

## FOCAL GROUP AS A RESEARCH TOOL IN HEALTH *GRUPO FOCAL COMO FERRAMENTA DE PESQUISA EM SAÚDE*

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### ABSTRACT

**Introduction:** The “focus group” methodology, developed by Social Sciences, has been successfully applied to qualitative research in health. **Aim:** The present study was carried out through an integrative literature review, in order to collect data about this methodology over health practice. **Methodology:** After a detailed revision following previous determined criteria, twelve studies, within a 20-year time range, were selected on the Virtual Health Library (VHL) and Google Scholar databases. **Results and Conclusion:** From the analyzed authors, it was possible to state that the focus group methodology, instrumentalized through group meetings composed of around twelve people and a moderator helping and guiding to predetermined topics, has great potential for collecting data in qualitative research, for providing the debate and collective stimulus to the expression of opinions and perceptions that would not appear in individual interviews. Additionally, it was found that the Strategic Focal Analysis, using the techniques of the Focal Group over the external and internal environment analysis, originating from the Strategic Planning area, also has the potential to be a management tool, especially to strategic planning over health service. More studies are required to stablish methodological tools.

**Keywords:** Qualitative Research, Focus Group, Health Sciences.

### RESUMO

**Introdução:** A metodologia de grupos focais, oriunda da área das Ciências Sociais, tem sido aplicada com sucesso nas pesquisas qualitativas da área da saúde. **Objetivo:** O presente estudo foi realizado por meio de uma revisão integrativa de literatura, com o objetivo de coletar dados a respeito desta metodologia de pesquisa na área de saúde. **Metodologia:** Depois de uma revisão detalhada seguindo critérios previamente estipulados, foram selecionados doze estudos, dentro de uma faixa de 20 anos, nas bases de dado da Virtual Health Library (VHL) e do Google Acadêmico. **Resultados e Conclusão:** Dos autores analisados, foi possível afirmar que a metodologia do Grupo Focal, instrumentalizada por meio de reuniões de grupo composto por cerca de doze pessoas e um moderador auxiliando e orientando os temas pré-determinados, tem grande potencial para coleta de dados em pesquisas qualitativas, por propiciar o debate e estímulo coletivo à expressão de opiniões e percepções que não apareceriam nas entrevistas individuais. Adicionalmente, constatou-se que a Análise Focal Estratégica, utilizando as técnicas do Grupo Focal sobre a análise do ambiente externo e interno, oriundos da área de Planejamento Estratégico, também tem potencial para ser uma ferramenta de gestão, especialmente para o planejamento estratégico sobre serviço de saúde. Mais estudos são necessários para estabelecer ferramentas metodológicas.

**Palavras-chave:** Pesquisa Qualitativa, Grupo Focal, Ciências da Saúde.

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## INTRODUCTION

In scientific research, the correct choice of methodology and technique of data collection are decisive factors for results reliability. When little is known about a given phenomenon, qualitative research is the mainly indicated modality, because it seeks to describe and interpret phenomena using the life experience of people as source (BUSANELLO *et al.*, 2013). Among the data collection techniques used in qualitative research, the focus group methodology is a particularly recommended tool. It is a technique in which small groups of people are gathered to discuss topics that are the object of the study (LERVOLINO; PELICIONI, 2001).

This format was proposed in the last decades of the 20th century, and although created for the Social Sciences, it has been widely used for qualitative research in health (RESSEL *et al.*, 2008). It occupies an intermediate position between participant observation and in-depth interviews (TRAD, 2009), and allows collecting data directly from the testimonies of a group, which reports their experiences and perceptions based on a theme of collective interest (BUSANELLO *et al.*, 2013). It is indicated for field research since, in a short time and with low cost, it allows a diversification and a deepening of the contents related to the theme of interest (ASCHIDAMINI; SAUPE, 2004).

The technique, however, has limits. Among them, it is worth mentioning the occurrence of embarrassment of some participants, repression of opinions and eventual mastery of speech by more extroverted participants (BUSANELLO *et al.*, 2013). Moreover, although there is positive evidence regarding the use of the focus group as a data collection technique, the possibility of using the tool for context analysis in the health area is still incipient. In this sense, Backes *et al.* (2011) propose the improvement of the Focal Group technique from an organizational management tool (SWOT matrix - strengths, weakness, opportunities and threats), proposing the Strategic Focal Analysis (SFA) technique as an analytical possibility specific to the focus group method, with emphasis on the insertion of the participant as an active subject in the research process. The SFA model, on its concept, would have directed meetings to evaluate the components of SWOT analysis on internal and external scenarios (COLOMÉ *et al.*, 2016).

Based on these premises, the present study intends, through an integrative literature review, to collect data on the use of the Focal Group and/or SFA as a technique of data collection and analysis for qualitative health research.

## MATERIAL AND METHODS

The study was conducted through an integrative literature review, using the following steps: definition of the right-hand question; search for studies; selection of studies; careful evaluation of studies; data collection; and data synthesis and analysis (MENDES; SILVEIRA; GALVÃO, 2008).

The Databases VHL (<https://pesquisa.bvsalud.org/portal>) and Google Scholar (<https://scholar.google.com/>) were used. The terms researched were: *qualitative research*, *focus group* and *health*. Additionally, after the initial selection, studies obtained from the references of the studies primarily selected and that were not included in the initial search were included in the sample.

Inclusion criteria were: a) 20-year time limit (2000-2020), b) full-text availability, in Portuguese or English. Exclusion criteria were: a) studies in which the focus group research technique or focal strategic analysis was not the object of study, editorials or opinionated contents, b) it is outside the time limit or established language, and c) it is not available in full text.

## FINDINGS

In the VHL search tool, the search with the terms described resulted in an initial sample of 299 studies. Applying the inclusion and exclusion criteria, 3 studies were selected. Using the Google Scholar tool and selecting cross-references from the studies already selected, the final sample consisted of 12 (twelve) studies, described in Table 1.

**Table 1** - Selected Studies for Review

Authors	Title
ASCHIDAMINI; SAUPE, 2004	Focus Group - qualitative methodology strategy: a theoretical essay.
BACKES <i>et al.</i> , 2011	Focus group as a technique for data collection and analysis in qualitative research.
BUSANELLO, <i>et al.</i> , 2013	The focus group as a technique for data collection.
COLOMÉ <i>et al.</i> , 2013	Strategic Focal Analysis as a methodological possibility in qualitative research.
COLOMÉ <i>et al.</i> , 2016	Focus group as a technique of data collection and analysis: theoretical and practical questions.
DE SOUZA, 2020	Recommendations for The Realization of Focus Groups in Qualitative Research.
KINALSKI <i>et al.</i> , 2017	Focus group on qualitative research: experience report.
LERVOLINO; PELICIONI, 2001	The utilization of focal group a quality methodology on health promotion.
MENDES; SILVEIRA; GALVÃO, 2008	Integrative literature review: a research method to incorporate evidence in health care and nursing.
RESSEL <i>et al.</i> , 2008	The use of the focus group in qualitative researching.
SILVA <i>et al.</i> , 2013	Publications that used focal group as research technique: what do they teach us?
SOARES; REALE; BRITES, 2000	The use of focus groups as a tool to evaluation of a health educational program.
TRAD, 2009	Focus Groups: concepts, procedures and reflections based on experiences with the use of the technique in health research.

Source: Construction of the authors

## DISCUSSION

From the analyzed studies, it can be affirmed that the techniques that use the concept of focus groups (Focal Group and Focal Strategic Analysis) are valuable tools for qualitative research in health, because they favor the dialectical elaboration of group thinking, leading to the collective construction of knowledge and understanding of daily practices associated with health promotion,

identifying with the current tendency of health education to move from the perspective of the individual to that of the social group (ASCHIDAMINI; SAUPE, 2004; BUSANELLO *et al.*, 2013; LERVOLINO; PELICIONI, 2011).

Briefly, a focus group (FG) can be defined as a group discussion activity of a topic proposed by a moderator (or facilitator). The group obtains data from group meetings with people representing the object of study (LERVOLINO; PELICIONI, 2001). It is a group interview, in which interaction is configured as an integral part of the method, using the vocabulary, questions and knowledge of the selected group itself (COLOMÉ *et al.*, 2016). The technique provides discussions and elaborates group tactics to solve problems and transform realities (KINALSKI *et al.*, 2017). In this context, the participant moves from the position of spokesperson of a given phenomenon to an active subject of the data collection and interpretation process (COLOMÉ *et al.*, 2016).

According to De Souza (2020), there are three applications of FG: as the main data generator for a given research; as a vehicle for the manifestation of marginalized populations or as a research technique associated with other procedures. Kinalski *et al.* (2017) highlight the validity of the technique to enable the emersion of points of view and meanings, which could otherwise be lost in the research. This perception is particularly important for the health area, because it enables the expression of the actors' experience directly involved in health promotion processes.

The Focal Strategic Analysis (FSA), as a possibility for data analysis, is a tool that uses the concept of focus group in a broader context, which involves holding successive meetings with premises delimited according to strategic planning foundations, focused on a given environment, evaluating internal and external scenarios of the same (BACKES *et al.*, 2011). In this case, the collected data have strategic and managerial value for the environment, inserting the participants as direct agents of transformation of the reality they experience. For these characteristics, it is a very useful instrument for the management of the health work process (COLOMÉ *et al.*, 2013).

For any focus group, a good prior planning is a fundamental step: the objectives and topics to be discussed must be clearly define, as well as the specific characteristics of the environment, participants and sessions (TRAD, 2009). Although the FG and FSA methodology are different regarding the context, amplitude and method of obtained data analysis, FG and FSA have elements in common in their execution, especially in the technique of conducting the meetings.

Kinalski *et al.* (2017) delimited the fundamental stages of meeting with focus group technique: opening of the session; presentation of participants to themselves; clarifications about the dynamics of participatory discussion; establishment of the setting; debate; synthesis; and session closing. Meetings should be held in comfortable environments free of external interference (TRAD, 2009), with participants arranged in a circle or in order to allow the participation and interaction of those involved (BACKES *et al.*, 2011). De Souza (2020) suggests the use of badges or identification materials for

participants, as well as the availability of materials for written expression (pens, sheets of paper, pencils, etc.), which help in the process of thoughts organization of some participants.

Each meeting must have a 60 minutes minimum time (LERVOLINO; PELICIONI, 2001) and a maximum of 120 minutes (BUSANELLO *et al.*, 2013). Participants are invited to freely express their opinion about the topics proposed. For data collecting, audio recording of meetings is essential, always with the permission of participants (TRAD, 2009). After an opening in which the participants present themselves, the discussion should be proposed and conducted by a moderator, who has the function of stimulating the group from a previously elaborated topic guide, according to the premises of the study (DE SOUZA, 2020), which consists of a summary of the objectives and issues to be addressed, in addition to a guiding scheme of the meeting (BACKES *et al.*, 2011).

The moderator is responsible for a fundamental role for the technique's success, creating an environment conducive to different perceptions and points of view come to light, without any pressure for its participants to vote, reach a consensus or establish some conclusive plan (LERVOLINO; PELICIONI, 2001). It should stimulate debate, but avoid conducting beyond maintaining focus on previously determined topics (ASCHIDAMINI; SAUPE, 2004). Additionally, there may be one or more side moderators, who assist the main moderator to better register the meeting (LERVOLINO; PELICIONI, 2001). These participants act to record group dynamics, assist in conducting discussions and collaborate directly with the moderator for recording activities (COLOMÉ *et al.*, 2016).

At the end of the meeting, there should be a "group closing", in which the moderator proceeds to a summary recap of the discussion and the participants manifest themselves by making the corrections that they deem appropriate and adjusted to the interpretation of what could effectively be the opinion of the group (SOARES; REALE; BRITES, 2000). The FG technique can be applied with only one meeting, but there is no standard amount of how many meetings are required: this condition depends mainly on the objectives outlined by the researcher (ASCHIDAMINI; SAUPE, 2004). Soares, Reale e Brites (2000) consider valid the programming of more than one session, allowing the reorganization of the themes to be addressed and possible review of the arguments discussed.

However, in the case of FSA the number of meetings is part of the method and there should be a specific programming for them. Because this is a methodology related to Strategic Planning, which involves understanding the internal and external environment of the object of study, at least one specific meeting should be provided for discussion of the strengths and weaknesses (internal environment) and at least one meeting to discuss the opportunities and threats (external environment) related to the object of study. Additionally, a final meeting to synthesize the ideas discussed (BACKES *et al.*, 2011). In this final stage, the group should seek a theoretical reference structure that enables reflection and action strategies on the object of the study (COLOMÉ *et al.*, 2016).

The correct selection of participants is essential for the good performance of a FG or FSA. Ideally, they have common characteristics that are associated with the topic being researched. Lervolino

and Pelicioni (2001) believe that its participants should not belong to the same circle of friendship or work to avoid the fear of the impact from expressing their opinions. However, as Backes *et al. remember.* (2011) participants from the same environment can enhance reflections about common experiences. Colomé *et al.* (2016) suggest that participants have at least one important characteristic in common, and that their selection be determined by the objective of the study (intentional sample).

Aschidamini and Saupe (2004) suggest that the number of participants should be between six and twelve people, so that the speech opportunity is made available to all participants. Busanello *et al.* (2013) indicate a minimum of four and a maximum of eight people. Trad (2009) reports difficulties in ensuring the participation of all people in groups with more than ten participants, as well as maintaining the focus of discussions around the intended central issues. With an adequate number of participants, the methodology stimulates the discussion: in a focus group, participants usually listen to the opinions of others, change position, or better base their initial opinion (BACKES *et al.*, 2011).

Although focus group techniques present great possibilities for qualitative health research (BUSANELLO *et al.*, 2013), there are some limitations to this type of methodology. It should not be used when there is the expectation of collecting individual experiences, because the statements could intersect, generating a narrative other than that expected by the research (DE SOUZA, 2020). Themes that involve the intimacy of the patient and his/her family, focused on a group, may embarrass the participants, impairing the discussions and therefore should not be analyzed with the focus group methodology (BUSANELLO *et al.*, 2013). It should also be taken into consideration that group discussion can suppress dissenting postures, but disagreements within groups can encourage the defense of points of view, which is productive for the discussion (BACKES *et al.*, 2011). It should still be emphasized the difficulty in ensuring the anonymity of participants (COLOMÉ *et al.*, 2016).

In addition to these observations, when planning a FG or an FSA, the researcher should take into account the possibility of interference by the researcher's value judgments and the risk that discussions will be diverted or dominated by few participants (BACKES *et al.*, 2011).

Finally, it is worth remembering that the data collected through the use of FG methodologies are qualitative in nature, so they should not be treated in a statistical way (ASCHIDAMINI; SAUPE, 2004). For this reason, researchers often qualify the FG as a complementary resource, minimizing its function as a generator of rich data to research (DE SOUZA, 2020). In fact, as Colomé *et al.* (2016), the focus group technique itself is not able to condition or influence the design of the object and the objective of the research (it does not govern or define its own use), but this does not make it a secondary element of the research: Busanello *et al.* (2013) highlight that the focus group provides a collective view of the object of study, allowing to obtain different perspectives on the same issue, and making it opportune to understand collective ideas, which are elaborated from the influence that social interaction provides.

Ressel *et al.* (2008) recalls that the methodology also allows the researcher to broaden the understanding and evaluation of a project, program or service. This premise is especially true for FSA when applied to a health institution (COLOMÉ *et al.*, 2016).

From the analyzed studies, the assumption that FG and FSA have as one of its greatest advantages the fact of being based on the human tendency to form opinions and attitudes in the interaction with other subjects. It should be contrasted with the dynamics of FG and FSA the mere collection of data in questionnaires or interviews, in which the participant is invited to issue opinions on subjects on which he may never have reflected before (BACKES *et al.*, 2011).

Regarding the application in health research, it can be affirmed that the methodology is particularly favorable to understand experiences and transformation of reality, which is particularly relevant for the construction of health promotion knowledge (KINALSKI *et al.*, 2017). However, as Colomé *et al. recall.* (2016) the focus group is a complex process, in which it becomes pertinent to seek improvement, deepening discussions and propositions of innovations in the use of the technique. FSA itself represents, in this context, an improvement, with great potential to assist in strategic planning in health, particularly institutional speaking (COLOMÉ *et al.*, 2016).

In this sense, it can be affirmed that the techniques of FG and FSA allow both to measure the object of the study and to modify the reality in which this object is inserted, using the experiences discussed among its participants, and therefore has great applicability in the health area.

## **FINAL CONSIDERATIONS**

From the analyzed studies, it is possible to affirm that the focus group methodology (FG) has a great potential for application in qualitative health research. The dynamics on which the focus group methodology was developed allows, more than simple data collection, a transformative action on the object of study.

The Focal Strategic Analysis (FSA), as an improvement of the FG, also has the potential to be used as a management tool, since it applies concepts and methods of Strategic Planning in a focus group dynamic, generating an analysis that can help health organizations identify problems and propose solutions, with direct involvement of their members.

However, in view of the modest scientific production on the application of the focus group technique in health research, more studies are needed to consolidate and improve the methodology for this purpose.

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