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Abstract

A paucity of literature exists on how to conduct an online focus group. The purpose of this study is to describe and learn from participants' experiences in using virtual technology in a focus group conducted to refine a low vision assessment. Ten low vision therapists and five master's level students participated. Two cycles of data collection and analysis occurred, one for focus group transcripts of therapists and another for student replies to a questionnaire. A case-by-case matrix was created and data sorted into three categories including: (1) benefits to using the technology; (2) challenges to using the technology; and (3) suggestions for future use of the technology. Therapists valued communicating with their peers from settings of their choice and students gained satisfaction in facilitating the communication. Optimal data collection with online focus groups requires that researchers be knowledgeable in all the technology features and carefully plan for common technology issues.

Keywords

Focus Groups, Video Conferencing, Participants' Experiences

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Experiences of Therapists and Occupational Therapy Students Using Video Conferencing in Conduction of Focus Groups

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A paucity of literature exists on how to conduct an online focus group. The purpose of this study is to describe and learn from participants' experiences in using virtual technology in a focus group conducted to refine a low vision assessment. Ten low vision therapists and five master's level students participated. Two cycles of data collection and analysis occurred, one for focus group transcripts of therapists and another for student replies to a questionnaire. A case-by-case matrix was created and data sorted into three categories including: (1) benefits to using the technology; (2) challenges to using the technology; and (3) suggestions for future use of the technology. Therapists valued communicating with their peers from settings of their choice and students gained satisfaction in facilitating the communication. Optimal data collection with online focus groups requires that researchers be knowledgeable in all the technology features and carefully plan for common technology issues. Keywords: Focus Groups, Video Conferencing, Participants' Experiences

Introduction

Focus groups are employed across the world as a means to collect qualitative data for research purposes (Brüggen & Willems, 2009). When implemented correctly, information collected from them can lead to dynamic results that provide a more holistic understanding of the issue at large (Liamputtong, 2011). Technological advances now allow data to be collected in a virtual context from participants across a widespread geographical area.

The American Occupational Therapy Association (2011) considers the development of assessments sensitive enough to measure outcomes of occupational therapy to be a major research goal of the profession. Practicing therapists can aid in instrument development because of their knowledge of the treatment being delivered. Therapists in emerging practice areas such as low vision have specialized knowledge but are not generally in close proximity to each other. With the use of technology, from their base location they can conveniently provide their expertise in assessment refinement. In planning a virtual focus group with therapists across the country to refine a low vision assessment, a paucity of literature was found. The purpose of this study is to describe and learn from the experiences in using virtual technology by low vision therapists contributing to the refinement of a low vision assessment and by master's level students collecting data.

Traditional Focus Groups

The goal of focus groups is to gain a greater understanding on the main topic of discussion by allowing participants the opportunity to provide their unique opinions and perspectives on the issue (Liamputtong, 2011). Focus groups encourage participants to interact with each other and the researcher while providing insightful opinions and attitudes. Typically, focus groups revolve around one particular area of interest, which can be as broad as having a group discussion of a large issue or as specific as critiquing an assessment.

Number of participants

There is no clear consensus from the literature on the optimal number of participants in a focus group. Morgan (1997) argues that the sample size is irrelevant and entirely up to the researcher's discretion, but others state that a focus group typically consists of 6-8 participants (Dahlin Ivanoff & Hultberg, 2006; Liamputtong, 2011).

Facilitator role

In a typical focus group, the facilitator is responsible for asking questions, promoting responses and encouraging discussion among group members (Curtis & Redmon, 2007). The facilitator observes and interprets participants' body language and expression and records notes on these aspects as well as the verbal dialogue of the participants. In a face to face environment, group dynamics are influenced through the behaviors of the facilitator (Curtis & Redmon, 2007); thus it is important for the facilitator to be accepted by the group in order to promote authentic responses and opinions.

Advantages

Researchers continue to use focus groups to collect data due to various advantages of this method. Focus groups provide rich qualitative data in a timely and cost efficient manner (Kroll, Barbour, & Harris, 2007). In addition, focus group research traditionally consists of participants from similar backgrounds or with comparable experience who are purposefully selected based on their familiarity with the discussion topic resulting in an accurate account of the topic of interest (Liamputtong, 2011).

Disadvantages

Acknowledgement of the disadvantages of traditional focus groups is equally important. Brüggem and Willems (2009) noted that traditional focus groups may result in the increased inconvenience of having to travel to the research location in order to participate in the focus group. This disruption could potentially lead to participants declining to be in the focus group due to busy personal schedules or geographical limitations. Additionally, Galloway (2011) noted that traditional focus groups include the increased cost of holding face-to-face groups possibly due to reservation of a meeting space, staffing requirements, and refreshments depending on the length of the group. There is also a greater opportunity for individuals to "dominate" face-to-face groups due to the "visual stimuli and status cues" present during discussion (Galloway, 2011).

Focus groups and assessment refinement

Researchers have used focus groups for the specific purpose of developing or refining an assessment (Dahlin Ivanoff, 2002; Kock et al., 2012; Stuge, Garatt, Krogstad Jensen, & Grotle, 2011; Winter et al., 2011). They can be used to provide valuable feedback on test items to include or exclude and enable researchers to gather information from a purposeful sample to enhance the accuracy of assessment tools (Vogt, King, & King, 2004). In addition, the expressed opinions of participants reinforce content validity of assessment items. Winter et al. (2011) utilized two focus groups to generate items for a self-report Safe Driving Behaviour Measure (SDBM) and then a third focus group to explore the reliability and validity of the revised SDBM. Kock et al. (2012) developed a multilingual and culturally

practical assessment tool for people with intellectual disabilities in South Africa. Three separate focus groups in three different languages were used to determine face validity of the test items in each respective language. Dahlin Ivanoff (2002) used a series of focus groups to develop an occupation based health education program for older adults with age related macular degeneration and an assessment to evaluate occupational performance. The focus groups incorporated participants' experiences, opinions, and concerns to improve the health education program and determine face validity of an assessment of activities of daily living.

Virtual Focus Groups

As advancements in communication have grown, virtual forms of focus groups have emerged. These strongly resemble traditional focus groups in eliciting qualitative group discussion through an interactive format (Brüggen & Willems 2009). Therefore, virtual focus groups should be viewed as a variation of the traditional method of focus groups, not a brand new method of data collection (Rodham & Gavin, 2006).

Number of participants

Brüggen and Willems (2009) identify the optimal size of an online focus group as limited to 3-5 participants in order to allow a more intimate group discussion. Conversely, Stewart and Williams (2005) state that when facilitating a text based online focus group, a much larger sample size should be used to yield richer information.

Group dynamics

The group dynamics of an online focus group may also differ from the group dynamics of a face-to-face group. Galloway (2011) found online focus groups may encourage participants to attempt to multitask, which could negatively impact the quality of the data obtained due to participants not providing their full attention to the group.

Advantages and disadvantages

There are both disadvantages and advantages to online focus groups. Depending on the size and diversity of the group, it can be a challenge to establish a mutually agreeable meeting time for researchers and participants due to time zone differences among other variables (Fox, Morris, & Rumsey, 2007). In addition, there is potential for identities of participants to be unintentionally exposed due to the inherent susceptibility of an online environment (Galloway, 2011). Conversely, the ability for participants to participate in the group from nearly anywhere with Internet access promotes comfort for each individual and may increase the likelihood of authentic responses and interactions (Moloney, Dietrich, Strickland, & Myerburg, 2003). Researchers can potentially collect data from widely diverse populations or restrict their research to specific types of individuals.

Text-based focus groups

Virtual focus groups can be conducted through text-based discussions or interactive video conferencing. Text-based virtual focus groups can be executed using asynchronous or synchronous online discussions boards (Stancanelli, 2010). An asynchronous discussion board allows participants to individually answer the designated online questions. This method enables for a larger sample population and promotes greater group development and

enthusiasm among participants (Stewart & Williams, 2005). Asynchronous discussion boards allow for responses at any time which can increase participation by permitting participants to respond at their convenience. In synchronous text based online discussions, all participants participate concurrently, which allows for fluid dialogue and spontaneous responses (Stancanelli, 2010). The synchronous discussion occurs during a designated time with typed responses composed and submitted as if spoken in a face-to-face conversation.

Challenges and limitations to text-based focus groups

Facilitators of text-based focus groups can encounter new challenges as a result of the lack of face-to-face communication. Although, abbreviations and emoticons offer some insight regarding the emotions of participants, facilitators are unable to detect changes in body language that would suggest follow-up (Fox et al., 2007; Galloway, 2011). A limitation of text-based focus groups includes lack of proficiency in technology which appears to be the most influential in regards to ability to participate. Participants with subpar typing skills may view text-based online discussion as daunting (Moloney et al., 2003). Therefore, the use of a text-based focus group would favor participants with adequate typing skills (Fox et al., 2007).

Advantages to text-based focus groups

A distinct advantage of using text-based discussion focus groups is the conversation is transcribed verbatim and ready for analysis (Stancanelli, 2010). This enables researchers to efficiently organize data for analysis. In addition, text-based focus groups typically involve the use of a “screenname” or “user name” which promotes anonymity of responses by allowing participants to create a pseudonym.

Video conferencing focus groups

It is now possible with available technology to communicate in real time and for participants be seen and heard. Video conferencing has been used to provide consultative services (Wakefield, Buresh, Flanagan, & Kienzle, 2004), improve quality health care to inaccessible populations (Hasan, 2012), and collect data for research purposes (Glassmeyer & Dibbs, 2012; Sedgwick & Spiers, 2009). Unlike text-based discussions, participants of a video conferencing focus group are able to see and hear each other through the use of webcams, microphones, and speakers. This promotes genuine interaction using nonverbal and verbal cues to express oneself and interact with others (Glassmeyer & Dibbs, 2012).

Limitations of video conferencing focus groups

Limitations of using video conferencing include issues in obtaining necessary bandwidth, distortion in voice and video quality, set up of equipment such as a webcam, and reliability of Internet access (Michels & Chang, 2011; Pratt, 2008). Furthermore, technical difficulties may warrant increased dedication of time resources to solve problems in utilizing the software. These technical difficulties may unintentionally contribute towards stress in participants, which influences overall experience and outcomes of the focus group.

Advantages of video conferencing focus groups

The advantages of interactive video conferencing include cost and time efficiency through enabling participants from various regions to interact in real time (Sedgwick &

Spiers, 2009). Furthermore, video conferencing appears to have the same advantages as in-person interviewing.

Methods

Type of Research and Rationale

The primary function of the focus groups described in this study was to gather information from experienced low vision therapists from across the US to refine a low vision assessment (Smith, 2013). To try to physically bring a group of occupational therapists together who specialize in low vision rehabilitation from across the nation would inconvenience all of the participants and be cost prohibitive. In planning for these virtual focus group, little literature was found on using video conferencing to guide the researchers in this process. As a result, a second aim of the focus groups was added to investigate the experiences of the therapists participating in a virtual focus group and that of the students conducting these groups. Data for this study were collected by two means. First, to explore the therapists' experience, they were asked questions specific to their experience during the focus group. Second, a questionnaire was developed from therapists' responses about their experiences in the virtual focus groups and given to the students concerning their experiences as a facilitator or observer of the focus group. With an emergent design of the therapists' experiences leading to questions for the students, a qualitative approach was used (Creswell, 2013).

Participants

Ten participants were recruited by the author from previous occupational therapy colleagues, community low vision therapists, low vision therapists identified on LinkedIn, and contacts made at low vision rehabilitation conferences. They consisted of seven females and three males who worked during traditional daytime hours. Collectively, their practice settings spanned two different time zones and included the following eight states: Maine, Pennsylvania, Maryland, Virginia, New Jersey, Illinois, Louisiana, and Texas. Prior to participating in the study, all therapists submitted signed informed consent approved through the author's and students' affiliated institution's Institutional Review Board.

Five female masters level occupational therapy students completed this research study, with the author as their research advisor, as part of fulfilling their degree requirements. The students were all enrolled at same university and regularly collaborated with the author to prepare and implement the focus groups, and later answered a written questionnaire about their experiences during the online focus groups.

Instruments

The instrument which was under discussion in the focus groups was a low vision assessment and what recommendations therapists had to refine its content and improve its clinical utility (Smith, 2013). To elicit therapists' experience of participation in the focus groups via video conferencing, three open ended questions were used to capture these data. After the therapists discussed the low vision assessment in the focus group, they then answered the following questions:

- a) can you tell me a little bit about your experience with this [software];
- b) was it easy to get into; and

- c) how well were you able to communicate when you had something to say?

Following the focus groups, the students involved were eager to discuss their experiences in the process. To capture these data, the author asked students to complete a written questionnaire consisting of the following questions:

- a) how well do you believe the [software] worked to run our focus group;
- b) how could we have made better use of the [software] for the focus groups;
- c) how do you think our participants felt about using this technology;
- d) what would be your advice to other researchers using this type of technology for a research study; and
- e) having completed this study, how do you feel about collecting your data using this type of technology?

Setting

The focus groups took place in a virtual context. Students utilized a hard-wired Internet connection in a classroom located on their affiliated university's campus to run the video conferencing software. Two monitors were used, one primarily for the student who functioned as the focus group facilitator to manage the group with supervision by the author, and the other for two students to observe and take field notes. The therapists used their individual computers in their respective locations to participate. While all the therapists used wireless Internet connections, some experienced significant problems with connectivity. Despite some audio or visual difficulties, the therapists appeared to be very comfortable, with several in their homes and one at an outdoor table of a coffee shop. Students completed their questionnaires in a setting of their choosing and submitted them electronically to the author.

Procedures

In preparation for the online focus groups, the affiliated university provided the author with a free video conferencing account. A coordinator for the online video conferencing system assisted in setting up the account, provided software training to the author and students, and offered further assistance as needed via telephone and e-mail communications. The students participated in the software training session in the same environment where the focus groups were to be held to ensure proper set up, gain familiarity with the computers, and troubleshoot any equipment issues. Prior to the online focus groups, the students conducted a practice session with the technology to ensure working knowledge of the technology using their personal laptops to simulate participant experience and identify potential audiovisual issues.

The university's video conferencing software allowed for up to six participants to have microphones and communicate with each other through online streaming. Two focus groups, each consisting of five participants, were scheduled back-to-back to best accommodate both the therapists' and students' schedules. Two of the participants in the first group worked in the same company but the other participants were not known to each other. To ensure full participation, the author requested that each therapist have access to Internet and a webcam when participating in the focus group.

Although an equal number of therapists were planned for each focus group, interface difficulties prevented one participant from entering the first focus group. As a result, four therapists interacted in the first focus group and six in the second. The technology allowed therapists, the author, and students to interact in real time and to respond to facial

expressions, intonation, and other non-verbal cues. Therapists were provided a password to sign into their assigned focus group and contact information for technological assistance approximately 12 hours before the scheduled focus group time. In addition, they were informed of the option to create a pseudonym and instructed on how to do so; none of them chose to. As the therapists entered the focus group they were greeted by the author and then oriented to the online video conferencing software features by the focus group facilitator.

Table 1: *Benefits to Using Technology*

Benefits	Participant Comments	Researcher Comments
Communication and Networking	“I think it was great to be able to actually see people that were talking and it is a much easier format than just a chat where we are all typing. I found it easier to verbalize than to try and type and keep up with everybody.” (Therapist 8)	“Great for practitioners to network with one another” (Student 1)
	“It is always helpful to be able to talk to other folks doing low vision because there is no one else doing it around me.” (Therapist 9)	“Allowed participants to communicate from across the country and elaborate on each other’s responses. It allowed for a convenient way of communicating.” (Student 1)
		“Better to have a diverse group and use technology than to have an in person group and only have people local to Baltimore participate.” (Student 3)
Cost Efficient		“Worked well considering the diverse locations of the participants. If we did not use WebEx it would not have been possible to conduct the focus group with people in so many different states.” (Student 5)
		“This was an affordable means of collecting data.” (Student 1)
Easy Data Collection		“It was also cost efficient as it did not cost the researchers any money because Towson University provided the means.” (Student 5)
		“I think this type of technology was very beneficial for collecting our data.” (Student 1)
		“I think it was a good way to collect data that allowed for full recording (video and audio) of the focus group which was helpful for transcription.” (Student 2)

Data Analysis

Two cycles of coding were used for data analysis (Miles, Huberman, & Saldaña, 2014). Directly after each focus group was conducted, the recordings were obtained and transcribed by students within the week. The transcripts were reread for accuracy and coded by hand, line

by line to begin the first cycle of coding. A code book was developed through a discussion by the students and the author and any discrepancies found were resolved. Codes were then combined or sorted into categories (Creswell, 2013). A month after the conduction of the focus groups, students gave informed consent to complete the questionnaire on their experience with conducting a focus group using video conferencing. Student questionnaire responses were collected and coded by the author. The second cycle of coding was used to group the coded responses from the therapists' transcripts and those of the students from the questionnaires into categories (Miles et al., 2014). A case-by-variable matrix was created (Bernard, 2013), with the categories derived from the interviews and questionnaires, making up the rows and columns consisting of therapists' and students' associated responses delineated by code numbers (see Table 1 for *Benefits to Using Technology* matrix). A thematic analysis (Silverman, 2007) of participants' quotes related to the categories were used in a content analysis of the matrix (Bernard, 2013). A consensus of the experiences of therapists and students was arrived at through this analysis.

Trustworthiness

Creswell (2013) recommends that at least two validation procedures be used in a qualitative study; researchers in this study used three. First, triangulation of the following three data sources occurred: student field notes during the focus groups, therapist interviews, and student responses to the questionnaire. Second, rich thick description was used by the researchers to describe the settings in which the project occurred and how the setting may have influenced data collection. Lastly, member checking on student interview data were confirmed with one student.

Findings

Three categories were found in the data. They include:

- 1) *benefits to using the technology;*
- 2) *challenges to using the technology;* and
- 3) *suggestions for future use of the technology.*

Benefits to using the technology

Both the therapists and students noted benefits to using video conferencing to conduct focus groups. The benefits noted by the therapists included being able to see other group members and communicate about their practice area. Therapist 9 said, "It is always helpful to be able to talk to other folks doing low vision because there is no one else doing it around me." The students were pleased to be able to purposefully sample a diverse group of therapists from across the country and bring them together to network in a cost efficient manner. They also appreciated that video conferencing facilitated discussion among each other and allowed them to contribute to each other's comments.

Challenges to using the technology

Therapists and students related challenges to using the technology of being unfamiliar with the technology and having technological issues. Therapists complained that because they were unfamiliar with the video lag, they didn't know when to make a comment to another's remarks, which resulted in several members speaking at once. Students commented

on what they perceived as therapists not being familiar with the technology. Student 3 observed, “Some of them [the participants] were probably a little bit overwhelmed using it [technology] since they were not tech-savvy.”

Although the students addressed some technology issues in preparing for the focus group, other unforeseen challenges impacted the therapists. Student 2 explained how such dilemmas affected the therapists, “...others [therapists] experienced significant barriers to participation (difficulty logging on, setting up webcam/microphone, inability to connect with webcam or microphone).” Another technology hindrance was only experienced by students during transcription of the focus groups. They discovered the software play back feature did not allow for other programs to operate simultaneously. Therefore, they had to continuously pause the play back in order to transcribe the interview.

Suggestions for future use of the technology

Suggestions on how to improve future focus groups held with video conferencing came primarily from the students. However, therapists and students agreed that more practice would have helped them avert problems beforehand. Therapist 2 stated,

I would say overall it was a good experience, I just wish I would have gotten in and set it all up yesterday or something so I was gonna see what kind of problems I was going to have before we got to the focus group and work out my camera.

Not only did students relate to the above suggestion for more practice with the technology but also felt that further training with the software was needed to improve the execution of the focus groups. As Student 4 stated, “It would have been nice to work out all the glitches beforehand. Made sure everyone was able to sign in and use the video and voice components prior to the focus group so we would have been able to benefit fully from the technology.”

Students made several other suggestions to improve future research studies performed with video conferencing. These included emphasizing to participants the importance of using a hard-wired Internet connection, recommending researchers become familiar with how all features of the software can be utilized, and allotting extra time for the conduction of a virtual focus group to allow for accessibility difficulties. As Student 5 remarked, “Leave adequate time to practice with the program and it will take more time than you expect. Lastly, go to set up hours before. You will use every minute as we did.”

Discussion

The purpose of this study was to describe the experience and to learn from using virtual focus groups to collect qualitative data. Data on the experience were collected from both therapists and students. Some of the problems encountered during these virtual focus groups were consistent with issues found in the literature (Michels & Chang, 2011; Pratt, 2008). Specifically, therapists had varying degrees of Internet access reliability, one’s webcam did not function, and another encountered significant difficulty logging on with the software. Due to poor Internet access, one therapist had to type his responses which he felt limited the extent of his participation. Further, student and therapist scheduling needs, plus different time zones of therapists, led to establishing less than optimal focus group times (Fox et al., 2007).

Some of the benefits found by study participants were also consistent with the literature. Sedgwick and Spiers (2009) state interactive video conferencing allows for cost and time efficient data collection from participants in various regions interacting in real time. All participants possessed computers with webcams and had Internet access, and the software to collect the data was provided free of charge to the author. Thereby no one incurred costs in the study. In the time to run the two focus groups, rich thick data were collected to refine the low vision assessment (Smith, 2013).

Findings in this study did not support the assumption that participation in video conferencing would result in multitasking (Galloway, 2011). Instead the context therapists chose from which to participate lent a relaxing atmosphere and they were open to sharing their perspectives and intent in listening to others.

A novel result emerged from this study which is neither confirmed nor refuted in the literature. This was the satisfaction students found in enabling communication between the therapists. This amount of satisfaction would not have occurred in a face-to-face focus group where technology isn't an issue. The effort required of the students to facilitate the focus group communication enforced their learning of the need for careful planning to run a research project.

Study findings suggest several recommendations for using video conferencing to collect data in virtual focus groups. Both participants and researchers should use a hard-wired Internet connection to maximize the quality of audio and video transmission. A trial run should be scheduled prior to the data collection time for participants to learn how to successfully log onto the software program and practice using program features. All researchers should be well-versed in the technology to promote efficient use of time and to maximize the use of available features of the software and should participate in a virtual practice. Programming features, such as the ability to view documents or slides, can permit modifications to them in real time from participant input. Finally, when scheduling a focus group at least an additional half hour should be built into the time allotted to allow for staggered logging onto the software and participation in networking.

Limitations and Implications for Future Research

The data obtained in this study may have been limited by the efficiency in which the focus groups were conducted and their scheduling. Therapists had different levels of technology knowledge and quality of Internet connections. Although the author and students had participated in training and the students in a trial run, they could not anticipate the problems which arose. For example, as they attempted to help one therapist enter the group, another was unable to get his webcam to work and remained invisible to the group. Significant time elapsed as the research team attempted to solve technological problems, which affected the efficiency of the online focus group. Second, the scheduling of focus groups back to back limited the researchers' ability to reflect on the responses of the first focus group and incorporate this information to improve probing of rich data from the second focus group.

Future researchers contemplating what type of virtual focus groups or software to use should consider a number of factors. If group participants desire anonymity, researchers may wish to avoid video conferencing which allows group members to see each other. Recruitment of participants may also be affected by their access to technology. Cost may be a factor as programs that permit focus group and handle the data are fee driven. The type of data collected and how it is analyzed requires consideration. When using video conferencing the data saved is audio and visual. Transcribing this type of data can be time intensive and confusing with larger groups.

Several of the above factors can be alleviated with a text-based virtual focus group including participants are not visible to one another and a copy of the text is saved for analysis. In addition, if an asynchronous discussion board is used, participants can answer questions at a convenient time for them. Further, having time to contemplate their responses may yield richer data. These gains should be measured against the benefit of participants being able to interact with each other in real time and to respond to nonverbal communication.

Conclusion

Technological advances and improved access to Internet connections provide researchers with a low cost means to access a purposeful sample from a geographical diverse population. Focus groups held virtually can generate meaningful data for researchers and provide participants an opportunity to communicate with peers and network but in a more relaxed setting that may contribute to a more open exchange of ideas. Researchers should be knowledgeable in all the technology features and carefully plan for common technology issues in order to optimize the benefits of using available technology to collect data.

References

- American Occupational Therapy Association. (2011). Occupational therapy research agenda. *American Journal of Occupational Therapy*, 65(Suppl.), S4–S7. doi:10.5014/ajot.2011.65S4
- Bernard, H. R. (2013). *Social research methods* (2nd ed.). Los Angeles, CA: Sage.
- Brüggen, E., & Willems, P. (2009). A critical comparison of offline focus groups, online focus groups and e-Delphi. *International Journal of Market Research*, 51(3), 363-381. doi: 10.1093/ijpor/edp054
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Curtis, E., & Redmond, R. (2007). Focus group in nursing research. *Nurse Researcher*, 14(2), 25-37.
- Dahlin Ivanoff, S. (2002). Focus group discussions as a tool for developing a health education programme for elderly persons with visual impairment. *Scandinavian Journal of Occupational Therapy*, 9(3), 5-9.
- Dahlin Ivanoff, S., & Hultberg, J. (2006). Understanding the multiple realities of everyday life: Basic assumptions in focus-group methodology. *Scandinavian Journal of Occupational Therapy*, 13, 125-132. doi:10.1080/11038120600691082
- Fox, F. E., Morris, M., & Rumsey, N. (2007). Doing synchronous online focus groups with young people: Methodological reflections. *Qualitative Health Research*, 17(4), 539-547. doi:10.1177/1049732306298754
- Galloway, K. L. (2011). Focus groups in the virtual world: Implications for the future of evaluation. *New Directions for Evaluation*, 131, 47-51.
- Glassmeyer, D. M., & Dibbs, R. A. (2012). Researching from a distance: Using live web conferencing to mediate data collection. *International Journal of Qualitative Methods*, 11(3), 293-302.
- Hasan, J. (2012). Effective telemedicine project in Bangladesh: Special focus on diabetes health care delivery in a tertiary care in Bangladesh. *Telematics and Informatics*, 29(2), 211-218. doi:10.1016/j.tele.2011.02.002
- Kock, E., Molteno, C., Mfiki, N., Kidd, M., Ali, A., King, M., ...Strydom, A. (2012). Cross-cultural validation of a measure of felt stigma in people with intellectual disabilities.

- Journal of Applied Research in Intellectual Disabilities*, 25, 11-19. doi: 10.1111/j.1468-3148.2011.00644.x
- Kroll, T., Barbour, R., & Harris, J. (2007). Using focus groups in disability research. *Qualitative Health Research*, 17(5), 609-698. doi: 10.1177/1049732307301488
- Liamputtong, P. (2011). *Focus group methodology*. Thousand Oaks, CA: Sage.
- Michels, B. J., & Chang, C. W. (2011). Attending a presentation at a distance in real time via Skype. *TechTrends*, 55(1), 23-27.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Los Angeles, CA: Sage.
- Moloney, M. F., Dietrich, A. S., Strickland, O., & Myerburg, S. (2003). Using internet discussion boards as virtual focus groups. *Advances in Nursing Science*, 26(3), 247-286.
- Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Pratt, N. (2008). Multi-point e-conferencing with initial teacher training students in England: Pitfalls and potential. *Teaching and Teacher Education*, 24(6), 1476-1486. Retrieved from <http://dx.doi.org/10.1016/j.tate.2008.02.018>
- Rodham, K., & Gavin, J. (2006). The ethics of using the internet to collect qualitative research data. *Research Ethics Review*, 2(3), 92-97. doi: 10.1177/174701610600200303
- Sedgwick, M., & Spiers, J. (2009). The use of videoconferencing as a medium for the qualitative interview. *International Journal of Qualitative Methods*, 8(1), 1-11. Retrieved from <http://ejournals.library.ualberta.ca/index.php/IJQM/article/download/10276/9002>
- Silverman, D. (2007). *Interpreting qualitative data* (3rd ed.). Los Angeles, CA: Sage.
- Smith, T. M. (2013). Refinement of the Low Vision Independence Measure: A qualitative study. *Physical and Occupational Therapy in Geriatrics*, 31(3), 182-196.
- Stancanelli, J. (2010). Conducting an online focus group. *The Qualitative Report*, 15(3), 761-765. Retrieved from <http://www.nova.edu/ssss/QR/QR15-3/ofg2.pdf>
- Stewart, K., & Williams, M. (2005). Researching online populations: The use of online focus groups for social research. *Qualitative Research*, 5(4), 395-416. doi: 10.1177/1468794105056916
- Stuge, B., Garatt, A., Krogstad Jensen, H., & Grotle, M. (2011). The Pelvic Girdle Questionnaire: A condition-specific instrument for assessing activity limitations and symptoms in people with pelvic girdle pain. *Physical Therapy*, 91(7), 1096-1108. Retrieved from <http://ptjournal.apta.org/content/91/7/1096>
- Vogt, D. S., King, D. W., & King, L. A. (2004). Focus groups in psychological assessment: Enhancing content validity by consulting members of the target population. *Psychological Assessment*, 16(3), 231-243.
- Wakefield, B. J., Buresh, K. A., Flanagan, J. R., & Kienzle, M. G. (2004). Interactive video specialty consultations in long-term care. *Journal of the American Geriatrics Society*, 52(5), 789-793.
- Winter, S. M., Classen, S., Bedard, M., Lutz, B. J., Velozo, C. A., Lanford, D. N., ... Brumback, B. A. (2011). Focus group findings for the self-report Safe Driving Behaviour Measure. *Canadian Journal of Occupational Therapy*, 78(2), 72-79.

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