

### References

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*Focus Groups as Qualitative Research*, by Davis L. Morgan. Newbury Park, CA, Sage Publications, 1988, 88 pp.

*Focus Groups: A Practical Guide for Applied Research*, by Richard A. Krueger. Newbury Park, CA, Sage Publications, 1988, 200 pp.

Does the fact that Sage is publishing two books on the same topic mean that the sciences are getting about ready to reclaim a valuable research tool that for too long has largely been left to the domain of marketing researchers? Is it that as social scientists and practitioners we have associated focus groups with the image of the sleek consultant moderator asking a group of carefully selected housewives about how baking makes them feel, only to look for themes in these experiences that can be translated into the next cake-mix advertising campaign? Though not a very appealing idea, the extensive use of focus groups in marketing research should tell us something about the power of this method—given the millions of dollars spent each year in attempts to convince us of the superiority of a specific product or service.

Focus group interviews have been defined as a qualitative approach to learning about population subgroups with respect to conscious, semiconscious, and unconscious psychological and sociocultural characteristics and processes.<sup>1</sup> The ability to make use of the focus group method ought to be part of every health educator's methodological "kit," especially those involved in needs assessment, program design, implementation, and evaluation. As a group-based research method, it can complement the more common use of small group processes in health education areas of program delivery, problem solving, and group-based intervention techniques. The growing recognition that health behavior is strongly

influenced by the social context and the norms of an individual's peer group make focus group interviews a particularly useful method to explore how attitudes and perceptions are in part developed through interaction with other people and how opinions may shift as a result of interactions. The data generated through this approach can provide important insights into the determinants of health behavior with implications for the planning of programs and services; information that is difficult to gather through more expensive methods such as surveys or individual interviews.

Focus group interviews are quite extensively used by health educators involved in program development, planning, and evaluation in developing countries with low literacy levels. Alarming figures about the high percentage of at least functional illiteracy in this country raise questions about the validity of commonly used survey data gathered from such population groups. The focus group technique can fill a gap here in increasing our understanding of the behaviors and perceptions of persons who have difficulty understanding and filling out lengthy questionnaires but may be most in need of health education programs.

Though most extensively used in marketing research, the history of focus groups is rooted in the social sciences. First mentioned in the 1920s,<sup>2</sup> the method reappeared in the 1940s when Merton and his colleagues<sup>3</sup> used this approach to examine the persuasiveness of wartime propaganda efforts. The underutilization of this data gathering technique in the social sciences may be due to the limited emphasis this method has received in the literature along with—one might suspect—the wallflower existence qualitative research methods in general have had to endure until more recently. The growth of more process and intervention oriented social science specialties such as action-research and evaluation research, along with the acknowledgment of the limits of survey research, have increased the perceived value of qualitative research approaches, especially in combination with the use of more mainstream quantitative data gathering techniques. While the call for combining qualitative and quantitative methods has been most pronounced in quarters of applied researchers and evaluators,<sup>4,5</sup> the often unproductive debate over “the one right method” has shifted in the mainstream social sciences to the more constructive question of what is the best method for what research purposes.<sup>6,7</sup>

Both Morgan's and Krueger's book fill a gap for the social scientist and the practitioner interested in using the focus group method by asking “how does this technique fit with my overall research and intervention plan and how do I do it?” Morgan's volume is better suited to answer the first question while Krueger's emphasis is on how to go about doing it.

Following an overview of the history and purpose of the focus group technique, Morgan spends considerable time discussing the strengths and weaknesses of this technique in relationship to quantitative methods and others widely used qualitative methods such as individual interviewing and participant observation. Focus groups, he suggests, add to rather than replace these other qualitative techniques. He also points to the usefulness of focus groups for generating and assessing the validity of survey questions and for explaining puzzling or unanticipated survey results. Morgan emphasizes, however, that focus groups can be a self-contained method, an argument that reappears throughout the book. While this reviewer agrees that the contribution of focus groups is undervalued, the

degree to which this technique is used as a self-contained method seems less important than its potential to generate hypotheses and to illuminate meaning in triangulation with other data collection techniques.

A major section of the book addresses the planning and conducting of focus groups. This discussion counteracts the impression of the uninitiated that conducting a group interview on the surface seems pretty straightforward. By stressing the need for diligent planning, consideration of ethical issues, questions of participant selection and characteristics, and different types of moderator involvement, the reader realizes the importance of these issues for the quality of data obtained. The weakness of this volume lies in the scant attention given to analysis of focus group data and reporting of results. A mere five pages address these questions. While, throughout the book, Morgan makes a conceptually convincing case for the value of focus groups, he misses the opportunity to dispel the occasional criticism that qualitative data analysis appears to be an art form rather than a structured approach to identifying key themes and their interrelationships in the perceptions, attitudes, and interactions of research participants.

If Morgan's volume helps the social scientist and health educator decide whether and how focus groups ought to be considered as part of an overall research design, Krueger's book is the practitioner's guide for how to plan, conduct, and analyze focus groups. Its emphasis on program evaluation—assisting decision-makers in the planning, administration and allocation of resources—makes this book a must for anybody interested in using this method and actually learning how to do it. The variety of possible applications in the needs assessment phase, and during, and after program implementation are discussed and illustrated with practical examples from the field. In a useful overview, Krueger points to the advantages and limitations of this method and helps the reader conceptualize and plan a focus group project. The process of asking and focusing questions during the group interview is addressed, a key concern in that much of the usefulness of focus group data depends on the quality of the questions asked. The importance of careful planning and moderator skill becomes evident as the author walks the reader through the process of preparing, starting, and leading the discussion. This section is followed by practical tips for dealing with difficult participants, expecting unanticipated problems, and issues regarding the selection of focus group participants.

A strong point are Krueger's chapters on data analysis and data reporting. Particularly helpful for the novice qualitative researcher is the explicitly laid out chronological sequence of data analysis steps moving from raw data to descriptive statements and interpretation of meanings, without losing sight of the importance of the contextual influence of the group interaction, nonverbal cues, and the purpose of the research. Again, a practical example illustrates and demystifies the analytical process, which, presented in this manner, becomes systematic and verifiable. A key concern for the evaluator and health educator is how to make research findings relevant and understandable to decision-makers and other target audiences. In contrast to academic researchers often writing for a peer audience, evaluators and practitioners have been struggling with finding ways to promote the utilization and prevent the misuse of evaluation results. Krueger addresses the purpose of reports, the characteristics and concerns of the audience, and presents a clearly laid out framework for structuring feedback infor-

mation; all crucial factors in determining whether the researcher's efforts result in just another report collecting dust on a shelf or whether focus group findings can make an important contribution to program planning, implementation, and evaluation.

By current definition, focus groups are typically characterized by bringing a carefully selected group of participants together that do not know each other. This, however, ought not to be viewed as a limiting requirement for health educators and other applied researchers working with existing groups or people that know each other in a community or work setting. True, more attention may have to be paid to existing group dynamics that may influence participants' interactions. The use of the focus group method in this reviewer's experience—particularly in conjunction with other data sources—can provide meaningful insights into the nature of organizational culture and organizational members' concerns. It can also help identify psycho-social and structural barriers to change and thus provide important information for directing interventions.

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*Marshaling Social Support: Formats, Processes, and Effects*, Benjamin H. Gotlieb, Ed. Newbury Park, CA, Sage Publications, Inc., 1988, 337 pp.

Social support may now rival the proverbial “apple a day” as a means of preventing illness and promoting well-being. Over the last two decades, the popular notion that the extent and quality of people's social ties affect their health has been consistently supported by epidemiological evidence.<sup>1,2</sup> Social