Qualitative Journeys
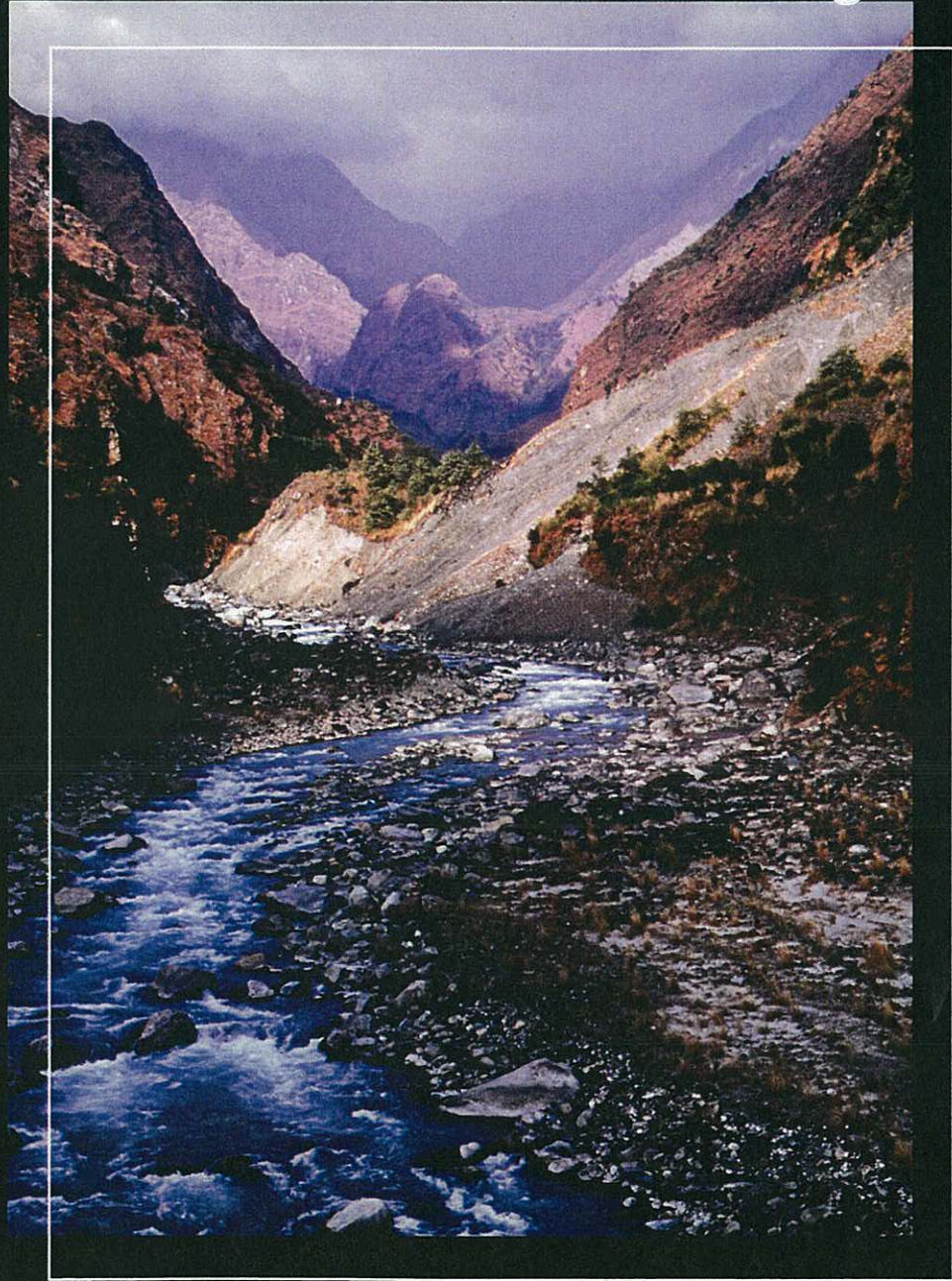
Student and Mentor
Experiences With Research

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EDITORS

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*Being Guided on a Journey
From Novice to Expert*

Jane Phillips and Patricia Davidson

Introduction

Embarking on a research project is somewhat akin to venturing on a voyage into the unknown and being constantly exposed to new encounters and experiences, many of which are unexpected and some of which are not desirable. Often this research journey is like riding a roller coaster, where there are moments of exhilaration and immense satisfaction, closely followed by feelings of despair and frustration when events are not going as planned. What I (Jane) have come to realize, though, is that this is the real world of research, particularly when it is conducted outside the laboratory and in dynamic settings, such as in hospitals and schools. As a novice researcher, the only exposure I had to research was through textbooks and pristine research reports. So having a mentor who was able to support and navigate me through this journey helped make it a less confronting experience. This mentoring has been an integral aspect of my learning experience.

The research student–academic supervisor learning partnership has existed since the ancients. Socrates' role as a mentor and teacher to Plato is one of history's legends. Over the ages, this story has been retold to numerous generations. It reinforces the role of the mentor in enabling and guiding the student through the journey to acquire knowledge. The

student in effective mentoring relationships is attentive and respectful, yet forges his own path. To date, little has been written about the learning relationship in contemporary research settings. Most of the literature presents research as a series of linear, streamlined processes that can be followed sequentially. However, what is missing from this discourse is the activity behind the scenes: the relationships forged and the experiences that shape the student's research learning experiences, particularly in complex and dynamic research environments.

Selecting a Supervisor—Partnering With a Student

Before telling you about our experiences with focus groups, we will share with you a little bit about developing our student-mentor relationship. My having made the decision to undertake research, my next challenge was to secure an academic supervisor. As a mature aged student, I was aware that I wanted to work with an accomplished researcher in my area of clinical interest, palliative care. More importantly, though, I wanted to partner with someone with whom I could work collaboratively and who I could trust implicitly. As I mentally drafted these essential criteria and mapping out my next steps, a serendipitous encounter led me to meet my future supervisor. During this initial meeting, I was struck by Patricia's extraordinary skills and passion for improving end-of-life care for people with chronic heart failure. At the end of the meeting, we exchanged contact details and continued to converse over the next couple of months. During this period, I became aware of our similar worldviews with compatible values and beliefs. Her advice to me was that choosing the right supervisor was possibly more important than choosing the school or institution. Patricia encouraged me to seek a supervisor who would enable me to develop in my own way. She suggested that asking other students about their experiences was a good place to start identifying some potential supervisors.

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During my (Patricia's) first encounter with Jane, she expressed an interest in the applicability of palliative care for people with chronic heart failure. It also transpired that she was contemplating embarking on a doctoral program. During our conversations, it was apparent that Jane had a real commitment to improving the health and well-being of her local rural community. As an academic I was naturally interested in this conversation, but just as it is unlikely that I would sign up a new house mate without an interview and potentially some references, I did not want to accept a research student to work in my research program without the same background check. As callous as it may sound, a supervisor (mentor) needs to be convinced that the student

(mentee) is someone who is worth the time and energy, particularly in academic settings where outputs are of critical importance. This for me means asking the tough questions: Will this student deliver? Can I trust this student to undertake a project associated with my name ethically and appropriately? And perhaps more importantly, Will I have fun and develop personally and professionally with this person? These are all questions I routinely consider when approached by potential research students.

When preparing students to embark upon a career as an independent researcher, it is important to prepare them as much as possible and to guide and enable, rather than control and contain. Many of the important strategies that promote a successful researcher are the things not readily gleaned from a textbook. It is sharing the art as well as the science of research that denotes the sharing and trust of the student-supervisor relationship. Effective communication and interpersonal relationships are critical in research, yet less commonly discussed. As you progress on your research journey, it is important that both the mentor and mentee respect each other's values and strengths. It is common for the student to become the expert, particularly at a doctoral level, and the supervisor can learn and develop accordingly if open to this exchange. It is important to recognize that the student's success is a true measure of your capacity as a supervisor and mentor. Unfortunately, from both the mentor's and mentee's perspective, success is not always the outcome. Sometimes, after considerable effort, students abandon their studies. Fortunately, this is the exception not the rule. As your career progresses, you mature in the mentor role and implement a range of strategies to maximize the potential for success and to mitigate failures. Therefore, choosing your supervisor and mentor is perhaps one of the most critical steps you can take in a research career. When choosing a supervisor, think about the skills this person has, not only as a researcher, but also interpersonally and professionally. If the mentor takes her role seriously, the mentorship is about developing you as an independent researcher, not building her own empire. I must admit, though, that basking in the reflected glory of your students is a wonderful emotion and a pleasurable sensation.

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The R-PAC Project

To help contextualize our focus group experiences, I was drawing upon an earlier study, which forms the basis of my doctoral dissertation. This project was designed to address the palliative care needs of older people dying in *residential aged care*. *Residential aged care* is the term used to describe regulated accommodation available for older people who require ongoing assistance with activities of daily living

and nursing care. This term is interchangeable with convalescent or nursing home, aged care facility, and long-term care facility. Sadly, for a range of reasons, many older people will spend their last days in residential aged care.

The R-PAC Project was designed to strengthen partnerships to improve the coordination and delivery of palliative care in local aged care facilities. A Critical Reference Group comprising key stakeholders provided direction in implementing the project plan. An action research framework was chosen to drive the project; this framework required energy and commitment on the part of both the student and the supervisor. From my perspective, utilizing action research required an acceptance that, unlike other forms of research, action research was unlikely to progress in a linear fashion and was more likely to follow a somewhat unpredictable research process that is not always continuous. It also required that I facilitate rather than direct the research process, which was something I was comfortable doing, having been previously involved in various community development initiatives. However, what was more challenging for me was tolerating considerable uncertainty and accepting that the action research journey and its final destination were somewhat unknown. The trade-off for this ambiguity was that an action research offered participants a potentially transforming experience.

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Adopting this type of approach requires appraising the skills and expertise within the student-supervisor research partnership. Effective communication is critical in ensuring that there is no role ambiguity or conflict in the research process, and that a trusting relationship is maintained between student and supervisor, researcher and participants. Considering these personal dynamics within the methodological and ethical parameters of the study was a critical step for Jane and me.

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During the extensive stakeholder consultation process of the R-PAC Project it was identified that that older people in local residential aged care facilities had unmet needs, particularly with respect to management of their pain, restlessness, and agitation. Having worked as a local palliative care clinical nurse consultant I was acutely aware of the limited opportunities that the specialist palliative care team had to provide expertise to improve the care of older people in residential aged care. This was of particular concern because older people in this care setting are more likely to have chronic debilitating conditions, such as dementia (60 percent), chronic pain (40 to 50 percent), and depression (40 percent) (Royal Australian College of General Practitioners, 2006).

As outsiders looking in, we saw many challenges in promoting a pallia-
tive approach in this environment. In the aged care settings, typically large
numbers of unregulated and untrained workers provide personal care,
which is particularly challenging when palliative care demands a skilled
nursing response. There is also a high staff turnover in aged care, in some
instances resulting in an increased use of agency staff and little continuity
of care for residents, which can have adverse consequences. In spite of
these challenges, it became readily apparent during the consultation
process that all local aged care managers were enthusiastic about being
involved as active partners in the R-PAC Project. The formation of this
partnership offered us an opportunity to work collaboratively with these
aged care providers to address their residents' unmet palliative care needs
(Phillips, Davidson, Jackson, Kristjanson, Bennett, & Daly, 2006).

Selecting the Research Methodology and Identifying the Methods

When undertaking any research project there are a range of methodologi-
cal perspectives that are accessible and appropriate. Choosing the most
appropriate approach is largely dependent on the research questions and
the study aims. I found that investing the time contemplating where
I wanted the project to go and discussing this with my supervisor helped
me select a suitable study method. I knew what I was interested in: improv-
ing the delivery of palliative care for older people. I believed that the
research should focus on building the capacity of local aged care providers.
It quickly became evident that what was required in the study setting was
an approach that could act to empower the aged care workforce and help
prime the environment for change. My supervisor had extensive experience
in chronic disease management, health services research, and health-care
reform, while I had considerable palliative care expertise and a background
in health promotion. These two perspectives were melded to develop a
study design overarched by an action research framework.

Editors' Comment

Implications of Research Paradigm

Action research is one particular paradigm for reframing and conducting research that
is frequently used in designs in which the purpose of the study is not only to investi-
gate a phenomenon, but also to influence a positive outcome for the unit studied. Jane

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describes the rationale for using this approach that clearly demonstrates that her goal was to change organization policy and practices in order to improve the delivery of care. Once she made this decision regarding methodology, it shaped everything else she did subsequently, including the participants she recruited, the way she used focus groups, how she collected data, and, most critically, how she shared data with others in such a way that the data would be most useful to them. Had she used grounded theory, narrative analysis, phenomenology, or another methodology, she would have gone down a very different path. For instance, she might have used in-depth interviews instead of focus groups, taken a less participatory role in the sharing of information, and focused more on theory development (grounded theory), collecting individual stories (narrative analysis), or identifying core themes (phenomenology). Action research is concerned not only with studying issues, but also with impacting them.

The whole purpose of action research is simultaneously to gain an understanding of the social system in order to address the problems and to identify the best opportunity for change while generating new knowledge about the system. Collaborative action is a critical element of this process and helps to bring about change in a given situation. We developed a project in six phases involving continuous cycles of reflection, planning, acting, and evaluating (Street, 2004).

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Along the way, there was a juggling of pragmatic considerations and the methodological rigor recommended in textbooks. For example, Jane undertook an assessment of baseline knowledge. It was very tempting to include identifiers to facilitate the posttest process on an individual case basis. However, we did not want care assistants to think this was "testing" them. In these initial stages, I was keen to demonstrate to Jane how to effectively engage with aged care providers while generating baseline data from which to measure progress. Mapping this pathway required that Jane and I regularly teleconference to discuss these issues to weight the merit of these approaches. All of this is congruent with an action research approach. This enabled us to work in partnership with and for participants, rather than to undertake research on them. This involved listening carefully to their needs and involving them in decisionmaking. In spite of this, the project was still Jane's doctoral project; my role as her supervisor was to advocate for her needs and those of the study participants.

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Employing these collaborative processes also helped ensure that the research process and outcomes were more meaningful to participants and encouraged them to examine and reflect on their usual practice (Morrison &

Lilford, 2001). For example in the focus groups, participants were required to reflect on critical events, such as recent deaths of residents. This provided participants with an opportunity to consider whether the care provided was optimal or suboptimal, and to provide evidence to support their perceptions.

Equally important, our choice of action research as the process driving the R-PAC Project was also congruent with both of our personal commitment to principles of social justice and equity and striving for health-care reform. Having previously worked with marginalized community members, such as people living with HIV/AIDS and members of the indigenous communities, I was aware of how power, politics, gender, role, and status impact people's lives. Because women were one of the project's key stakeholder groups, having an understanding of feminist issues would inevitably be an integral element of the project. I was cognizant that my supervisor, an executive member of the International Council on Women's Health Issues, was committed to improving women's lives through participation, advocacy, empowerment, education, and research.

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I was all too aware of how these communities feel about (external), academics studying them. Often, what is a key driver to engage these communities is working on solutions with them, not just documenting barriers. I was mindful at the outset of the R-PAC Project of these issues, especially given that aged care nurses are often in a marginalized position within the health-care sector. I also was aware of the sensitivity of documenting potentially adverse factors in a highly politicized environment. It seemed that action research would allow Jane to adopt the role of facilitator and enabler and place her in the best position to provide aged care nurses and care assistants with a supportive and empowering environment in which they could collaboratively work to address their identified needs. I believed it was important that Jane debrief with me on critical incidents, and that Jane share her experiences of achieving change in the clinical setting. Together we would develop and negotiate a plan of action to address the issues emerging from the project.

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Focus Group Methodology

Action research is largely dependent on acquiring effective and appropriate data to empirically drive the project forward. Because action research is a conceptual framework as opposed to a specific method, I was able to use a range of methods; in particular, though, I chose focus group interviews as a method of both exploration and evaluation. The reasons for choosing this method were many, including the potential to access larger numbers of responders, to

capture the collective and social characteristics of the setting, and, impor-
tantly, to capture the unique views and opinions of the study participants.
Focus groups offered the potential of developing an understanding of aged
care providers' perceptions and feelings about delivering a palliative approach
to care within the individual facilities, while providing participants with an
opportunity for reflective interaction in a safe environment with others who
may have complementary or differing views about this issue. This method
also placed me as the researcher in a less commanding and controlling role
of information gathering, though I was actively engaging participants in a
process that was focused on making a difference, appropriate for an action
research project. Using this method also helped ensure that due attention was
paid to the subjective meanings for participants. This level of involvement,
along with having a voice and being heard, facilitated a sense of joint owner-
ship of the R-PAC Project's process and outcomes.

The focus group methodology was applied extensively throughout the
R-PAC Project because as a form of group interview it offered the poten-
tial to generate rich interactive data through the opinions expressed by
aged care nurses, care assistants, and managers, individually and collec-
tively. This was an action research project, so I anticipated the focus group
data would guide the development of the intervention while ensuring that
older people's needs were addressed. Exploring attitudes collectively rather
than individually is a useful process, aiding in the examining of the social,
organizational, and environmental contexts of nursing practice (Davidson,
Paull, Cockburn, Davis, Rees, Gorman, et al., 2004). Given the complexity
of the aged care setting, it was essential that I examine opinions, values,
and beliefs in the context of the practice that is undertaken to help derive
systematic clinical change (Roberts & Snowball, 1999).

For this reason, a strategic decision was made to ensure that all focus
groups were conducted in an environment and at a time that best suited
the participants. The advantage of using focus group methodology at the
commencement of the project was that it placed me in the less command-
ing and controlling role of information gathering, while it actively engaged
the participants in a process that was focused on making a difference.
Focus groups provide an important opportunity for reflective interaction
with others who may have complementary or differing views—in this case,
views on palliative care delivery for older people in aged care.

Getting Started

As you can see from the information outlined above, our focus groups
were nested within a range of other activities to engage the study setting.
Undertaking any type of health service development involves anticipating
people's reactions to change, from embracing to resisting. Anticipating

these factors in the research setting is critical. It is also important to have a pragmatic attitude to research. Together, as partners, we were able to discuss these issues within our broader research team. Following an integrative literature review, we conducted a series of focus groups to investigate the collective perceptions and beliefs about palliative care in a purposive sample of nurses and care assistants working in residential aged care.

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As we began on this journey, a useful strategy I shared with Jane is the importance of scheduling adequate time to prepare for the focus group. It is common for the student to want to just start, but taking the time first to develop relationships within the study setting is critical. Environmental and technological considerations also need to be considered; researchers also need to prepare themselves emotionally and physically. As in most lessons in life, this comes from experience. I have noticed that when I do not do this preparation the project and participants are not well served in terms of data generation. Therefore, I spend a lot of time in preparation noting barriers and facilitators in the study setting. When I am conducting a focus group, I try to schedule my day so I am not rushed and tired. I want to be able to devote my full attention to facilitating and using all my senses to glean the perspectives of study participants. I encouraged Jane to read widely, and put her in touch with other research students who had utilized this method. We had numerous discussions about all of the necessary preparations required to conduct successful focus groups, such as purchasing a recording device, scheduling sessions, and working on strategies to engage participants. In addition, I alerted Jane to the need to be confident and prepared to manage interpersonal factors in the group setting, and to be prepared to monitor the flow of the conversation. Because we were dealing with a subject associated with sensitivities, Jane and I discussed how we needed to bear this in mind as well.

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The Critical Reference Group recommended that focus groups be conducted within local aged care facilities because this would enable those that were interested in this issue to participate more readily. Each residential aged care facility was provided with an opportunity to host a focus group. Invitations to participate and posters advertising the focus groups were distributed to all aged care managers, inviting aged care nurse and care assistants to participate. The focus group time was selected by management to fit in with the workload; the time coincided with an overlap of shifts to enable the maximum number of people to participate. The R-PAC Project team would provide refreshments.

Editors' Comment

Managing Focus Groups

Working within any group is far more complex and challenging than working with individuals. Group dynamics and process variables influence the ways that people share and interact with one another. Group settings for data collection can be particularly rich and stimulating, however. Participants build on one another's disclosures, reflect on what has been said, and come to consensus about shared experiences.

The structure and management of focus groups requires a specific set of skills to plan for optimal conditions of trust and safety, to operate efficiently, and to generate the most useful and varied data. Ideally, with approximately a dozen participants, you should consider how best to elicit interaction, record conversations, and manage the flow of discussion in such a way that everyone feels heard, understood, and respected.

The question route for these focus groups was designed to allow exploration and probing of key issues that had been defined from a literature review, needs assessment, and local key informant interviews. I hoped that the questions would invite exploration of different views, solutions, and suggestions and would help identify the strengths and resources that may be readily available in aged care to promote palliative care delivery.

A key strategy was to choose venues and timings to allow participants to feel free and open to exchange ideas and contribute to the discussion. However, I was aware that this consideration needed to be balanced with time, human, and financial resource considerations. We were concerned that some participants might be uncomfortable or anxious about outlining limitations of existing care models and challenging the status quo. For this reason, we interviewed managers and other nurses independently. The initial focus group consisted entirely of aged care managers. This not only provided information on organizational factors, but also was useful in consolidating support for the project and reassuring them about the project's aims. This group was followed by additional focus groups comprising nurses and care assistants. Participation in all focus groups was entirely voluntary and by self-selection. All of the aged care providers' voices were privileged and given an opportunity to be heard.

The Textbook Focus Group

My supervisor flew up from the city to the regional sites to spend several days mentoring and guiding me through this initial series of focus groups, which were scheduled to occur over a period of four days.

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I consider that allocating a concentrated period of time is a critical investment in developing my students' research competencies. As part of this process, I intended to demonstrate how to undertake data collection and analysis concurrently as reflexive activities and then allow Jane to undertake this process independently. I reinforced with Jane the need to be unrushed and focused in these encounters to maximize our potential to engage with participants and glean useful information. This meant not scheduling activities on the day we were doing focus groups so that not only did we have sufficient energy to engage in meaningful discussion and listen intently, but also we had the time to reflect and process events and commence data analysis afterwards.

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In the first focus group, my supervisor acted as the moderator and facilitated the discussion, while I took on the role of the assistant moderator. As an observer and scribe, I was afforded an opportunity to pay particular attention to the participant interactions, to listen, and to jot down notable quotes. I recorded all of these notations on a focus group template that enabled me to record the participants' names, roles, seating arrangements, direct quotes, time the session took place, and ideas in a systematic way. Collecting this information allowed for the issues of time and person to be included in the analysis. I noted that my supervisor took care not to ask leading questions or to make suggestions that could influence the participants' responses.

Editors' Comment

The Field Work Process

Field research is an ever-changing process that has a force and life of its own. You schedule focus groups and people don't show up. You design a consent form and people refuse to sign it because they don't like the way something is worded. You plan to use a tape recorder but the room you are using is acoustically dead. You want to focus on certain stakeholders but others insist on being a part of the group. You are listening to someone and she abruptly decides to terminate the conversation with no explanation and leave the group. You find yourself in the middle of a focus group when you realize that a certain participant is just playing games with you. You have an interview guide to cover various topics but the group has quite another agenda and tells you that they won't talk about issues that you've already identified are central to your investigation. In other words, you must not only anticipate, but also prepare for inevitable departures from your original plan. This is where the best learning about research can occur—through your mistakes and errors in judgment. That's what Jane means when she talks about the difference between what is in the standard textbook and what is in *your* textbook.

This initial focus group unfolded in textbook fashion: We had a good group size in a suitable meeting room. The room was in a safe environment within an aged care facility that was quiet and that had comfortable chairs and a low coffee table in the middle. A congenial lunch was followed by a lively, respectful discussion during the focus group with everyone contributing. Immediately following this focus group my supervisor (moderator) and I (assistant moderator) met to reflect on the group interactions, in particular on nonverbal clues endorsing values, opinions, and beliefs. I wrote down all of these thoughts and ideas.

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I encouraged Jane to start immediately to map out her thoughts and ideas from the focus groups onto separate PowerPoint slides on my laptop. A combination of the audiotapes and the field notes recorded on the focus group template allowed for data verification and validation, with direct quotes added to the slides. The use of PowerPoint in this way is merely a way of organizing information; other software applications can readily be used. I demonstrated how the findings from this initial group could be used to shape, inform, and drive the subsequent focus groups.

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THE CHALLENGES THEY DON'T
TALK ABOUT IN THE TEXTS

However, as with all research methods, there are some limitations with undertaking this type of data collection. A focus group introduces many participants, which makes it an uncontrolled social situation where the researcher has limited control over the discussions, which have the potential to become tangential (St. John, 2004). There is also the potential for some participants to dominate the conversations while others may not contribute at all. Interactions also can be affected by personal characteristics and social factors such as class, gender, and race (St. John, 2004), which are important considerations given the composition of the aged care workforce. These were all issues that we encountered in the next focus group, held in a large privately owned aged care facility. To our surprise, thirty enthusiastic participants presented themselves at that focus group. It transpired that nurses and care assistants had come in from their annual leave and days off, and a few had risen early having worked the previous night to contribute to the discussion about the challenges associated with delivering palliative care to older people in aged care.

Given that the texts suggest that the ideal focus group numbers range from somewhere between six to twelve people, this turnout for a novice seemed like an unmitigated disaster. Suddenly the space we had been

allocated in the residents' dining room seemed inappropriate and the treats purchased for afternoon tea insufficient to feed everyone. I was suddenly full of anxieties: Were there enough consent forms? Would the microphones be adequate to capture all of the conversations? Should the number of participants be limited? If I chose this latter option, I would need to turn some people away, which I didn't want to do. If I didn't, would everyone have an opportunity to contribute? Would we be able to adequately facilitate the discussion, especially given that the stimulation of interaction and discourse between participants and the researcher is critical to the focus group process? How could I create a safe environment for the free and open exchange of participants' opinions, which is an obligatory prerequisite for focus group research? How was I going to be able to listen to and follow all of the relevant threads? How were we going to manage to achieve our ideal with such a large group in such an open setting? Fortunately, my supervisor, an experienced focus group facilitator, was by my side and able to guide me through these challenges. On this occasion, my supervisor facilitated the focus group.

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As a supervisor, I did not see this as a potential unmitigated disaster. Instead, I was rather overwhelmed and overjoyed by the commitment and engagement of the participants in this study setting. This commitment and engagement of the participants invigorated me and I thought little of the textbook restrictions that concerned Jane. My level of experience in speaking to large groups was important in my confidence and I was grateful that I was there for Jane. To reiterate the points above, a level of pragmatism is necessary in research (Halcomb & Davidson, 2006). However, pragmatism does not mean sacrificing methodological rigor: it just means sometimes you have to go with the flow, especially because this is not the controlled environment of the basic science laboratory. I tried immediately to put the group at ease by acknowledging how delighted we were to have so many participants. I then outlined the process I would use to ensure that everyone had an opportunity to participate and contribute. Guided by the question route, I then endeavored to facilitate the conversations elucidating further detail from participants' important comments. I was mindful of paying particular attention to honoring and valuing the contribution made by all participants as a way of encouraging others to contribute.

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My supervisor's facilitation style ensured that, in no time, these nurses and care assistants were freely offering suggestions about how to address the challenges they encountered in delivering palliative care to older people in this setting. Watching this process unfold confirmed for me that participating in a focus group that is well facilitated and validating could be an empowering experience for the participants. There was a real sense that

the participants felt that they were involved in a process that they believed could make a difference. Given that empowerment of aged care nurses and care assistants was one of the desired outcomes for the R-PAC Project, it seemed appropriate that focus groups had been utilized at the start of this action research process. I was convinced that by utilizing this method we had given a voice to this group.

At the conclusion of the focus group, my supervisor and I again met immediately to reflect on the interactions, group dynamics, and the beliefs and perceptions emerging from these conversations. I found this initial meeting quite tough because it required considerable discipline to concentrate further on the focus group conversations and interactions in order to distill the issues and themes that were emerging. The first step was to write down our immediate thoughts and ideas. On completion of that task, my supervisor and I brainstormed key points that we considered had emanated from the discussions. We sought validation of these ideas from the moderator's notes and replayed the relevant section of tape. Referring immediately to these references helped us to start to understand what we were discovering and to commence mapping out the themes. Our knowledge from the literature and preliminary investigations allowed us to filter this information. These thoughts and ideas, along with the notable quotes, were added to the PowerPoint slides. In no time, the data grew. This initial data generation was subsequently refined and validated from transcripts before we undertook member verification.

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As we have discussed above, as well as feeling energetic and focused it is important to schedule time immediately following the focus group to allow reflection, clarification, and discussion. In my experience, this is the critical and important first level of analysis.

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SEE ONE, DO ONE, TEACH ONE . . .

Competency based learning in medicine and nursing is often described as, "see one, do one, teach one." Having observed my supervisor conduct two focus groups in two distinct circumstances, it was now time for me to try my hand at facilitation. During the third and fourth focus groups, I took on the role of the moderator while my supervisor assumed the role of assistant moderator. I had had a valuable learning experiencing, having read the theory and then observed my supervisor over two days of focus groups. Given this close proximity in time, the techniques and approaches employed by my supervisor during the focus group were readily recalled. Having been supported to learn in this way I was comfortable taking on this new role.

Editors' Comment

The Learning Curve of Data Collection

As you would expect, the first experience you have conducting interviews, leading focus groups, or observing behavior in the field will be both awkward and inefficient. You will likely be nervous and frustrated that things are not going as smoothly as you had hoped. There will be dead silences that you don't know how to handle. You will try to overstructure, or worse, you will dominate the conversations. You will fire off way too many questions without providing participants the opportunity to respond fully. You will lose your ability to concentrate because you are so focused on what you're about to do next. When you review the transcripts, you will kick yourself over and over again with all the points made that you neglected to follow up. You will realize how many important themes and issues were missed that you now see so clearly. You will see how many times you interrupted the flow of the conversation or missed important signals or clues. This is all normal and expected for a beginner. The beauty of this process is that after reviewing your previous work, consulting with your mentors, and receiving feedback on your data collection skills you will improve significantly with every subsequent session. When later you review those first sessions, you will be amazed at the progress you've made.

Even though I was an experienced group facilitator, conducting a focus group seemed like a totally different experience, primarily because I wasn't sure entirely what would emerge from the conversation and I was mindful of not wanting to shape or influence the discussion. What took me most by surprise was how some of the information that participants shared really challenged several common misconceptions about aged care. These nurses and care assistants really wanted to provide the best quality care to these older people, who they viewed as being like family: "*We do care*" (Care assistant, Group 2), "*We only want the best for them*" (Enrolled nurse, Group 4), "*This is their home, this is where they should be cared for*" (Care assistant, Group 3). Above all, they wanted their residents to have a comfortable and dignified death within the aged care facility and not to die alone (Phillips, Davidson, Kristjanson, Jackson, & Daly, 2006).

While I was facilitating the focus groups, my main concern was to follow the lines of enquiry that emerged. At times, it seemed as though I might have "dropped a stitch." However, this probability was addressed by actively engaging my supervisor in the discussion toward the end of the focus group. This gesture provided my supervisor with an opportunity to explore the leads that she may have noted that I had missed. In addition, this brief diversion provided me with a moment to quickly reflect on whether there was something I had wanted to investigate with the group but had neglected to do before it ended. The inclusion of the assistant moderator is an important element of the focus group process. It is a demonstration of

commitment that all parties have an opportunity to contribute fully to the conversation. The end of this process is often an ideal juncture to draw the focus group discussion to a close. Respecting and adhering to the agreed time frame is an important consideration for the moderator, especially when participants are giving so freely and generously with their time. Time in any health-care setting is a precious commodity.

Data Analysis

During my preparatory reading, I had wondered what "data saturation" looked and felt like and how long it generally took to achieve. As a novice researcher, I assumed that recognizing data saturation may present some challenges.

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I had suggested to Jane that in my experience it is useful to do one more focus group after you think data saturation has occurred. Our continual engagement with the study setting meant that if our assumption of saturation was challenged we could perform additional focus groups.

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Editors' Comment

Reaching Saturation

Everyone is mystified by what constitutes data saturation. How do you know when you've collected sufficient data such that you need to stop? This question is even more frustrating when you ask your mentors this question and they look at you with such confidence and say, "Don't worry. You'll know."

Jane provides several examples of the signs to look for. This includes when (1) your interviews seem so repetitive that you can anticipate what will be said next, and (2) your themes have already been identified and it appears as if you're getting more of the same. In other words, you have reached saturation when you aren't learning anything new.

There are also some practical norms that operate within each research context that provide parameters for what is usually considered acceptable to meet standards of rigor. For example, your mentor, instructor, or publication outlet may tell you directly that you must complete a minimum of interviews or sessions in order to meet their standards.

The danger of stopping data collection prematurely—before you have covered all the territory—is that you risk compromising the value of your study. So how do you know you know enough? Through trial and error—and supervision by someone who is more experienced.

As each subsequent focus group unfolded, it became clearer that the issues were consistent and congruent with our knowledge of published literature. We were impressed and humbled by the nurses' and care assistants' obvious caring attitude toward the residents. During the third focus group, no new issues emerged, so the fourth focus group was the final focus group. By this stage, the process of data analysis was well under way, so this final group was undertaken as an ongoing iterative process.

The field notes collected during the focus groups also helped to highlight significant themes and concepts. The use of transcripts allowed for all the data to be categorized before undergoing further revision, grouping, and reduction. Taking these steps meant that I was immediately immersed in the focus group data, which made it easier to tease out the themes and start to shape the data. This made the transition to writing up the data the next logical step in the process. Analyzing the data in a timely manner was a prerequisite of this action research study as the data was used to drive the next phase of the study. This timeliness meant that the final category coding of the broad analytic themes could be shared and confirmed with study participants. In accordance with the action research process, each phase of this study involved negotiating the outcomes with research participants to verify whether participants considered the interim and final research outcomes an accurate portrayal of their lived experience (Lincoln & Guba, 1985). All outcomes were then evaluated through data verification and member checking for their credibility, transferability, dependability, and conformability. Furthermore, throughout the project I was aware of the need for reflexivity and the use of a reflective journal assisted with this process.

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As a supervisor, I consider this a simple and logical framework for students to follow. As in most of these models, people do not always follow these initially in a linear fashion, but it provides a useful checkpoint to ensure that crucial steps are met. I was impressed with Jane's diligence with her journal. Her productivity is a measure of her organization and engagement.

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While analyzing the focus group data, I used the strategies of self-awareness and critical self-reflection to help minimize potential biases and predispositions that may have affected the research process and subsequent findings. Negative case sampling was another strategy that I employed to mitigate biases. This mitigation involved critically examining the data for cases that didn't confirm my expectations and for conflicts with tentative explanations about the findings. Sharing these ideas with my supervisor and the participants has been an important element of the data analysis process.

Using the Focus Group Data to
Propel the Action Research Cycle

The initial focus group data informed the development and implementation of a multifaceted intervention. Focus group methodology was again selected for use at the midpoint of the R-PAC Project because we considered it a useful way of developing an understanding of participants' perceptions about intervention. Focus groups have previously been used to develop health service interventions and to inform evaluation strategies, so we anticipated that the data generated would assist in identifying action to be considered during the third phase of the R-PAC Project.

Another series of focus groups was undertaken with aged care nurses and care assistants. In addition, a series of focus groups was undertaken with general practitioners to explore their perceptions of a palliative approach for older people. Although the aims of the focus groups with both aged care personnel and general practitioners were to seek their views on implementing a palliative approach, these two tracks of exploration were reported separately. We did this because interviews with the aged care personnel had a greater focus on exploration of the process issues relating to the multifaceted intervention, while the focus groups with general practitioners discussed overarching issues in the delivery of a palliative approach. Furthermore, we decided to conduct these investigations concurrently yet separately to allow each of these key stakeholder groups to have a voice within her own professional context.

The same methodology that has been described earlier was employed. As time progressed, I became more confident and proficient in facilitation. Once again, all of the focus groups with aged care providers were conducted in local residential aged care facilities and audiotaped, to allow data verification and validation. Attending to the data immediately after each focus group meant that notable quotes were transcribed and that broad themes emerged. We perceived that the intervention had enabled aged care personnel to become more proficient and confident to deliver palliative care as part of routine care.

> On Tuesday, I had the chance to feel it all coming together . . . we were able to institute a program of care for the gentleman from the day he arrived. I have been in touch with the spiritual coordinator and I am about to get onto the palliative care girls [specialist palliative care nurses]. . . . So my [link nurse] education has given me the tools to institute a program of care for someone from the moment he walked through the door . . . whereas we would previously have waited and then looked at his pain, but that would have been about it. What has happened for us is that we are now onto [a palliative approach] straight away. This man has a terminal illness and what has happened [now] wouldn't have happened twelve months ago. (Link nurse, Group 3)

What I hadn't anticipated was the emotions that some of these comments evoked, especially the perception that the intervention had been empowering and increased nurses' confidence to deliver palliative care. Dealing with these feelings while facilitating the focus group required me to concentrate on the conversations instead of immediately processing the comments.

Undertaking any type of qualitative research can be an emotional and personal experience as you share and empathize with participants. These emotions can intensify as you try and solicit a range of views and opinions within a collective context, such as within a focus group. The group dynamic adds an additional complexity to the interview experience; it can be a challenge to integrate views and opinions, and to moderate conflicting perspectives in some instances, as well as to derive a consensus view where necessary. As researchers, both novice and expert, this form of interaction with participants enriched our understanding of the study setting. In the later stage of the project and immediately following one of the focus groups, we both attended a commemoration service that was a strategy implemented as part of this project. Both of us almost sobbed, we were so moved by the moment. We celebrated the achievements of participants and our own achievements.

An academic general practitioner moderated each general practitioner focus group, while the researcher acted as an assistant. We considered that having a general practitioner as a facilitator would create a synergy and empathy between participants and the researchers. These focus groups were much more challenging as the general practitioners, although enthusiastic to be involved, were difficult to schedule to participate. Engaging general practitioners in focus groups required considerable pragmatism, best exemplified by the first general practitioner focus group, which was held in a large medical center during lunchtime, in one of the general practitioners' rooms. Throughout this focus group there seemed to be a constant flow of medical center staff entering and leaving the room. They were busy tidying up from the morning session and preparing for the afternoon appointments with the examination couch sheets being changed, pillows fluffed up, bins emptied, and correspondences delivered. Throughout all of this activity, the focus group continued as the general practitioners actively contributed to the conversations, while signing forms and hurriedly eating their lunches. It was just another normal day in general practice except they had the opportunity to tell their story to people who were listening. In hindsight, I think that in-depth semistructured interviews with individual general practitioners, although more time consuming, would have been a more effective way of eliciting their perceptions. I suspect it would have been easier to schedule an appropriate time that fitted in better with their professional demands.

Lessons Learned

Within the context of this project, focus groups provided a unique insight into organizational and contextual factors of providing palliative care in residential aged care. This increase in knowledge of the practice setting was also reflected in my proficiency in facilitation, data analysis, and dissemination of study findings in the peer-reviewed literature. The critical lessons I learned from this process were the value of

- detailed planning and paying attention to issues of venue, timing, and participants in the focus groups;
- two consistent researchers to be involved in the entire focus group process;
- preparing and allowing space and time in which to immerse myself in conducting the focus groups and analyzing the data;
- pragmatism, which enabled me to successfully conduct focus groups in dynamic clinical settings while adhering to the theoretical and methodological considerations;
- preparation of systems that facilitated detailed field notes, noted seating arrangements, orders of speakers, and nonverbal cues, assigning a code to each participant and ensuring it is linked to all of their quotes;
- being prepared to be focused and disciplined and allowing time to meet immediately after the focus group to reflect on the discussions and recording thoughts and ideas in an electronic format, such as PowerPoint slides; and
- transcribing the data in a timely manner adding relevant quotes to the themes and subthemes in an electronic format and adding relevant details from the field notes to each theme.

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Certainly one of the most gratifying rewards of research supervision is to watch your student develop and grow into an independent researcher. Watching Jane master the technique of focus groups was one of these experiences. Her expert clinical knowledge and issues of the local environment laid important foundations for generating information for guiding and informing the action research project that was the focus of her dissertation work. Common goals, mutual respect, and reciprocity within the research team, particularly between the student and supervisor, are important ingredients in the recipe for research success.

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Conclusions

We have outlined some of our experiences not just about conducting focus groups from a technical perspective but also about the key steps that are needed in the research setting. Taking the time to develop effective relationships that are internal and external to the research team is pivotal to conducting research. As in all relationships, adversity and success are managed more productively when there is respect, reciprocity, and mutual affection. Our partnership has been a success story; graduation is imminent, articles have been published, and, importantly, we have achieved our goal of improving outcomes for a vulnerable population. We wish you the very best in your research journey and hope we have assisted you in chartering the journey.

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