors affecting job satisfaction among medical laboratory technologists in University Hospital, Oman: An exploratory study.
- Patients' satisfaction with dental care: a qualitative study to develop a satisfaction instrument.

# Examples of pharmacy practice research utilizing FGDs

Widayati A, Virginia DM, Setiawan CH, Fenty F, Donowati MW, Christasani PD, Hartayu TS, Suhadi R, Saini B, Armour C. **Pharmacists' views on the development of asthma pharmaceutical care model in Indonesia: A needs analysis study.** *Res Social Adm Pharm.* 2018 Dec;14(12):1172-1179.

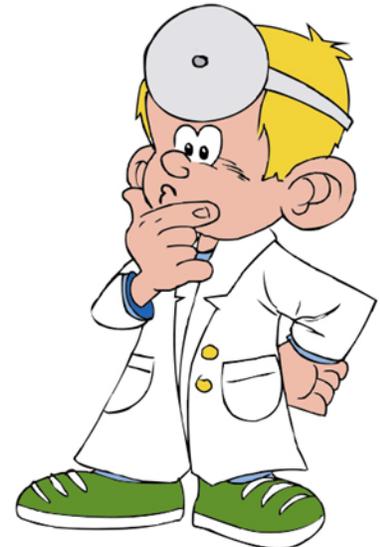
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# How many participants? How many groups?

- Most references suggest a minimum of 4 and a maximum of 12 participants per group
  - A group size of 5-6 participants recommended
- Both too few and too many groups can lower the quality of focus group studies
- Data saturation: no new or relevant data emerges
- Two to five groups from each of the subgroups



# Groups homogeneity / heterogeneity

- Sufficient homogeneity facilitates comparison between groups
  - Sense of solidarity, trust and mutual understanding, reaching consensus
  - Sensitive topics
  - Homogeneity in terms of occupation, social class, educational level, age, education, family characteristics, gender
- Sufficient diversity may yield unexpected, varying and broad results
- General rule: participants should not be familiar with each other
  - Exception: natural groups

# Example: Uptake of biosimilars in Finland – Physicians' views

- Aim was to investigate
  - the attitudes of physicians who prescribe biological medicines
  - their views on the uptake of biosimilars,
  - the factors that promote and prevent the uptake of biosimilars, and
  - the sources of information about biological medicines that are used by physicians
- Focused on the treatment of dermatological, gastroenterological and rheumatological diseases, and treatment of diabetes
- Conducted January – September 2018

# Example: Uptake of biosimilars in Finland – Physicians' views

- Semi-structured interviews (n=45) and focus group discussions (n=9 groups with altogether 31 physicians)
- Semi-structured interviews the primary source of data
- Focus group discussion data was utilized to corroborate the results of the semi-structured interviews

# Example: Uptake of biosimilars in Finland – Physicians' views: **recruitment and number of participants**

## 1. Selection of hospitals

- All university hospitals (n=5)
- Purposefully selected central- or district hospitals around Finland representing different hospital districts (n=8)

## 2. Selection of physicians for semi-structured interviews

- Chief physicians (n=45)

## 3. Selection of physicians for focus group discussions

- Specialists in clinical work (n=31 physicians, n=9 focus group discussions)
- Physicians specialized on the treatment of diabetes: both from specialized medical care and primary health care

# Example: Example: Uptake of biosimilars in Finland – Physicians' views: **group homogeneity/heterogeneity**

- Heterogenic groups
  - Clinicians at least from two different speciality in each of the groups
  - Clinicians working in both from specialized medical care and primary health care
- In many occasions, some participants knew each other
- Constitution of the group did have an impact on the group dynamics

# The role of the moderator / interviewer

- Leads the discussion according to the interview guide
  - Brings the discussion back to the main themes of the study, if needed
  - Leads the discussion to next theme when all has been said
- Encourages interaction between participants
  - Stays back as much as possible
  - Can handle with the silence
- Has skills for group dynamics



# Different types of participants, examples

- Dominant
  - Avoid eye contact
  - Do not give positive non-verbal feedback / encourage to talk
- Silent
  - Try to get eye contact
  - Nod and give positive non-verbal feedback encouraging to talk
  - Ask direct questions, appointing directly to silent participant
- Aggressive
  - Stay calm, do not raise your voice
  - Ask to calm down
  - Ask to leave the room, if necessary

# The role of the secretary / assistant moderator / minute taker / note taker

- The task of the secretary is to write down field notes of the discussion
- The FGDs are usually tape-recorded

## Notes on

- opinions of the participants to different questions
- any disagreements as well as topics with consensus
- quotes from individual participants
- all other notes that are considered important for the study & analysis process

# The role of the observer

- Helps the interviewer keeping the time schedule
- Observes the general atmosphere and non-verbal communication of participants
- Makes additional questions to the participants in situations where there is a potential for deeper insight, but the interviewer is about to move to the next question/theme
- If there are any interruptions or difficult participants, observer can solve them & the interviewer can continue with the other group

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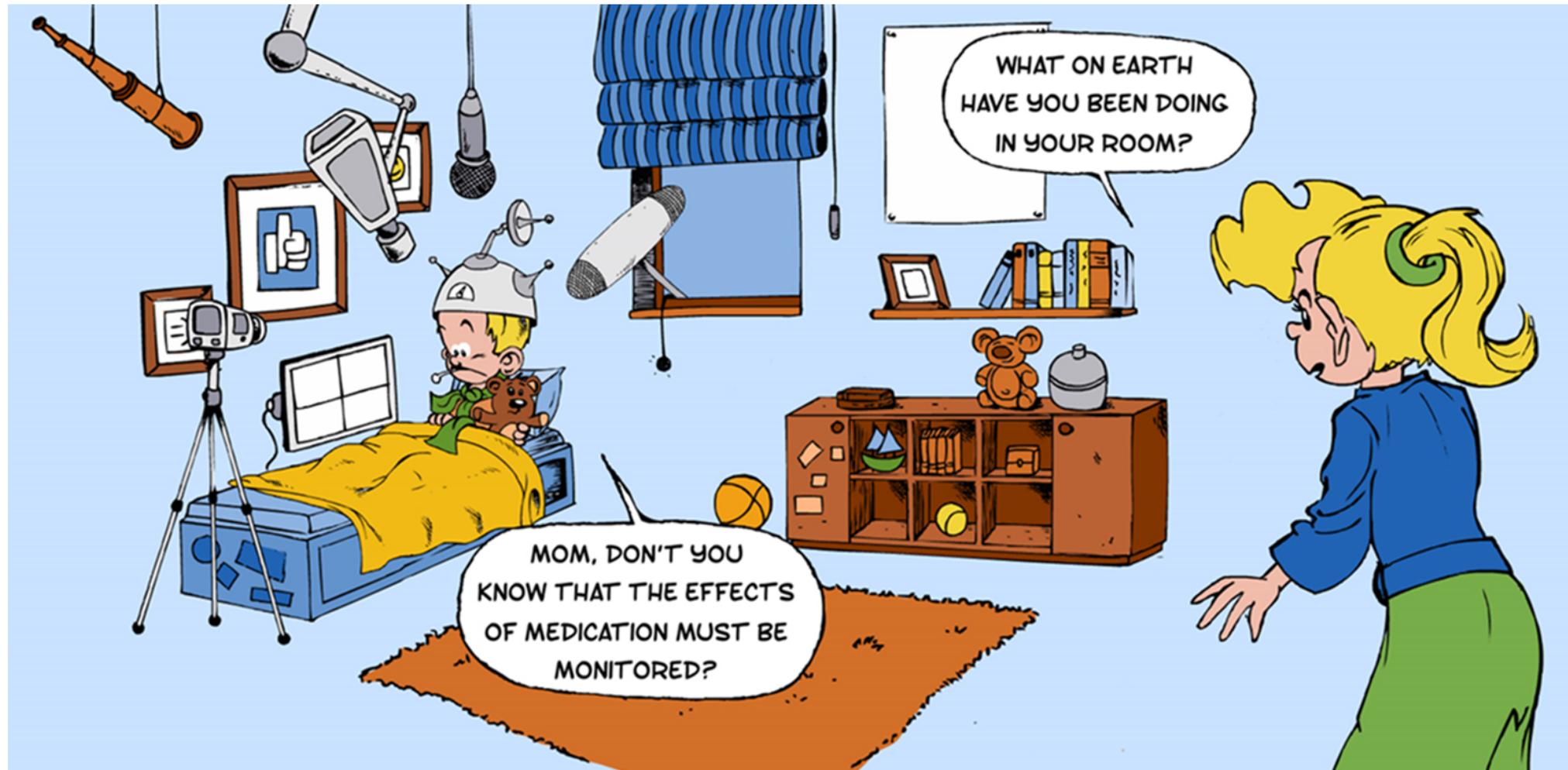
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# Observational Studies



# When observational studies are suitable?

- Direct observation of the phenomena in the natural setting
  - Nonparticipant observation
  - Participant observation
- Take place in “real world” environments
- Allow researchers to collect data for a wide variety of outcomes
- Findings can be used to generate hypotheses
- Can identify important associations, but cannot prove cause and effect
- May use existing data sources (e.g., administrative databases)

# When observation study is suitable? (CIRT 2019)

- If research question is attempting to answer questions of “how” or “what type”.
- When it is important that the research take place in a natural setting so the phenomenon or behavior is not influenced or disturbed in any way.
- When it is important to understand the setting that the observation is taking place in and how that may play a role in the results.
- If a topic has not been previously studied and little is known, it may be best to begin with observation in a natural setting. This may provide the foundation for further study and hypothesis development in the future.
- The actual behavior of the participants has the potential to be different from what those individuals might report if they were asked.

# Nonparticipant (naturalistic) observation

- Researcher does not make any intervention
- Studying behaviors that occur naturally in natural contexts
- Impossible to determine if the observation truly represents what normally occurs
- Can not explore the causes behind the behaviors

# Participant observation

- The researcher intervenes in the environment, usually as a member of the group
- Aim is to observe behavior that otherwise would not be accessible
- Behaviors remain relatively natural
  
- Covert or overt
  - Mystery shopper / pseudo customer studies

# Recording of data

- Field notes
- Templates or observation coding sheets
- Audio / visual recordings



# Examples of pharmacy practice research utilizing observation

- Quality assurance and effectiveness of the medication process through tablet computers?
- The community pharmacy and discursive complexity: a qualitative study of interaction between counter assistants and customers.
- Pharmacy and primary care perspectives on e-prescribing in a rural community: A focused ethnography.
- A pathway to the GP: the pharmaceutical 'consultation' as a first port of call in primary health care.
- Community, autonomy and bespoke services: Independent community pharmacy practice in hyperdiverse, London communities.

# Example: Providing OTC medication counselling

**Alastalo N, Jyrkkä J, Vainio K, Hämeen-Anttila K. Providing OTC medication counselling. Mystery shopping study at pharmacies. Finnish Medicines Agency Fimea. Serial Publication Fimea Develops, Assesses and Informs 14/2018. 30 s. ISBN 978-952-5624-94-6.**

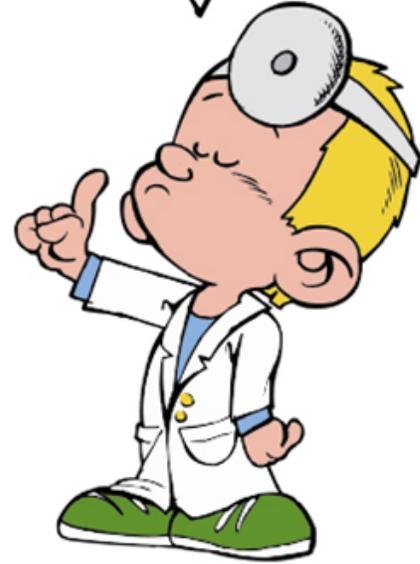
Safe OTC medication requires that the medicine user receives an OTC product that is individually tailored to his symptoms and himself, knows how to use it, and is aware of a safe time period for self-medication. Pharmacists have a key role in the selection of OTC medicines and providing guidance on the use of OTC medication. Because of the public debate on the distribution channels for OTC medicines, Fimea found it necessary to conduct this study, the aim of which was to examine how OTC medication counselling and advice is given at pharmacies in Finland.

The study was carried out over the period between September 2016 and May 2018 using the mystery shopping method. The mystery shopping cases were a client requesting ibuprofen using its trade name (Burana<sup>®</sup> case, n = 48), a client requesting OTC medicine requiring additional advice (Pronaxen<sup>®</sup> case, n = 49) and a client requiring a nasal spray for his symptoms (nasal spray case, n = 49). Altogether 146 pharmacies were randomly chosen to the study, and in each of these pharmacies were visited twice during the study. The same mystery shopping case was conducted on both visits. The visits were made by a company specialized in the mystery shopping method. They trained the observers in the method and how to make visits and observations in these cases.

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I WILL NOT BELIEVE  
A WORD UNTIL I AM SURE THAT  
THAT THE MEDICINES INFORMATION  
MEETS THE REQUIREMENTS FOR  
RELIABLE INFORMATION!



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# Workshop 2b: Focus groups in practice

- We will run a Focus Group Discussion together
- A discussion guide (Automatic substitution of biological medicines at pharmacies) will be given to the groups
- For the purpose of this workshop, **two groups will be merged** (altogether 12-14 participants):
  - Groups 1 & 2 (facilitator: Raisa)
  - Groups 3 & 4 (facilitator: Marika)
  - Groups 5 & 6 (facilitator: Jennifer)
  - Groups 7 & 8 (facilitator: Ulrika and/or Jonathan)
- Roles will be raffled:
  - interviewer
  - two secretaries
  - observer
  - participants (with different instructions how to behave during the discussion)
- Time allocated for the exercise: 45 minutes → **back to the main room by 16.30**

# Workshop 2c: Reflections on the focus groups

- What kind of experience Focus Group Discussion was for participants with different roles?
- Would another method have been more suitable?
- Were the questions well understood and answered?
- How was the dynamics between the participants?
- Did all participants contribute equally?
- What was your own contribution?
- Were some roles (interviewer, secretary, observer, actual participants) more challenging or maybe unnecessary?
- What will the participants like to further develop if they were to perform FGD?
- What skills do the participants have to strengthen before doing FGDs in the “real” world?