

Moral Geography of Focus Groups with Participants Who Have Preexisting Relationships in the Workplace

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Abstract: *Focus group interviews have become increasingly popular in the past three decades, but ethical issues related to conducting focus groups with participants who have preexisting power relationships in workplaces has received scant attention in the methodological qualitative literature. In this paper the authors offer three propositions to strengthen the moral geographical space between researchers and participants: (a) prior to data collection: highlight the risks and benefits of the method and stress that confidentiality cannot be assured outside the group; (b) during data collection: document group dynamics and encourage participants to share insights after the session; and (c) ongoing: researchers to research and write about the dynamics of the moral space between researcher-participant.*

Keywords: *focus group interviews, spatial familiarity, research ethics, moral geography, workplace*

Citation

Hofmeyer, A. T., & Scott, C. M. (2007). Moral geography of focus groups with participants who have preexisting relationships in the workplace. *International Journal of Qualitative Methods*, 6(2), Article 5. Retrieved [date] from http://www.ualberta.ca/~iiqm/backissues/6_2/hofmeyer.pdf

Authors' note

This work was supported in part by funding from the Canadian Health Services Research Foundation (CHSRF) and the Canadian Institutes of Health Research (CIHR) CADRE Postdoctoral Award Program (Hofmeyer, Scott) and the Alberta Heritage Foundation for Medical Research (Hofmeyer). We thank Jean Kipp for her stellar assistance in editing and the IJQM reviewers for their valuable and constructive comments on an earlier draft of the manuscript.

Since the 1980s marketplace expectations have exerted dominance in all areas of society, and the research arena has not escaped unscathed. Expectations exist in terms of rapid research productivity, and this creates challenges for researchers, who invest in time-consuming activities to build participatory research partnerships with other researchers, decision makers, and participants. In this current climate where the bottom line dominates, it is opportune to explore our relational stance as researchers and identify ways to support the development of participatory ethical research relationships between us and others.

In discerning our relational stance, we reflect on a conversation between Socrates and his student in which Socrates declared that true physicians are healers first and moneymakers second (Plato, 375 BCE/1974). When Plato was recounting this story, he said that Socrates was not saying that physicians should not be compensated for their work. Rather, Socrates was challenging physicians to be sensitive to the tensions in their role and to not lose sight of their foundational purpose of healing. If Socrates asked us that question in today's research context, would it be fair to say that true researchers are researchers first and moneymakers second? This question challenges us to be sensitive to the foundational purpose of our work and to reflect on how we manage the tensions and sometimes-conflicting obligations in our work. Managing the political climate, competing interests, time lines and marketplace expectations is crucial to steering an ethical and successful research course that delivers useful findings for improving health care services and the lives of citizens (Cheek, 2005).

The use of focus groups in research is largely for two reasons: Focus group interviews can function as an exploratory approach to develop survey items and questions with face validity for the respondent group or to examine an issue with a homogenous group of participants (Barbour, 2005; Diccio-Bloom & Crabtree, 2006). Participants may meet each other for the first time at the focus group as proposed by market researchers (Mendes de Almeida, 1980), or they might have prior knowledge of each other through previous formal or informal interactions in communities or workplaces, as is the case in many nursing studies (Krueger & Casey, 2000; Reed & Payton, 1997).

The primary purpose of this paper is to explore the different research pace that underpins participatory processes and the ethical stance and safeguards required when conducting focus group interviews with participants who have preexisting power relationships in workplaces. Power relations can be linked to occupational superiority (Powell & Single, 1996) or can result from the length of time in a workplace, which

informs a powerful organizational memory about how things have been done in the past (Hofmeyer & Scott, 2006).

Purposive or theoretical sampling techniques are commonly employed to select participants with specific characteristics and experience of the issue in question (Higginbottom, 1998; Mays & Pope, 1995). However, the risks and benefits of this sampling technique must be considered with individuals from pre-existing groups who have prior knowledge of others in the group because the group dynamic of sharing opinions can create vulnerabilities between participants (Barbour, 2005; Kitzinger & Barbour, 1999). This prior knowledge of others, called spatial familiarity, arises from the knowledge we have about people we know and the knowledge that they have about us (Gale, Gollidge, Halperin, & Couclelis, 1990).

Focus group interviews are guided by the traditional ethical principles of respect for autonomy and decision-making capacities through informed consent, nonmaleficence to avoid harm and risk to participants, beneficence to maximize good outcomes for participants and society, and justice to fairly distribute the benefits and risks of the research. Researchers strive to reduce harm and risk due to overdisclosure, stress, and lack of confidentiality outside the group (Smith, 1995), but our concern is predicated on the knowledge that preexisting groups have preexisting internal hierarchies, power differentials and subgroups of individuals (Kitzinger, 1990). We know that the existence of power differentials between participants in the group and subgroups means that some participants might be reluctant to voice their opinions in the presence of others. We contend that traditional ethical approaches are insufficient to address these risks that might arise when conducting focus group interviews with spatially familiar participants who have preexisting power and hierarchal relationships in workplaces.

A moral geographical perspective

The secondary purpose of this paper is to offer preliminary critique to reduce this knowledge gap in the literature. We suggest that researchers consider taking a moral geographical perspective that assumes the spaces we occupy are shaped by strong social norms and by embedded power dynamics that influence our relationships and positioning with others (Andrews, 2006b). In this paper we offer three propositions for researchers to strengthen the moral geographical space between researchers and participants. First, prior to data collection the researcher must highlight to participants the risks and benefits of this method and stress that confidentiality cannot be ensured outside the

group. Second, observations of group dynamics and power influences must be carefully documented by researchers during the focus group interview, and participants must be encouraged to share insights after the session privately with the researcher. Finally, we suggest further research and publication about formalizing approaches that strengthen the moral space between researcher and participant. With respect to researchers, raising consciousness and writing about the process and impact of our inquiry will lessen the knowledge gap and deepen our sensitivity when conducting focus group interviews with spatially familiar participants in workplaces.

Focus group interviews

Focus groups were first employed as a market research technique in the 1920s (Basch, 1987; Bogardus, 1926) and more recently were developed by Merton and colleagues in the 1950s to investigate perceptions about war propaganda (Merton, Fiske, & Kendall, 1956). A focus group is defined as “group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research” (Powell & Single, 1996, p. 499). Notably, reaching consensus is not an aim of focus group discussions.

Focus groups have enjoyed increasing popularity in social sciences and health sciences research the past three decades (Duggleby, 2005; Sim, 1998; Webb & Kevern, 2001) as a means to explore group dynamics, meanings, and perceptions; obtain better understandings; and develop hypotheses for future study (Dicicco-Bloom & Crabtree, 2006; Powell & Single, 1996). Focus group interviews have been used widely in qualitative nursing research (Crawford & Acorn, 1997; McDaniel & Bach, 1994; Sim, 1998) (for extensive reviews of this method, which are beyond the scope of this paper, see for example, Barbour, 2005; Kitzinger, 1994, 1995; Kitzinger & Barbour, 1999; Morgan, 1996). Although this is a myth, focus group interviews are viewed by some as an efficient, cost-effective method of collecting large amounts of qualitative data in a timely manner (Barbour, 2005; Krueger, 1995; Ressel, Gualda, & Gonzales, 2002). On the contrary, focus group interviews are labor intensive, with costs that are sometimes underestimated, such as the cost of training researchers or hiring skilled moderators, contacting participants, room hire, transcribing recordings, and time to analyze data (Krueger, 1995).

Sampling issues

Focus groups are usually conducted with a relatively homogeneous group of individuals who have something in common and can share similar experiences about a particular subject or issue (Kitzinger, 1995; Morgan, 1997). The aspect that differentiates focus group discussions from one-to-one interviews and surveys is the inductive approach used to capturing the dynamic group interaction that occurs among the participants (Dicicco-Bloom & Crabtree, 2006; Kitzinger, 1994). The dialogue and conversations between participants creates a synthesis of the individual experiences into group understandings (Kitzinger, 1994). In terms of selecting participants, market research theory discourages the use of preexisting groups such as those found in workplaces. This view is supported by Powell and Single (1996), who recommended that researchers select participants who do not know each other so that “participants are not inhibited by or deferential to intra-group differences (such as occupational seniority among health care professionals)” (p. 500). Conversely, Kitzinger (1994) recruited individuals for her study from preexisting groups because these “clustered individuals” knew each other through “living, working or socializing together” (p. 105) and had naturally occurring conversations about AIDS. Conducting focus group interviews with preexisting groups implicitly involves examination of group norms and how knowledge, ideas, solutions, and understandings develop and operate within particular social contexts or work environments (Bloor, Frankland, Thomas, & Robson, 2001; Kitzinger, 1990, 1994; Ressel et al., 2002). For example, the homogeneity of unit manager participants from the same organization enhanced the group process, and no ethical concerns or risks were reported (Crawford & Acorn, 1997). In another nursing study, the familiarity of individuals who had known each other for long periods was considered to improve the group dynamics (Reed & Payton, 1997).

Geographical perspective: Spatial familiarity

A geographical, spatial perspective recognizes the interrelationships between space, place, and the human experience. Therefore, this is a useful framework to guide our consideration of the preexisting workplace interrelationships between individuals who consent to participate in focus group interviews. There are obvi-

ous interrelationships in the space of our workplace, office, organizations, location, communities, our memories, experiences, and perceptions. All these components mesh to form our geographical, spatial perspective of the places where we work, live, and recreate. The discipline of nursing has employed a geographical and spatial perspective to examine changing geographies in health, health care, home care, and technological change (see, for example, Andrews, 2006a; Andrews & Moon, 2005; Liaschenko, 1994; Sandelowski, 2002). The discipline of human geography was a starting point for research into the subdiscipline of health geography, which conceptualizes and understands place as a powerful social and cultural phenomenon (Andrews, 2006b). In this context, places are thought to be imbued with power relations exerted and negotiated by individuals (Andrews, 2006b). Moreover, a moral geographical perspective is concerned with the moral conduct, judgments, and interactions of individuals with others in a specific space and place (Andrews & Peter, 2006). This perspective has capacity to uncover social interactions between individuals in workplaces.

The notion of spatial familiarity develops when individuals have a “close acquaintance with an environment or its elements . . . implying a state of knowledge brought about by repeated association with that environment” (Gale et al., 1990, p. 299). That means that degrees of spatial familiarity can develop and change between individuals in the space and place with others, such as in family, community, workplace, and other collectives. We suggest that spatial familiarity could be used to describe preexisting relationships between individuals that are influenced by personal knowledge, social history, power disparities, and other complex social permutations. In the context of focus group literature, the notion of spatial familiarity could enhance our understandings about the relational links and social complexity between participants in our studies. Although we recognize elements of risk, the advantage of conducting focus groups with members of preexisting groups with internal hierarchies and subgroups is that we can investigate not just what individuals know but how and why they know it (Kitzinger, 1990). We can also observe the impact of social interaction on participants and their responses to what others say in the group and disrupt dysfunctional power relations.

Focus group interviews are a form of social intervention that can have a significant impact on participants. We acknowledge that it not possible to preserve the preexisting relationships between spatially familiar participants who work in the same workplace and must caution potential participants about this possibility. Significantly, within what appears to be homogenous

groups there are informal power and hierarchical dynamics that can be disrupted through new information about others. Participants can change their perception of others when ideas or opinions are shared for the first time during focus groups. Some changes in perception between participants might be benign or even benefit future group dynamics in the workplace.

Conversely, information shared can track into the workplace, either as a breach of confidentiality or as a changed perception about others that cannot be erased and could influence future interactions. In a recent study, front-line nurse managers identified four to five networks or subgroups of nurses in their health care units, each group with different membership profiles and resource capacity in terms of power, influence, cooperation, trust, information sharing, communication, support, and inclusion (Hofmeyer & Scott, 2006). Those nurses in the “leaders group” were typically over 50 years of age, had worked in the same unit for decades, and had gained credibility based on their extensive organizational memory and comprehensive procedural and policy knowledge. Members of this group could powerfully influence how work was organized in the units and determine which individuals in the other groups were included or marginalized. Younger nurses, followers, new graduates, float nurses, and individuals on the margins (outliers) were positioned as “other” in relation to the leader subgroup and formed the “new,” “follower,” “intermediate” or “excluded” subgroups in these health care units. Some units were not inclusive workplaces because the norms dictated that new graduates, newcomers, and float nurses had to prove themselves before they could access key resources to do their job, such as information, knowledge, and support from the leader subgroup (Hofmeyer & Scott, 2006).

Risk for individuals in preexisting groups

Research inquiry involves risk because taken-for-granted assumptions can be questioned and proscribed issues can be discussed in focus group interviews. It is important that researchers be aware of contextual issues, recent history, and organizational norms that might inhibit open communication or sanction those who express alternative views (Krueger & Casey, 2000). Risk to participants can result from overdisclosure of private opinions or personal information, which might lead to psychosocial stress and vulnerability (Carey & Smith, 1994; Smith, 1995). Some participants might reveal more in focus groups than they would in individual interviews, and group discussions can become a forum for acting out in front

of peers (Bloor et al., 2001; Kitzinger, 1990; Owen, 2001). The synergistic nature of focus group interactions can be considered an advantage but also a disadvantage if participants feel such pressure to conform to the opinions of the majority that they do not always express their views in the group (Crawford & Acorn, 1997; Powell & Single, 1996). Another risk is that participants might conceal their views if they differ from the mainstream opinions expressed by others in the group (Carey & Smith, 1994). This pressure on participants to conform and to censor their opinions can result from the “group effect,” which influences participants to alter their responses and participation according to their perceived expectations of the group (Carey & Smith, 1994; Crawford & Acorn, 1997). Hierarchical relationships between participants can cause some individuals to become silent and acquiesce to senior or more powerful individuals in the group (Kitzinger, 1995).

The potential for oppression can still exist between individuals who are considered peers or colleagues in the workplace. Even within homogeneous groups of specific status, such as managers or educators or students, strong differences of opinion can emerge that can trigger problems between participants after the focus group. Moderators can encourage participants to explore differences of opinion and to examine taken-for-granted assumptions, meanings, and understandings. However, Powell and Single (1996) have suggested that researchers cannot assume participants are expressing their own views. Social desirability of participants to please the researcher or others in the group such as supervisors or colleagues must be considered.

Deciding to conduct focus group interviews with preexisting groups challenges researchers to consider the moral geographical research space they create by this process and the safety of participants during and after this intervention. In the process of informed consent, potential risks related to overdisclosure, stress levels of the group, boundary setting, and asking participants to maintain and respect group confidentiality must be discussed (Dicicco-Bloom & Crabtree, 2006; Krueger & Casey, 2000). Specifically, the researcher cannot promise confidentiality or anonymity of the information shared by the participants because the researcher cannot control what participants might disclose to others outside the focus group interview (Dicicco-Bloom & Crabtree, 2006; Smith, 1995). This point must be emphasized so that participants understand that they are free to leave the group at any time. Krueger and Casey (2000) have suggested asking participants to talk about how to develop a process that will ensure good discussion. They suggest asking par-

ticipants, “Do you think people will hold back and not tell us what they are really thinking?” (p. 176). We also suggest that it is important to ask why this might be the case.

To repeat, our specific interest in this paper is about ethical safeguards when conducting focus groups with individuals who work in the same team, workplace, or organization and have preexisting peer or supervisory relationships. The geographical term of *spatial familiarity* describes the familiarity and knowing that arises between individuals in families, communities, and workplaces. In the literature, terms describing this issue include status differential (Carey & Smith, 1994), vulnerable status (Webb, 2002), and at the lower end of the occupational hierarchy (Dicicco-Bloom & Crabtree, 2006). We suggest that spatial familiarity is worth serious consideration to inform and strengthen our current ethical practice as researchers.

Crafting moral geographical spaces

We put forward three value-based propositions to strengthen the moral geographical space in which we conduct focus group interviews with spatially familiar participants with preexisting relationships. First, we suggest that researchers discuss the risks and benefits of using focus group interviews with potential participants, thus coauthoring appropriate data collection methods for the specific context. Researchers must also stress that they cannot ensure confidentiality of information outside the group and that impressions formed in the group could influence future interactions between participants and others in their workplace. Second, we promote note taking that includes observations about the power dynamics during focus group interviews and recommend that researchers also be available for one-on-one conversation with participants after the conclusion of the focus group. Finally, we encourage researchers to continuously reexamine the space between the researcher-participant to better understand how inquiry is an intervention in people’s lives and to identify how researchers can improve moral qualitative research spaces.

Coauthoring data collection methods and confidentiality issue

We suggest that researchers allocate time in projects and budgets to the process of face-to-face recruitment meetings with potential participants to discuss the risk and benefits of proposed data collection strategies within the specific work context. This idea of engaging potential participants from the outset is a way of coauthoring context-relevant data collection ap-

proaches, which contributes to building a moral research environment. Another approach for building greater assurance of confidentiality is to conduct individual interviews initially with a purposive sample to gain information that can be anonymized and integrated into the interview schedule to guide focus group interviews (Krueger & Casey, 2000; K. Martin-McDonald, personal communication, March 17, 2006). In this way, issues can be raised in a general manner for group discussion, which reduces the risk that participants will raise contentious issues in the focus group interview.

We recommend that in the process of recruitment and informed consent, researchers should provide more than the traditional information regarding the possible benefits and risks of participation. Typically, researchers ask participants to keep information shared in the focus group confidential, but researchers cannot guarantee confidentiality. The researcher explains that focus groups can involve a degree of risk if there are questions about the participant's beliefs, assumptions, and perspectives. Although researchers are attentive to the comfort and safety of participants in the group discussion, participants should definitely be advised not to feel any pressure to share information with the group that they do not want discussed or known. We have developed the following statement that we hope colleagues might consider using in information and consent letters:

Focus group interviews ask participants to discuss their beliefs, opinions, and ideas with others in the group. It is possible that participants will reveal information about themselves that is not known to others. Therefore, focus group interviews can involve a degree of risk when conducted in workplaces with participants who know each other, such as peers, colleagues, or supervisors. The researcher cannot guarantee that these preexisting relationships will not be influenced during the course of the focus group interview, such as when a participant might disagree or raise issues that have previously been sanctioned in the group. Although the researcher asks all participants to agree to keep the information shared in the focus group confidential, it is not possible to prevent new impressions and opinions developing between participants. Because the preexisting peer and supervisory relationships have embedded power dimensions and differences, there is a risk that the new impressions could negatively influence interactions between individuals in the future.

Therefore, given the potential for preexisting power dynamics between individuals across the subgroups, as explained by Kitzinger (1990), we suggest that the risks and benefits be explored with potential participants as a part of the consent and information process. Power differentials are commonplace in the workplace, but what matters is not whether they exist but, rather, whether the relationships are based on respect and inclusion in the space and place.

Critical observation and extending the moral geographic space postinterview

During the focus group interview, usually an observer or assistant moderator makes critical observations and notes about interactions between group members, power dynamics, seating arrangements, nonverbal gestures, enthusiasm, voice tone, sarcasm, influences in the physical environment, and any other relevant information about the session (Asbury, 1995; Krueger & Casey, 2000; McDaniel & Bach, 1994; Mulhall, 2003; Powell & Single, 1996; Ressel et al., 2002). To guide critical note taking, Stevens (1996) proposed the following questions in relation to process, detail, and power relations:

How closely did the group adhere to the issues presented for discussion? Why, how and when were related issues brought up? What statements seemed to evoke conflict? What were the contradictions in the discussion? What common experiences were expressed? What alliances formed among group members? Was a particular member or viewpoint silenced? Was a particular view dominant? How did the group resolve disagreements? What topics produced consensus? Whose interests were being represented in the group? How were emotions handled? (p. 172)

Observational notes provide valuable insights into individual and group interactions and power dynamics and should be analyzed with the relevant transcript for emerging insights and context (Dicicco-Bloom & Crabtree, 2006; Duggleby, 2005). As discussed, some participants might feel awkward or reluctant to share particular opinions with the entire group during the focus group interview. To accommodate possibilities, it is wise to offer participants other safe avenues through which they could provide confidential comments to the researcher. For example, individual participants can complete a short questionnaire after the conclusion of the focus group to provide feedback and comments (Kitzinger, 1990). If the researcher remains in the room

after the conclusion of the focus group, he or she demonstrates an availability and a willingness to respond to any queries and issues that might have arisen during the session (Powell & Single, 1996). Studies have shown that some participants want to talk with the researcher or even phone later to provide additional insights or discuss issues they were not comfortable sharing in the group (Kitzinger, 1990). It is possible that useful insights might be gained from these postinterview contacts about the type of discussion that does not take place in focus group and might prompt researchers to consider the impact of the research intervention in participants' worklife

Writing against the grain:
Working the hyphen

It is opportune to explore our relational and ethical stance and safeguards as researchers and to identify strategies that could craft moral and safe research relationships between researchers and others. Fine (1994) has talked about "working the hyphen" (p. 70) between the researcher and the participants, which requires researchers to consider how they colonize the "other" in qualitative research. Fine has challenged researchers to examine the hyphen, in which "self-other" join in the politics of everyday lives. By engaging in this reflexivity about our many selves in the hyphenated space, we will gain a critical consciousness about ways to authentically represent our many experiences in our research work.

Talking about our political and moral obligations within the research context is described by Fine, Weis, Weseen, and Wong (2000) as writing against the grain. It is timely to go against the grain through the process of reflection, conversation, and writing about how to enhance the traditional approaches to mitigate harm in focus groups with spatially familiar participants who have preexisting power and hierarchical relationships in workplaces. The moral geographical perspective provides a framework to guide recruitment discussions with potential participants about the possible risks and benefits of participating in focus group interviews with workplace colleagues. Possible research to inform the use of this technique could be conducted after the focus group interview by asking participants for ideas that could strengthen the moral environment and improve their experience and sense of safety in the data collection process. We as researchers have assumptions about what approaches might improve this process, but another critical piece of information resides with the participants. They are well placed to provide unique insights that researchers must not ignore but, rather, must incorporate into existing knowledge about conducting

focus groups with spatially familiar participants with preexisting relationships in workplaces.

Conclusion

Focus group interviews can offer a valuable lens into the social world of individuals as part of a group dynamic but can also potentiate risk and harm to some participants having preexisting relationships with others in their workplace. As researchers we need to clarify our relational stance and ethical obligations by allocating more time in project budgets at the recruitment phase to "work the hyphen" (Fine, 1994, p. 70) to better understand the researcher-participant relationships and the preexisting relationships between potential participants. Through such understandings, we are better positioned to mitigate harm and support participants before, during, and after the focus group interviews. It is timely to speak aloud and write about not only how we manage marketplace expectations for conducting research in a timely manner but also how we invest the time necessary in the participant recruitment phase to ensure that we can create moral geographical spaces for qualitative research.

References

- Andrews, G. J. (2006a). Geographies of health in nursing. *Health and Place*, 12(1), 110-118.
- Andrews, G. J. (2006b). Geography: Research and teaching in nurse education. *Nurse Education Today*, 26(7), 545-554.
- Andrews, G. J., & Moon, G. (2005). Space, place, and the evidence base: Part I-an introduction to health geography. *Worldviews on Evidence-Based Nursing*, 2(2), 55-62.
- Andrews, G. J., & Peter, E. (2006). Moral geographies of restraint in nursing homes. *Worldviews on Evidence-Based Nursing*, 3(1), 2-7.
- Asbury, J.-E. (1995). Overview of focus group research. *Qualitative Health Research*, 5, 414-420.
- Barbour, R. S. (2005). Making sense of focus groups. *Medical Education*, 39(7), 742-750.
- Basch, C. E. (1987). Focus group interview: An underutilized research technique for improving theory and practice in health education. *Health Education Quarterly*, 14(4), 411-448.
- Bloor, M., Frankland, J., Thomas, M., & Robson, K. (2001). *Focus groups in social research*. Thousand Oaks, CA: Sage.
- Bogardus, E. (1926). The group interview. *Journal of Applied Sociology*, 10, 372-382.
- Carey, M. A., & Smith, M. W. (1994). Capturing the group effect in focus groups: A special concern in analysis. *Qualitative Health Research*, 4, 123-127.
- Cheek, J. (2005). The practice and politics of funded qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd. ed., pp. 387-409). Thousand Oaks, CA: Sage.
- Crawford, M., & Acorn, S. (1997). Focus groups: Their use in administrative research. *Journal of Nursing Administration*, 27(5), 15-18.
- Dicicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education*, 40(4), 314-21.

- Duggleby, W. (2005). What about focus group interaction data? *Qualitative Health Research, 15*, 832-840.
- Fine, M. (1994). Working the hyphens: Reinventing self and other in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 70-82). Thousand Oaks, CA: Sage.
- Fine, M., Weis, L., Weseen, S., & Wong, L. (2000). For whom?: Qualitative research, representations and social responsibilities. In N. K. Denzin & Y. S. Lincoln (Eds.), *The handbook of qualitative research* (2nd ed., pp. 107-131). Thousand Oaks, CA: Sage.
- Gale, N., Gollidge, R. G., Halperin, W. C., & Couclelis, H. (1990). Exploring spatial familiarity. *Professional Geographer, 42*(3), 299-313.
- Hofmeyer, A., & Scott, C. A. (2006, September). *Inclusive healthcare workplaces for nurses*. Poster presented at the International Society for Equity in Health 4th International Conference, Creating Health Societies through Inclusion and Equity, Flinders University, Adelaide, Australia.
- Higginbottom, G. (1998). Focus groups: Their use in health promotion research. *Community Researcher, 71*, 360-363.
- Kitzinger, J. (1990). Audience understandings of AIDS media messages: A discussion of methods. *Sociology of Health & Illness, 12*(3), 319-335.
- Kitzinger, J. (1994). The methodology of focus groups: The importance of interactions between research participants. *Sociology of Health and Illness, 16*, 103-121.
- Kitzinger, J. (1995). Qualitative research. Introducing focus groups. *British Medical Journal, 311*(7000), 299-302.
- Kitzinger, J., & Barbour, R. S. (1999). *Developing focus group research: Politics, theory, and practice*. Thousand Oaks, CA: Sage.
- Krueger, R. A. (1995). The future of focus groups. *Qualitative Health Research, 5*, 524-530.
- Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied research*. Thousand Oaks, CA: Sage.
- Liaschenko, J. (1994). The moral geography of home care. *Advances in Nursing Science, 17*, 16-26.
- Mays, N., & Pope, C. (1995). Rigour and qualitative research. *British Medical Journal, 311*(6997), 109-112.
- McDaniel, R. W., & Bach, C. A. (1994). Focus group research: The question of scientific rigor. *Rehabilitation Nursing Research, 5*(2), 53-59.
- Mendes de Almeida, P. F. (1980). A review of group discussion methodology. *European Research, 8*(3), 114-120.
- Merton, R. K., Fiske, M., & Kendall, P. L. (1956). *The focused interview: A report of the bureau of applied social research*. New York: Free Press.
- Morgan, D. L. (1996). Focus groups. *Annual Review of Sociology, 22*, 129-152.
- Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Mulhall, A. (2003). In the field: Notes on observation in qualitative research. *Journal of Advanced Nursing, 41*(3), 306-313.
- Owen, S. (2001). The practical, methodological and ethical dilemmas of conducting focus groups with vulnerable clients. *Journal of Advanced Nursing, 36*(5), 652-658.
- Plato. (1974). *The republic by Plato* (2nd revised ed., A. D. Lindsay, Trans.). Harmondsworth, UK: Penguin Classics. (Original work published 375 BCE)
- Powell, R. A., & Single, H. M. (1996). Focus groups. *International Journal of Quality in Health Care, 8*, 499-504.
- Reed, J., & Payton, V. R. (1997). Focus groups: Issues of analysis and interpretation. *Journal of Advanced Nursing, 26*(4), 765-771.
- Ressel, L. B., Gualda, D. M., & Gonzales, R. M. (2002a). Focus group as a method of data collection in nursing research: An experiential report. *International Journal of Qualitative Methods, 1*(2), Article 5. Retrieved November 23, 2006, from <http://www.ualberta.ca/~ijqm>
- Sandelowski, M. (2002). Visible humans, vanishing bodies, and virtual nursing: Complications of life, presence, place, and identity. *Advances in Nursing Science, 24*(3), 58-70.
- Sim, J. (1998). Collecting and analysing qualitative data: Issues raised by the focus group. *Journal of Advanced Nursing, 28*(2), 345-352.
- Smith, M. W. (1995). Ethics in focus groups: A few concerns. *Qualitative Health Research, 5*(4), 478-486.
- Stevens, P. E. (1996). Focus groups: Collecting aggregate-level data to understand community health phenomena. *Public Health Nursing, 13*, 170-176.
- Webb, B. (2002). Using focus groups as a research method: A personal experience. *Journal of Nursing Management, 10*(1), 27-35.
- Webb, C., & Kevern, J. (2001). Focus groups as a research method: A critique of some aspects of their use in nursing research. *Journal of Advanced Nursing, 33*(6), 798-805.