



BRIEF COMMUNICATION

Focus Groups: A Qualitative Method Complementing Quantitative Research for Studying Culturally Diverse Groups

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ABSTRACT *Context:* Focus groups are becoming an important method for conducting qualitative research in health care. This strategy enables information to be gathered on the perceptions, beliefs, and values of a group's participants and is particularly well suited to addressing cultural characteristics that impact on a population's health status. As nations become more culturally diverse, qualitative research will likely play a growing role in helping health professions educators develop appropriate educational programs and in helping researchers better understand the needs of minorities and other vulnerable populations who are experiencing disparities in health care.

Objectives: *The purposes of this paper are to introduce the usefulness of a qualitative research strategy as an adjunct to quantitative survey research, and to describe briefly how researchers and educators at the Charles R. Drew University of Medicine and Science (Drew) have utilized this strategy when conducting combined qualitative and quantitative research.*

Discussion: *Focus group research has been successfully used to develop culturally adapted surveys, to develop educational programs, and to conduct needs assessments at Drew, which serves a culturally diverse urban population.*

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Western medicine has been dominantly based on scientific standards that are grounded in quantitative methodology (Pauli *et al.*, 2000). These methods have been the platform from which research and education in medicine, and health care interventions, have been historically developed. In recent years, the rapid diversification of many societies has lead some observers to challenge the adequacy of these standards for studying the health status of minority groups and other vulnerable populations. A growing body of literature has indicated the importance of taking into consideration the differential values that are placed on health and health care by people of different cultural groups (Fabrega, 1975; Chesney *et al.*, 1982; AAMC, 1997). The rigidity inherent in quantitative research methods, however, makes them less than optimal for taking this diversity into consideration (Giachello, 1996).

Qualitative research methods, on the other hand, allow for the examination of cultural values through various open methods, such as interviews, which seek direct input from participants about their opinions regarding, among other things, their health and health care (Kitzinger, 1995). Information gained in this way identifies characteristics that impact on any group's perceptions of illness, beliefs regarding the need for health care, attitudes toward treatment options, and their choice of health care provider, which are key determinants of their health status (Patrick & Sittampalam, 1985; Ahmad *et al.*, 1991). This information has the potential for contributing to a better understanding of the unwelcome disparity that exists between the health care, and health status of minorities and members of the majority populations. Furthermore, data gained from qualitative research are particularly useful in designing quantitative research protocols for culturally diverse populations. The result would be much needed and more culturally appropriate paradigms in research, education and health care.

Focus Group Research Method

Focus groups are becoming an important method for conducting qualitative research in health care. They have also been used as adjuncts to quantitative research (Ferguson *et al.*, 1998; Mangione *et al.*, 1998). Focus groups are small groups that have as their objective the acquisition of information based on the perceptions, beliefs, traditions and values of its participants. Consequently, focus groups are particularly well suited for conducting research among minority and other vulnerable populations. Unlike other small groups, there are no immediate end products for the participants in focus groups (such as educational objectives, action-directing decisions), but rather there is a flow of information based on the opinions and interactions within the group, which is recorded and later transcribed and analyzed. The examination of focus group data entails the use of analytical approaches similar to those applied to other qualitative research methods, which are based on content analysis (Sim, 1998). This information then serves as the basis for accepting, rejecting or modifying the object of the group's

attention (such as, in our case, the design of culturally appropriate health related surveys).

Focus Group Methodology and Survey Research

At the Charles R. Drew University of Medicine and Science in Los Angeles (Drew), we utilize and encourage the use of qualitative research methods in the form of focus groups when conducting studies among our culturally diverse, underserved, urban hospital population and community. To accomplish this, the Biomedical Research Center and the College of Medicine have enhanced the qualitative research environment at Drew by establishing the Qualitative Research Working Group. This group is comprised of 18 research faculty members from 15 departments, all of whom have been trained in focus group research methodology by a nationally known expert. At the Drew University Center for Cross-cultural Epidemiologic Studies, we utilize focus group research to conceive and develop surveys and to validate their cultural appropriateness and language translation. We combine qualitative (focus group) and quantitative (survey) research to guide the design of culturally appropriate research protocols. By administering newly developed or previously validated surveys to a group of people who are representative of a population in which the survey will be used on a larger scale, and subsequently conducting focus groups based on these surveys with the same group, we have been able to obtain information that ensures the survey's cultural appropriateness, readability and comprehensibility. In doing so we have found that qualitative and quantitative research methods can be highly complementary. In addition, this complementary methodology has applications beyond survey research.

Other Focus Group Research Applications

At Drew we have also used the complementary qualitative/quantitative research methodology to develop medical education programs intended to inculcate cultural competence at the undergraduate and continuing medical education levels,¹ and in developing needs assessments protocols and program assessment tools. We have also utilized this approach as the basis for a multi-institutional research endeavor called Audits In Medical Education (AIME). The objective of this project was to develop a survey that will assist medical schools in assessing their readiness to initiate and implement programs in cultural competence education. AIME was conducted in two phases during two national meetings on medical education. During the first phase of this research three focus groups addressing diversity concerns and strengths were conducted at a national meeting of multidisciplinary medical educators.² In the second phase, the information acquired from the focus groups was used to develop a short survey on the same

topic, which was administered at a subsequent national meeting of medical educators.³ Data derived from using these qualitative and quantitative methodologies were analyzed and used in developing the AIME survey. This project demonstrates the usefulness of qualitative research in developing quantitative measures (surveys) and the complementary use of data acquired from both.

Importance of Qualitative Methods in Cross-cultural Research

Qualitative research has become important for obtaining information on the perceptions, beliefs, and values of culturally diverse groups by being well suited to addressing those characteristics that impact any given population's health status. As nations become more culturally diverse, the use of qualitative research will play a greater role in helping educators develop programs for medical education and researchers in directing their studies to better understand the needs of minorities and other vulnerable populations that are experiencing less than optimal access to health care and experiencing poorer health status than the majority group. The use of qualitative research methods is not meant to replace, but should be considered complementary to, quantitative research methodology. The result will be a broader, more realistic understanding of the health status of our changing populations, and the health of the world in general.

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Notes

1. Calderón, J.L., Baker, R.S., Wolf, K.E. & Edelstein, R. (1998) A model for ethnomedical science education. Presented at the Association of Behavioral Sciences and Medical Education Annual Meeting.
2. Calderón, J.L. *et al.* (1999) AIME: development of a template for auditing the preparedness of medical schools to conduct programs in cultural diversity. Presented at the Association for the Behavioral Sciences and Medical Education Annual Meeting, October.
3. Wolf, K.E., Monroe, A., Calderón, J.L. & Chin, N. (1999) Cultural competency curricula. Presented at the Association of American Medical Colleges National Meeting, October.

References

- AHMAD, W.I.U., KERNOHAN, E.E.M. & BAKER, M.R. (1991). Patients' choice of general practitioner: importance of patients' and doctors' sex and ethnicity. *British Journal of General Practice*, 41, 330-331.
- ASSOCIATION OF AMERICAN MEDICAL COLLEGES (1997). Contemporary issues in medical education. *Cultural Diversity Education in American Medical Schools*, 1, 1-2.
- CHESNEY, A.P., CHAVIRA, J.A., HALL, R.P. & GARY, JR., H.E. (1982). Barriers to medical care of Mexican-Americans: the role of social class, acculturation, and social isolation. *Medical Care*, 20, 883-891.
- FABREGA, H. (1975). The need for an ethnomedical science. *Science*, 189, 969-975.

- FERGUSON, J.A. *et al.* (1998). Racial disparity in cardiac decision making: results from patient focus groups. *Archives of Internal Medicine*, 158, 1450–1453.
- GIACHELLO, A.L. (1996). Health outcomes research on Hispanics/Latinos. *Journal of Medical Systems*, 20, 235–254.
- KITZINGER, J. (1995). Qualitative research: introducing focus groups. *British Medical Journal*, 311, 299–302.
- MANGIONE, C.M. *et al.* (1998). Psychometric properties of the National Eye Institute Visual Function Questionnaire (NEI-VFQ). *Archives of Ophthalmology*, 116, 1496–1501.
- PATRICK, D.L. & SITTAMPALAM, Y. (1985). A cross-cultural comparison of health status values. *American Journal of Public Health*, 75, 1402–1407.
- PAULI, H.G., WHITE, K.L. & MCWHINNEY, I.R. (2000). Medical education, research, and scientific thinking in the 21st century (part one of three). *Education for Health*, 13, 15–25.
- SIM, J. (1998). Collecting and analyzing qualitative data: issues raised by a focus group. *Advances in Nursing*, 28, 345–352.