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Reflections on the Use of Synchronous Online Focus Groups in Social Care Research

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Abstract

Focus groups are an extensively employed research method for the collection of qualitative data. Recent developments in teleconferencing platforms have produced a substantial increase in online research, including online focus groups. The current study is the first to discuss methodological reflections on the conduct of online focus groups in adult social care research. Previously reported research on the use of online focus groups in healthcare research cannot readily be applied to the significantly distinct social care sector. Unique characteristics of the social care sector, such as the dispersion of social care services, the significant funding gap, ongoing recruitment and retention issues, and an ageing population becoming increasingly reliant on social care have consequences for the design, conduct and appropriateness of the online focus group method. In this article, we review the use of synchronous online focus groups in social care research. We conducted six online focus groups with social care professionals (total $N = 37$). The online focus group method is evaluated by analysing and reporting data from a participant experience survey and researcher reflection logs. Additionally, this article reviews Microsoft Teams as a platform for online focus groups. It is concluded that the benefits of increased accessibility and representation significantly outweigh the limitations related to online social communication. We suggest that the use of the online focus groups method could enhance the relatively scarce research capacity in social care, and we provide practical recommendations for the design and conduct of online focus groups in social care research.

Keywords

focus groups, virtual environments, mixed methods, methods in qualitative inquiry, qualitative evaluation

Introduction

Online Qualitative Data Collection

Focus groups are an extensively employed research method for the collection of qualitative data in social research (Bloor et al., 2001). Unlike one-to-one interviews, focus groups involve a group discussion process in which qualitative data are collected through participant interaction supported by one or more facilitators. In social care research, involving a sector that covers a wide range of service-users and professionals, focus groups provide a suitable method that allows researchers to collect rich data representing the variety of experiences of key stakeholders (Greenwood et al., 2014, 2015; Gott et al., 2013; Linhorst, 2002; Stephan et al., 2015). Traditionally, focus groups are conducted face-to-face with one or more

research staff present as discussion facilitators. However, due to several recent developments, data collection is increasingly taking place online (Howlett, 2021; D. W. Stewart & Shamdasani, 2017).

Firstly, technological advances in the last decade have generated novel teleconferencing applications that have significantly improved the prospects of online data collection. Relative to more traditional research methods, the wide range

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of online data collection methods provides several advantages in the form of cost- and time-effectiveness, involvement of participant groups that are seldomly heard or are spread across geographically dispersed areas, and the potential of improved replication (Braun et al., 2017; Horrell et al., 2015). Similarly, virtual methods can offer benefits to participants, including more flexibility and convenience (Horrell et al., 2015). Moreover, the reality of the COVID-19 pandemic has meant an increased urgency for effective online communication, as well as the development and implementation of sound online research (De Man et al., 2021; Howlett, 2021). In an era of social distancing, researchers are faced with the challenge of selecting adequate online replacements for face-to-face data collection, having to carefully navigate concerns about data security and logistical requirements (Lobe et al., 2020).

Recent studies examining the research effectiveness of specific online communication applications such as Zoom, WhatsApp, Skype and Blackboard have reported promising results for the collection of qualitative data with minimal differences in quality relative to in-person methods. The evidence for successful online interviewing is more established (Archibald et al., 2019; Janghorban et al., 2014; Krouwel et al., 2019; Leemann et al., 2020) than for focus groups, nevertheless there is significant potential for online methods to be useful in focus group research (Kite & Phongsavan, 2017). The current study will discuss methodological considerations for the organisation and execution of a series of online focus groups with social care professionals that were organised to establish research and implementation priorities for the Applied Research Collaboration Kent Surrey Sussex in the United Kingdom.

Online Focus Groups

Online focus group methods can be categorised in terms of their synchrony. Asynchronous focus groups are commonly conducted through online forums involving chat-based interactions and take place over a longer period of time varying from multiple days to several weeks (D. W. Stewart & Shamdasani, 2017; Williams et al., 2012). For example, in a recent study, Chen and Neo (2019) effectively facilitated two asynchronous focus groups conducted over 5 days using the messaging tool WhatsApp. A novel activity or topic was introduced each day. Asynchronous methods include several advantages such as increased response time and greater self-disclosure (Williams et al., 2012); however, there is a risk of losing a certain richness in the data due to the lack of emotional expression, conversational nuances, and group identity (Chen & Neo, 2019; K. Stewart & Williams, 2005). Conversely, synchronous focus groups bear the advantage of more closely approximating in-person focus groups as they involve real-time discussions. Synchronous focus groups are usually conducted on a video conferencing platform led by one or more moderators. Although synchronous focus groups allow for the close replication of a face-to-face interaction, data quality is highly

dependent on the availability of sufficient bandwidth for each participant (D. W. Stewart & Shamdasani, 2017).

A number of studies comparing online focus groups to traditional face-to-face focus groups yield no substantial differences in data quality suggesting that online focus groups present a viable alternative (Abrams et al., 2014; Reid & Reid, 2005; Richard et al., 2020). Although there is research demonstrating fewer turn-taking and shorter responses in online focus groups versus face-to-face focus groups, differences seem to dissolve over time as participants adapt to the online environment (Van der Kleij et al., 2009). It is however important to reflect on the specific context of the research to be conducted and consider factors such as internet accessibility, sensitivity of the subject and familiarity with online mediums when deciding between online or face-to-face facilitation. Online focus groups have a wide range of applications including marketing, advertising, higher education, health care and social science research (D. W. Stewart & Shamdasani, 2017).

Evidence in Social Care Research

Published research on the use of online focus groups in social care research appears to be scarce. We found four studies published to date that report the use of online focus groups in social care research and these only include the use of asynchronous methods. These social care studies employed the online focus group method to examine the attractiveness of working in home care (De Groot et al., 2017), self-management of carers of relatives with dementia (Huis et al., 2016), dementia case management (De Lange et al., 2018) and winter community participation among wheelchair users (Ripat & Colatruglio, 2016). Conversely, health research is better represented in the documentation of the use of online focus groups (e.g. Harmsen et al., 2013; Nillson et al., 2014; Zwaanswijk et al., 2007), including evidence demonstrating the feasibility of synchronous online focus groups with adults (Lally et al., 2018) and young people (Fox et al., 2007). Moreover, articles reviewing methodological considerations relating to the use of online focus groups in healthcare settings are available. Discussions predominantly focus on asynchronous methods (Boateng et al., 2016; Reisner et al., 2018; Tates et al., 2009) and only more recently researchers have started to review synchronous methods (Daniels et al., 2019; Matthews et al., 2018; Tuttas, 2014). However, no such studies have been published specifically discussing social care research. It is important that conclusions from studies conducted in healthcare settings are not transferred to social care settings without careful consideration.

In the UK context, social care can be viewed as a research area distinct from health care for several reasons. Firstly, whereas healthcare services are usually located in close vicinity of one another, social care delivery is much more dispersed. For example, organising a focus group with participants from several health services in the same hospital

seems more straightforward and manageable than gathering participants from the variety of different social care contexts. The social care sector includes a wide range of different services, often not co-located, including a substantially large informal sector. Secondly, the social care sector is under an unprecedented amount of pressure, due to a significant funding gap (Idriss et al., 2021), workforce issues (Skills for Care, 2021), and an ageing population (Wittenberg et al., 2018). Releasing staff time to participate in a focus group study is a high cost for the sector. Finally, we argue that the research culture in social care is underdeveloped relative to that in health care (Morbey et al., 2020; Rainey et al., 2015; Rutter & Fisher, 2013; Walter et al., 2004). These considerations have consequences for the research design, recruitment and data collection, and in this case for the conduct and relevance of the online focus group method. The current paper aims to address this evidence gap by discussing factors to consider when designing and conducting online focus groups in social care research.

The literature on synchronous focus groups discussed above made use of Zoom (Daniels et al., 2019; Matthews et al., 2018), Blackboard Collaborate (Kite & Phongsavan, 2017) or a private online discussion board (Lally et al., 2018) to conduct real-time online discussions. Only very recently, researchers have started examining the usability of the teleconferencing application Microsoft Teams for conducting online focus groups (Menary et al., 2021; Santhosh et al., 2021), yielding positive preliminary findings. Additionally, recent evidence from educational settings shows that Microsoft Teams can be effectively used for collaborative knowledge building and discussion facilitation (Buchal & Songsoe, 2019; Henderson et al., 2020), making it a promising method for online focus groups. Recent usage statistics demonstrate that during the COVID-19 pandemic, Microsoft Teams has become one of the most popular teleconferencing applications with 115 million daily active users (Spataro, 2020). These statistics indicate that Microsoft Teams is now a commonly used communication method, particularly in the professional world. Considering the absence of studies in this area, the second aim of this paper is to provide a review of the use of Microsoft Teams as a research method for online focus groups in social care research.

The Current Study

The current study is part of the Applied Research Collaboration (ARC KSS) Social Care theme funded by the National Institute of Health Research. The social care theme of ARC KSS aims to improve the quality of life of people receiving social care through high-quality applied research informed by the specific needs of local populations and local social care systems. In order to design, conduct and implement social care research that truly reflects the needs of local stakeholders, a series of focus groups with local social care professionals was organised to identify a set of research

and implementation priorities for adult social care in Kent, Surrey and Sussex. In contrast to research in the healthcare sector (e.g. Mitton & Donaldson, 2004; Sibbald et al., 2009; Synnot et al., 2018), there are few in-depth reports of priority setting available for adult social care research. A separate report (Keemink et al., *in prep*) discusses the outcomes of the priority setting exercise. The current paper aims to provide methodological considerations for the conduct of online focus groups in social care research. We focus on two main points: (1) an evaluation of the online focus group method in social care research, and (2) practical considerations for the design and execution of online focus groups. Data were collected using an online follow-up survey and researcher feedback logs.

Methods

The focus group study was approved by the Ethics Committee of The University of Kent in February 2021 (Ref: SRCEA ID 0362) and endorsed by the Association for Directors of Adult Social Services in March 2021 (Ref: RG21-02). Research governance approval was obtained from the local authorities in which recruitment took place: Kent County Council, Surrey County Council, East Sussex County Council, and Brighton & Hove City Council. All participants provided written informed consent before participation.

Background of the Focus Group Study

Focus groups took place on Microsoft Teams between June and October 2021 and did not last longer than 2 hours. In advance of the focus groups, participants were sent a prompt email containing a visual that introduced the potential themes of the focus groups. Participants were asked to formulate which themes they would deem a priority area for social care research and implementation in their local area. They were also prompted to think about local innovative policies and interventions relating to these themes that could potentially benefit from further evaluation or implementation. Participants accessed the focus groups with a unique invite and entered the Microsoft Teams meeting through a waiting room to ensure that only invited participants would have access. All meetings started with a short introduction by the lead researcher reiterating the aims of the study and explaining the order of events. All focus groups were video recorded. Discussions revolved around the identification of examples of innovative policy and practice developed locally that could benefit from support with further evaluation and/or implementation. Participants were encouraged to think about which research questions would support their practice. After the focus group, participants were invited to complete an online survey on their experience in the focus group. Participation in the focus group and the survey was voluntary.

Participants

Participant recruitment was guided by the dispersed and varied nature of the social care sector. Participants were therefore selected using a combination of different sampling methods that were employed simultaneously: maximum variation sampling (maximising the range of perspectives), critical case sampling (approaching individuals because of their specific insight) and chain sampling (asking participants to forward the study invitation to suitable individuals) (Onwuegbuzie & Collins, 2007). Potential participants were identified through a web search and by building on our existing networks

Six online focus groups were conducted with each focus group including social care professionals from one of the above-mentioned local authorities in Kent, Surrey, and Sussex. The final sample comprised 37 participants (15 male, 22 female). See Table 1 for participant numbers for each focus group and Table 2 for participant characteristics. Public advisors were reimbursed for their time according to NIHR guidelines. The research team consisted of four researchers who designed the study, recruited participants and facilitated the focus group discussions.

Microsoft Teams

Microsoft Teams (Microsoft, 2016) is a teleconferencing method that supports real-time audio and full-motion video. The method had been selected as teleconferencing application for the current focus group study for several reasons. Firstly, it is only recently that researchers have started examining the

usability of the teleconferencing application Microsoft Teams for conducting online focus groups (Menary et al., 2021; Santhosh et al., 2021), and our aim was to contribute to this growing evidence base with the present study. Secondly, user data demonstrates that Microsoft Teams has developed into the most widely used online communication methods during the Covid-19 pandemic (Spataro, 2020), and it surpassed Zoom in terms of usage growth (Curry, 2021). Lastly, professionals working in local authorities are advised to use Microsoft Teams for professional communication. On the online consent form, participants were required to tick a box indicating that they would have access to Microsoft Teams. Once participants had signed the consent form, they were provided with a short, accessible manual that explained the different functions of Microsoft Teams that would be used during the focus groups. Specifically, we made use of breakout rooms to facilitate discussions in smaller groups. All focus groups were recorded using the recording feature. Participants also had access to the chat to provide written comments. Microsoft Teams is a part of Microsoft 365 and Office 365, which delivers advanced security and compliance capabilities. Network communications in Teams are encrypted by default, and therefore provide a safe medium to conduct discussions virtually. The meetings were accessible by unique invite link only.

Materials

The considerations and recommendations in this paper were based on data collected from the following materials:

Post-Focus Group Survey

An online survey was created using Qualtrics (2020) evaluating participants' experiences of Microsoft Teams and their participation in an online focus group, similar to Matthews et al. (2018). Data were collected on prior online focus group experience and device used. In addition, participants were asked to indicate agreement with statements on three domains: accessibility, online communication, and social participation. The agreement scale included three response options: (1) agree, (2) neither agree nor disagree and (3) disagree. In addition, participants had the option of leaving free-text comments for each domain. For a proportion of the questions, we relied on participants' counterfactual self-evaluation (i.e. asking participants to compare their experience in the online focus groups to their previous experiences of face-to-face discussions (Mueller et al., 2014)). The survey took approximately 10 minutes to complete.

Reflection Log

All researchers ($N = 4$) involved filled out a reflection log reviewing the process of the design, conduct and analysis of the online focus groups.

Table 1. N per Online Focus Group.

Focus Group	N
1	7
2	6
3	7
4	7
5	7
6	3
Total	37

Table 2. Participants' Job Roles.

	N
Job role	
Local authority adult social care management team	9
Social worker	8
Voluntary sector	9
Care organisation	6
Other (public advisors)	5
Total	37

Results and Discussion

The results will describe several considerations for researchers to take into account when designing and conducting online focus groups in social care research. Results are categorised in two themes: (1) an evaluation of the online focus group as a method in social care research, and (2) practical considerations for the design and execution of online focus groups. Considerations and recommendations are based on the researchers' experiences, analysis of the post-focus group surveys (counterfactual self-evaluation), and reflection logs. Video-recordings of the focus groups were transcribed and analysed using content analysis (Onwuegbuzie et al., 2009). Analysis of the recordings informed the results reported in this paper. Findings from the content analysis describing the identified priorities for adult social care research will be reported in a separate paper.

Table 3. Post-Focus Group Results of Previous Experience and Device Used.

Response Option	N
Previous focus group participation	
Face to face	7
Online	1
Both face to face and online	10
No	5
Device used for current focus group	
Computer	20
Tablet	2
Smartphone	1

Evaluation of the Online Focus Group Method

This section will examine if and why online focus groups are an appropriate method to use in social care research. Although there is literature reviewing the value of the method for healthcare research, these conclusions cannot readily be applied to social care research, which represents a distinct research area facing unique challenges. The dispersion of social care services, the significant funding gap (Idriss et al., 2021), ongoing recruitment and retention issues (Skills for Care, 2021), and an ageing population becoming increasingly reliant on social care (Wittenberg et al., 2018), all have consequences for the research capacity of the sector. The current paper explores what the online focus group method can contribute to the facilitation of social care research.

Survey Findings

To evaluate social care professionals' experience of the online focus group method, participants were invited to complete an online survey after their participation. The survey was completed by 23 of the 37 participants (62% response rate, similar to Matthews et al., 2018). The majority of respondents had attended a focus group before, either face to face, online, or both (see Table 3).

Respondents indicated agreement with statements on three domains: accessibility, online communication and social participation (See Table 4). At the end of each domain there was room for comments.

In addition to the quantitative data, all respondents left feedback in free-text fields about what went well during the online focus groups, and what could be improved, to gather a more nuanced view of participants' experiences. Participants were positive about the diverse range of professionals

Table 4. Participant Agreement with Survey Statements about Accessibility, Online Communication and Social Participation (in %).

Statement	Agree	Neither, %	Disagree, %
Accessibility			
Accessing the Microsoft Teams meeting was easy	100%		
It was easier for me to participate in an online focus group than if it had been a face-to-face discussion	52%	35	13
I signed up for the focus group because it was facilitated online	26%	43	31
There were enough options for me to engage in the discussion	95%	5	
Online communication			
I felt uncertain about participating in a focus group discussion online		22	78
Communication was more difficult than it would have been in a face-to-face meeting	17%	22	61
The researchers were able to lead to discussion well in an online environment	87%	13	
I was able to hear and see the other participants well	78%	9	13
Social participation			
I felt comfortable expressing my opinions in the focus group	95%	5	
I felt engaged in the discussion with the other participants.	90%	5	5
I felt comfortable talking to people I had not met before, in an online environment	100%		
Everyone was able to contribute to the discussion	64%	31	5

represented. They found it useful to exchange views and experiences, and to build connections across different parts of the social care sector whom they would typically not cross paths with. This reflects the dispersed nature of the social care sector and suggests that the online method can help mitigate the lack of connection and integration. Participants were also positive about the opportunity to contribute to research and ensure that the challenges in the sector were reflected in new research projects. Research capacity is relatively scarce in social care (Walter et al., 2004); however, this feedback suggests that people working in social care are interested in being involved in research when given the chance. The online method may have facilitated their participation by offering an engagement option that kept cost and time commitment as low as possible whilst maintaining the benefits of research involvement.

In terms of overall improvements, participants recommended more clarity on what was trying to be achieved. Even though we endeavoured to set clear expectations from the start by providing an elaborate information sheet and instructions prior to the focus groups, there was room for improvement in this area. In an online environment, it seems paramount to manage expectations considering the time constraints pertaining to an online session, the absence of informal chats beforehand or the physical cues that would be present in a face-to-face focus group. Moreover, when engaging with a diverse sample, as is often the case in social care, ensuring that all participants agree on the aim of the session requires special consideration.

MS Teams

Preliminary evidence on the use of Microsoft Teams for online focus groups demonstrates that it is an efficient method for online focus groups (Menary et al., 2021; Santhosh et al., 2021). The platform is also a safe and user-friendly tool to support group work in educational settings (Buchal & Songsore, 2019; Henderson et al., 2020) and to enhance the communication between inpatient and community teams in health care (Mohan et al., 2021). In the current study, researchers experienced similar benefits. Safety of participants was warranted through the unique joining link and the waiting room, which ensured that only invitees were granted access. A second advantage, particularly relevant to a social care sample, which often includes professionals from local authorities, was the familiarity with the programme. Moreover, since the transition to predominantly working from home, many local authorities mandate the use of Microsoft Teams over platforms such as Zoom. Microsoft Teams can also be efficiently used on a mobile phone or tablet, which some participants opted for (See Table 3). Universities are also increasingly making use of Microsoft Teams, because of the features specifically designed for education and team-based working. The research team could therefore use Microsoft Teams without participant number restrictions or fees. In the post-focus group survey, all respondents indicated that it was

easy to access the Microsoft Teams meeting. However, depending on the research material and participant group, other platforms might be more suitable (See Lobe et al., 2020).

There was only one minor drawback that – if changed – could improve the research experience. Microsoft Teams does not currently allow for multiple meeting organisers, and organiser rights cannot be transferred, a function that is present in the online platform Zoom. In a research team, responsibilities are often shared and having the option of nominating multiple organisers would have facilitated the efficient conduct of the study. In Microsoft Teams, the organiser has the sole privilege of admitting participants to the meetings, placing participants into breakout rooms, moving between breakout rooms, and starting and stopping a meeting recording. The focus groups for the current study were video recorded, but breakout groups had to delay starting their discussion until the organiser had entered each room individually to start the recording; a seemingly unnecessary impediment.

Accessibility

Overall, online research tends to enhance accessibility to study participation (Horrell et al., 2015). Social care research samples often include experts-by-experience, or public advisors, as was the case in this study. These participants may have additional needs and benefit from online participation. Furthermore, with participants of the current study dispersed across the Southeast of England as well as across the different parts of the social care sector, conducting focus groups online aimed to increase the likelihood of participation by omitting the need for travel and limiting the time commitment. Moreover, with the social care sector being under enormous amounts of pressure during the ongoing pandemic when research capacity was already decreasing (Rainey et al., 2015), offering an online option seemed essential to promote research accessibility. By organising an online focus group, we could accommodate the social care professionals' busy schedules. Doodle polls were used to decide on the most convenient date. This was reflected in the comments gathered from the post-focus group survey: *'It was easier to fit the session into the working day as it was online'*. Interestingly, the online method was not the decisive factor to participate for most participants, with only 1 in 4 participants agreeing to the statement that they signed up to the focus group because it was facilitated online. Nevertheless, the online method did offer unique benefits such as ensuring the safety of participants by avoiding social gatherings during a pandemic, especially relevant for those working with vulnerable populations: *'Good access, as I was unable to participate in face-to-face meetings at present due to care home restrictions.'* Although face-to-face interaction might be desirable from a social engagement perspective (*'Social participation is always difficult online'*), only three out of 23 respondents to the survey stated that it had been easier for them to participate in a face-to-face focus group. Although online focus groups offered significant advantages

to the accessibility of the research, it is important to reflect on potential limitations. Participation in online research requires the availability of a stable internet connection, excluding those who do not have this at their disposal. Since the current study exclusively involved social care professionals, participants all had access to an internet connection. It is however important to consider this requirement, particularly when conducting research with seldom-heard samples (Freeman et al., 2020). Furthermore, researchers need to take into account that participants may have varying degrees of experience and confidence with the selected teleconferencing method, which will affect accessibility. We offered participants the option of a practice run with the method to mitigate this.

Online Social Interaction

Although online facilitation can improve the accessibility of social care research, there are limitations to online, video-mediated social interaction relative to face-to-face interaction. In virtual meetings, people cannot rely on the full range of paralinguistic behaviours, such as gestures, non-verbal cues and eye contact. Furthermore, most teleconferencing platforms show users their own video feed during the interaction, which can hinder communication (Hassell & Cotton, 2017). Participant feedback showed that almost 1 in 5 participants agreed that communication would have been easier face-to-face (see Table 3). Online groups tend to yield different communication patterns with fewer turn-taking and shorter responses (Woodyatt et al., 2016). Nevertheless, group differences seem to disappear over time when participants adapt to the online environment (Van der Kleij et al., 2009). Additionally, research on data richness of online versus face-to-face focus groups indicates that discussion quality is not significantly impacted by differences in the method (Abrams et al., 2014; Kite & Phongsavan, 2017J. Kite & Phongsavan, 2017; Woodyatt et al., 2016). There may also be advantages to video-mediated discussion. Stewart and Shamdasani (2017) report that participants in synchronous online focus groups are less inhibited relative to face-to-face focus groups because of the informal atmosphere. Furthermore, Woodyatt et al. (2016) conclude that online participants tend to be more to the point, aiding the research process. In the current study, we experienced a similar pattern of initial hesitation to make a contribution. This was also demonstrated in participant feedback: *‘Online engagement is challenging when trying to have group discussions as people have to “take turns” through the hands up function and this can stilt conversation’*. Building rapport and establishing a discussion flow where everyone feels comfortable contributing may require particular attention in a heterogeneous sample, which seems inherent to social care research. We asked participants to introduce themselves and their roles at the start of the session to promote the feeling of group cohesion. Some people were less vocal than others, which we mitigated by inviting individual participants to share their views. This was noticed by participants: *‘Facilitator was*

excellent at engaging everyone, but some participants had less to say.’ Interestingly, the survey data demonstrates that the majority of participants (95%) felt comfortable expressing their views during the focus group, suggesting that the online medium is suitable for most social care professionals to engage in a group discussion. Overall, participants were positive about how the discussion was facilitated online (See Table 3): *‘Well facilitated with equal time given to each participant to contribute and the facilitator had enough knowledge to be able to sum up and make people feel their contribution was valued.’* Despite the challenges of online communication, participants did note the relative benefit of online participation for the social care sector: *‘Always a bit harder to get the interactions right online, but benefits of broader representation far outweigh the minor drawbacks.’* Another observed benefit of online interaction was the attenuated impact of hierarchy. Hierarchical differences within groups can restrict the freedom with which participants provide input in a discussion, especially relevant for a social care sample including professionals from many different types of job roles. The online environment levelled this effect to a certain extent, enhancing contribution to the discussion.

Participants were encouraged to keep their cameras on during the focus group to closely approximate a face-to-face interaction. The majority of participants were visible on camera, and the few participants who only participated with audio chose to do so because of their work environment (protecting privacy of other employees) or technical difficulties (low battery/internet stability). As indicated in the survey results, a computer was the main mode of participation (see Table 2). The size of each discussion group varied between three and seven participants, similar to previous studies (Matthews et al., 2018; Tuttas, 2014). Survey responses indicated that the preferred group size is personal, as some respondents recommended more participants and others valued a small group size. In the researchers’ experience, discussion flowed well for both small and large groups. Discussion quality was more dependent on how well the researchers facilitated the discussion and how well the technology worked (Kite & Phongsavan, 2017J. Kite & Phongsavan, 2017). The facilitator role was similar to that of a traditional face-to-face focus group (Bloor et al., 2001). The facilitator’s contribution was predominantly characterised by prompts, paraphrases and observations, instead of direct questions or statements, coordinating rather than directing the conversation (Myers, 2007). One difference in the facilitator role relative to face-to-face discussions was the additional task of monitoring the chat as well as the actual conversation, which sometimes required some multitasking. However, the chat function did allow participants to add relevant points to each other’s views before the discussion had moved on. We also quickly learned the importance of small cues of agreement, such as nods or a smile, in the absence of the full range of paralinguistic communication present during a face-to-face interaction. Overall, the researchers had a positive experience hosting discussions with social care professionals online. Participants and facilitators were respectful of each other, and

attended to and built on each other's comments. All participants were willing to contribute when asked and regularly referred to each other's statements. The variation in professional background and experience in adult social care did not result in any issues. In fact, participants valued the opportunity of sharing and connecting with people with different views. Participants were aware from the outset that they would be in a discussion group with a variety of different people to manage expectations. Although we were reliant on technology for the flow of conversation, this did not disrupt the discussions significantly. With teleconferencing technology rapidly evolving, we believe online facilitation will become increasingly easier.

Practical Considerations for the Design and Execution of Online Focus Groups

The previous section discussed the appropriateness of the online focus group method for adult social care research. When designing and conducting online focus group studies for the adult social care sector, there are various practical considerations to take in to account. The following section provides guidance for social care researchers setting up online focus groups including more general recommendations useful for multiple research sectors.

Ethical Considerations

When conducting research in social care in the UK context, researchers are required to apply for several ethical approvals. In the first place, ethical approval from the affiliated University must be obtained. Secondly, if the research involves local authority staff or clients, an application for research governance approval must be completed for each participating local authority. Finally, when the research includes four or more local authorities, the study must be approved by the Association for Directors of Adult Social Services. Therefore, for the current study, six separate ethical approval processes had to be completed. This an important consideration to take into account, as recruitment and data collection cannot commence until the ethical approvals have been obtained. However, communication with the local authorities during the research governance process can provide a foundation for recruitment, discussed in more detail below. As the current study was conducted online, there were several ethical issues distinct from face-to-face contexts to consider (Hewson et al., 2016). To obtain informed consent in online studies, Lobe (2017) recommends emailing consent forms to participants, who then return signed consent. The current study took a different approach by presenting interested participants with the information sheet and consent form on Qualtrics, a cloud-based platform for the development and distribution of web-based surveys. There were several advantages to this approach for both researchers and participants. The signed consent forms were automatically kept in one place, allowing for efficient data control. Qualtrics ensures that data are safely

protected with high-end firewall systems that are scanned and updated regularly. Data was accessible by one researcher only. Participants could access all essential study information in one place and opt out of the study with one mouse click. Furthermore, Qualtrics surveys are easy in use and designed to be mobile friendly. Participants were able to contact the researchers via email to ask questions. Overall, obtaining informed consent in this way went without issues and would be recommended. When conducting online research, it is also important that researchers acknowledge that operating in an online environment complicates the distinction between public and private spaces. Participants may be less aware of what comprises a private and a public discussion, as well as the permanence of statements made online (Moore et al., 2015). This may be particularly relevant in social care research, in which the informal sector plays a large role. Furthermore, boundaries between personal and professional experiences can become obscured. It is therefore of paramount importance that researchers are explicit and unambiguous about anonymity and confidentiality in the participant information sheet before participants consent to the study.

Another ethical consideration relating to online focus group research was the process of video-recording the focus group discussions. Evidently, participants had consented to this after having been made aware of the data processing practices. Since meetings have increasingly taken place online, people are more accustomed to the recording of professional conversations. Nevertheless, participants were asked to assent to the recording again at the start of the meeting, as the topics for discussion, professional experiences related to care, could be of sensitive nature. Especially in a heterogeneous sample like for the current study including people who may have opposing priorities, additional assent would be recommended. Video-recordings were saved on University-protected servers accessible by the research team only.

Recruitment

Participants were recruited using a combination of different sampling methods that were employed simultaneously: maximum variation sampling, critical case sampling, and chain sampling (Onwuegbuzie & Collins, 2007). Maximum variation sampling and critical case sampling were guaranteed by firstly examining the composition of the dispersed and varied social care sector and consequently approaching social workers, care providers, commissioners, and voluntary sector providers. Potential participants were identified through a web search and by building on our existing networks. The breakdown of the different participant job roles within social care (see Table 2) demonstrates the recruitment of a variation in perspectives. Participants were generally willing to forward the study invitation to others in their network who would be suitable, widening the sampling pool. Per local authority, approximately 30 potential participants were approached, and

sign-up rates varied from six to 14. All recruitment took place online via email.

Cyhlrova et al. (2020) describe the challenges pertaining to the recruitment of participants in social care research with professionals. The main barriers reported in their review were a lack of research capacity and variations in social care provision. During the conduct of the current study, research capacity of social care partners was further limited by the ongoing COVID-19 pandemic, burdening an already overstretched sector. We spent the 6 months leading up to the study building partnerships with relevant organisations, so that potential participants were involved from the outset, which advanced the recruitment process (Cyhlrova et al., 2020).

Recruitment of participants from the local authorities' adult social care management teams required special consideration. It was imperative to identify the right point of contact to develop a research relationship with the different local authorities. As mentioned in the Ethics section, we were required to apply for research governance approval. This process appeared not straightforward, despite the service being promoted by the Association for Directors of Adult Social Services. Local authorities varied significantly in their approach to research governance, varying from designated research portals and established application details to a complete absence of a formal research governance process. Moreover, once research governance approvals had been obtained, referral to local adult social care teams at times proved challenging and in some cases, impossible. These experiences are corroborated in a report on local authorities' research capacity by Rainey et al. (2015) who found that only two out of five local authorities confirmed the existence of a formal research governance arrangement and only one in three indicated a designated research governance lead. However, the research governance application did function as an initial form of contact with the local authorities from which further recruitment could take place. The local authority recruitment strategy that yielded most success for the current study was engagement with the local principal social workers, who acted as a gatekeeper, serving as a conduit between researchers and potential participants from the different local authorities (Clark, 2010). Stronger connections with the local principal social workers resulted in higher number of sign-ups and attendance. Attrition rates tend to be higher for online focus groups than the face-to-face alternative (Matthews et al., 2018). In the current study, no shows occurred for only one focus group: the local authority with the lowest engagement from senior management teams. Similar to Cyhlrova et al. (2020), we recommend setting sufficient time aside to build initial connections for optimal recruitment.

Structuring an Online Discussion on Research Priorities for Adult Social Care

This study aimed to identify priorities for adult social care research in Kent, Surrey, and Sussex. Compared to research in

the healthcare sector, there is a relative lack of formal priority setting in social care. A separate paper (Keemink et al., *in prep*) discusses this more in-depth. The social care sector comprises numerous different partners as well as covering a wide range of different issues and the question of 'research priorities for adult social care' could have been perceived as too broad for a fruitful discussion. There was a need for certain prompts to structure the discussion for the online focus group. Especially in an online environment, discussions would benefit from some pre-established structure. Similar experiences have been reported in advertising research, recommending images as stimuli to facilitate online discussions (D. W. Stewart & Shamdasani, 2017). Consequently, we developed a visual depicting six broad areas for discussion, which participants received when they consented to participate in the study. This approach worked well; participants were engaged from the outset. The start of a discussion can be somewhat arduous and the visual mitigated this by providing a framework for the conversation. Furthermore, it ensured that all participants were on the same page and familiar with the same terminology. We would recommend this approach in focus groups that discuss broad questions or involve large sectors. The survey demonstrated participants' satisfaction with the framework: *'What worked well was having the schematic beforehand and preparatory information.'*

Methodological Limitations

Taken together, our findings suggest that the online focus group method is well-suited for research in the adult social care sector. Nevertheless, it is important to recognise the methodological limitations pertaining to the current study. Firstly, we made use of the counterfactual self-evaluation (CSE) method in the follow-up survey, when we asked participants to compare their experience in the online focus group to previous face-to-face discussions. This method presumes that participants will accurately remember previous experiences. Given that face-to-face interactions are extremely prevalent, self-assessment of this counterfactual is unlikely to be too challenging. Nevertheless, although the CSE method has relative strengths (Mueller et al., 2014), in answering this question, participants could have been affected by a recency bias. This bias can cause participants to judge their most recent experience, our online focus group, as most favourable (Kite & Whitley, 2018M. E. Kite & Whitley, 2018). Additionally, as Mueller et al. (2014) note, there are various factors that could potentially affect the self-estimation bias. Variations in the quality of participant experience were not measured and thus uncontrolled. Future studies could address these limitations by designing a study in which the same participants experience both in-person and online focus groups, as well as collecting data on individual characteristics, so that a controlled comparison can be made. Thirdly, the findings of this study relate to the specific adult social care context in England, making the generalisability to countries where social care is organised

differently limited. Although the findings may also not extend to other sectors, we specifically chose to exclusively examine the online focus group method within social care research. No studies to date have presented methodological considerations for online focus groups in social care research, whereas the health sector has been substantially reported on (Daniels et al., 2019; Matthews et al., 2018; Tutas, 2014).

Conclusion

The current study is the first to discuss methodological reflections on the conduct of online focus groups in adult social care research. Previously reported research on the use of online focus groups in healthcare research (Daniels et al., 2019; Matthews et al., 2018; Tutas, 2014) cannot readily be applied to the significantly distinct social care sector. Unique characteristics of the social care sector, such as the dispersion of social care services, the significant funding gap (Idriss et al., 2021), ongoing recruitment and retention issues (Skills for Care, 2021), and an ageing population becoming increasingly reliant on social care (Wittenberg et al., 2018), have consequences for the design, conduct and appropriateness of the online focus group method. The results were presented focusing on two main points: (1) an evaluation of the online focus group method for social care research, and (2) practical considerations for the design and execution of online focus groups.

The findings of this study suggest that the online focus group method is a useful method for adult social care research and should be considered for future studies including the social care sector. Participants and researchers were predominantly positive about their experience in the online focus group. Microsoft Teams is an effective and safe platform to conduct online focus groups with social care professionals. Although it is acknowledged that online communication limits participants' experience of social cohesion and their reliance on the full range of paralinguistic behaviours, such as gestures, non-verbal cues and eye contact, the benefits of accessibility and representation seem to far outweigh these limitations. Furthermore, the drawbacks of online communication may disappear in the future with the optimisation of technology. Online facilitation allowed a dispersed group of social care professionals who are under enormous amounts of pressure due to underfunding, workforce issues and an ongoing pandemic, to participate in research and offer valuable knowledge for future social care studies. The online method enabled greater representation of the different parts of the social care sector whilst facilitating connections amongst participants. Historically, research capacity and endorsement in social care has been scarce (Cyhlova et al., 2020; Walter et al., 2004). Offering research opportunities online may increase research capacity in the social care sector by keeping cost and time commitment low whilst maintaining the benefits of research involvement. This will benefit both social care professionals and social care researchers by building mutually beneficial

connections that can enable the design of relevant research and efficient implementation, as well as stimulating evidence-based practice. Future studies should review the use of other online research designs to validate these conclusions.

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