



RESEARCH ARTICLE

A REVIEW ON EFFECTIVENESS OF FOCUS GROUP DISCUSSION IN TOOL DEVELOPMENT IN
AYURVEDIC RESEARCHES

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ABSTRACT

There are a variety of methods of data collection in qualitative research, including observations, textual or visual analysis and interviews (individual or group). Most common methods used, particularly in qualitative healthcare research, are interviews and focus groups. All these data collecting techniques are widely used in Ayurvedic researches. But focus group discussion technique is seldom opted for data collecting purposes.

Focus groups are used for generating information on collective views, and to gather meanings behind those views in depth. They are also useful in generating a rich understanding of participants' experiences and beliefs. In this paper the effectiveness of focus group discussion is reviewed on the basis of the focus group discussion conducted while doing the study Development of an instrument for screening mental health based on Ayurvedic concept. Article focuses on the steps to be adopted to conduct focus group discussion. The composition of a focus group needs great care to get the best quality of discussion. The group setting, management, and consolidation of data from focus group discussions are drawn and discussed.

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INTRODUCTION

Data Collection is an important aspect of any type of research study. Inaccurate data collection can affect the results of a study and ultimately lead to invalid results. Depending on the nature of the information to be gathered, different methods are used to conduct the assessment. Data for tool development is collected mostly from official sources such as various records; surveys, interviews, information from youth, community residents and focus groups.

In tool development, the data collected from various methods translate the research objectives into specific questions or items. The responses of these items will provide the conclusions required to achieve the research objectives. In order to achieve this purpose, each question or item must convey to the respondent the idea or group of ideas required by the research objectives, and each item must obtain a response which can be analysed for fulfilling the research objectives. Information gathered through the tools provides descriptions of characteristics of individuals and institutions under study. It is useful for measuring the various variables pertaining to the study. The variables and their interrelationships are analysed for testing the hypothesis or for exploring the content areas set by the research objectives.

In Ayurvedic researches almost all data collecting techniques are widely used. But data eliciting technique with focus group discussions are not popular. In tool development, item generation is mostly done from literature and from expert

opinions. But sometimes in qualitative research this is not sufficient.

A focus group is a form of qualitative research in which a group of people are asked about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, advertisement, idea, or packaging. Questions are asked in an interactive group setting where participants are free to talk with other group members^[1]

Practical Utility of FGD

- ❖ FGDs create a group discussion. Group discussion produces data and insight that would be less easy to get to without interaction found in a group setting. Listening to others individuals' verbalized experiences stimulates memories, ideas, and experiences in participants. This is also known as the group effect.
- ❖ Group members discover a common language to describe similar experiences. This enables the capture the form of native language or "vernacular speech" to understand the situation.
- ❖ The literary concept is brought to real or real life experience in FGD^[2]

FGD conducted to item generation in the study - *Development of an Instrument for Screening Mental Health Based on Ayurvedic Concept* is as follows.

First step of tool development is item generation.

Item Generation

based on clinical experience, personal experience, focus group discussion, signs and symptoms of psychiatric morbidity, expert opinion and based on literature; each item (questions) was generated that will probe the mental status of individual .

Experts from ayurvedic and psychology has decided that in present study focus group should include males, females, urban group, rural group, educated group and uneducated group as the target group of tool administration belonged to urban, rural and coastal population. Through direct interaction with experts in Ayurvedic fields and psychology, a series of items were generated .Opinions and findings of the experts were collected and recorded .

Next step was item generation from FGD

Selection of Participants

Group was selected based on educational background such as sociology, mass communication or psychology, as well as experience in participating in groups. Uneducated people from rural and coastal areas were also included. Investigator selected individuals who could provide the needed information as per the instructions provided by the guide. This again was based on the target groups of concern for the study. Participants chosen were familiar with subject and was known for their ability to respectfully share their opinions, and was willing to volunteer about 2 hours of their time.

Contacting and Informing Participants

The initial contacting of participants was done by mail, telephone, or in person. On the previous day the participants were all called personally by the investigator and their presence was ensured. The meeting began at 10 pm. Facilitator was the investigator herself.

The discussions were led by a moderator/facilitator (investigator), assisted by an observer who took notes and did arrangements. Participants opinion about the topic was asked. It was ensured that they felt comfortable saying their opinion.

Time allotted was 60 to 90 minutes

DATE -24/11/2015

TIME-10PM TO 11.30 PM

10-10.18 pm facilitator briefed the topics which was drawn after expert opinion

Venue - Sastrinagar Association Hall, Karamana, Thiruvananthapuram

The venue for a focus group is important and should, ideally, be accessible, comfortable, private, quiet and free from distractions^[3]

Participant size- 8

Participant size was decided as 8 since a focus group should be small group of six to ten people. The groups need to be large enough to generate rich discussion but not so large that some participants are left out.^[4]

Audio taping

At the start of a focus group, investigator acknowledged the presence of the audio recording equipment, and assured participants the opportunity to withdraw if they are uncomfortable with being taped this was done following the guidelines of conduction of focus group discussion^[5]

Videotaping will require more than one camera to capture the whole group, as well as additional operational personnel in the room. This is, therefore, very obtrusive, which can affect the spontaneity of the group and in a focus group does not usually yield enough additional information that could not be captured by an observer to make videotaping worthwhile.^[6]

Topic of discussion was based on following areas

1. Healthy mental status –base qualities
2. Measurable attributes –grading, scoring
3. Bringing the literary hints to measurable scoring sentences in local language
4. Develop appropriate wordings to be used in a questionnaire.
5. Collecting data to understand people's actual thoughts, feelings, beliefs, and perceptions

In present FGD, the following pattern was maintained during discussion

General questions

Were designed to open the discussion and to allow participants to reveal common perceptions and attitudes. The sequence of questions on a given topic proceeded from the general to the specific.

Specific questions

Were designed to reveal key information and show the feelings and attitudes of target group.

Probe questions

Were designed to reveal more in-depth information or to clarify earlier statements or responses.

Ground Rules observed were

- 90 minutes (excluding introductory talk and tea time)
- Speak clearly -one at a time
- Conversation were ensured among all participants
- No right or wrong answers approach

After FGD a manual approach was done for analyzing the data. Analysis of focus group transcripts is vital.^[7] However, the transcription of focus groups is more complex and time consuming than in one-to-one interviews. Recordings were transcribed verbatim and also speakers and their individual

contributions were noted down. Observational notes were also made. Background section, major findings were analyzed with conclusions and recommendations.

Practical difficulty –Group gave a comprehensive perception of mental health status from a common man’s point of view. Certain participants were over productive but some withdrew from discussions. When certain participants who had the ability to convince others or had great communication skills stated an opinion, then other participants seemed to agree with his/her opinion readily. Facilitator intervened several times to avoid this.

CONCLUSION

Tool construction and validation studies are not much done in Ayurvedic field. But current scenario demands more validated tools and constructs .In such studies FGD could be effectively used for item generation. But ground rules should be followed. The participant selection and discussion should be carefully planned .Atmosphere should be very friendly, so that the participants can give their free and honest opinion. The participants should be encouraged not only to express their own opinions but respond to other opinions and questions posed by fellow members .In the present study FGD provided variety of discussion in depth that were not available in literary hints.

Since the focus groups were planned and directed; they yielded information in relatively short time. In short FGDS are a good way to gather information about a community’s thought on a topic.

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