SELECTED REFERENCES DOCUMENTING THE VALUE AND APPROPRIATE USE OF TELEPHONE FOCUS GROUPS

This is a small sample of the most relevant articles and reports on telephone focus groups. Please note articles appearing in boxes indicate those for which full or partial text is attached. Also note the article by M. Simon, "Focus Groups by Phone: Better Ways to Research Health Care" appeared in *Marketing News* as early as 1988. (Text for this article is not provided here because it must be retrieved from archives by an American Marketing Association member, but can be obtained upon request.)

Appleton, A. et al. (2000) Living With an Increased Risk of Breast Cancer: An Exploratory Study Using Telephone Focus Groups. *Psycho-Oncology,* 9(4), 361.

Balch, G.I. (2005) C.A.T. (Computer-Assisted Telephone Focus Groups): Better, Faster, Cheaper, *Social Marketing Quarterly*, 7(4), 38–40.

Cooper, C. P., Jorgensen, P.H. & Merritt, T.L. (2003) Telephone Focus Groups. *Journal of Women's Health*, 12(10), 945-951.

Frazier, L.M., Miller, V., Horbelt, D.V, Delmore, J. , Miller, B.E. & Paschal, A.M. (2010) Comparison of Focus Groups on Cancer and Employment Conducted Face to Face or by Telephone, *Qualitative Health Research*, 20(10), 1-11.

Hurworth, R. (2004) The Use of Telephone Focus Groups for Evaluation, Paper presented at the Australian Evaluation Society International Conference.

Krueger, R. (1994) *Focus Groups.* Thousand Oaks, Ca: Sage. (book)

Krueger, R. (2002) Focus Group Interviewing on the Telephone.
http://www.tc.umn.edu/~rkrueger/focus_tfg.html

Ruef, M.B. (1997) The Perspectives of Six Stakeholder Groups in the Challenging Behavior of Individuals with Mental Retardation and/or Autism. PhD Dissertation. Lawrence, KS: University of Kansas.

Silverman, G. (1994) Introduction to Telephone Focus Groups.
http://www.mnav.com/phonefoc.htm

PLEASE NOTE: This article contains several errors that seem to be typographical; it appears to the Contractor that when the article was uploaded to the Market Navigation Web site several sentences were cut off. The Contractor did not alter this article in any way. Although it includes such errors, the article is cited frequently as one of the most thorough and authoritative sources on telephone focus groups.

Silverman, G. (2003) Face-to-Face vs. Telephone vs. Online Focus Groups.
Market Navigation, Inc: http://www.mnav.com/onlinetablesort.htm

Simon, M. (1988) Focus Groups by Phone: Better Ways to Research Health Care. *Marketing News*, 22, 47.

Stewart, D. & Shamdasani, P. (1990) *Focus Groups.* Newbury Park, Ca: Sage. (book)

White, G.E & Thomson, A.N. (1995) Anonymised Focus Groups as a Health Tool for Health Professionals. *Qualitative Health Research*, 5, 256.

CDCynergy: http://www.cdc.gov/healthmarketing/cdcynergy/

CDCynergy was developed by CDC's National Center for Health Marketing as a multimedia CD-ROM used for planning, managing, and evaluating public health communication programs. This innovative tool is used to guide and assist users in designing health communication interventions within a public health framework. Originally created for use within the CDC, the idea of an institution-wide planning model found its way outside of the agency. CDCynergy has been adapted for use by public health professionals on a national, state, and/or local level. The CDCynergy CD-ROM discusses the value of telephone focus groups in its section on formative research. To order a copy of CDCynergy Basic Edition please contact the Public Health Foundation at http://bookstore.phf.org/prod838.htm

COMMERCIAL SOURCES THAT DEMONSTRATE THE MAINSTREAM USE OF TELEPHONE FOCUS GROUPS

From a basic Google search on terms "telephone focus groups," about 94,000 listings appeared covering a wide range of academic discussion, peer-reviewed journal articles -- but predominantly commercial entities offering their services. This represents a small sample, ranging from large research firms to niche firms.

Market Navigation, Inc.

www.mnav.com

Reactions and Opinions, Inc.

http://www.reactionsopinions.com/Admin/Tools/FocusGroups/tabid/70/Default.aspx

Kaplan Research, Inc.

http://www.kaplanresearch.com/telefocus.html

Group Wisdom, Inc.

http://group-wisdom.com/index.php?page=Telephone Groups

Ervin Marketing Inc.

http://www.ervin-marketing.com/whitepapers/wp_focus.htm

Survey Digital, Inc.

http://www.surveydigital.com/research/techniques.html

Focus Research, Inc.

http://www.focusresearchinc.com/

JRH Marketing Services, Inc.

http://www.jrhmarketingservices.com/services/services.html

Lake Research, Inc.

http://www.lakeresearch.com/tools/index.asp

Social Science Research and Evaluation, Inc.
http://www.ssre.org/services.html

INTRODUCTION TO TELEPHONE FOCUS GROUPS
©**Market Navigation, Inc.**

By George Silverman
President, Market Navigation, Inc.

Who should read this report

This Special Report is for marketing executives, marketing managers and marketing researchers of client companies, agencies, marketing research companies and independent moderators who are just learning about telephone focus groups. It is intended as an introduction to acquaint you with the basics: when to use them, how they compare with face-to-face groups, and some of the logistics.

I also offer a course on how to run telephone focus groups, for experienced moderators who want to learn to actually run telephone groups. If you're interested, let me know.

Much of the following material has appeared as articles in my Market Navigator Newsletter. I have left in some redundancies where I thought the material important enough to be included for the person only reading that particular section.

What you will learn

- Six important lessons I learned from the invention of the telephone focus group.

- The answers to the 16 most frequently asked questions about telephone focus groups.

- Why telephone focus groups are actually superior to face-to-face groups in most situations.

- The electronic advances that enable telephone focus groups to work so well.

- How to identify and reach the people who are even more important than your customers.

The Important Lessons I Learned from the Invention and Development Of The Telephone Focus Group

Many years ago, I conducted my first telephone group. I had been an amateur magician all my life, but this was *real* magic - strangers from all over the country talking with each other as if they had known each other for years! I still remember the feeling of amazement and exhilaration that people talked with each other more interactively and openly than they do face to face. I wondered, "Has anyone else noticed this? Why don't more people use conference calls, especially for other things than boring sales meetings? How can this undiscovered capability be used to create valuable products and services which would make a lot of money?"

I know that you want to get right into the nuts and bolts of how to use telephone focus groups. But I thought that you'd enjoy it - and get a deeper understanding - if I first told you about how I developed this technique. If you're one of those people who wants to get

right into the machinery, just skip to the next section, frequently asked questions about Telephone Focus Groups..

I ran my first telephone groups in 1969. Ron Richards - then President of TeleSession Corp. and now a marketing consultant and president of Venture Network in San Francisco - and I were trying to develop a way to bring people together so that they could learn from each other, instead of from more formal education from teachers. This is called peer learning. I was Executive Vice President of the company and also a practicing psychotherapist. I had been a school psychologist, and had extensive training in Group Dynamics, a field of study which had just come into its own in the 1960's. That was the time of the encounter group, the sensitivity training group and the T-group, among others. *Everything* in those days was attempted in groups, and I do mean everything. A great deal was learned at the time about how groups work, how to create the right atmosphere for participation, and how to interpret what was going on in groups.

Our advertising agency ran several focus groups to develop and refine a previous business concept. The moderation was unimpressive, to say the least, even though the moderator was a high level, very bright person in a major agency, later to go on to become quite well known in the agency business. That lead us to:

Lesson #1: Not everyone, no matter how bright and knowledgeable, can - or should - moderate focus groups.

Since I had just spent several years learning how to moderate groups, Ron and I decided that we would conduct future focus groups ourselves. We conducted about 50 face-to-face focus groups, on all aspects of the business: concept, marketing and advertising, with different possible market segments. It's interesting to note that we couldn't run telephone groups because one of the things that we were investigating was people's attitudes toward telephone groups. If we had run the groups on the phone, many of their qualms would have been satisfied before they were expressed.

We eventually developed a concept and an advertising campaign which offered conference calls to people for the purpose of exchanging information with each other. The people themselves would pay for participation, for the fun and information they would get from talking with people who shared their interests. It was something like a high-level version of the 900 number chat lines that later developed, except that the phone company wouldn't develop such a service at the time. They wouldn't offer a way to bill customers for services delivered over phone lines, and they wouldn't sell conferencing equipment. They were making quite enough money as a monopoly, thank you. They wouldn't even listen. "We don't do that." Things sure changed when they became a business! The ordinary conference call: terrible quality but great dynamics - when they worked.

In the meantime, I had been experimenting with conference calls set up by the phone company. The experiments convinced us that the conference call was a superb and totally undeveloped delivery mechanism for the exchange of information, but that the phone company's equipment and procedures were woefully inadequate. About half of the calls broke down from howling noises, static and other problems. We had outside consultants develop equipment for us that would allow the kind of interaction and control that we wanted. That lead to:

Lesson #2: The equipment makes a tremendous difference

But even with the inadequacies of the existing equipment*, I was struck by how much more comfortable and open people were in phone groups than in face to face groups.* More importantly, I was struck by how much more productive the discussions

were: there was more cognitive information and more emotional content. I couldn't believe my ears, so I conducted informal experiments with randomly selected people alternatively assigned to face to face groups, blindfolded groups and telephone groups. Independent observers rated the telephone groups to be much more informative, with the blindfolded groups a close second. When I told one of my former group dynamics professors about this, she conducted groups of people alternatively facing in toward each other (in visual contact) and facing outward away from each other (not in visual contact). She reported that the content of the discussion was more to the point, more focused and more productive when participants were not able to see each other's faces. However, participants were intensely uncomfortable being next to each other without being able to see each other. The phone, of course, eliminated this discomfort. This lead to:

Lesson #3: Discussions are more productive on the phone than face to face, but the participants don't necessarily realize it

We started testing our peer exchange service by bringing together gourmet cooks/cookbook writers, photographers and international travelers in dozens of conference calls. The information flow was nothing short of astounding. However, the participants would not pay for the service at price levels that would make the service profitable, given our billing costs.

Then, I got the idea: If manufacturers of food products, photography equipment and providers of travel services could only hear the sessions we were conducting, they would be able to respond to their customers' needs better.

Since we had agreed to maintain confidentiality with our participants, we were just about to ask our participants if we could run some special, non-confidential sessions when a couple of people from ad agencies who had heard about our services asked if we could run focus groups of hard-to-reach, geographically dispersed people.

Of course, we jumped at the chance. I was open with them about my lack of marketing knowledge at the time. I said that I could get virtually any category of people to participate in any legitimate discussion, and that I was expert at getting information, even of a deep psychological nature, from people; however I would need guidance about what information was needed. Fortunately I had some pretty savvy and patient clients, about half of the top 20 advertising agencies (the other half thought the idea of focus groups on the phone was too unusual to try at first.) and some very large and sophisticated companies. This lead to:

Lesson #4: If you admit what you don't know, knowledgeable people may be willing to teach you.

At about the same time, we approached pharmaceutical companies because their customers, physicians, are among the most inaccessible people. I had grown up in my father's pharmacies, always pestering him to explain to me what every drug was for, so I was knowledgeable about prescription drugs and comfortable with physicians and medical terminology.I was selling better groups, they were buying hard-to-get respondents

Trying to sell telephone focus groups was a baptism of fire, since what I was selling was more *interaction, openness, information and creative ideas*. No one believed me, and it didn't matter anyway since what they were buying was *access to difficult-to-reach physicians*, particularly specialists. Prospective clients would challenge me by asking if I could get dermatologists specializing in a particular condition, or heads of burn clinics, or alcoholism specialists, or Parkinsonism specialists. These were, in fact, our first groups. I would brashly say, "Sure, even if you want red-headed, left-handed gynecologists, if you give me a list and I can't get them, you don't pay." We got a lot of business. This lead to:

Lesson #5: Given the right methods, you can get almost anyone into telephone focus groups. (More about this later)

We discovered that the additional openness of people in phone groups was even greater for physicians than for most other people. Physicians have a lonely job. They operate under conditions of information overload, high expectations and extreme ambiguity and uncertainty. They want to, but can't, discuss their mistakes, knowledge gaps and doubts so that they can learn from each other. They need to "let their hair down" with their peers, but can't afford to do so with people in their immediate area. In telephone focus groups, we discovered that physicians are routinely willing to even discuss how they have killed people by using inappropriately high dosages of medications, how they had incorrectly diagnosed and treated patients, how they cut corners from accepted practice, and where they are uncomfortable with the gaps in their knowledge. Most clients became converts after their first session.

It is also interesting to note that most of my initial clients, especially in the pharmaceutical industry, who were among the first to dare to use this radically new technique, are now among the top people in the industry. When I had to conduct a focus group of pharmaceutical company presidents a few years ago, I was able to recruit most of them from former clients. I'm not claiming that telephone focus groups made them what they are today, but instead that these were the kinds of people who were not afraid to take leadership in trying something new.

I have always believed that I'm offering a *better group* in the sense of providing more information. My clients are primarily buying access to difficult to reach and geographically dispersed people. Since there's no conflict between what I'm selling and what they're buying, everyone's happy. This lead to:

Lesson #6: What you are selling isn't necessarily what the customer is buying.

I was selling better groups, they were buying access.

**Answers To The Most Frequently Asked
Questions About Telephone Focus Groups**

Why Run Telephone Focus Groups?

In comparison to face-to face groups, telephone focus groups deliver:

- Difficult-to-recruit people

- High level

- Geographically dispersed

- Low incidence

- Higher quality respondents

- Lower cost

- Greater openness, interaction, focus and intensity. Less posing.

- Wider geographical representation: nationwide, regional or district

- Ability for your highest level people to listen in without travel

- Greater speed from initial order to first groups, and from first group to completed project.

When should I think of using telephone focus groups?

Anytime that you are thinking of conducting focus groups or individual interviews, you should seriously consider telephone focus groups. Participants are less intimidated and more open because they can't see each others' expressions of disapproval, and because they are from different cities (so they are not actual or potential competitors or colleagues). They are more willing to disagree with each other. You get greater frankness and group support on the phone, so that even sensitive topics - where you would ordinarily think of individual interviews - can be conducted by telephone focus group. The times when telephone focus groups are particularly effective are:

1. Anytime it is difficult or impossible to recruit people into focus groups. This includes the obvious "impossible" people: Experts, physician specialists, high-level executives, department heads and store owners. Also, to reach other kinds of "prescribers" and "recommenders" who don't necessarily buy directly: Physicians, pharmacists, nurses, researchers, technicians, consultants, engineers, architects, store salespeople, chain buyers, managers, economists, legislators, corporate presidents, hospital administrators and your own star salespeople.
2. When respondents are rare, "low incidence," or widely dispersed geographically: Heads of various kinds of clinics, famous thought leaders, users of a prototype, beta testers, users of a newly introduced product, rural practitioners, etc.
3. When there are issues which are so sensitive that anonymity is needed, so you must get people from a wide geographical area: users of stigmatized products, high income individuals, competitors, people who are doing something "wrong," etc.
4. When speed is essential;
5. When people are unwilling to open up;
6. When you want greater informality, willingness to speculate, more creative ideas;
7. When you want nationwide or region wide representation;
8. When you are testing an unusual concept;
9. When you only want to conduct a couple of groups, but want nationwide representation.

It sounds like you would totally replace face-to-face groups with telephone focus groups!

No, not quite, I conduct face-to-face focus groups when people have to "kick the tires," for easier-to-get respondents, for day-long creativity sessions, with young children, when video tapes have to be shown during the session, and when clients have to go to a fun city like San Francisco in order to get key company executives to come along to listen to the sessions!

How do telephone focus groups work?

Respondents are invited by phone, from your lists or ours, to participate in a nationwide group telephone discussion at a specific day and time. We send them a confirmation letter. We place a reminder call a day before the session. About 15 minutes before the session, we call each participant, remind him/her that we will be calling, and ask the participant to inform any members of the family that the call will be coming in. At session time, we call them at their home or office anywhere in the country from our high-quality, state-of-the-art

telephone conference system. They hear carefully selected music for a few seconds, and the technical assistant welcomes each participant individually and checks the line. The music stops and our moderator guides the discussion using techniques designed to create maximum interaction between participants. You and your colleagues can call in from anywhere. You can have notes passed to the moderator by faxing them, or by pressing *0 on your telephone touch-tone pad. You can give inputs to the moderator's assistant without being heard by the participants, as if you were behind a one way mirror. The sessions last for about an hour and a half and provide about as much information as a two hour face-to-face session, because they are more intense, and no warm-up is needed.

But don't you have to see facial expressions and body language?

No. This is the most misunderstood and hotly debated - usually before people have heard their first groups - issue about telephone focus groups.

The phone is hardly an alien mode of communication. Most people turn gestures and facial expressions into "verbal gestures" on the phone. Without even realizing it, they make remarks like, "Uh-huh, yeah, nah, umm," they laugh, etc. Our conference system allows us to hear these clearly, unlike others which only allow one voice at a time to be heard. In fact, there are *many advantages* to phone groups which *arise from the fact that the participants can't see each other*: (1) People on the phone will usually verbalize in whole sentences what would have only been a scowl or head nod. (2) The phone is a very intimate and focused medium, allowing us to cover more in less time. (3) People don't have a sense of group size on the phone, so they are less inhibited. (4) Silence is less tolerable on the phone, which draws people out. We use first names, encouraging informality and protecting anonymity. Since there are less social distractions, the participants settle down to a productive discussion faster. Since people don't usually know each other, there is less role playing.

More about this later.

How do you know who's talking? What keeps it from becoming a chaotic free-for-all?

Telephone focus groups over our state-of-the art equipment, using our methods, are more orderly, yet more interactive, than face-to-face discussions. The participants use their names when they talk. This becomes quite natural, even during rapid interaction. If two people try to talk at the same time, our computer screen indicates who they are, and if one does not defer to the other, it's a simple matter for the moderator to call on one of them, then the other. Of course, in a telephone focus group, all remarks are automatically directed to everyone, so the conversation never breaks down into side conversations.

Is any kind of special equipment needed for the participants or the listeners?

No. Any ordinary telephone, cordless phone, or speakerphone is OK. On our end, we have a state-of-the art teleconferencing facility specially designed for telephone focus groups. There is instant dial out to participants so people do not wait more than a few seconds before being greeted by a live person and beginning their discussion with the moderator. Our features include the use of a fiber optic network which maintains the highest possible fidelity and audio quality. People sound like they are right next door. There is no voice blocking (where only one voice at a time is heard, with the others blocked), so barriers between participants disappear and interactive conversation increases. The moderator is able to view asterisks on a computer screen which indicate who is speaking. This enables him/her to respond instantly to people by name and know where they stand on any issue. Instant electronic participant polling is possible as well as instant client contact with the moderator. Clients may participate from ordinary telephone handsets, or take advantage of our remote talker ID capability. This lets a client dial into the conference system by modem, and view the same screen the moderator is seeing. The client can know at all times who is talking and who is voicing agreement. For more information on our system features call me at 914-365-0123. There is also some more detailed information on the conference system later in this report.

What kind of participant incentives do you offer?

For 17 years, I offered no monetary incentives, *not even to physicians*! The reason they participate is to compare their experiences with a nationwide group of other people similar to themselves, and to learn from each other, without any inconvenience. A major part of the creativity that we bring to project design is in selecting topics which are interesting enough to the participants to attract them, yet which serve the purposes of the research without biasing the results. At this point, we offer honoraria. When this is done, we get somewhat higher attendance rates and greater participant cooperation. The rates are usually a little less that we offer to people to participate in face-to-face groups.

How does the cost compare with face-to-face groups?

Telephone groups are usually slightly less expensive, for comparable respondents and moderators (keep in mind, however, that we are almost always going after a higher level of respondent). Sometimes, when you compare the cost of just the recruiting and facility rental, this difference may be as little as 10%, or even less.

However, it's in the "hidden costs," which are not so hidden anymore, that the savings really become important. Often, because of better geographical representation, you can conduct less groups. So a six group project on all regions of the country, may turn into a

four group project, or stay at six groups with more depth (and therefore more value). Then you have to consider such hidden expenses as travel, extra people wanting to tag along, and entertainment. When you add up slightly lower facility, recruiting and incentive cost, no respondent or client food, no travel, and less groups telephone groups can be dramatically less expensive, sometimes even 20-40% less. The research director of one company called me up when I previously quoted such a figure and said that I was way off base: he said that he usually has to travel with about 10 other colleagues to each group. His travel is much more than the price of the groups! In his case, he can cut his research costs by more than half! Using the new remote video technology might be an answer, but it isn't available in many of the smaller towns that he has to cover, and video has its own severe limitations (such as the camera often being pointed at the speaker rather than the rest of the group, or all of the rest of the limitations of face-to-face groups that are explained later in this report).

This, of course, doesn't take into account the less wear and tear on the moderator and the client research manager and its consequent improvement in productivity. You may have to stay on the phone a few evenings, but there are no plane delays, airline food, or other travel wear and tear. You can be back at work the next morning rather than on a plane going to the next city.

Your mileage and savings may vary.

How long does it take to set up groups?

About two to three weeks is usual, depending on our work load, types of respondents, complexity of screening, etc. We have conducted groups in as little as one day after our client was hit with an emergency. Since we do not have to travel, we can run more groups per week to get your study done faster.

I've heard telephone focus groups that were terrible, with little interaction, poor audio quality and an impersonal feeling from the moderator and the participants.

I've listened to similar groups, both face to face and telephone. Unfortunately, not everyone running groups is cut out for it. Conducting telephone groups requires an extra measure of sensitivity, together with an ability to project informality, friendliness, naturalness, openness and psychological safety. The telephone is an extremely intimate, personal, and informal medium, but it is also very intense, and tends to magnify and deficiencies of the moderator. The moderator has to be able to take advantage of this intimacy, informality and intensity. When you try telephone focus groups, make sure that you use an extremely experienced moderator. If you have a favorite face-to-face moderator, don't judge the entire technique of telephone groups by that one moderator's first groups.

On the issue of poor audio quality: there is no excuse for it. The session should sound as least as good as *or even better than,* a regular telephone call. With the proper equipment and training of technical assistants, there is no reason to settle for anything but perfect audio quality and a high level of professionalism from the people running the equipment. They should sound conspicuously *not* like "operators." Every detail, even the opening music that is used while people are waiting for the session to begin, has an effect on the dynamics of the group.

What do we get?

Usually included in our fee is: Design consultation, recruiting, use of third-party telephone conference system, participants' telephone line charges, moderating, summary report, recording, telephone client/moderator debriefing session. The only thing not included is clients' telephone line charges, since they call into the session. Clients usually provide an inviting list. An added bonus in most projects is a Decision Support Analysis, which is a detailed breakdown of where the participants are in the decision making process, including recommendations for how to move them ahead toward adoption of the product. It is based on the Decision Map, a flowchart of the product adoption process based upon our experience with thousands of groups.

What is your background?

I am a completely recovered and reformed psychologist. My training is in educational and clinical psychology, but my primary interest is in the psychology of marketing, decision-making and persuasion, for which the formal study of psychology has not prepared me, but several decades of marketing consulting has. I have written and lectured widely on marketing and marketing research, am the inventor of the telephone focus group, the Decision Map, Persuasion Design Laboratories and Electric Advisory Groups, discoverer of Total Decision Support and co-inventor of the peer word of mouth group. I have been a Founding Member, Treasurer and member of the Board and Executive Committee of the Qualitative Research Consultants Association (QRCA), and have been Chairman of its Professionalism Committee. I co-founded TeleSession in 1970. As Executive Vice President, I was responsible for the development of all programs and services for nine years. In 1979 I founded Market Navigation, Inc. and The Teleconference Network. I am completing a book on Total Decision Support. In a strong belief that a marketing consultant needs to be well rounded, I'm an avid photographer and windsurfer. I'm a member of the Parent Assembly of the Society of American Magicians and have appeared in its New York Close-up Magic Show, and am also a member of the Academy of Magical Arts (The Magic Castle) in L.A. I just like to do the impossible.

What are the different kinds of research purposes that can be accomplished by telephone focus groups?

I have conducted PhoneFocus groups for the following purposes:

Ad testing	New product design	Product tracking
Concept development	Opinion analysis	Questionnaire generation
Copy testing	Taste tests	Questionnaire follow-up
Decision analysis	Persuasion design	Reasons for heavy usage
Idea generation	Problem solving	Reasons for "try & drop"

Image studies	Product acquisition	Packaging tests
Needs analysis	Product positioning	Word of mouth analysis

What is the best way to try them?

Try running a small project of 2-4 sessions, on a subject where you anticipate having difficulty getting respondents to participate. That way, the methodology is easy to justify to skeptics within your organization: it's either telephone groups, individual interviews (lacking interaction and depth), or nothing at all. If you can, try it for the first time with a subject which is a little less important, and thereby a little safer, because you usually don't want to try *any* new methodology on a critically important issue. About half of our new clients try us in this way. The other half have a crucial issue, with high level respondents, that must be investigated in a few weeks, where they want many people from the home office to listen to the groups. Telephone groups are the only way to go. This last scenario lets you and us become heroes (we've *always* come through), but, if at all possible, it's better to try to get to know telephone focus methodology under less stressful conditions. Under normal circumstances, telephone groups are relaxing, with you at home in comfortable clothes, with your feet up and favorite drink in hand, and your dog at your side. Also, you can sleep in your own bed that night, with better research results to talk with your colleagues about in the morning.

The Shocking Truth about Telephone Focus Groups

A surprising thing happened as I was writing this report. I originally intended to write a guide to the telephone focus group, outlining its specialized uses for difficult-to-reach people. As I put down in one place things that I had never seen together before, I began see them in a whole new light. I came to an astonishing conclusion, which I'll get to in a moment.

After writing the first section on how I developed the telephone focus group, I examined the *conditions* under which both *face-to-face* and *telephone* groups are conducted. In looking back at the thousands of *both* kinds of groups I have conducted over the last two and a half decades, I began to realize that I have been falling into a trap all these years: I have been defending telephone focus groups as *almost as good* as face-to-face groups, assuming with everyone else that they could never be quite as good because you lose the visual element which so enhances the ability to interpret what is being said. The obvious justification of telephone groups, I thought, was to bring together low incidence, hard-to-reach, geographically scattered professional and business people.

I was wrong, wrong wrong. (The only other time I was wrong was in 1972, when I thought I had made a mistake! [Just kidding.])

For me, the amazing and unavoidable realization that has emerged is:

The telephone is the *preferable* way to conduct *most* focus groups.

This may sound outrageous to you, but let me share some of my experiences and thinking with you, and see if you arrive at the same conclusion. Don't accept at face value anything I

say. Judge for yourself. After all, if I'm right, you may be able to cut down the time you spend on airplanes, in hotels, and behind - or in front of - one-way mirrors.

What happens when you put a group on the telephone?

The phone has its advantages and disadvantages. Let's understand them by first looking at the environment of face-to-face groups and then comparing what happens when you put a group of people on the phone.

Face-to-face sessions are the ones that are unnatural

Most people reading this will have seen so many face to face focus groups that they no longer notice how artificial the situation is. As the saying goes, "The fish is the last to discover water."

Ever since the focus group was moved out of people's living rooms and clients started tagging along, **the whole situation has become very unnatural**. (In fact, focus groups and individual depth interviews are the only kinds of marketing research where the client attends the actual the collection of the data and is therefore able to jump to conclusions in the middle of the research instead of waiting until after it is over to jump to the same conclusions.)

Since clients attend focus groups, cities are often selected according to where the client wants to visit, rather than based upon strictly research considerations.

Respondents are asked to leave home to go to a facility in a mall or office building. They often dress up - even professional people - since they are going to a special place. They are anxious about what will happen, what people will think of them, and even if they will find the facility (those few who have not been there many times before). They walk into a place of business, with desks, fluorescent lights, a waiting room, strangers walking around, and some very friendly people trying to make them "feel at home." They are usually asked to fill out a questionnaire, then ushered into a room with a table, or a phony living room, with a big mirror covering one wall, and microphones hanging down from the ceiling.

A wonderfully engaging moderator welcomes them, tries to get them to relax, and tells them that there are "no wrong answers," an obvious lie. In the meantime, they don't know where to look, how to behave or what will happen. Even before they introduce themselves, they are trying to size each other up. During the discussion, they may worry about what will get back to family, friends, professional colleagues or competitors. It is usually inadvisable to mix men with women, doctors with nurses, users with ex-users, or other combinations where people will tend to intimidate or bias each other.

It is difficult to think of a situation which is It is a real tribute to the better moderators, who can loosen people up as much as they do under these trying circumstances.

That's the situation. There are also abuses which should not be blamed on the face to face situation itself, but which are made easier by the setting: Respondents often see the clients in the hallway or hear them behind the one-way mirror. Friends are often invited to different groups, briefing each other between sessions. Of course there is the chronic problem of "professional respondents," people who attend focus groups on a regular basis to supplement their incomes.

There is also the *overused respondent*, which is unavoidable in some cases. For example, some medical specialists such as rheumatologists (arthritis specialists) are in short supply.

You have to have a minimum of about 50 in an area in order to recruit a group. This leaves about 6 cities in which you can conduct a face-to-face group. The rheumatologists in these cities use the focus group as a social occasion. They are invited almost weekly to someone's focus group. They are very selective, participating every few months. They pick and choose according to what topic sounds most interesting. In Atlanta, I heard such comments as, "Hi Joe [another physician], haven't seen you since the last focus group." "Are we going to be doing a concept test, or position a product? I hope you have animatics. I love them." They even stayed at the end of the session, inviting me to listen while they gave me a "critique" of my moderating, knowing that my clients were behind the one-way mirror! Fortunately, I had warned my client that these would be far from "virgin" respondents. Also, their critique of my moderation was extremely positive. (They weren't so complimentary about the food, however. One cupped his hands around his eyes and pressed them to the one way mirror, enabling him to see into the observation room. He said, "How come they get better food that we get?")

I'm not saying that all participants are uncomfortable in face-to-face groups, although most of them are at least somewhat wary. Some are excited, and glad to get other adults to talk to. Some are eager to perform. The point is that they are in a **very unnatural situation which tends to distort their responses**.

This is widely regarded as the "regular" and "natural" way to run focus groups!

Let's contrast this with the phone.

Telephone groups are more natural

The participant is invited, usually from lists provided by the client, to participate in a telephone discussion on a particular topic. Participants are selected with a **representative mix of urban and rural participants, from different geographical regions**, in fact, with whatever geographical restrictions are most appropriate to the research objectives. The participation of **professional respondents and frequent respondents are minimized**, since we have the whole country to pull from and don't have to stay with the same people in the major cities.

No one has to travel anywhere, since the participant will use whatever phone he/she designates, usually at home in the evening, sometimes in the office during the day. There is, therefore, **no anxiety about finding the location**, or what will be found there. **Dressing up is obviously inapplicable**. Quite the contrary, people report that they have gotten out of their work clothes into something more comfortable. An occasional participant has mentioned participating in his or her pajamas.

They don't have to be made to "feel at home." They Most people have a room with a phone extension in which they can participate without distraction. They are not "eyeballing" each other, judging how they are dressed, pre-judging who they are and who they remind each other of. There is no one-way mirror, no special microphone (it's already there in the mouthpiece of their phone), no artificiality of any kind.

They feel safer in their own natural environment, talking into their own phone, eating and drinking their own snacks, sitting in their own favorite chair, in (or out of!) their most comfortable clothes. As they look around, they notice *nothing* alien or out of the ordinary.

Adding to the feeling of safety is the subconscious realization that if it gets too uncomfortable, or is not what was promised, **they are secure in the realization that escape is easy**; all they have to do is hang up, which is extremely rare. No one sees them "walk out." (Of course, my sense of safety is enhanced by the fact that *I can disconnect* any

participant who is disrupting the group, without the group knowing that they have left. I've only had to do this twice in twenty five years.)

They listen for a while to some music which is known to put them in the right mood of relaxed anticipation (*not* elevator or waiting room music!). A very friendly, and conspicuously informal moderator gets on the phone with them, introduces them to each other, gives them some tips on participating, and starts the discussion. The introduction sounds so personal that often participants are already responding to the statements in the introduction as if the moderator is *personally talking to them*, saying "Uh, huh," "Sounds good," "Will do." This is because when the moderator, or anyone else, is talking, his voice is going into *each and every* person's ear *as if he is talking directly to that person*. In contrast, in a face-to-face group, when I am looking at one person, I am perceived as talking to him or her, since I'm not looking at the others. If I move my eyes to all of the participants, I'm perceived as not making personal contact with anyone. So, **in a face-to-face group, even though people are**.

Everyone is introduced by first names except for experts, who are introduced by full names but urged to participate on a first-name basis. The **informality of the telephone** encourages this.

People are freer to interact, especially to disagree with each other, since they can't see each other and don't anticipate disapproving scowls from the other people. They quickly and naturally learn to identify themselves when they talk by mentioning their first names: "This is Joe, and I'd like to add to what Mary said..." Also, **since they can't see each other, there is very little perception of group size**. An eight person group usually feels like only about three or four people. No one is at the head of the table, no one is sitting closer to the moderator, or next to anyone else. Side conversations, sitting in the "power chair," passing notes, and other distractions are eliminated. Also, people are drawn out even further because silence on the telephone is even more aversive than it is face to face, so **people are quickly drawn in** to fill the vacuum. Yet, interruptions are less frequent on the phone.

The electronics at our end process every line, dramatically enhancing sound quality, volume, frequency response and clarity. At the participants' end, they notice nothing different except an unusually clear connection. What the participant hears usually sounds like a normal phone call at its best, as it would be from a friend down the block. What *you* hear is the best focus group tape you've ever heard, since the microphones are an inch from each participant's mouth!

Our electronics make it very easy for the moderator or participants to interrupt, so that you can hear grunts, groans, laughter, etc. This is absolutely necessary for moderator control and participant involvement.

Since there is less intimidation, heterogeneous groups are not only possible, they are highly productive. People you would never mix before, such as surgeons and dietitians, or cardiologists and nurses, can be mixed as long as they are not from the same city. A nurse will take on several leading cardiologists on the phone in ways that are unthinkable face to face. Of course, you are not restricted only to the major cities to get medical specialists, or factory managers, or hardware store owners, or car dealers. Competitive issues are minimized or eliminated. There are few professional or overused respondents, since you can reach out into the whole country, rather than be restricted to the largest cities for certain types of respondents.

I have conducted extensive post session interviews with both telephone and face to face focus group respondents. The telephone respondents *do* have some anxiety and discomfort,

but it mostly centers around how eight people can possibly interact naturally on the phone without chaos. There is also some performance anxiety, just as in face to face groups. But there is no doubt that telephone participants are more relaxed and comfortable before and during the session.

In summary, the telephone focus group is characterized by *informality* and *comfort*, coupled with the perception that "everyone is talking with *me*," a *lack of visual distractions and intimidation*, a *feeling of safety* since participants are hiding behind their telephones in their own natural environments, and a more *accepting and intimate contact*. In a word, *naturalness*. All of these combine to make people interact with each other more openly. In addition to the greater interaction, participants can be chosen more appropriately, since there are no geographical constraints.

This brings us to the conclusion:

> **The Telephone Focus Group is the more natural, less artificial, superior "environment" for a focus group.**

It's not "the next best thing to being there." It's better than being there since it opens people up by removing artificiality and introducing certain elements which work toward openness.

For years, I have been justifying why telephone focus groups are *almost* as good as face to face. People ask me questions which clearly come from their willingness to believe that telephone groups can be almost as good, but lacking the visual element, telephone groups obviously could never hope to be quite as good. What I have now realized is that it is *precisely the lack of the visual element which creates the conditions that allow telephone focus groups to be better than face to face.*

Interpretation: how to do it when you can't see facial expressions and body language.

O.K., but the case still needs to be made for telephone focus groups being *the preferred way of running a focus group*. I have established that the environment is more natural and people are more open, but do you really get more information?

After all, people may be more open, but if you can't access the information, you haven't achieved anything. Undeniably, you are cut off from the visual channel in a telephone focus group. You can't see facial expressions, gestures and body language, so how do you interpret what the participants are saying?

Non-verbals are the key

Facial expressions, gestures and body language are part of a more general class of expression called *non-verbal communication*. The "non-verbals" as they are called familiarly, are an essential part of communication. They tell us a whole range of information, such as emotional content, strength of beliefs, credibility and sincerity. Certain things like irony, sarcasm, annoyance and other emotions are usually communicated entirely non-verbally. Non-verbals are particularly important when they don't match verbalizations. If you've ever read a transcript of a group that you have seen, I'm sure you were amazed at the difference. It just isn't the same group. *The transcript is the pure example of verbalizations without non-verbals*. As such, it is so misleading that it is completely invalid as a data collection tool. You can't read a group from a transcript alone.

There are other non-verbals besides the visual

But facial expressions, gestures and body language are not the only non-verbals. They are only the ones which are. If you've ever had the pleasure of knowing a blind person, you know the kind of sensitivity they develop without visual input. It's uncanny. They often sense emotions and mood changes before you are aware of them yourself. How? By hearing nuances in tone of voice, choice of vocabulary, pitch level, number and kind of hesitations, rate of speed, trailing off or picking up of volume, and many other speech subtleties. There are many other non-verbals communicated auditorily, such as "verbal gestures" like "Uh- huh," "Nah," and the like. A blind person can't drive a car, but in the area of tuning into people, they are far from handicapped; many can claim the advantage. Just as I have trained myself to pick up subtle *visual* variations, such as changes in skin color, I have trained myself, over thousands of groups, to pick up *auditory* variations. I'm not nearly as skilled as a blind person, but I'm getting there.

Furthermore, **most people have learned to control their visual non-verbals**. People practice in front of mirrors. Also, they have been to school, where they learned to fake attention and interest so they wouldn't be "called on." Some people have become very skilled at having a "poker face." However, two things usually give them away: Their eyes and their voices. People have even learned to look you right in the eye when they are lying. But most people have not learned to control their voices. They certainly don't stand in front of tape recorders practicing.

In telephone focus groups, it's not only the voices that you can learn to read. It's also the pace of the session, how fast people jump in spontaneously, how much they ask questions of and react to each other, their verbal gestures, laughter, sarcasm, jokes, and silences. In short, there is an abundance of non-verbals in telephone groups.

It's even better than that. When people can't see each other, they translate many of their gestures into words, grunts, groans and similar auditory communications. It's funny to see a small child gesturing into the phone. Some adults still do this, but most have learned to communicate on the phone orally what would have come out as gestures. People actually change their behavior on the phone, expressing visual non-verbals into a different channel (oral/aural).

In addition, I have an indication on my computer screen when there is the slightest sound on a line. Since the mouthpiece is so close to everyone's mouth, I can hear *and see* even slight intakes of breath, sighs, clearing of throats and other subtle signs which would be impossible to discern face to face.

I actually use the fact that I can't see participants to encourage greater expression. I tell them that since I can't see them nodding or shaking their heads, I have to know whether a given person is speaking for all of them, or is a minority of one. But I also don't want them to waste their time repeating someone else's comments to agree with them. So, I say, I would appreciate a chorus of "Yeah, uh- huh, I agree," or "Nah, disagree, nope." They catch on fast, and it is often easier to tell consensus or disagreement on the phone than it is looking into a bunch of wooden faces. Of course, when this doesn't work, a simple "Where are the rest of you on this?" works just as well as in a face-to-face group.

The fact is that in both kinds of groups, there is an embarrassment of non-verbal riches - more than you can pay attention to anyway and *certainly* enough to read the group.

To sum up, in a telephone group you get greater openness, willingness to engage each other, willingness to express divergent thinking. In short, more *information*.

You *do* miss the visual element, but this element, valuable as it is, is not as essential as one might at first think.

With skillful attention and probing, you can "read" a telephone group just as well as a face-to-face group, sometimes better.

In balance, I firmly believe that you gain more than you lose.

Why they have not caught on more

The main reason that telephone groups have not caught on even more than they have (their growth has been phenomenal) is that, while participants are more comfortable on the phone than face to face, the moderator and the client are not. Most of us have been trained to rely on the visual element far too much, both for control and for interpreting events around us. Most of us have many years invested in learning to "observe." The observance of "body language" has practically become a cult, with an almost mystical flavor. No one wants to run a focus group "blind." Everyone who runs telephone groups, including myself even after all these years, feels the lack of the visual channel as a loss.

The other reason that more telephone focus groups are not conducted, especially in situations where face to face is adequate, is that "that's the way we do them, that's the way they've always been done." There is no problem, so "if it ain't broke, don't fix it." This traditional thinking makes it very difficult to justify telephone focus groups to bosses and clients.

When someone wants to try them, they usually wait for groups that can't be done any other way, since that's what will rationalize their use. Then everyone at their company gets the idea that telephone focus groups are for high level, rare and/or geographically dispersed respondents, a belief which I have unfortunately encouraged. I don't know of anyone who has heard telephone groups who has not become a convert to the technique, but I'm frustrated by how many of them have narrowly positioned telephone focus groups for only specialized applications. I even had one client who thought the only use of phone groups was for in-home taste tests in distant test markets!

Some added benefits

It's much easier to get people back at the home office interested in listening to telephone groups. There are the people considered too "low level" to be allowed to attend face-to-face groups who should (like writers, or assistant product managers, or trainees) or people considered too "high level" to travel to groups (like company presidents, general managers, and directors of R&D). They'll dial into groups they wouldn't dream of traveling to.

When to use Telephone Focus Groups

I have spent too much time over the years falling into the trap of trying to justify and defend telephone focus groups. I realized writing this report that telephone focus groups do not have to be justified, *it is face to face groups that do*. So, the answer to the question "When should telephone groups be the method of choice?" is: Always, except in the relatively few places where face-to-face groups are unavoidable. I can't avoid conducting face-to-face groups when the participants must actually handle the product (as distinct from being sent a videotape), when security considerations are such that you have to show them something that they can't be sent in the mail, for day-long creativity sessions, and for

groups of young children. For most other sessions, even with relatively easy-to-get participants, ***don't ask me to justify why focus groups should be done on the phone; tell me in any givin situation why they should be done face to face***.

Where it's all going

I remember the days in the late 60's and early 70's when there was a great debate, believe it or not, about whether you could do quantitative surveys over the telephone. I'm referring to the kind of surveys which require yes/no, multiple choice or numerical answers. Procter and Gamble and others did a great deal of research comparing sending someone around to ring doorbells (malls didn't exist in those days, but fortunately people answered their doorbells) *vs.* calling them on the phone. It was found that, if anything, phone surveys were more accurate. Then the debate turned to whether open-ended, qualitative studies could be done over the phone. Many experiments found that it is easier to discern over the phone whether people are lying. It became acceptable to conduct depth interviews by phone.

Someday, the phone will be just as acceptable, even the preferred way, to conduct focus groups. Most focus groups will be conducted that way in the future.

Still Skeptical?

If you're still skeptical, I'll bet it's because you haven't heard a phone group or you've heard some bad ones.

If you have heard some unimpressive phone groups, let me point out a few traps.

Not every good moderator is cut out for phone groups. The major mistake is formality coupled with a failure to get participants to respond to and talk with each other.

Also, most telephone conference equipment was designed by engineers to cut down on noise. But one man's noise is another man's data. You *want* to hear snickers, titters, grunts and groans. But most systems are voice blocked, so that you can only hear the person talking. This inhibits interaction and makes people feel invisible and ignored. You must be able to hear the other participants in the background and, above all, the sound must be natural, loud and clear. The electronics of most systems shut down the group, rather than make them more accessible and intimate.

If you've encountered any of these problems, don't blame them on the telephone focus group technique any more than you would let poor moderation or an inadequate facility invalidate the whole face-to-face methodology.

There's no doubt about it: telephone focus groups require an investment of training in listening skills and moderator techniques; initial discomfort; and risk in convincing bosses and clients. However, the gains are worth it.

Those of you who haven't used telephone groups, I urge you to give them a try. Those of you who keep using them for specialized applications, think about why you were so impressed. Don't you think those reasons are enough to justify making telephone focus groups the rule rather than the exception?

All you have to lose are your airline tickets.

Telephone Conference System Capabilities that Improve Telephone Focus Groups

Several telephone conference system capabilities vastly improve telephone focus groups. I've gone through seven generations of technology since I began conducting telephone

focus groups. The new generation is a much larger improvement for the client than all of the other generations put together.

The improvements are the result of a state-of-the-art teleconference system.

The groups not only sound different; the exciting thing to me is that they are completely different psychologically. They have a different flavor: more open, more energetic and more responsive.

The current generation conference system allows greater moderator responsiveness and control, more participant interaction, and several new ways to run groups. Here are some of these new capabilities:

A New Level of Audio Quality - barriers between participants disappear

Our conference system uses a digital fiber optic network, originally designed for high speed computer use, with multiples more bandwidth than is usually used for voice transmission. This means that the highest possible fidelity is maintained, absolutely without static. This makes much more of a difference than I thought it would. Everyone sounds like they are right next door. There is a "presence" that has to be heard to be appreciated. It all sounds so natural that you almost forget that you are in the phone!

Also, since several people can be heard at the same time, you can hear people saying "Uh-huh, yeah, I agree." While this might sound like a disadvantage to the uninitiated, it is actually a major improvement. I can now hear respondents agreeing and disagreeing in the background, in contrast to the old voice blocked systems where you can only hear one person at a time. In voice blocked systems, there is a feeling of invisibility caused by the lack of response to someone talking. Now I can even hear someone clearing his/her throat prior to speaking, so that I know that the person has something to say because I can hear it in the background. Sort of the audio equivalent of seeing someone with her mouth open.

The moderator can see on a computer screen an indication of who is talking, clearing their throat, chuckling, etc. If several people try to talk at the same time, the moderator can easily sort out who is trying to talk. What this all adds up to is a more relaxed, friendly and interactive conversation, with more participant, moderator and client energy.

Instant participant polling - an indispensable tool

It is now possible to poll participants electronically.

I have always been frustrated by the following situation: I ask a question. The first response is deeply felt and expressed fervently. That's why it's first! If other people in the group agree, I don't know if the other participants originally felt differently, but were swayed by the first remark. It takes time and special techniques to uncover whether there were opinion shifts.

With our teleconference system, before I open a topic for discussion, I can take a poll by asking the question in a form that can be expressed as a number. For instance, "On a scale of 1 to 9 (with one the lowest and 9 the highest) how satisfied are you with product X?" The participants can then press the appropriate buttons on their phones. I instantly see the votes next to each name and am able to know the relative degree of satisfaction. This screen can be printed out at the push of a button, to be reported later.

This capability has been an indispensable tool in some recent concept tests, where I was able to quickly zero in on the parts of the concept that were exciting and the parts that were problematic to particular participants. At the end of each sentence of the concept statement

I had the participants push their phone buttons to indicate their degree of enthusiasm. It took only seconds longer than reading the statement straight through, but saved about 15 minutes of sorting out individual comments. I could then probe the problems and the participants in a much more fruitful way.

Remote Talker ID

Another feature is the ability for the client to dial into the conference system through a computer modem and be able to see the same screen that the moderator is seeing. The client can see the marks that tell the moderator who is talking, and see the results of the polls. The client can know at all times who is talking and who is voicing agreement.

Breaking down into smaller groups

A technique frequently used by advanced moderators is to break a group down into subgroups. For instance, the face-to-face moderator may have four negative participants and four positive participants huddle in opposite sides of a room to marshal their thoughts. They then meet as a large group to have each sub group try to convince the other side of a particular position. Or, especially in idea generation sessions, the moderator might have the participants break off into dyads (two people at a time) to break the ice and get the ideas flowing. They are then brought back to report the ideas they think were best and the ideas they thought were most ridiculous.

This breaking into subgroups can now easily be accomplished electronically. So, any combination of people can be mixed and matched instantaneously. A group can even be allowed to listen in to another group, then the tables can be turned.

Instant contact with the moderator

In the older conference systems, the client had to call out to get the assistant's attention in order to pass a note to the moderator. Now, the client can press *0 on their touch tone pad, and have the assistant come on to their line much more quickly. Clients can huddle in a completely separate conference.

Instant dial out

Ordinary conference calls from the phone company can take 10-15 minutes to convene 10-12 participants (including client lines). Before the installation of the current generation of equipment, we used to take about 3 minutes. It now takes under a minute, because all of the lines can be dialed at the same time, rather than sequentially. This means that the first participant does not have to wait for longer than a few seconds before a live person greets him or her, and before the moderator starts the discussion, further reducing the wait and increasing professionalism.

Other features

There are other future features that are not as relevant to focus groups, but are major breakthroughs in other applications. For instance, there is now a question feature that lets people who are on muted lines listening to experts, indicate by touch tone that they have a question. Their lines can be un-muted in order to ask their question. There is even a way to indicate that their question has already been asked or answered, so that they are not called on unnecessarily.

Many features for medical seminars and large sales forces are also being developed.

The old-style telephone groups, especially the ones you may have heard on other company's conference systems, are a thing of the past. They started a little more slowly, people couldn't hear quite as well, you didn't always know who was talking, people sometimes felt invisible. They have been replaced by a relaxed and open atmosphere, with absolute clarity, where the moderator is able to respond instantly to people by name and instantly know where they stand on any issue. I can go deeper psychologically in a friendlier, safer atmosphere. It's amazing how a bunch of seemingly small improvements can make such a tremendous difference. I invite anyone who is interested in telephone focus groups to call us and set up a short demo to hear what state of the art sounds like.

**Are you overlooking these people
in your marketing?**

Telephone focus groups can help you get inside the heads of people who are otherwise difficult to research - people who you wouldn't even consider researching under most circumstances, let alone trying to get into focus groups!

This section is intended to stimulate you to think about the kinds of people who you aren't researching, but should.

Leveraged influencers

Every product that I have ever looked at has people who influence the ultimate purchaser: People who are up the distribution chain, or who serve as advisors or who otherwise influence the decision.

For instance, if a pharmaceutical product isn't prescribed by physicians, it won't be bought by the patient. And it might not be prescribed unless it's endorsed by the experts, or chief pharmacists, or other formulary committee members. A replacement auto part will not be installed if the technicians or parts jobbers don't stock it. If a product isn't liked by the store clerk, the customer might be talked into another product.

These people can have a tremendous effect on how well your product is adopted. They may persuade, prescribe, endorse, advise, specify, approve or recommend the product to others. I call these people "leveraged influencers" because by concentrating your effort on just the right place, their decisions are multiplied and amplified. ***In many cases, they are actually more important for the marketer to influence than the ultimate purchaser***.

They are very hard to research. They are besieged by requests for interviews. They don't want to fill out or participate in surveys. They have very little patience for one-on-one interviews. Even when you can get them into one-on-one's, their answers are often very terse, or extremely verbose. You are often left with a confusing mess of contradictory opinion. You don't know how they would react to the opinions of others. What you really need are focus groups of these people, with the richness and depth that you get from interaction, but focus groups are out of the question because of the logistics.

These people are too busy and geographically scattered. In the rare cases where experts agree to attend a focus group, they often have to be flown to a central location. It's not unusual for such a focus group to cost tens of thousands of dollars, when you add up incentives, travel and entertainment. If the people are from the same geographical area, often they don't want to talk to competitors. One way to get them is at a convention, but the people who will attend focus groups at conventions tend to be a little weird. They are the types of people who will attend a focus group at six o'clock in the evening in San Francisco. Don't they have anything better to do? They tend to be the social misfits. I call them the "plaid pants crowd."

Comparison of Focus Groups on Cancer and Employment Conducted Face to Face or by Telephone

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Abstract

Findings from telephone focus groups have not been compared previously to findings from face-to-face focus groups. We conducted four telephone focus groups and five face-to-face focus groups in which a single moderator used the same open-ended questions and discussion facilitation techniques. This comparison was part of a larger study to gain a better understanding of employment experiences after diagnosis of gynecologic cancer. Offering the telephone option made it easier to recruit women from rural areas and geographically distant cities. Interaction between participants occurred in both types of focus group. Content analysis revealed that similar elements of the employment experience after cancer diagnosis were described by telephone and face-to-face participants. Participants disclosed certain emotionally sensitive experiences only in the telephone focus groups. Telephone focus groups provide useful data and can reduce logistical barriers to research participation. Visual anonymity might help some participants feel more comfortable discussing certain personal issues.

Keywords

cancer, psychosocial aspects; focus groups; group interaction; technology, use in research; workplace

Interviews provide an opportunity to gather detailed information on what it is like to experience a particular health problem from individuals who have lived through the experience. Two methods of conducting interview research are to speak with one person at a time and to hold focus group discussions with several study participants. Focus groups enable participants to react to and build on the comments made by other members of the group, yielding opinions and experiences that might not surface during individual interviews (Creswell & Plano Clark, 2007). The conversational atmosphere of a focus group comprised of peers can seem less intimidating than a one-on-one interview with a researcher, removing a potential barrier to recruitment. When conducting focus groups, enrollment barriers can be reduced by offering participation by telephone, especially for geographically dispersed individuals, such as those living in rural areas or those with relatively uncommon health problems (Cooper, Jorgensen, & Merritt, 2003). Eliminating the need for meeting facilities can reduce expenses and logistical issues, especially for focus groups held during the evening or on weekends to accommodate participants who have schedule conflicts during traditional business hours.

Telephone focus groups have been criticized because they lack nonverbal communication, which might reduce the richness of the qualitative data gathered (Krueger & Casey, 2000). Another criticism is that group interaction is difficult to manage because the moderator cannot see the participants. Those criticisms notwithstanding, telephone focus group participants appear more willing to discuss certain experiences or sensitive topics (Cooper

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et al., 2003). Visual cues such as jewelry or hairstyle do not accentuate differences between participants when research is conducted by telephone; this can help to establish a sense of shared social identity in the group (Lea, Spears, & Watt, 2007). Sharing identity with the group might lower the social stigma associated with disclosing potentially embarrassing experiences (Joinson, 2001).

Despite the potential advantages, the qualitative data gathered in telephone focus groups have not been evaluated to determine if they can meet research objectives as well as data gathered in face-to-face focus groups. In the present study, face-to-face and telephone focus groups were conducted by a single moderator using a standardized set of interview questions. This provided an opportunity to evaluate similarities and differences in the data according to focus group type.

Study Context

Employment and Cancer

We compared the findings from focus groups conducted face to face to those conducted by telephone in the context of a larger study that we carried out on employment and cancer (Frazier, Miller, Horbelt, et al., 2009; Frazier, Miller, Miller, et al., 2009). The goal of the primary study was to generate ideas about ways in which health professionals such as oncology nurses and oncologists might assist cancer patients with stressful job problems that occur in the months following diagnosis. Previous research has shown that most employed cancer survivors return to work (Taskila & Lindbohm, 2007). Jobs provide income and health insurance, and cancer patients often receive social support from their coworkers. Many patients, however, lose their jobs, decide to quit working, or become disabled. Pooled results from 36 studies that were conducted in the United States, Europe, and other countries revealed that 33% of the 20,366 cancer patients who were employed at diagnosis were no longer employed when followed up between 9 months and several years later (de Boer, Taskila, Ojajarvi, van Dijk, & Verbeek, 2009). The cancer patients were more than twice as likely to have become unemployed during follow up as the 157,603 healthy controls.

Individuals who remain employed after cancer diagnosis often lose income by reducing their working hours. Among cancer survivors in Colorado who remained employed 2 years after diagnosis, 46% had decreased their work week by an average of 16 hours because of their cancer (Steiner et al., 2008). Almost half of the group said they avoided changing jobs because they feared they would lose their health insurance. In a study

of breast cancer survivors in Canada, more than half said that the cancer had affected their work or career (Stewart et al., 2001). They were much less likely to disclose their diagnosis to work colleagues or to their supervisor than to their friends. Reasons for nondisclosure ranged from wanting to avoid being the subject of gossip to fear that it might negatively affect their job or career prospects.

Counseling about employment is a recommended component of cancer care (Hewitt, Greenfield, & Stovall, 2006). Oncology nurses, oncologists, and social workers provide psychosocial support for newly diagnosed cancer patients who are undergoing primary treatment such as chemotherapy, radiation, and surgery. Much research has helped provide these professionals with improved methods of treating physical symptoms that affect role function, such as nausea and vomiting during chemotherapy, and psychological symptoms such as anxiety and depression (Jacobsen, 2009). In contrast, little research is available to provide frontline clinical interventions to prevent or lessen psychosocial distress from employment problems during cancer treatment (Feuerstein, 2005; Steiner, Cavender, Main, & Bradley, 2004).

Employment-related counseling can be provided by specialists such as vocational counselors, occupational therapists, physiatrists (rehabilitation physicians), and others. In some communities, however, there is limited access to such service providers. Unmet psychosocial needs having to do with employment remain prevalent among cancer survivors. One in seven cancer survivors in a large Pennsylvania study said that during cancer diagnosis and treatment they had at least one unmet psychosocial need related to doing their work or keeping their job (Barg et al., 2007). To begin developing educational materials and interventions to address these psychosocial needs, we sought information characterizing these experiences by conducting a focus group study. We studied women with gynecologic cancer because they are underrepresented in previous qualitative studies of the employment experiences of cancer survivors (Taskila & Lindbohm, 2007).

Our study was guided by the philosophical traditions of phenomenology in which the aim is to understand unique individuals and their subjective experiences and interactions with others (Lopez & Willis, 2004; Starks & Trinidad, 2007). We used the two main phenomenologic research approaches—descriptive and interpretive (hermeneutic)—to choose the focus group interview questions and to guide the data analysis. Descriptive phenomenology is used to characterize the key elements of an experience, especially aspects that have not previously been described thoroughly (Lopez & Willis, 2004). In the hermeneutic tradition, the researchers' expert knowledge and published research are used to help design the study,

collect the data, and interpret the findings to suggest ways in which patient care could be improved.

Descriptive Component of Our Primary Study

Our primary study included a descriptive phenomenology aspect because existing research on role function during cancer treatment has incompletely conceptualized the positive and negative contributions of employment to quality of life (Steiner et al., 2004). The most common employment endpoint in cancer studies—and often the only employment endpoint—is whether or not the individual returned to paid work. When researchers want to assess role function using a scale endpoint, typically a quality-of-life instrument is used which asks about employment-related role function as well as ability to fulfill roles outside of work in each role function question. An example is the Functional Assessment of Cancer Therapy instrument family, which directs individuals to rank the extent to which they are "able to work (include work at home)" (Cella et al., 1993).

To collect these descriptive data, our moderator asked participants to talk about what quality of life means to them, and how it had been affected by their jobs or work relationships. During data analysis, we primarily used inductive reasoning. Our main finding was that blending role function at home with that at work did not capture adequately the influence of employment on quality of life. Return to postoperative role function, for example, often proceeded more quickly at home because the cancer survivor could take frequent breaks when doing household tasks, but could not do so at a paid job. Based on these findings, we recommend that cancer researchers consider supplementing standard quality-of-life instruments with additional employment-related items (Frazier, Miller, Horbelt, et al., 2009).

Interpretive Component of Our Primary Study

We used an interpretive phenomenology approach to identify ways in which oncology professionals might be able to help employed patients prevent or improve common job problems (Lopez & Willis, 2004; Starks & Trinidad, 2007). We used social cognitive theory when selecting focus group interview questions and analyzing our data because it provides a promising conceptual framework for designing interventions to help patients adopt health-related behaviors (Bandura, 2001; Kinzie, 2005; Rogers et al., 2004). Social cognitive theory states that there is an ongoing interaction between behavior, environmental factors, and personal factors. Environmental factors range from socioeconomic conditions to characteristics of the physical environment, such as an employee's work station or commute. An important

personal factor is self-efficacy—the belief in one's ability to meet a goal or solve a problem. Other personal factors that work together to influence behavior are valuing a certain outcome, and believing that a behavior will produce the desired outcome (positive expectation) or that refraining from the behavior will produce an undesired result (negative expectation). Also important are knowledge and skills (behavioral capability), and forethought manifested, for example, as setting personal goals. Behavior is reinforced by direct learning (personal experiences or training), vicarious learning (observing the outcomes when role models and other people choose to engage in or refrain from the behavior), and by reflecting on these experiences in the context of personal values and aspirations (Bandura, 2001).

Applying social cognitive theory to our study, we chose, for example, the interview question, "After cancer diagnosis, to whom did you turn for advice about your job?" Patients with low self-efficacy might not feel confident enough to ask others for advice or assistance when symptoms interfere with being productive at work. We hoped that participants would provide examples of self-efficacy by describing how they sought and received such help. Thus, a deductive element in our interpretive analysis was to look for quotations illustrating constructs that could be used in education materials to help increase patient behaviors that would help them prevent or manage job problems. We also used inductive reasoning in the interpretive analysis because of the paucity of preexisting interventional research on improving employment outcomes (Steiner et al., 2004). We summarized our interpretive analysis as a set of clinical recommendations for frontline cancer care providers (Frazier, Miller, Miller, et al., 2009). During analysis of the data in our primary study, we noticed that participants discussed certain topics only in the telephone focus groups. We therefore returned to our data to compare the similarities and differences in the data obtained according to focus group type.

Methods

The methods we used in the primary study for recruiting participants, conducting the focus groups, and analyzing the data are summarized below. The data analysis methods used for the comparison of data by focus group type are then presented.

Recruitment

The research protocol was approved by the institutional review boards of the University of Kansas School of Medicine (Wichita, Kansas) and the Wake Forest University School of Medicine (Winston-Salem, North Carolina). Each participant provided written informed

consent. We designed the recruitment to assemble a group of women who had experienced the phenomenon of interest, i.e., those who had had been diagnosed at least 3 months previously with ovarian, endometrial, or invasive cervical cancer and who were employed when their cancer presented. Nearly all of the cancer survivors were recruited by the health professionals at the gynecologic oncology clinic at each medical school campus using a flyer about the study. The remaining participants learned about the study from notices in local newspapers, on an Internet message board, or by word of mouth. We obtained some information from medical records and by questionnaire to help describe the participant group (e.g., cancer type and occupation), but collected our main data in focus groups. We offered the option of participating by telephone to help make the study more convenient for employed women and individuals who lived far from the research center.

Focus Groups

Audio recordings were made of the focus groups and the sessions lasted 60 to 75 minutes. A woman moderator led all focus groups by following a single interview guide. She asked participants not to state their last names, assured them that there were no wrong answers, and said they could each choose how much they wanted to talk or not talk. The guide began with open-ended questions on quality of life. The four remaining questions were on employment after cancer diagnosis; specifically, feelings about having a job or career, advice sought about employment matters after diagnosis, help received with job issues during treatment; and tips about employment for newly diagnosed women. After posing these questions, our moderator listened for employment-related experiences and followed up with nondirective prompts such as, "Tell me more about that," or "Does anyone else want to comment on this issue?"

Data Analysis

Primary study. A content analysis was performed (Elo & Kyngas, 2008; Starks & Trinidad, 2007). The focus group moderator made notes concurrently about the topics under discussion in each focus group and transcribed the audio recordings afterwards. We began analyzing the transcripts soon after the first focus groups were conducted and we proceeded continuously as additional focus groups were completed. A data immersion approach was used (Crabtree & Miller, 1999). Our moderator and another investigator read and reread the transcripts independently to conduct open coding, conferring frequently to establish the definition of each topic in the evolving coding scheme. We extracted participant

quotations and copied them onto a spreadsheet, grouping them by topic.

We combined or split topic groups to create overarching categories after discussing options and coming to consensus (Creswell & Plano Clark, 2007; Krueger & Casey, 2000). Employment-related topics, for example, fell into categories that represented tasks faced by cancer survivors in three time periods: immediately after diagnosis, during primary treatment, and during extended survivorship. Learning about expected job restrictions was one of the tasks that occurs first, when the treatment plan unfolds just after diagnosis. We conducted text searches using synonyms for keywords in the quotations for a given topic to ensure that all such quotations were identified. We again reread the transcripts to ensure that we represented the context accurately for quotations that we selected to represent the data in reports or patient education materials. We asked the study participants and other stakeholders (participants' family members, physicians, nurses, human resources professionals, and others) to critique these materials. This feedback revealed, for example, that the three time periods derived from topic categorization were a good way of organizing health-related employment tasks that occur after cancer diagnosis.

Present study. After noticing the possible differences in topics by focus group type, reimmersion in the data was accomplished by rereading the transcripts with special attention to focus group type. We defined a focus group in this analysis as a mediated discussion meeting among 4 to 8 study participants (Creswell & Plano Clark, 2007; Krueger & Casey, 2000). We therefore excluded data from the primary study that was obtained during a session attended by less than four women (28 cancer survivors) or by questionnaire only (one cancer survivor).

Because participant interaction is one of the advantages of focus groups compared to individual interviews (Creswell & Plano Clark, 2007), we looked for encouraging statements that women made to each other, and instances in which several women engaged in an extended dialogue with each other in the absence of interspersed prompting by our moderator. A major characteristic of telephone communication is lack of visual information, so we looked for statements in the face-to-face focus group transcripts that reflected participant opinions about the appearance of other participants.

Using the content analysis results from our primary study, we sorted the quotations that we had coded by topic and overarching categories so that we could make side-by-side comparisons by focus group type. We also compared each topic by whether it represented sensitive personal information. Whether personal information is considered sensitive varies according to sociocultural context. We considered sensitive topics to include sexuality, bodily functions such as bowel or bladder control, poor hygiene,

actions considered by some to be immoral or cowardly, and illnesses that the participants described as having been caused by personal failing; topics such as these are generally regarded as potentially stigmatizing (Breitkopf, 2004; Brondani, MacEntee, Bryant, & O'Neill, 2008; Culley & Hudson, 2007; Griffiths et al., 2006).

Results

Participants

A total of 44 women attended a focus group: 25 women participated in one of five face-to-face focus groups (4 to 8 women per group) and 19 women participated in one of four telephone focus groups (4 to 7 women per group). The women's jobs at the time of cancer presentation represented a broad spectrum of occupations in sales or service, health care, manufacturing, education, and other white-collar fields. The age distribution, types of gynecologic cancer, and other participant characteristics were similar in the face-to-face and telephone focus groups except that rural residence was more common among women who participated by telephone (61.1% were from rural areas in the telephone groups compared to 20.0% in the face-to-face groups). Offering the telephone option enabled women to participate in the study from the comfort of their homes, as illustrated by the following quotation from a woman receiving chemotherapy for a recurrence of ovarian cancer: "Actually, I am not feeling good today. I have been in bed all day. When you called, I was asleep. I have been in bed most of the day. I am on my third day of Doxil."

Similarities in Group Dynamics

Interpersonal exchanges were common in both types of focus groups. In the same way that participants in the face-to-face focus groups often talked animatedly to each other while waiting for the session to start, in the telephone groups, when our moderator came back on the line after calling in all participants, conversations between the women were already in full swing. Telephone group participants made supportive statements to each other as they elaborated on a topic, and extended exchanges occurred:

Moderator: What does quality of life mean to you?
Participant (P) 1: I think to me it means being able to keep my routine. Being able to continue to pretty much do my normal life. I guess that is what it would mean in a nut shell. You know, just being able to see friends and go out and do things that I enjoy.

P2: I agree with that summary, P1. I like to live as normal a life as I can. I don't think I have changed anything. I do the everyday things that I have always done.
P3: I agree with that too, P1, to be as normal as you can.
P4: I think that to have good quality of life, also you let go and not worry about all the little fine details anymore.
P3: Very true. This is P3 agreeing with you.
P4: Not to be so worried about if the house is perfectly clean anymore or anything.

Women in both types of focus group appreciated the opportunity to participate in the research. For example, a woman in a telephone group said, "Thank you for including me in the group. I have enjoyed being here and taking part in this effort. I got a lot out of our conversation this evening."

Similarities in Employment Topics Discussed

The telephone focus groups generated employment experience topics that were very similar to those generated in the face-to-face focus groups. In both types of focus groups, women talked about positive experiences such as developing a greater appreciation for the important things in life after cancer diagnosis. A comment in a face-to-face group was, "I feel more appreciation toward everything. Even the grass and seeing the trees." In a telephone focus group a woman said, "I have more patience. I didn't have a lot of patience before." Examples of similarities in employment topics categorized by the four work-related questions on the focus group interview guide are provided below.

What are your feelings about having a job or career? Women in both types of focus groups said that work was one of the priorities in their lives. Being able to work was described as beneficial, illustrating the social cognitive theory construct of positive expectation from the behavior of returning to work after diagnosis. For example, a woman in a face-to-face group said, "It is real important. I do not think I would have a sense of identity without it." A telephone focus group participant made a similar statement: "[Work] gets you out of the house and you don't dwell on the fact that you have cancer. You interact with people."

After cancer diagnosis, to whom did you turn for advice about your job? Both types of focus groups generated a list that included the same types of people who provided support and advice: family members, health professionals, friends, people at work, and other cancer survivors. Below is an example from a face-to-face group participant that illustrates vicarious learning to increase one's repertoire of behaviors for managing symptoms during

cancer treatment (the social cognitive theory construct of improving behavioral capability):

> There was a lady who had had breast cancer that I talked to a lot. She worked too. I knew she had worked while she went through it. She gave me advice. That kind of helped me a lot as I went through it. . . . She had told me there were times when she would have to go home and maybe take a longer lunch, rest and come back.

A similar social environment was described in a telephone focus group: "A lot of the people I work with—not a lot I guess—there have been about 8 who had breast cancer. They are survivors of breast cancer. So we have got kind of our own little cancer group."

The types of work recommendations that women reported receiving from physicians were similar in the face-to-face and telephone focus groups. Oncology nurses also played a substantial role in helping cancer patients manage work issues. This quotation from a woman in a face-to-face group was typical of both types of focus groups, and illustrates self-efficacy as well as the value she placed on receiving advice from an experienced nurse:

> I call my doctor, actually his nurse. . . . I can bounce an idea off her. . . . She is very understanding. She is very calming. It is nice to have someone who is experienced—who is just very matter of fact about things. . . . She helps with work issues.

Which people at work helped you with a cancer-related problem? Comments about help received from occupational health nurses were remarkably similar in the two types of focus groups. In a face-to-face group, a woman said,

> I worked at the factory. . . . They have what they call a First Aid Office with a nurse in there all the time. . . . And they told me when I checked in and went through the process of coming back into the shop . . . "Any time you feel tired or whatever, you come down here and you lay down."

In a telephone group, an occupational health nurse was described as very helpful, even though the cancer survivor worked at a remote location:

> My company did have a nurse that came out from our headquarters monthly to our station, and so she always spent extra time with me, and kind of went over everything, and was always available. . . . She was wonderful.

Women in both types of focus groups gave mixed reviews of supervisors and coworkers. A supervisor helped a woman who asked for help with lifting when her coworker refused, as described by a face-to-face focus group participant:

> I tried to do all the work I could. There was a little lifting and I could not do that. I had to ask one girl. . . . And so I said, "Can you help me lift these out of the box?" "I'm busy." She turns her head. But then I told the boss, "You know, I need some help here." And then he ended up doing the lifting for me.

The above comment illustrates self-efficacy in finding needed assistance in the workplace. In the telephone groups, participants also described positive coworker reactions to their postoperative lifting restrictions, illustrating the physical as well as the social environment constructs of social cognitive theory:

> I do a lot of lifting in my job. . . . My doctors advised me not to because, they said, "You don't want to come here and have a hernia." . . . And my people, my team would not let me lift. . . . Even now, I have a lot of them that say, "Get out of the way. I will do this."

Negative experiences with coworkers were also described, such as this social environment description by a woman who participated by telephone:

> I worked in car sales. . . . We were one where you didn't take a turn selling cars—it was the first one who got to the customer. Fight your way out the door. . . . I mean they didn't think anything of stealing your deal from you. . . . So it was pretty cut-throat.

What tips about work would you suggest for women newly diagnosed with cancer? Advice provided by the cancer survivors was similar in both types of focus groups. Women said that keeping one's supervisor informed improves work experiences during cancer treatment. Another recommendation was to keep in touch with coworkers to receive social support. These comments from a woman in a telephone group who lived in a rural area were typical of this experience for both types of focus groups, and illustrate a positive expectation of a desired outcome resulting from a behavior:

> I was out here by myself. . . . And finally when I got to be in touch with the real world, these ladies would send me emails and it was just the highlight

of my day to be able to converse with somebody. . . . So [my coworker] starts sending me cards. It was a hoot! He would send me Valentine's Day cards and St. Patrick's Day cards. It was really nice.

Women in both types of focus groups said to find out early about the employer's benefit program. Experiences that described the advantages of doing so included getting all the benefits to which one is entitled and preventing stress from having to complete confusing Family and Medical Leave Act paperwork shortly after major surgery (Family and Medical Leave Act, 1993). Women in both types of focus groups described how cancer caused them to put their jobs into perspective, illustrating the construct of self-reflection to modify personal aspirations. In a face-to-face group a woman said,

> I used to get very stressed about [my job]. . . . I was making it much more than it was. My husband said to stop obsessing about it. So I did stop getting stressed about it. . . . I learned to pull back to what was important.

In a telephone group, a similar revelation was,

> I think sometimes, especially as women, you think, even if you're not feeling really good, you should keep plugging along. And I think a lot of women do that even when they have been told to stop, enough is enough, take care of yourself. If someone on the outside had told me that, that would have been nice.

Women in both types of focus groups said that sharing a lot of personal information about one's cancer is not necessary. In a face-to-face group, a woman took the stance of a role model when she gave this advice: "I do not mean that you have to tell them everything, but, you know, I think we need to be honest with ourselves as well as with the people that we work with." Similarly, in a telephone group, a woman recommended not burdening coworkers with too much information: "I get tired of hearing about the same thing every day, over and over and over—I don't want to plague them with hearing it every day just over and over and over."

Differences in Sensitive Topics Discussed

Fears were described more vividly in the telephone focus groups. The telephone group participant who made the following remark did not end her statement on an upbeat note, or return to the topic later to say that she courageously overcame her fear or that she had gained anything from having been so afraid:

> There's nights that I can't sleep. And that is certainly on my mind at times like that—at quiet times, in the middle of the night, and things like that. There is certainly that fear of, of death, and recurrence again and what it's going to mean.

In contrast, the fear experienced by a participant in a face-to-face group was portrayed as being under control and improving:

> I don't think I will ever get over the fear of getting it or having it recur. Now, they say as time goes by it gets better. I think about it every day, several times a day. There were times earlier that it was every minute.

Certain topics were only mentioned in the telephone focus groups. One of these was guilt about taking a new job after receiving support from coworkers and managers in the workplace:

> When I was diagnosed, I had been at my job for two years. It was really good, I mean everybody was very supportive. . . . I think I stayed home for probably eight weeks . . . but they still kept me on their payroll, at regular pay. I wasn't getting my commission, but still I was getting something. And then I was offered a job probably three months after I returned to work. And I felt guilty leaving because they had been so good to me over my treatment and stuff.

Sexuality was only mentioned in the telephone focus groups. One woman described being afraid that sex could cause her cancer to metastasize: "That was one of the questions I asked the doctor—if my husband and I get intimate, can he stir up things to have those floaters to go someplace?" A sexually stigmatizing experience was related by a woman who was labeled by a coworker as promiscuous after being diagnosed with ovarian cancer (even though sexual activity is not actually a risk factor for ovarian cancer):

> He [my coworker] said that one of the women had said that ovarian cancer only comes if you've had multiple sexual partners. . . . I was like, "Oh my gosh, let me tell you what a boring sexual life I have had." But yeah! And it really hurt my feelings.

Being able to see each other in the face-to-face focus groups resulted in negative behavior between participants on one occasion. The following face-to-face discussion occurred in a focus group during which most of the conversation was mutually supportive and cordial. One woman (P5) said that pain would have a worse effect on her quality of life than a handicap or disfigurement. A young, attractive participant (P6) replied that a handicap or disfigurement would matter to her. An older woman (P7) then made an envious statement about the younger woman's appearance, and belittled her by referring to her in the third person. Our moderator attempted to diffuse the tension, but the older woman took the floor immediately and admonished the younger woman to live her life differently, again using the third person:

P5: Pain would be an issue [for my quality of life]. It depends on the level of course. A handicap is not an issue. A perfect body would not be an issue.

P6: It is for me.

P7 [referring to P6]:   She is not over 50, and if she is, I want to look like her. I think we all want to look like her.

Moderator: Any other issues on survivorship or the quality of life or the difference between before the diagnosis and after the diagnosis?

P7: I realize how short life is. . . . My life is almost over. There are so many things I wish I had done different. I really do. . . . Not realizing that at her age [motioning to P6], to do all these things and be all these things in spite of yourself.

Discussion

To our knowledge, no previous study has compared qualitative data gathered in telephone focus groups with that from face-to-face focus groups. We found that participants interacted with each other spontaneously in the telephone focus groups, which allowed memories to be stimulated under a group process that was similar to the interactivity in the face-to-face focus groups. Our content analysis revealed that, in both types of focus groups, similar elements of the employment experience after cancer diagnosis were described and a mixture of positive and negative employment experiences were shared. Statements in both types of focus groups represented social cognitive theory constructs such as environmental influences, behavioral expectations, the value placed on expected effects of behaviors, and vicarious learning (Bandura, 2001; Rogers et al., 2004). Examples of the important construct of self-efficacy were shared by

participants in both types of focus groups, such as asking an oncology nurse for advice about managing work, and asking a supervisor for help with lifting. A rich collection of quotations was obtained from both types of focus groups to use in developing patient and health provider education materials.

Using telephone focus groups helped us recruit participants from rural areas and from two states. In a similar fashion, telephone and face-to-face focus groups were used by researchers in Maryland to identify how communities could help promote early diagnosis of oral cancers (Horowitz, Siriphant, Canto, & Child, 2002). Urban participants attended the face-to-face focus groups, whereas the telephone focus groups were more convenient for the participants from the rural areas of Maryland's eastern shore. In a study of the psychosocial aspects of living with the risk of breast cancer (Appleton, Fry, Rees, Rush, & Cull, 2000), telephone-based methods were used to enhance access to the study by geographically dispersed women. Those focus groups were reportedly easy to organize and conduct by telephone. Using this design also eliminated travel and meeting-related expenses.

Our findings suggest that telephone focus groups might yield some information that is different than that generated in face-to-face focus groups. Certain topics such as sexuality were only brought up by women who participated by telephone. Unconquered fear was described by telephone but fear disclosed in the face-to-face focus groups was portrayed as under control or improving. Visual anonymity during the telephone focus groups could have made women more comfortable disclosing sensitive information. This phenomenon has been observed in studies that were conducted to explore the Social Identity Model of Deindividuation Effects (Lea et al., 2007). According to this model, group membership (social identity) can prompt individuals to take on attributes of the group (deindividuation). If there are fewer perceived interpersonal differences among members of a group, group cohesiveness improves and individuals believe that other members of the group are trustworthy (Lea et al., 2007; Tanis & Postmes, 2005).

Gynecologic cancer survivors formed a type of social group to which all of our research participants belonged. Even though this was something that everyone in the study had in common, the women differed in many ways. Some were in their late 50s and others were in their 30s. Clothing styles sometimes suggested that women were from different social classes. Some women's cancers had been cured and they looked healthy, and others had suffered relapses and looked less healthy. In our face-to-face focus groups, these differences were plainly visible, and on one occasion, provoked antisocial behavior toward a

participant whose youth and beauty perhaps defined her as an outsider in the eyes of the older participant.

In our telephone focus groups, removal of visual identification probably enhanced the sense of belonging and fostered trust and sharing of sensitive information. Telephone participants in our study knew that other participants could not see them. Visual anonymity can help people feel more comfortable talking about personal experiences and reduce the social stigma associated with disclosing potentially embarrassing opinions or experiences. These effects have been documented in studies of computer-mediated compared to face-to-face communication (Joinson, 2001). Results in that study suggested that visual anonymity encouraged disclosure of personal information. Because sharing one's personal story tends to increase a feeling of intimacy between individuals, visual anonymity encourages other members of a discussion group to reciprocate. Trusting behavior during communication by computer is affected by perceived group membership. When subjects communicated with a partner perceived to be a member of their social group, trusting behavior was more likely (Tanis & Postmes, 2005). Lack of personal information about their partner did not inhibit trusting behavior as long as the partner belonged to the subject's social group in that study.

Another way that the sense of anonymity is probably greater in telephone compared to face-to-face communication is that participants might come from geographically distant locations, making it unlikely they would meet by chance. Anonymity of this type is less well assured in face-to-face focus groups because participants typically live in the same geographic area and might even receive health care at the same clinic. Telephone communication also removes visual distractions that would be present in face-to-face focus groups. When reflective thought is interrupted by loud noise, visual images, or performance of a competing task, introspection and self-awareness are reduced. Removal of distractions promotes more frequent and more accurate disclosures of personal information (Joinson, 2001).

A limitation of telephone focus groups is that discourse analysis could be more challenging because body language supplementing verbal communication cannot be evaluated (Starks & Trinidad, 2007). There are some limitations in the applicability to the present study of research that has used computer-mediated communication to investigate the Social Identity Model of Deindividuation Effects (Joinson, 2001; Lea et al., 2007; Tanis & Postmes, 2005). This is because social processes in groups of four to eight individuals might differ in some ways from social processes in pairs of study subjects. In focus groups, a moderator is present to promote an atmosphere of trust and support and to help stimulate conversation about the research topics. Telephone communication is different than computer-mediated communication; anonymity is less complete in telephone communication because voices have identifying characteristics.

Conclusions

Telephone focus groups can foster interpersonal conversations among participants and generate content analysis results that are similar to those generated in face-to-face focus groups. Offering a telephone option is a promising method for increasing access to participation in focus group research among individuals who live in rural areas. Participants from geographically distant sites can join the same focus group, and groups of adequate size can be formed to study individuals with relatively uncommon disorders such as cervical or ovarian cancer. Telephone focus groups are more convenient for some participants, such as those who are well enough to hold a telephone conversation but feel too ill to travel to the research center. Telephone methods might be especially well suited for studying sensitive personal experiences.

Declaration of Conflicting Interests

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THE USE OF TELEPHONE FOCUS GROUPS FOR EVALUATION

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Abstract
Similar to most evaluators, I had only ever used face-to-face focus groups in a variety of evaluations that ranged from needs assessments to impact evaluations. Then in 1995 I needed to talk to people who were unlikely to come to a centre. I decided to try focus groups using teleconferencing and was amazed at the quality of the data. Since then I have used the technique many times. This paper examines the technique in detail including how to organise such groups, how the interviewer has to adapt moderation, and the advantages and limitations of the approach. Throughout the paper, comparisons with face-to-face groups are raised.

Introduction

For many years I had carried out face-to-face focus groups as a common evaluation technique. Projects had ranged from finding out the training needs of dieticians to ascertaining how parents select schools for their children, and from evaluating a course to talking to chefs about the use of pork. To be able to do this I had followed the ideas and procedures suggested by authors on the subject such as Morgan and Krueger (1996).

The use of the telephone to carry out such groups had never occurred to me until 1995 when I was asked to lead a statewide needs assessment of the education needs of the over 60s. Funders were keen for me to talk to all kinds of older adults, both those who were undertaking education programs and those who were not. They felt sure I would be able to recruit and run groups with those who were engaged in learning, such as those in the University of the Third Age, the School for Seniors or the Council of Adult Education. However, they felt certain that I would be unable to arrange the 'hard to get to' groups such as the frail, carers or those who live in Housing Commission flats. In response to their cynicism, I dug my heels in and vowed that I would try to get such people involved.

The focus group literature of the time had little or nothing about use of the telephone to cope with such challenges (except for half a page presented by Stewart & Shamdasarni,

1990:60 and Krueger, 1994:221). Fortuitously, I happened to meet the manager of the Wesley Mission 'Do Care Buddy' program; a telephone link up program for older people, that is mainly used for social contact. I told her of my need and she said; 'I can arrange link ups for you. How about one group down the Eastern suburbs of Melbourne and one down the West? And I can get you people who are on educational programs and others who are not, as we run all kinds of educational activity down the phone (such as German, a telephone choir and the history of Collins St!). Interviews were arranged for the following Saturday evening and Sunday morning and I ran them from home with a note-taker on the upstairs line and me leading the interview downstairs. Amongst the interviewees was an 86 year old woman who had been the chief archivist of the ABC in the 1930s and extremely mentally alert (although now very frail), and an 84 year old man who kept the rest of the group amused with frequent jokes. At the end of the interviews they all said that it had been *"fantastic to have an intellectual discussion from our homes."* and I felt that it had enabled the acquisition of an excellent set of data.

After the project I returned once more to face-to-face interviews until another evaluation arose involving the (then) Overseas Services Bureau. They were quite happy with the procedures for sending out volunteers to work overseas but were dissatisfied with coming home procedures. They wanted me to talk to groups of returned volunteers about how to improve the procedures for returning to Australia. They began negotiating logistics such as where interviews would be held around the country and about when I would be free to travel. At this point I called a halt to proceedings and suggested, that instead of expensive plane fares, hotel accommodation and the prospect of trying to lure people into major centres it would be much simpler to hold telephone groups. They were pleased at this more economic and easier solution. Consequently, one Wednesday evening, for example, I found myself talking to an engineer in Darwin, a weaver from New South Wales, a teacher in Hobart and a farmer on a remote farm in Queensland. Once again the interview series proved most successful.

By this time I decided that this form of focus group was to be favoured for certain populations, especially when it was difficult to get people to come to an interviewing centre. So other examples where I have decided to use this approach have been:

• with bank managers across Australia to discuss how to improve staff training. Such busy people are extremely difficult to synchronise at a central venue so I asked the Bank what would be a good time to catch such staff by phone. They replied that the best time would be at the end of the working day. Armed with that advice I found it was no problem to obtain groups who would sink into their office chairs and talk for an hour on their office phones from 5-6pm. At the same time this and the previous example had confirmed Krueger's observation that; *"the telephone focus group offers the advantage of allowing participants to interact over distances at a fraction of the cost of transporting the same people to a central location."* (1994:221)

• with the new Hospital-in-the Home nurses about how their role has evolved and what training was needed. Only a few of these nurses exist around the State and some work in rural areas. While it would have been easy just to talk to groups of metropolitan nurses, it

seemed important to include nurses right across the State and so phone groups were set up.

• with those suffering from lymphoedema to discuss Statewide services. Once again it was important to organise interviews about this condition across both rural and metropolitan areas and phone interviews were the best way to achieve this.

A Surprising Lack of Associated Literature

So what are the major features of this technique? And what seem to be to the advantages and disadvantages of using telephone focus groupsz? Surprisingly, very little has been written to answer these questions. For instance, Cooper et al. (2003) recently searched the medical and social science literature in seven databases to find what researchers have to say about employing telephone focus groups. They found only thirteen studies had been reported and twelve of these concerned health projects. And amongst the thirteen studies, only five had used telephone focus groups as the major/sole way to collect data (Appleton et al 2000a, 2000b, MacMahon & Patton, 2000, Ruef, 1997, Ruef & Turnbull, 2001, White et al. 1994, White and Thomson, 1995, Wright et al., 2002) However, none of these addressed any methodological issues to any extent except to say that the technique is useful to overcome geographical remoteness.

So how are such groups organised and run, what advantages do they provide, what are their limitations and are these limitations justified? The remainder of this paper attempts to answer some of these questions.

Organisation of Interviews

Telephone focus groups can be conducted at various levels of sophistication. At a basic level they can be run in the same way as a simple conference call (and this is how I run them). For these, any ordinary telephone, cordless phone or speakerphone can be used.

However, it is possible to use more sophisticated equipment where it is possible to have a console with lights, name tags to identify those speaking, special switching devices that only allow one person to speak at a time and a device to measure how long people have spoken for. Thus the moderator is able to draw out quiet participants just as in a more typical group. Unfortunately, such devices cost thousands of dollars and are out of the price range for most research projects.

Once one has recruited (as for normal focus groups) and sent a confirmation letter, it is quite simple to organise the conference type call. I always use Telstra 'Conferlink'. With at least 24 hours notice the telephone company is provided with the names and numbers of those to be interviewed as well as the number of the interviewer and note taker. Other information to be provided includes the organization or number where the bill will be sent, whether the interview is to be taped and, if so, the address to where the tape should be sent.

Next the participant is given a reminder call the day before the session. Then at the time of interview the telephone conference organiser rings the interviewer first and asks whether everything is ready because they have already linked up all interviewees. At this point they also tell the interviewer whether everyone is on the line or not and, if not, keep trying the missing person/people while the interview is in progress. They then take a roll call, give a number to ring and conference call number in case there are any technical problems, tell the participants that the discussion will be taped and then asks the interviewer to go ahead.

I, as the interviewer, always introduce myself and also tell people that there is a note-taker, on the line, who is then introduced. This avoids potential ethical problems. I also repeat that the interview will be taped and that the only people to listen to the tape will be the interviewer or note-taker, who, of course, will have heard it all already! If there are more than four people I also ask for people to say their name each time before speaking. While this may sound cumbersome, I have found that people are excellent at fulfilling this request.

At the end of questioning I often let the interviewees have ten minutes free conversation. This allows them to discuss anything of interest that has cropped up during the interview. For instance, in the lymphoedema interviews many people gave names and addresses associated with local support groups or where to buy special support garments. Then quite often, if members of groups know each other it also allows them to catch up on news and family matters. This happened with the bankers who had often trained or worked together but had then been posted to opposite sides of the country.

Once the interview is over, I then tell interviewees that the notetaker and I are to stay on line longer to organise ensuing groups. This allows the pair to debrief and to consider some of the major ideas that might have emerged during the conversation.

Meanwhile, the telephone company look after the tape. It is labelled with date, time and name of project and sent in an express bag that is delivered to the transcriber within the next 24 hours. In the course of many interviews over ten years I have never yet had a tape go astray.

Other things to think about include:

• Only recruit four to six people for an interview. This is smaller than for a face-to-face interview but seems to work well (Krueger &Casey, 2002:2). Quite often you can recognise that number of voices quite quickly and this may negate the need for people to announce their names each time they speak.
• Thinking of ways to respond such as; 'That's interesting', 'Thank you for that' and so on as there is no way to show your interest by body language, such as nodding, that is used in face-to-face groups.

Advantages of the Telephone Focus Group

I have found telephone groups to be advantageous in many ways:

• They can provide *"the richness of group interaction desired with people who cannot be easily brought together face-to face"* (Silverman, 1994). This occurs because of:

> -wide geographical dispersal

This is the most common reason for using telephone focus groups. For example, they were used for contacting hospital-in-the home nurses across Victoria (Hurworth, 1996) and in discussions with school counsellors across Queensland (McMahon & Patton, 2000).

Others not likely to come to a centre are those who are:

> -hard to recruit because of busy schedules (e.g. GPs, high level executives)
> -ill or housebound (Hurworth, 1995)
> -'rare on the ground' e.g. state emergency managers, those with less common medical conditions (Hurworth, 2004)

• They offer an increased level of anonymity. With this in mind, White and Thomson (1995) thought that an investigation into physicians' relationships with patients would be easier by phone. Similarly, in relation to doctors, Silverman described how:

> *Physicians have a lonely job. They operate under conditions of information overload, high expectations and extreme ambiguity and uncertainty. They want to but can't discuss their mistakes, knowledge gaps and doubts so that they can learn from each other. They need to 'let their hair down' with their peers but can't afford to do so with people in their immediate area. During telephone focus groups, we discovered that physicians are willing even to discuss how they have killed people by using inappropriately high dosages of medications, how they have treated patients incorrectly and, how they cut corners from accepted practice and where they are uncomfortable with gaps in their knowledge.*
> (Silverman, 1994:6)

• For the interviewee and interviewer there is no need to travel to a central venue. This means there is no need for any party to move from the office, place of work or home. This in turn results in:
> -no expensive travel
> -no expense in relation to venue hire
> -no need for refreshments
> -no need to 'dress up' for the occasion (in fact I have carried out interviews from home in dressing gown and slippers!)

I have also found that not needing to move means that many interviews can be held out of the usual 9-5 work hours. For example, I have held many interviews at 6 or 8 o'clock on a Saturday evening or 10 o'clock on a Sunday morning. While most people would baulk

at those times to go out for an interview, they are quite willing to give up an hour to talk at those sorts of times if they do not have to move from home. Furthermore, because of convenience and ease, the acceptance rates to participate tend to be higher and the eventual participation rate is high. (Face-to-face interviews are notorious for people saying they will be there and then not showing up).

• The work tends to be completed more quickly i.e. it seems to be quite easy to carry out a number of groups over a few days while this would be more difficult and exhausting if run face-to-face.

• They are held in a more natural way . People are used to talking on the phone every day whereas bringing them to a venue creates an unnatural event

• They are easier to control than face-to-face groups

• If negotiated (and you tell participants for ethical reasons) you can allow the commissioner(s) of the focus groups to listen in to the conversations to hear what people are saying. This is the auditory equivalent to market researchers using a two-way mirror to observe interviews.

• There is less necessity to pay interviewees. People talking for an hour on their home or office phones are less likely to expect payment. Meanwhile those who come in for interviews these days expect to receive at least their 'out-of-pocket' expenses , if not more, for the inconvenience of time taken to travel and take part at a central venue.

As a result of such savings telephone groups tend to be considerably cheaper to run than face-to-face groups and therefore are most cost-effective. It also means that you can conduct them in as many locations as there are participants. So, if you have five respondents they can come from five different towns, states or even countries.

Quality of Data

• With tapes recorded on the best equipment available to the telephone company this often means that the sound quality is often better than the original phone call

• I have found the quality and amount of data to be as good as, if not better than, the face-to-face interview. This has been confirmed by others who have reported that telephone focus groups *"have been shown to be uncannily accurate in identifying and defining the most important opinions, attitudes, concerns and priorities of stakeholder groups."* (GuideStar Communications, 2003:1). One reason is because there can be a greater degree of openness due to anonymity in the interviews, especially where people have never met one another. This allows people to be emotional and personal because the lack of visual contact, together with the ordinariness of telephone conversation creates a kind of psychological distance and (therefore) safety. Therefore they are also ideal for dealing with more sensitive or difficult topics.

As Silverman concurs:

> *Telephone groups are ideal to create safety for sensitive topics. In some ways they are better then individual interviews because of the group support effect .. The openness of people in telephone groups is legendary… The pull to participate, extraordinary. It is hard to sit on the phone without talking…People have compared the same groups of teenagers on the phone versus face-to-face focus groups and have found that the teenagers were much more comfortable talking on the phone. The production was much higher, gender groups could be mixed and phone groups were superior.* (Silverman, 2003:4)

Another reason for good quality information is that, unlike the face-to-face interview, there is not the same tendency to talk over the top of one another. On telephones people are much more likely to talk one at a time and to feel that whoever is talking is talking to them personally. Thus on telephones no fragmentary, side conversations are possible and conversation is not 'lost' as can happen in the face-to-face group when several people are talking at once.

Arguments Against Perceived Limitations

The Method is Not Widely Accepted
While face-to-face focus groups are almost totally recognised as an evaluation tool, telephone groups have yet to be widely accepted. Clients often have not heard about, or considered them and so are usually sceptical –that is, until they have tried them! Then they are 'sold on the idea'!

Discussion May Be Less Spontaneous
Krueger (1994) suggests that the use of a telephone stifles discussion and that therefore there is a lack of the spontaneity and creativity found in face-to-face groups. I have never found this—in fact it is usually the case that you have to curtail conversations rather than having to push them along and very rich conversation can occur.

There is No Possibility of Seeing Body Language
Some writers criticise the approach because you can't see people's body language or facial expressions (Krueger & Casey, 2002). They feel that such non-verbal communication can be critical for determining when further questions or probing is needed but I would respond to this by saying a) that in most evaluative work we are looking for factual information, b) that the voice anyway can convey a wide range of emotion and other messages through sarcasm, sighing, laughing, emphasis, types of inflection, speed of speech, hesitancy, speaking calmy or angrily and so on, c) people on a phone have to verbalise what in face-to-face interview may merely be a nod of the head. Finally, as Silverman (1994) points out; *"If this is the only way to get participants, the lack of the visual is not a high price to pay".*

It's Harder for the Moderators to Control the Group

Researchers such as Stewart and Shamdasani (1990) claim that the moderator's role is made harder because it is more difficult to control participants, to quiet dominant speakers and to recognise less active group members. I have never found it any more difficult to run than the face-to-face interview. In fact people are extremely polite and good at turn-taking.

The Moderator Needs to Have Particular Qualities

While the face-to-face interviewer needs to have strong interpersonal and group process skills the telephone interviewer who cannot be seen, has to have extra ability in projecting friendliness, naturalness and informality and in being able to fill any 'gaps'. Consequently, Krueger and Casey (2002: 5) point out that one of the major challenges for the telephone moderator is to keep the conversation moving along and so, during long pauses, will need to say: 'I'd like to hear more comments about this' or 'Perhaps there is more that could be added here.'

Claims that There is no Possibility of Using Stimuli

Some suggest that the use of photos, cartoons, pictures etc, which help to stimulate some kinds of focus group interview, cannot be used during phone focus groups. However, I have sometimes mailed or faxed out material in advance or have material ready on the Web for people to access from computers near their phones.

Conclusion

Technology in its various forms is making an impact on evaluation. One way is through teleconference focus groups. They can: expand the pool of participants so that those dispersed geographically or are otherwise difficult to reach can take part; allow greater flexibility in scheduling; increase anonymity thereby encouraging the discussion of sensitive topics; and be cheaper to run than traditionally run groups.

In addition, there has been a long-term belief that, due to the lack of visual cues, telephone groups can only be second best. From what I have experienced, I can only corroborate Silverman's conclusions (1994:15, 18) that; *"it is precisely the lack of the visual element which creates the conditions that allow telephone focus groups to be better than face-to-face ones"* and as a consequence it is possible that *"most focus groups will be conducted that way in the future"*.

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Computer Assisted Telephone (CAT) Focus Groups[1]

Telephone focus groups have been in use for over 35 years, and have been enhanced by computer technology invented in the late 1980s. Organizations are increasingly finding them valuable for reaching people from all over the U.S., going beyond the usual less-than-a-handful of major markets to represent many locations and kinds of participants that could not otherwise be considered. This is especially useful where participants are geographically dispersed, relatively rare, reluctant or unable to travel to a central facility, or in need of anonymity.

People can participate from the comfort of their home, office, or other private place where they have access to a phone. This permits equal ease across locations. Participants may also feel more candid than in face-to-face groups because there is less opportunity for facial "intimidation." All are equal on the phone. There is less distraction, less silence, less formality and posturing, and a greater sense of privacy.

Everyone can hear everyone else clearly. Interaction starts fast and is often more natural and intense than in face-to-face groups. The fact that participants cannot see each other is not unusual or problematic. People use the phone to communicate all the time. Participants use complete sentences and nonverbal remarks, like "uh-huh" to substitute for the nonverbal head nods. They are encouraged to "chorus" their agreement or disagreement. Pauses become more obvious and meaningful. Many other auditory cues supplement the conversation, such as participants using their name each time they speak (which also improves transcript quality).

The computer technology provides several unique advantages. While participants are on their own telephone the moderator can identify who is talking -- on a computer screen. Observers can call in from anywhere to listen without being heard and can pass notes to the moderator by using their telephone touchpad or on-line chat to contact a technical assistant; the notes appear unobtrusively on the moderator's computer screen without interrupting the group. Removal of the (rare) disruptive participant is quick, simple, and invisible to other participants.

Compared to face-to-face focus groups, CAT focus groups are more representative, faster and easier to recruit, and faster to set up. They eliminate the costs, time, and inconvenience of travel for client observers as well as for participants. They permit involvement by a greater number and variety of participants and observers (such as executives and implementers). They can also provide greater depth of response and flexibility of research designs (e.g., mixing participants in a group who might not be feasible or desirable to mix in person).

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[1]For further detail, see: Balch, G.I. (2005). C.A.T. (Computer-Assisted Telephone) focus groups: better, faster, cheaper, *Social Marketing Quarterly*, 7, 4, 38-40; Cooper C.P., Jorgensen, C.M., & Merritt, T.L. (2003). Report from the CDC, telephone focus groups: An emerging method in public health research. *Journal of Women's Health*, 12(10): 945-951; Hurwith, R. (2004); Telephone focus groups (1994). *Social Research Update, 4,* Winter: <http://sru.soc.surrey.ac.uk/SRU44.html>; Silverman, G. (1994). **Introduction to Telephone Focus Groups**. <http://www.mnav.com/phonefoc.htm>.

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