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# Ethics in Focus Groups: A Few Concerns

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*Although the focus group methodology has become an increasingly popular research measure in the past 15 years, very little has been written about the ethical issues. Although the question of ethics is not unique to this approach, there are ethical issues that are specific to the focus group interview. The major issue to consider as a researcher using this technique is the potential of overdisclosure by the participants, particularly if the research topic is sensitive. As researchers we are obligated to insure that participants in our studies are not harmed (physically or psychologically) by our research. To provide research participants the safest environment possible, the researcher must have an understanding and ability to apply ethical theories to their situations. This article discusses ethical theories, specific ethical concerns to focus groups, the role of the researcher in such cases, and makes recommendations for future consideration.*

Focus group methodology has become increasingly more popular within the research and evaluation communities (Carey & Smith, 1994; Morgan, 1993; Stewart & Shamdasani, 1990; Sussman, Burton, Dent, Stacy, & Flay, 1991). The focus group interview was initially developed by two social scientists as a way to evaluate army training and morale films. For many years this approach was not used much by social science researchers, but it became a frequent mechanism of

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marketing research. In the last 10 to 15 years, focus groups have become an important tool for applied social scientists (Stewart & Shamdasani, 1990). This approach has been used in a wide variety of research and evaluation settings, including developing questionnaires for new populations and appropriate language, as a means to gain patient input into the research process, to help develop training programs, and needs assessment (e.g., Carey, 1994; Carey & Smith, 1992; Fuller, Edwards, Vorakitphokatorn, & Sermsri, 1993; Halloran & Grimes, this issue; Mitra, 1994). For further information about the focus group methodology and the history of this approach, the reader should review Asbury (this issue); Merton, Fiske, and Kendall (1990), as well as Krueger (1994) and Morgan (1988).

Although the focus group approach has become much more widespread within the research community, very little has been written about the ethical issues of this methodology. Morgan (1993) discusses this topic briefly in the introduction and the last chapter of his latest book on focus groups. Many authors describe the importance of disclosure and the impact in the group setting (Carey, 1994; Carey & Smith, 1994; Sussman et al., 1991; Zeller, 1993), yet rarely discuss what ethical implications may arise due to this process. This article will present ethical issues that may potentially arise in the focus group process. It is not the author's goal to discuss all such ethical concerns, as that is beyond the scope of this article. Nor is it the intent of the author to imply that the following discussion is the final word on the topic of ethics. This article is based on my experience as a focus group moderator and one who is concerned about ethics in research. Due to my experience as a focus group moderator and training in social work, the article is written from both viewpoints. First, the article will describe ethical theories that are relevant to the various social science professions. Second, I will discuss a few specific ethical concerns that may (or may not) be specific to focus groups, including the role of researcher and moderator in such cases. Last, the author will conclude with recommendations and suggestions relevant to ethics and the focus group methodology.

## **ETHICAL THEORIES**

**Ethics!** What are they and how do they apply to the focus group methodology? The concept of ethics has a history dating back almost 2,500 years when Plato, and a few years later Aristotle, included ethics

as part of their developing philosophy and subsequently as a subject for teaching. Since that time, philosophers, theologians, politicians, and social scientists have discussed and further developed the concept of ethics. In recent years this is particularly true due to the challenges of technology and political and professional malfeasance (Hittinger, 1989). In the last century the helping professions (i.e., medical, psychology, social work, and so on) have had to develop ethical codes that coincide with the changing society. These codes of the various professions represent an articulated description of the role of morality of the members of the profession (Beauchamp & Childress, 1994). Such codes are also professional guidelines for practitioners to use to help make decisions when interacting with clients/participants and other professionals, yet they are not strict rules that give concrete answers.

The understanding of ethics is not just a study of theoretical knowledge, but includes an understanding of the applicability of ethics to real world situations. Beauchamp and Childress (1994) describe this applicability as practical ethics, referring to the "use of ethical theory and methods of analysis to examine moral problems, practices, and policies in several areas, including the professions and public policy" (p. 4). Varga (1978) defines ethics as a part of practical philosophy and seeks to study, rationally and systematically, the rightness or wrongness of human behavior. In this vein, we must, as qualitative researchers, consider the rightness or wrongness of our actions in relation to the people whose lives we are studying, as well as the importance of these actions in relation to our colleagues or those who sponsor our work (Miles & Huberman, 1994). This article will focus on the ethical issues of the protection of those who participate in our studies.

Ethical inquiry is usually broken down into two main categories, distinguished as *teleological* (utilitarian) and *deontological* (rational duty) points of view (Hittinger, 1989). This twofold division is frequently broken down into further components (Beauchamp & Childress, 1994; Deyhle, Hess, & LeCompte, 1992; Hittinger, 1989). The teleological theory judges actions according to primary ends, good in themselves (e.g., the value of knowledge resulting from research). One component of the teleological theory is referred to as utilitarian ethics. This approach judges actions based on what will produce the best results, the positives outweighing the negatives in a given situation. Another theory within the teleological approach is known as communitarianism. This theory views ethics as deriving

from communal values, the common good, and social goals wherein the conventions, traditions, and social solidarity play a prominent role in decision making (Beauchamp & Childress, 1994). Overall, the teleological approach to ethics is an outcome-based theory, wherein the decision-making process entails weighing options to ensure the most positive outcome.

The other major ethical approach, deontological, is based on doing what is right even if the choice leads to an unwanted outcome (Young, 1990). One component of this theory is known as a rational theory because ethical choices are grounded in reason and often referred to as Kantian theory due to Immanuel Kant's influence in this area (Beauchamp & Childress, 1994). Moral judgments rest on reasons that can be generalized for others in similar situations and are based on a rational (not emotional) process. Another element is known as character ethics, which is a virtue-based theory and is rooted in the tradition of Plato and Aristotle. Character ethics emphasizes the agents who perform the actions and assigns virtuous character a preeminent position (Beauchamp & Childress, 1994). In the tradition of Plato and Aristotle, this theory is based on virtues that are universal and inherently right and must be maintained above all else (Goldberg, 1989).

Beauchamp and Childress (1994) describe four major principles within the framework of ethics that guide our ethical choices. First, respect for autonomy is respecting the decision-making capacities of individuals. This principle allows the research participant to make an informed decision based on the information provided (Lipson, 1994). When applying this principle, the researcher moves away from a paternalistic role in relation to the participant. Nonmaleficence is the principle of avoiding harm, risk, or wrong to come to those being studied. This area includes physical or psychological harm and guarding against deception (Guba & Lincoln, 1989). Beneficence is the principle of maximizing good outcomes for science, humanity, and the individual research participants. Another way to understand beneficence is that it is the principle of balancing benefits against risks and costs. Last, justice is the principle of distributing benefits, risks, and costs fairly (i.e., those who bear the risks of research should be those who benefit from it). This element also ensures that the research treats all participants equally. When ethics theory is discussed, these four principles are generally included in total or part (Lipson, 1994; Miles & Huberman, 1994; Sieber, 1992; Veatch, 1981).

## **ETHICS IN FOCUS GROUPS AND THE ROLE OF THE RESEARCHER**

Specific ethical issues rest in broader values of how we decide whether an action is right, correct, or appropriate (Miles & Huberman, 1994), and consist of normative codes that are social obligations backed by formal and informal sanctions (Young, 1990). For the researcher (and service provider) these values are based on training, professional codes, and institutional research review boards. Often our values are also based on religious, moral, or patriotic terms that are a major part of our lives (Day, 1989). As practicing human service professionals (i.e., nursing, psychology, social work), we must make decisions based on these various values (Brill, 1976).

In this section the author plans to describe ethical concerns that are potentially unique to the focus group approach and present suggestions to ameliorate the issues. Focus groups do not entail long-term and close personal involvement. Like other paradigms of qualitative research that are based on human interactions though, participation in focus groups is interactive in the sense that an individual's input exists within a social context. At times this synergistic effect of the focus group may lead to overdisclosure of personal information (Carey, 1994; Morgan & Krueger, 1993). This may be particularly true when the focus group is discussing sensitive or emotionally laden topics (i.e., incest, HIV-risk behaviors). However, the opposite effect is possible. A research participant may feel safe in a face-to-face interview and "unload" more than intended, and may withhold information in a group setting.

Other ethical issues may arise from overdisclosure by group participants. Two of these issues are: First, because participants reveal themselves to each other, not just the researchers, there are additional privacy concerns; second, and related to the first, there may be stresses due to the intensity of the interaction of the group (Morgan, 1993). Unlike other qualitative data collection approaches (i.e., individual interviews, open-ended surveys), the negative effects of such concerns may be greater with focus groups. In these other qualitative methodologies, the participant may be able to maintain more control over the information revealed. Even if overdisclosure does occur (especially in individual interviews), it may be much easier to deal with the stress that may arise. The focus group approach may make it more difficult to deal with such concerns due to the group interaction. Acknowledging and handling ethical issues such as legally

reportable incidents (e.g., child abuse) are also problematic, as researchers may not know how to deal with such situations.

As researchers, what obligations do we owe the participants? First, focus group researchers cannot promise or ensure strict and absolute confidentiality. This is due mostly to the fact that the researcher does not have control over what participants may disclose after they leave the focus group. This dynamic is similar to what occurs within short- and long-term therapy groups. To minimize this potential problem, the researcher should inform participants that this may occur (Corey, Corey, & Callanan, 1993). Although this will not solve the problem, it may alleviate fears and apprehensions held by participants. The moderator(s) should include in the introductory statement comments that acknowledge this potential problem. My experience with this concern has been to request participants not to share what others in the group say with outside individuals (Carey & Smith, 1992). Facilitators can also describe what will be done with notes, audio and/or videotapes after the group is finished.

Often the open discussions in groups are a new experience to participants (Morgan, 1993). The focus group discussion may affect group participants emotionally due to overdisclosure, or the topic itself may be sensitive. As researchers, we must be aware of how the participants feel when they leave the group. One way is to provide a debriefing component to the focus group session to allow participants to discuss their reactions. Another step would be to allow a few minutes for the group members to debrief informally after the focus group session. Of course, the moderator(s) may choose to approach individuals separately to find out this information. In addition, moderators should continually monitor the stress level of the group and be prepared to intervene as necessary. Particularly when discussing sensitive topics, it is important to have a coleader with clinical experience to adequately monitor the group's comfort level.

At times, sensitive topics may lead to participants' disclosing information that could have ethical implications, clinical implications, or both. Because focus groups are an interactional approach, researchers may be pulled into clinical situations and have to decide if and how to intervene (Lipson, 1994). For example, while discussing risk behavior issues (i.e., sexual activity, IV drug use) with an HIV population, a participant may disclose that she or he is practicing risky behaviors (e.g., knowingly having unsafe sex). How does the moderator handle this situation? Many professional codes of ethics and personal values would dictate that some action should be taken.

The researcher may wish to make note of the comment and discreetly discuss the issue with the individual after the focus group meeting. Another option may be to acknowledge the point immediately and provide information to the participant. This, of course, depends on the nature of the group interaction up to that point. On the other hand, the researcher may not need to say anything to the individual, as the other group members may acknowledge the issue and provide feedback. There may be many other topics that could lead to similar disclosure situations in which the moderator may have to respond.

The number of participants is another element to be aware of and to consider when planning focus group sessions. Many researchers now agree that focus groups do not need to be limited to 7 to 10 individuals; the size varies based on the research topic or purpose (Carey, 1994; Morgan & Krueger, 1993). When discussing sensitive topics, it may be wise to have fewer participants in the focus group. If the discussion is expected to be charged and to elicit intense responses, group cohesion may be more difficult to maintain in a larger group. The size related to the topic may also be influenced by the use of one or two moderators. Often, using two moderators allows for better control of the group cohesion and a more thorough observation of group dynamics and collection of data. Another approach for topics that are sensitive may be to do focus groups through anonymous teleconference calls where participants are known only to the researcher. This approach to the focus group methodology allows greater anonymity and thus more open responses (White & Thomson, 1995).

## CONCLUSIONS

Being aware of and assisting focus group participants with issues related to the above discussion is greatly affected by the four principles of autonomy, beneficence, nonmaleficence, and justice. Nonmaleficence is the major influence in many of these situations, as it is what guides the researcher to allow no harm to come to participants. Such harm includes psychological stress, which can occur within focus group discussions of sensitive topics. As professionals, we must be committed to follow such principles, which is achieved through understanding the ethics of our profession and our personal values. Although these ethical principles are guidelines for our actions, awareness of such issues will only make decisions in these situations

easier and may help the researcher to anticipate potential ethical issues that could arise during the focus groups. This would allow the researcher to avoid problems or be ready for them when they do occur. Discussing ethical dilemmas with trusted individuals outside the project may be helpful as well. Because ethics are shaped by our own values and beliefs, input from another party may lead to a more rational and appropriate decision.

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