



## STEER: Factors to consider when designing online focus groups using audio-visual technology in health research

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Abstract:	<p>Technological advancements and ease of internet accessibility has made using internet based audio-visual software a viable option for researchers conducting focus groups. Online platforms overcome any geographical limitations placed on sampling by the location of potential participants and so enhances opportunities for real time discussions and data collection in groups that otherwise might not be feasible. Although researchers have been adopting internet-based options for some time, empirical evaluations and published examples of focus groups conducted using audio-visual technology are sparse. It therefore cannot yet be established if conducting focus groups in this way can truly mirror face to face discussions in achieving the authentic interaction to generate data. We use our experiences to add to the developing body of literature by analysing our critical reflections on how procedural aspects had the potential to influence the data we collected using audio-visual technology to conduct synchronous focus groups. As part of a mixed methods study, we chose to conduct focus groups in this way to access geographically dispersed populations and to enhance sample variation. We conducted eight online focus groups using audio-visual technology with both academic researchers and healthcare practitioners across the four countries of the United Kingdom. A reflexive journal was completed throughout the planning, conduct and analysis of the focus groups. Content analysis of journal entries was carried out to identify procedural factors which had the potential to affect the data collected during this study. Five themes were identified (Stability of group numbers, Technology, Environment, Evaluation and Recruitment), incorporating several categories of issues for consideration. Combined with the reflections of the researcher and published experiences of others, suggested actions to minimise any potential impacts of issues which could affect interactions are presented to assist others who are contemplating this method of data collection.</p>

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10 audio-visual technology in health research  
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10 reflexive journal was completed throughout the planning, conduct and analysis  
11 of the focus groups. Content analysis of journal entries was carried out to  
12 identify procedural factors which had the potential to affect the data collected  
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14 **T**echnology, **E**nvironment, **E**valuation and **R**ecruitment), incorporating several  
15 categories of issues for consideration. Combined with the reflections of the  
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18 assist others who are contemplating this method of data collection.  
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33 **Keywords** online focus groups, audio-visual technology, researchers,  
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### 37 38 **What is already known?**

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41 Advances in the accessibility of audio and visual technology mean greater  
42 opportunities are available to qualitative researchers which enable real time  
43 focus groups unrestricted by geographical limitations to facilitate wider  
44 involvement of research participants  
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### 50 51 **What this paper adds?**

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9 Reflective evaluation of our experiences of using audio-visual technology to  
10 conduct asynchronous focus groups provides insights on strategies to facilitate  
11 participation and interaction, enhance participant experience and so optimise  
12 data richness when this method is selected  
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## 19 **Introduction**

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21 Focus groups, by their nature, are a collective activity (Kitzinger, 1994), used by  
22 researchers to bring together purposefully selected individuals to gather data in  
23 a group setting (Gothberg, Reeves, Thurston, Applegate, Kohler, & Peterson,  
24 2013). Their hallmark is the use of interaction between participants to produce  
25 data and insights that might not be accessible without this interaction (Morgan,  
26 2019). When using focus groups to conduct research, population sampling of  
27 participants is advocated to avoid selection bias and optimise external validity  
28 (Krueger, 1994). The ability to convene focus groups composed of participants  
29 from a range of locations is, however, an issue often faced by researchers (Flynn,  
30 Albrecht, & Scott, 2018), compounded by resource restrictions and the ability or  
31 willingness of participants to travel. As a result, researchers may make  
32 methodological compromises in relation to sampling which can result in trade-offs  
33 that could affect data richness (Flynn et al., 2018; Krueger, 1993).  
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9 Technological advancements now available to researchers can remove  
10 restrictions imposed by geographical barriers. This makes it possible for focus  
11 groups to be comprised of participants deemed most appropriate to address the  
12 research question and thereby enhance the rigour of a qualitative study. When  
13 geographical restrictions are removed, theoretical and purposive approaches to  
14 sampling become more feasible as opposed to convenience sampling based on  
15 who is accessible (Morse, 2015). Similarly, the feasibility for phenomena variation  
16 may be enhanced through the heterogeneity of the people and contexts included  
17 in the sample (Higginbottom, 2004). Access to broader geography can also  
18 enable sampling sizes to be increased, potentially giving greater depth and  
19 variation to the data collected (Morse, 2015). Therefore, online options which  
20 remove geographical limitations could provide more opportunity to recruit an  
21 adequate and appropriate sample to add rigour to a study, providing an option to  
22 obtain data from the fullest range of participants (Higginbottom, 2004) and  
23 enhance validity by enabling a richer data set to be realised (Morse, 2015).  
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44 The accessibility of free software, availability of stable and fast internet  
45 connections (Abrams, Wang, Song, & Galindo-Gonzalez, 2015) and the  
46 integration of webcams into personal computers and mobile devices, which are  
47 now common place, means audio-visual focus groups conducted via the internet  
48 are a very feasible option for qualitative researchers. Although published  
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9 examples of such an approach in healthcare research and wider disciplines are  
10 becoming available, the literature base which explores the use of audio-visual  
11 technology to conduct synchronous online focus groups is still in its infancy. The  
12 first study empirically examining the quality of data produced from focus groups  
13 conducted using online audio-visual technology was published just four years ago  
14 (Abrams et al., 2015). Studies comparing factors such as costs, recruitment and  
15 participant logistics (Rupert et al., 2017) or evaluating participant experience  
16 (Matthews et al. 2018) are sparse and have only begun to emerge recently.  
17 Publications which describe the experiences of those who have used audio-visual  
18 software to conduct online synchronous focus groups dominate providing useful  
19 guidance from the lessons learnt to assist the novice researcher. It therefore  
20 cannot yet be established if conducting focus groups in this way can truly mirror  
21 face to face discussions in achieving the authentic interaction necessary to  
22 generate the data required.  
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42 Although the use of an online audio-visual environment is perceived to closely  
43 align with the face to face environment (Matthews, Baird, & Duchesne, 2018),  
44 some think the virtual nature hampers the ability to capture the essence of a focus  
45 group in relation to interactions and group dynamics (Greenbaum, 2008).  
46 Matthews et al.'s (2018) evaluation of audio-visual focus groups with nine  
47 healthcare professionals found that all felt easily able to express their ideas  
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9 during the discussion and felt comfortable in the online environment with others  
10 previously unknown to them. However, just over half felt conversation was more  
11 difficult or flowed less easily than in a face to face environment. Studies which  
12 made direct comparisons between the quality of data generated face to face with  
13 that generated online had favourable outcomes in terms of very few differences  
14 in the richness of data collected (Flynn, Albrecht, & Scott, 2018; Kite &  
15 Phongsavan, 2017; Abrams et al., 2015).

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26 Although literature in this field is sparse with little data from which to draw practice-  
27 informing evidence (Morgan, 2019), the comparisons which have been made by  
28 others gave us confidence that using this approach to optimise the diversity of  
29 our sample would not impinge the richness of our data. Theoretical perspectives  
30 from text books (Morgan, 2019) and reflexive accounts (Kite & Phongsavan,  
31 2017; Strout et al., 2017; Tuttas, 2015) allowed us to benefit from lessons learned  
32 by others in our planning. These examples alerted us to procedural factors unique  
33 to conducting focus groups in an online environment which could pose a threat  
34 to the generation of rich data (Strout et al., 2017) by limiting interactions, the very  
35 hallmark of focus groups, and essential to achieving our research aim. As  
36 advocated in qualitative research, we used a journal as a reflexive tool throughout  
37 this study. Doing so enabled us to identify issues which had the potential to  
38 impact on methodological and ethical aspects of this study. Although these issues  
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9 are similar to those encountered in conducting face to face focus groups, they  
10 require consideration and actions unique to an online context. Due to the  
11 fundamental importance of interaction to focus groups, researchers must create  
12 an environment that encourages participation and interaction. We noted during  
13 our data collection that the nature of an online environment had the potential to  
14 produce detached statements from participants as opposed to interactive  
15 exchanges and so recognised the importance of strategies to promote  
16 interaction. Analysis of our experience presented here highlights procedural  
17 aspects which should be considered when planning synchronous focus groups  
18 using audio-visual software to optimise the ability of this method to capture data  
19 through interactions which can methodologically be aligned as closely as possible  
20 to face to face alternatives.  
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### 36 37 **Research Design and Methods** 38

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40 This article draws on reflections from phase one of a mixed methods study which  
41 received ethical approval from the Nursing and Health Science Filter and Ethics  
42 committees at Ulster University. The aim of the study was to explore the concept  
43 and culture of researcher practitioner engagement in the context of healthcare  
44 research. This was achieved through a hybrid model of concept analysis  
45 (Schwartz-Barcott & Kim, 2000). During the theoretical stage we analysed the  
46 attributes, antecedents and consequences of the concept of 'researcher  
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9 practitioner engagement' from definitions and published incidences of the  
10 phenomenon. A subsequent fieldwork stage was carried out to refine the concept  
11 through the experiential knowledge of two groups; academic researchers based  
12 in Higher Education Institutions (HEI) in the United Kingdom (UK) who had  
13 engaged nurses, midwives or therapists in their research in a role other than as  
14 a study participant; and frontline practitioners from these disciplines working in  
15 healthcare settings in the UK who had been engaged in research by academic  
16 researchers in a role other than as a study participant. Focus groups conducted  
17 via the internet were chosen as the most appropriate method of data collection  
18 for this fieldwork stage. This optimised our reach across the UK by enabling us  
19 to include a geographical spread of participants whilst also offering flexibility to  
20 practitioners with varying work patterns and clinical workloads.  
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### 36 37 **Selecting the technology** 38 39

40 Several different software options are available to conduct online focus groups  
41 and it is important that these are evaluated according to the practical,  
42 methodological and ethical requirements of the research. In our study, we  
43 required software which enabled reliable and secure real time audio and visual  
44 communication in a private online space; a facility to record both audio and visual  
45 components; a platform which demanded low levels of user competency; and no  
46 financial commitment from participants to purchase or download software. We  
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9 used Tuttas's (2015) evaluation of the software available at the time of her study,  
10 a web-based search for any additional products and consultation with a  
11 technology specialist. Two potential options were identified but one was  
12 dismissed as during a trial within the research team, its stability and reliability to  
13 host a group discussion was questioned. The software chosen to carry out focus  
14 groups online was Zoom®. This platform hosts online audio-visual meetings; it  
15 has the capacity to show multiple users on screen, record audio and visual  
16 communications and can be used from mobile devices. Features include sharing  
17 a screen to display presentations and a white board facility. Software is free to  
18 all users up to a maximum of 45 minutes per meeting. As we anticipated focus  
19 groups lasting a minimum of 60 minutes, we chose to pay a small monthly charge  
20 payable only by the meeting host. Usability of the software was evaluated as part  
21 of a pilot focus group with five PhD researchers from the Institute of Nursing and  
22 Health Research at Ulster University. The lead researcher (ND) reflected on  
23 facilitating the group online and obtained participants' perspectives via an online  
24 questionnaire. Favourable feedback was received from four participants who  
25 commented on their experience of the online element of the group, with three  
26 specifically highlighting ease of use of the selected software. Another commented  
27 that any more than five participants in the group might have restricted the ability  
28 to hear everyone's views.  
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## Study Participants

Using a purposeful sampling framework, a range of recruitment strategies were adopted to bring our study to the attention of potential participants including targeted emails to healthcare researchers in all Higher Education Institutions in the UK, advertisements in professional publications available to members of professional bodies to access healthcare professionals and a strategic social media campaign to reach both groups. A Participant Information Sheet included detail on the purpose of the study, what participation involved and outlined how all ethical considerations had been addressed. Volunteers were asked to complete a brief online recruitment questionnaire via Qualtrics® which indicated their willingness and eligibility to take part. Recruitment was ongoing; each focus group was arranged when an adequate number of eligible volunteers were available, and a Doodle poll circulated to identify availability over a range of identified dates and times. Focus groups were planned based on availability of the majority in each round; those who were not available were included in the next Doodle poll. An email was sent to participants one week prior to the focus group which included an informed consent form (to be signed and returned prior to the focus group), a weblink to join the online group, and an offer to take part in a test call for those unfamiliar with the software or who wished to test their hardware.

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9 In total, 40 academic researchers and 20 frontline practitioners completed the  
10 online recruitment questionnaire. Of those academic researchers who met the  
11 study criteria, ten did not indicate their availability via the Doodle poll. Five were  
12 'lost'; two were not available on any of the suggested dates, two registered to  
13 take part in a focus group but did not log in to the online meeting during the  
14 allocated timeslot and one cancelled due to sickness shortly before the focus  
15 group commenced. Of six eligible practitioners who were invited to take part in a  
16 focus group but did not participate, five did not respond to invitations to complete  
17 a Doodle poll and one was not available on allocated dates. Over a four-month  
18 period, 17 academic researchers took part in five focus groups (Table 1) and 8  
19 practitioners took part in 3 focus groups. Each focus group lasted on average 83  
20 minutes. This included time for introductions, setting ground rules and a pre-  
21 recorded PowerPoint presentation that lasted four minutes to outline the  
22 background and methodological approach of the study. Zoom© software enabled  
23 PowerPoint slides to be visible to all participants throughout the focus group using  
24 the 'share my screen' facility to provide a visual display of each discussion point.  
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51 **Table 1:** Characteristics of focus groups and participants

	Focus group	n	Length (minutes)	UK region	Role
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<b>Academic Researchers</b> (n=17)	R1	4	75	England (n=2) Scotland (n=1) N. Ireland (n=1)	Academic role	Professor (n=2) Lecturer (n=1) Research fellow (n=1)
					Clinical area	Nursing (n=2) Physiotherapy (n=1) Occupational therapy (n=1)
	R2	4	93	England (n=4)	Academic role	Professor (n=4)
					Clinical area	Podiatry (n=1) Speech and language therapy (n=1) Occupational therapy (n=1) Nursing (n=1)
	R3	3	89	England (n=3)	Academic role	Professor (n=1) Associate Professor (n=1) Lecturer (n=1)
					Clinical area	Nursing (n=2) Unknown (n=1)
	R4	2	86	England (n=2)	Academic role	Professor (n=1) Doctoral researcher (n=1)
					Clinical area	Nursing (n=1) Speech and language therapy (n=1)
	R5	4	59	England (n=1) Scotland (n=2) N. Ireland (n=1)	Academic role	Professor (n=1) Reader (n=2) Lecturer (n=1)
					Clinical area	Midwifery (n=1) Physiotherapy (n=1) Occupational therapy (n=1) Nursing (n=1)
<b>Frontline Practitioners</b> (n= 8)	P1	3	87	England (n=3)	Physiotherapist (n=1) Occupational therapist (n=1) Speech and language therapist (n=1)	
	P2	2	86	England (n=1) Wales (n=1)	Occupational therapist (n=2)	
	P3	3	90	Scotland (n=1) England (n=2)	Physiotherapist (n=1) Occupational therapist (n=1) Speech and language therapist (n=1)	

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9 To provide transparency and contribute to the credibility of our overall study  
10 (Shenton, 2004), the lead researcher (ND) documented reflective commentary  
11 in a journal from the outset. This facilitated reflexive evaluation of the  
12 effectiveness of the chosen method and was used to record researcher  
13 observations, opinions, critical reflections and notes on theoretical reading.  
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20 Journal entries included:

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- 23     ▪ recommendations made by authors who reported lessons learnt when  
24     conducting focus groups online
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- 26     ▪ factual information about each focus group including timings and any  
27     occurrences during the group (for example technical issues)
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- 29     ▪ observations on factors which facilitated the group conduct
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- 31     ▪ reflexive evaluation of the effectiveness of the method in collecting the  
32     data necessary to achieve study objectives
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- 34     ▪ improvements to enhance subsequent groups and reflections on any  
35     changes made  
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38 Additional reflexive entries were made to the journal during transcription of each  
39 focus group and data analysis as were reflexive discussions amongst the  
40 research team and advice sought from an academic colleague highly  
41 experienced in focus group planning and conduct. This was an iterative process;  
42 where an issue had been identified, reflexive notes were made following  
43 subsequent groups on the effect of any action taken to address this issue and  
44 literature returned to in order to identify potential solutions where others had  
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9 noted similar issues. Once data analysis was completed, all journal entries  
10 relating to the focus groups were collated. Content analysis was used to identify  
11 the unpredicted issues experienced during the conduct of the focus groups which  
12 the researcher, using intuition and tacit knowledge, reasoned had the potential to  
13 affect the data generated during this study. Reflective notes were coded by  
14 highlighting each section of text that indicated issues that had been identified as  
15 having a potential impact on the study, actions taken to address any issues which  
16 arose and reflections on action that could have been taken. Once all codes were  
17 developed, these were grouped into those which addressed similar issues and a  
18 representative name given to each category. As shown in Table 2, categories  
19 were grouped into five themes (**Stability of group numbers, Technology,**  
20 **Environment, Evaluation and Recruitment**). For each category, the actions which  
21 the researcher took, or identified through reflections or consultation of theoretical  
22 readings that could have addressed these issues were noted (Table 2). To ensure  
23 further credibility, themes, categories and suggested actions were reviewed by  
24 an academic colleague outside of the research team who is highly experienced  
25 in focus group methods. Presented below is a summary of these reflections  
26 including key points to consider when preparing to use online focus groups in  
27 research.

### 28 **Theme 1: Stability of group numbers**

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9 Events which occurred during some focus groups impacted on the stability and  
10 consistency of participant numbers. In group R2, one participant joined after  
11 discussions began; having initially decided not to proceed with the group due to  
12 technical difficulties, the participant later established connection and joined the  
13 discussion twenty minutes in. As this situation could change the group dynamic,  
14 it has been suggested by others that a participant who joins online more than 10  
15 minutes after discussions commence should be reallocated to a future group  
16 (Wilkerson, Lantaffi, Grey, Bockting, & Rosser, 2014). However, it is difficult to  
17 establish if and how this issue could change the data (Gothberg et al. 2013). At  
18 that time, it was reasoned that the dynamic was more likely to be affected by  
19 pausing discussions to remove the participant. There was also concern that this  
20 participant could be 'lost' should they not be able to join a future group. Although  
21 expulsion based on technical issues feels punitive, it clarified to us that the  
22 consequences of 'late arrival' should be clearly outlined to participants in pre-  
23 focus group communications to avoid this situation occurring. We subsequently  
24 identified a software feature to lock a meeting at a point determined by the  
25 facilitator and so by communicating a time limit prior to the group can prevent any  
26 difficulties this situation could raise.

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51 Similarly, one participant left focus group R1 early. The timing of this group had  
52 been underestimated at 60 minutes and so changes were made when  
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9 communicating the time expectation to future groups. Despite requesting a diary  
10 slot of 90 minutes, a participant left early in each of the two subsequent groups  
11 (Focus groups R2 and R3). Diary demands of professionals are understandable,  
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13 but it may be that the nature of the internet makes leaving a group easier than in  
14 a face to face space. The result is reduced contribution from these participants  
15 during the latter stages of the discussion and potentially lost data. In recognition  
16 of the challenges faced in freeing up time to take part in such studies, others have  
17 set up asynchronous chat rooms to enable ongoing contributions post-focus  
18 group (Matthews et al. 2018); this strategy can overcome time limitations, the  
19 issue of early leavers and accommodate reflective thinkers. To facilitate the  
20 additional benefit of an anonymous contribution that may have been prohibited  
21 by the audio-visual environment, all participants were initially offered the option  
22 to provide further comment on any element of the discussion via follow up email.  
23 On realisation of the impact and likelihood of early leavers and the limitation of  
24 emails in allowing further interactive discussions, we subsequently set up an  
25 online chat room via Chatzy©. Others who adopted this strategy had minimal  
26 uptake (Matthews et al. 2018); similarly, we received no follow-up emails or  
27 contributions to the chatroom discussion. As Matthews et al. (2018) surmise, this  
28 could suggest that all discussion took place during the focus group with  
29 participants feeling they have no more to add or it could be reflective of  
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9 professionals' busy schedules and, therefore, limited time to offer further  
10 contributions. However, this strategy should be used cautiously; although offering  
11 opportunity for additional participant input, it should perhaps be considered  
12 separate to focus group data if not exposed to interactive dialogue if low numbers  
13 partake or no interaction between members is noted.  
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21 Virtual groups have been shown to have higher cancellation, no-show, and  
22 attrition rates than face to face groups (Rupert et al. 2017; Matthews et al. 2018)  
23 with studies providing examples where online participants were more likely to  
24 withdraw, both prior to the start and during the group (Kite & Phongsavan, 2017;  
25 Tuttas, 2015). This too was our experience; three participants were confirmed to  
26 take part in focus group R4; and following the advice of others (Matthews et al.  
27 2018; Strout et al. 2017; Tuttas 2015; Wilkerson et al. 2014), attempts were made  
28 to identify at least one further participant to allow for potential drop-out, however,  
29 due to limited availability of volunteers, this was not possible. One of these three  
30 participants failed to log into the discussion and was not able to contact the  
31 research team until hours later to advise of their change of circumstance. We  
32 made an 'on the spot' decision to continue with the discussion as opposed to  
33 cancelling or rearranging the group as we were unaware whether the third  
34 participant would join in in due course. The resulting discussion would be  
35 considered a dyadic interview as opposed to a focus group (Morgan, Ataie,  
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9 Carder, & Hoffman, 2013); this highlights the need to consider the minimum  
10 number required to form a focus group, the importance of adequate numbers to  
11 accommodate for at least one dropout and transparency in pre-focus group  
12 information on the action that will be taken should the minimum number not  
13 attend. If a focus group does not happen because not enough people turn up,  
14 this is more of an issue than if one person does not turn up for an individual  
15 interview (Morgan, 2019). The risks are alienation of those participants who were  
16 available and the challenges of rescheduling future groups, both of which could  
17 result in further withdrawal. However, the advantage of the online environment  
18 is that although inconvenient, it is surmised that rescheduling is logistically easier  
19 than face to face groups. Although there are notable differences between dyadic  
20 interviews and focus groups, there are also similarities (Morgan, 2019). Our  
21 motivation for using focus groups to meet the objectives of this study was to allow  
22 interaction that would facilitate sharing and comparisons based on potentially  
23 differing experiences from a range of contexts. This dyadic interview enabled us  
24 to achieve this and possibly obtaining greater depth of dialogue from these two  
25 participants during a discussion as it lasted longer than two groups with four  
26 members. Based on this, the decision was taken that should this situation arise  
27 again, a discussion with two participants could proceed as the advantages for  
28 retaining participants and the resulting data would not compromise the study. This  
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9 decision also helped us to overcome the challenges we faced in convening small  
10 numbers of frontline practitioners and so prevented us from losing potential data.  
11 Focus group P2 therefore proceeded as a dyad when only two participants could  
12 be convened together. This however will not be an appropriate course of action  
13 for all studies, dependent on their nature. Researchers should be clear on the  
14 differences between dyadic interviews and focus groups and the influence of  
15 these different types of interactions to inform reasoning (Morgan et al., 2013).  
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26 Like others, we found small group sizes easier to manage online (Kite &  
27 Phongsavan, 2017). Even with low numbers we were required to extend the time  
28 allocated to each group from 60 minutes to 90 minutes; small groups allowed for  
29 courteous turn talking and had larger numbers been present, we believe in-depth  
30 discussion would not have been possible in the time available to cover the focus  
31 group schedule. Features of audio-visual software such as a hand raising facility  
32 can be used in larger groups to facilitate turn taking, however we found we did  
33 not need to avail of this tool and so are unable to offer insight into if and how it  
34 potentially could facilitate or hinder interactions. Although more groups increased  
35 transcription time and costs, like Kite & Phongsavan (2017), we advocate for  
36 planning more online focus groups with fewer participants than when conducting  
37 face-to-face groups. The flexibility of the virtual nature of our focus groups  
38 allowed for this. Although smaller numbers were appropriate in this context,  
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9 others may find it inhibitive (Matthews et al., 2018) depending on the nature of  
10 their study.  
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### 13 **Theme 2: Technology**

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15 We took the decision to use online meeting software using audio-visual  
16 technology to closely mirror a face to face environment. Pre-focus group  
17 communication with participants clearly indicated that hardware with a  
18 microphone, camera and internet connection was required to take part. Despite  
19 this, two participants (one in focus group R3 and one in focus group P1) joined  
20 using a computer with no camera. The decision was taken to continue so as not  
21 to lose a group member from already small groups. Both participants could see  
22 the facilitator and other group members but were not visible to others; lack of a  
23 camera did not appear to have any negative influence on interactions as both  
24 were engaged with the discussion and engaged by others. However, depending  
25 on the participants, this could affect the dynamics within a group and prevents  
26 observation of non-verbal communications so is a further factor to consider in  
27 study design and assertions in pre-focus group communication. Researchers  
28 who feel such inconsistency could negatively impact group interactions could  
29 include a clear statement on consent forms for participants to confirm their access  
30 to the necessary equipment and understanding that they cannot take part in the  
31 group should they not have the correct technology to engage both audio and  
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9 visually. Equally, decisions should be made to account for those with cameras  
10 but who perhaps experience technical issues during discussions that cause  
11 interruption to visual communication, as can happen with varying internet  
12 connections. This leads to our second potential challenge which stems from the  
13 likelihood that unforeseen technical interferences can occur in the conduct of  
14 online focus groups (Gothberg et al. 2013). In Chong et al.'s study (2015) using  
15 webinar technology, for example, there was one participant with technical  
16 difficulties in each group. Other research teams have secured IT personnel to be  
17 available at both the facilitator and participants' venues to rectify any issues which  
18 might arise (Flynn et al. 2018; Chong et al. 2015). Resource limitations prevented  
19 us from being able to offer such support, however we experienced minimal  
20 technical issues which prevented participation. This could be attributed to our  
21 selection of software which we had established as requiring low levels of  
22 competency. We considered participants' self-efficacy in using the software an  
23 important factor as it could potentially impact on the quality of data collected  
24 (Flynn et al. 2018; Abrams et al. 2015). A further consideration is the infancy of  
25 this technology; although participants may have previous experience of  
26 participating in focus groups, doing so online may be a new experience and so  
27 may take time initially to familiarise with the process of interacting in this  
28 environment. This encouraged us to offer test calls to ensure participants felt  
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9 confident and comfortable in using the technology prior to the focus group. Test  
10 calls were taken up by three participants; we found this had the additional benefit  
11 of enabling the researcher to introduce themselves to the participant and begin  
12 to develop a rapport. Equally, the facilitator took multiple opportunities to use this  
13 platform in other areas of their work both as a host and as a meeting attendee  
14 prior to the focus groups; this developed self-efficacy in using software features  
15 to optimise interaction and in supporting other users to troubleshoot. Participants  
16 also had the flexibility to join the group from the environment of their choice,  
17 which, as we discuss later, may have been a factor which contributed to their  
18 ability to participate. As some took part from their home environment, removing  
19 choice by restricting their participation to an environment where IT support was  
20 available could have contributed to non-participation.  
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### 36 37 **Theme 3: Environment from which participants take part**

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40 Unlike face to face groups, researchers have limited control of the participant's  
41 environment as it is self-selected (Chong et al., 2015). Carrying out focus groups  
42 online can, therefore, result in issues which the researcher cannot mitigate  
43 against. Examples include distractions caused by disruption by colleagues  
44 entering the room or use of the internet such as checking emails (Chong et al.,  
45 2015). We experienced similar issues during this study; participants in all  
46 academic researcher focus groups (R1, R2, R3, R4, R5) took part in the focus  
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9 groups from their desk, either at home or in the workplace. Although creating a  
10 comfortable environment for participants (Flynn et al., 2018), some were  
11 observed distracted by activities on their desk, computer and mobile phone whilst  
12 other members of the focus group were speaking. There were examples of  
13 participants being interrupted by colleagues or family members entering the room  
14 and on occasion, disappearing from the screen to attend to these discussions.  
15 This raises additional privacy considerations that are unique to an internet-based  
16 study as opposed to traditional face to face spaces (Chong et al., 2015). From a  
17 practical perspective, others entering a room can create noise distractions and  
18 interfere with audio recording. One participant overcame this by muting their  
19 sound to prevent interference from background noise. Other researchers have  
20 suggested actively encouraging participants to mute when not speaking (Kite &  
21 Phongsavan, 2017; Tuttas, 2015). In the main, we found that this was not  
22 necessary and potentially could have resulted in disjointed discussions.  
23 Participants could be encouraged to wear a headset with a microphone (Kite &  
24 Phongsavan, 2017), however, this equipment may not be available. One  
25 participant in focus group R4 wore headphones without a microphone; although  
26 this maintained privacy for others in the group should anyone have entered the  
27 room, it prevented the headphone wearer from being aware of a background  
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9 conversation that was picked up by the computer microphone and which distorted  
10 the recording.  
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13 From an ethical perspective, the environment raises issues around both  
14 anonymity and confidentiality. We asked participants to confirm they were able to  
15 take part where they could ensure confidentiality would be respected for both  
16 themselves and the other members of the group. In instances where this did not  
17 occur, it did not become evident until later in the discussions when interruptions  
18 were made. Other participants did not express concern to the facilitator during  
19 the focus groups in which this occurred, possibly due to the lack of sensitive  
20 discussions. Given the nature of the participants involved and the environment  
21 from which they join the group, particularly if within working hours, interruptions  
22 such as these may be unavoidable. However, these situations have the potential  
23 to breach confidentiality. As with focus groups carried out in face to face spaces,  
24 it is only the researcher who can guarantee that confidentiality will be respected  
25 and cannot guarantee the actions of other focus group members. Online spaces,  
26 however, allow for others outside of the focus group membership to be in the  
27 vicinity of the discussions without the researchers' or other focus group members'  
28 knowledge. This is a situation for which researchers should consider a clear plan  
29 of action to mitigate. Although the need for a confidential space was reinforced in  
30 the Participant Information Sheet (PIS), this may need to be restated on the  
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9 informed consent form and when setting the ground rules at the beginning of the  
10 focus groups. Also, practical elements may need to be explicitly addressed in any  
11 communications with participants as these may not be issues they have  
12 considered prior to taking part. Facilitators must be clear on what action they will  
13 take should participants indicate that they are not in a suitable environment at the  
14 beginning of the focus group. Consideration should be given to the impact on  
15 group numbers should withdrawal be forced at this stage and how to deal with  
16 withdrawal mid-group should it become evident during discussions that  
17 confidentiality has been compromised.  
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#### 32 **Theme 4: Evaluation**

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34 Use of the internet to conduct audio-visual focus groups has been evaluated from  
35 the participants' perspective (Matthews et al. 2018), but little is published in this  
36 regard. We did not incorporate an evaluative element into our study protocol and,  
37 therefore, were reliant on our own reflexivity to appraise this process. Use of a  
38 reflective journal throughout helped us to adopt an iterative approach by  
39 controlling for the unpredicted issues in subsequent groups. What remains  
40 unknown is the experience of the participant as a member of our internet-based  
41 focus groups or what the outcome of the study would have been had it been  
42 feasible to convene these same participants in a face to face group. Considering  
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9 the very limited evidence base and sparse reporting relating to this novel method  
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11 (Morgan, 2019) others planning to carry out internet-based focus groups using  
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13 audio-visual software should consider building an evaluative component into the  
14  
15 study design to share with others and strengthen the design of future studies. In  
16  
17 addition, offering participants the option to take part in an online or face to face  
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19 group provides opportunity to compare the depth and breadth of interactions  
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21 between the two formats within one study (Kite & Phongsavan, 2017).  
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### 27 **Theme 5: Recruitment**

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29 During the recruitment phase, no potential participant contacted us to indicate  
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31 that they could not take part because they did not have access to the necessary  
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33 equipment or a private environment. We recognise, however, that specific  
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35 requirements to enable participation in an online meeting may have negatively  
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37 impinged on recruitment. Recruiting from two different professional groups,  
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39 academic researchers and healthcare practitioners, gave us the opportunity to  
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41 reflect on factors that may have caused a difference in the ease by which we  
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43 were able to recruit from one group over the other. Data collection for academic  
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45 researchers was completed well in advance of their practitioner counterparts;  
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47 academic participants took part from their desks during the working day in an  
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49 office environment or had the opportunity to work from home. Anecdotally they  
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9 told us that they had extensive experience of online meetings and student  
10 tutorials using audio-visual technology and the majority had used the Zoom©  
11 software package previously. Conversely, healthcare professionals work shifts,  
12 have busy clinical workloads and may be restricted by lack of access to the  
13 required equipment in a confidential space during their working day. We  
14 acknowledged the challenges of practitioner recruitment when designing our  
15 study (Hysong et al. 2013) and had reasoned that the flexibility of an internet-  
16 based option could enhance the recruitment process. Accessibility to fit in with  
17 working schedule was rated highly in evaluation of one online study (Matthews et  
18 al. 2018). Telephone-based focus groups were preferred over face to face by  
19 59.4% of participants as an alternative tool to involve health professionals who  
20 might otherwise be inaccessible (Ross, Stroud, Rose, and Jorgense et al. 2006).  
21 In 2018, when our recruitment took place, 95% of adults aged 25 to 54 years  
22 owned a smartphone (Statista, 2018), which offers a personal device that should  
23 support participation, both audio and visual. This, however, relied on willingness  
24 of practitioner participants to take part outside of working hours if time or a private  
25 environment within which to use personal smart phone technology was not  
26 feasible during the working day. What is unknown to us, is the impact that factors  
27 such as the need for a confidential environment, restricted access to the  
28 necessary hardware and self-efficacy in using such technology had on ability or  
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9 willingness to participate. Offering an alternative method of participation, so as  
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11 not to alienate those who without the equipment, perceived skills or confidence  
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13 to participate could be considered to prevent sampling bias within a study.  
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15 Researchers also need to be able to teach participants how to use these tools  
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17 (Wilkerson et al. 2014); we offered test calls but perhaps could have been more  
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19 forthcoming in identifying the need for and offering training support, as ownership  
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21 of a mobile device such as a tablet or smartphone does not mean confidence in  
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23 using the technology we proposed. Although an option would have been to use  
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25 our recruitment survey to ask potential participants if they required any support  
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27 to enable them to participate, funding limitations would have prevented us from  
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29 being able to meet any resource need indicated, such as provision of a tablet or  
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31 on-site technical support.  
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39 **Table 2:** Summary of issues and potential actions

Themes	Actions for consideration
<b>1. Stability of group numbers</b>	
a) Late arrival of participants	
Potential impact: <ul style="list-style-type: none"> <li>▪ changes to group interactions</li> <li>▪ richness of data collected when group membership changes</li> <li>▪ participant retention in the study if late arrival results in group expulsion</li> </ul>	<ul style="list-style-type: none"> <li>▪ analyse any potential impact of late arrivals in relation to the study topic and participant characteristics</li> <li>▪ assess appropriateness and necessity of software features such as locking a meeting to prevent late arrivals or disruptions</li> <li>▪ devise a strategy to manage late arrivals</li> </ul>

<ul style="list-style-type: none"> <li>▪ feasibility of group if minimum participant numbers not achieved</li> </ul>	<ul style="list-style-type: none"> <li>▪ manage participant expectation by communicating late arrival management strategy prior to focus group</li> </ul>
b) Early leavers	
<p>Potential impact on:</p> <ul style="list-style-type: none"> <li>▪ changes to group interactions</li> <li>▪ richness of data collected when group membership changes</li> </ul>	<ul style="list-style-type: none"> <li>▪ adequate time allocated to focus group</li> <li>▪ clear communication to participants on minimum expected time commitment</li> <li>▪ additional data collection methods to extend focus group (e.g. asynchronous chat room)</li> </ul>
c) Unexpected 'no-shows' and/or late cancellations	
<p>Potential impact:</p> <ul style="list-style-type: none"> <li>▪ alienation of those in attendance if group must be rescheduled due to inadequate numbers</li> <li>▪ challenges of rescheduling potentiality leading to lost participants</li> </ul>	<ul style="list-style-type: none"> <li>▪ direction via pre-focus group communication to manage expectations should this situation arise</li> <li>▪ identify strategies to prevent 'no-shows' such as reminders</li> <li>▪ establish minimum participant requirements with over-recruitment to allow for no shows or drop outs</li> </ul>
<b>2. Technology</b>	
a) Participants joining with audio only	
<p>Potential impact:</p> <ul style="list-style-type: none"> <li>▪ lost participant if decision taken to discontinue participant when no video available</li> <li>▪ potential changes to group interactions and richness of data</li> <li>▪ unable to observe non-verbal communications</li> </ul>	<ul style="list-style-type: none"> <li>▪ add statement to informed consent form and/or recruitment questionnaire to establish equipment available to participants</li> <li>▪ maintain consistency by allocating participants to specific focus groups based on technology available to them</li> </ul>
b) Technical support for participants	
<p>Potential impact:</p> <ul style="list-style-type: none"> <li>▪ effect on recruitment if environment in which participant joins focus</li> </ul>	<ul style="list-style-type: none"> <li>▪ pilot testing to identify potential technical issues</li> <li>▪ develop ability to trouble shoot by acquiring self-efficacy in using selected software prior to formal data collection</li> </ul>

<p>group is limited to where technical support can be provided</p> <ul style="list-style-type: none"> <li>▪ participant's ability and/or willingness to take part if they perceive themselves to have low self-efficacy with equipment</li> <li>▪ researcher's familiarity with software and ability to trouble shoot</li> </ul>	<ul style="list-style-type: none"> <li>▪ availability of more than one researcher during focus groups (one facilitator, one trouble shooter)</li> <li>▪ offer test calls for those who are inexperienced or lack confidence using the selected technology</li> </ul>
<p>c) Optimising use of software features</p>	
<p>Potential impact:</p> <ul style="list-style-type: none"> <li>▪ optimise interactions amongst participants</li> <li>▪ enhance participant experience</li> </ul>	<ul style="list-style-type: none"> <li>▪ ensure familiarity with all software features that can enhance interaction such as screen displays, raise hand, accessibility features</li> <li>▪ pilot testing</li> <li>▪ take part in a group as a member to experience participation and reflect on areas for consideration for study participants</li> </ul>
<p><b>3. Environment from which participants take part</b></p>	
<p>a) Distractions within the participant's environment</p>	
<p>Potential impact:</p> <ul style="list-style-type: none"> <li>▪ can disrupt group dynamics and hence data collected</li> <li>▪ distractions caused to group members on hearing others speak in the background</li> <li>▪ quality of audio recording</li> </ul>	<ul style="list-style-type: none"> <li>▪ alert participants to specific unacceptable distractions via ground rules e.g. avoid use of mobile phones and checking emails</li> <li>▪ request participants use mute function on microphone should background noise occur within their environment</li> </ul>
<p>b) Contravening ethical processes</p>	
<p>Potential impact:</p> <ul style="list-style-type: none"> <li>▪ participant taking part from a space which threatens anonymity and/or</li> </ul>	<ul style="list-style-type: none"> <li>▪ devise strategy for addressing a situation when it becomes evident that participant is in an environment which</li> </ul>

<p>confidentiality beyond focus group members</p>	<p>contravenes ethical procedures (both at the beginning of the group and during the group)</p> <ul style="list-style-type: none"> <li>▪ clear communication in pre-focus group information on process that will be employed should participant contravene ethical processes</li> <li>▪ encourage participants to use strategies such as marking a space with a 'do not disturb' sign</li> </ul>
<p>c) Participant comfort</p>	
<p>Potential impact:</p> <ul style="list-style-type: none"> <li>▪ allows participation in a comfortable environment</li> <li>▪ rapport with researcher</li> </ul>	<ul style="list-style-type: none"> <li>▪ offer a range of flexible times to allow for environment of choice</li> <li>▪ test call to develop rapport prior to focus group</li> </ul>
<p><b>4. Evaluation</b></p>	
<p>a) Limited evidence of effect on data of audio-visual online as opposed to face to face data collection</p>	
<p>Potential impact:</p> <ul style="list-style-type: none"> <li>▪ credibility of data collected if factors which could facilitate or hinder interaction when using audio-visual technology to conduct focus groups are unknown or not planned for</li> <li>▪ unknown effect on data by conducting focus groups online as opposed to face to face</li> </ul>	<ul style="list-style-type: none"> <li>▪ reflexive evaluation of the method by research team during planning, conduct and analysis of focus groups</li> <li>▪ pilot testing</li> <li>▪ adopt an iterative approach to focus group conduct using feedback from participants and researcher reflexivity</li> <li>▪ build into the study design evaluation of participant experience to identify strengths and limitations to assist with design of future studies</li> <li>▪ comparisons of data collection using face to face groups versus audio-visual focus groups (methodological triangulation)</li> </ul>
<p><b>5. Recruitment</b></p>	
<p>a) Participant alienation</p>	
<p>Potential impact:</p> <ul style="list-style-type: none"> <li>▪ exclusion of potential participants who do not have access to suitable equipment</li> </ul>	<ul style="list-style-type: none"> <li>▪ within recruitment questionnaire, ask potential participants to identify any factors which may restrict participation</li> </ul>



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| <ul style="list-style-type: none"> <li>▪ exclusion of those unable to secure a private environment to adhere to ethical requirements of confidentiality and anonymity</li> <li>▪ exclusion of those who are inexperienced or lack confidence in the use of the required software and/or hardware</li> <li>▪ selection bias</li> </ul> | <ul style="list-style-type: none"> <li>▪ identify if and how research team can address any factors which might limit participation e.g. training</li> <li>▪ consider offering alternative formats to prevent participant alienation</li> </ul> |
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## Conclusion

This was our first experience of carrying out synchronous focus groups using the internet. Our choice of method provided us with the opportunity to include participants from across the United Kingdom resulting in a diverse sample which we believe has added richness to the data collected. We also believe the flexibility of the medium offered encouraged participation. As researchers with experience of conducting face to face focus groups, we are aware that many of the methodological, practical and ethical considerations of focus groups carried out using the internet are similar to those which must be considered in a face to face venue. However, as novices of this online method, we have learnt several lessons on important factors which should be considered to overcome the methodological challenges that working in an online context can raise and to enable authentic interactions. Situations arise that are unique to online environments and are as not as easy to handle or plan for as they would be in a

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9 face to face space as control is given to participants, for example, in respect of  
10 their environment. Researchers, therefore, need to have clear plans of action  
11 and anticipate every eventuality to optimise participant experience, whilst  
12 ensuring data are collected robustly and in adherence to ethical approvals.  
13 Making use of tools such as ground rules, pre-focus group information and  
14 informed consent documents can help to mitigate against potential issues which  
15 may arise by ensuring participants are well appraised of the process,  
16 expectations and any action that could be taken in the event of situations  
17 arising. Although we do not offer empirical evaluation, our reflexive learning  
18 can help others to anticipate challenges specific to their study context to  
19 optimise participant experience and opportunities for authentic interaction which  
20 generates data in online focus groups as close to that which can be generated  
21 in a face to face environment. Further methodological evaluations are now  
22 required to continue to develop the evidence base for this approach by further  
23 exploring the impact of internet-based focus groups on interactions, willingness  
24 to engage and the richness of the data collected.  
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