

**The use of focus group data from countries with linguistic differences:
A discussion of methodological and pragmatic issues**

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Abstract

Background: Focus group discussions for data collection in nursing research has increased. Data from focus groups provides rich in-depth understanding of a phenomenon, which can inform clinical practice. Guidance on facilitating focus groups has been developed, however there is a lack of guidance on techniques of translating, analysing and presenting focus group data from countries with linguistic differences

Aim: To explore contemporary examples of translating, analysing and presenting focus group data from countries with linguistic differences and provide an in-depth example of the decision making process from one study with focus group data from two countries.

Methods: A discussion paper to guide recommendations for focus group data analysis from countries with linguistic differences.

Discussion: The experience from undertaking focus groups across two countries and contemporary nursing research has highlighted the need for a clear rationale and transparency in the reporting of translating, analysing and presentation of data. Detailed and transparent reporting needs to include not only the translation process, but when this occurred, either pre or post analysis, and when or if the data was amalgamated.

Implications for research/practice: There is a clear need for evidence-based guidance on the reporting of translation, transcription and analysis of focus group data from countries with linguistic difficulties.

Keywords: focus groups, different languages, different countries, methodology, nursing research, qualitative research

Background

The globalisation of nursing enables nurses to cross international boundaries in order to provide care and improve healthcare outcomes (Jones and Sherwood 2014). The mobility of the nursing workforce reinforces the necessity and importance of international research; however, qualitative cross-cultural research can present challenges to health researchers (Pelzang and Hutchinson 2017). A qualitative research methodology that has increased in application in nursing research is that of focus group discussions (Jayasekara 2012). Focus groups are the implementation of a semi-structured conversation among a small group of people who have a shared identity or frame of reference (Krueger and Casey, 2015; Greenwood *et al* 2014).

One element that is particularly challenging within this approach is the exploration of lived experiences of health care and healthcare provision across geographical locations with cultural and linguistic differences. When focus groups are implemented across countries or different ethnic group's researchers need to be sensitive to group dynamics and cultural norms, however effective data may be procured with careful planning and consideration of pragmatic issues (Halcomb *et al* 2007). However, a past review of focus group studies identified that only a minority followed a robust or recommended criteria to maintain trustworthy results in cross-language qualitative studies, which included a lack of reporting of the role of the translator or interpreter (Squires 2009). The review indicated that there is a need for studies to systematically address the methodological issues that underpin language barriers between qualitative researchers and participants (Squires 2009).

A contemporary review of focus group literature acknowledged there remains a gap in the reporting of methodological details, and proposed a flow chart of the steps of the focus group techniques to support the reporting of focus group data (O Nyumba *et al* 2018). However, the guidance does not include how to process and analyse data collected from countries with linguistic differences. Therefore, the complexities of undertaking and reporting of focus group research in countries with linguistic differences needs to be further explored.

The aim of this paper is:

- To provide contemporary examples of nursing research that report the processes of translating, analysing and presenting focus group data from countries with linguistic differences
- To provide an in-depth example from one study of the decision making process of translating, analysing and presenting focus group data across two countries with linguistic differences, England and Jordan

These aims will be addressed across a number of methodological issues to support the transparency of reporting focus group data collected from countries with linguistic differences, which include: who facilitated the focus groups, and in what language; and the process of transcription, translation and analysis of focus group data.

Contemporary nursing research

To address the first aim of this paper we make reference to contemporary published focus group studies undertaken in different languages and sometimes from different countries in order to compare how the researchers tackled the methodological and pragmatic issues.

Experience from our cross-cultural focus group discussions

To address the second aim of this paper, we explore our experience of conducting focus group discussions in two countries with different languages regarding an internationally relevant area of nursing practice – hand hygiene. Relevant ethical approvals were obtained to complete focus group discussions to explore the views and perceptions of nurses when prompted by patients to wash their hands (blinded for peer review *et al* 2018). This paper provides an account of the decisions made regarding data collection, translation, and analysis of focus group data from two countries with different languages in order to provide transparency in the methods used.

1) Who facilitated the focus groups, and in what language

Contemporary nursing research

The methods of focus group discussions need to be transparently reported to evaluate the trustworthiness of the data, results and recommendations. Due to the lack of current guidelines on reporting focus group data from countries with linguistic differences, published studies report different and inconsistent information on the process of data collection and analysis. One important element includes identifying the researcher or researchers who facilitated the focus groups discussions in each country, and in which language or languages the focus groups occurred. Information on who facilitated focus group discussions is more consistently addressed, in contemporary publications, authors report ‘the majority were completed by the first author’ (Brooke *et al* 2019), or the main researcher (Coyne and Dieperink 2017) or an expert moderator (Selman *et al* 2017).

However, the language spoken in focus group discussions is less consistently reported and addressed. In contemporary publications reporting ranged from providing clarity on the languages spoken to excluding participants if they could not speak English (Brooke *et al* 2019; Selman *et al* 2017; Endacott *et al* 2016; Coyne and Dieperink 2017). For example, a study conducted across four countries, identified three of the countries practiced nursing in English, but the fourth country did not, and focus groups were completed in the participants native language of Slovenian (Brooke *et al* 2019). A further study, which included focus groups across nine countries, clearly stated that the focus groups were conducted in the most appropriate language for participants in each country, but did not identify which languages were appropriate or spoken (Selman *et al* 2017).

The English language often dominates research, for example one study, which included focus group discussions with nurses working in intensive care units in England and Israel was

completed in English, however the authors describe how a co-investigator translated segments of the focus groups when participants spoke in Hebrew rather than English to express their views (Endacott *et al* 2016). Whilst another study only included participants who were fluent in English, but completed focus groups with nurses working in oncology units in Australia and Denmark (Coyne and Dieperink 2017).

The availability of bilingual researchers can help to minimise the risk associated with losing the real meaning of data obtained from focus group discussions (Esposito 2001) and enhance communication with participants (Lieberman *et al* 2017), however if the researcher is not fully involved in the study, context can be lost (Squires 2009). There is evidence that studies in which bilingual students and overseas-trained health professionals were used to collect data achieved successful outcomes (Lee *et al* 2014) due to their ability to communicate in English and another language (Centre for Ethnicity and Health 2016).

Experience from our cross-cultural focus group discussions

In our study, the second author's fluency in both the Arabic and English languages in addition to his clinical experience in nursing and infection control in both countries contributed to the quality of the data collection and analysis from the two countries. The second author undertook all focus groups, whether in English or Arabic, and was thus able to act as a cornerstone in the research process by moderating the discussions, transcribing the recorded audio, verifying the translation, and analysing the data from each country. Therefore, wherever possible the facilitator of the focus group should be a native speaker of the countries where data collection occurs and that this should be clearly documented in the report of the research. However, the potential hazard of researcher bias may be introduced with reliance on one bilingual researcher, therefore clear phenomenological practices and reflexivity need to be extensively reported.

2) The process of translation, transcription and analysis of focus group data

Contemporary nursing research

Translation is generally understood as transferring the narrative obtained from participants' first language into the main language used for the study, which is frequently English (Choi *et al* 2012). Transcription is the process of transferring the verbal narrative into a written narrative which is then used for detailed analysis. Translating focus group data is not consistently reported across the literature and it is commonly treated as a minor issue (Squires 2009).

Translation processes that need to be clearly reported include who completed the translation, such as a professional translator or a member of the research team, and how the translation was

verified as representative, such as the use of back-translation. However, these processes rarely reported adequately (Al-Amer *et al* 2015, Al-Amer *et al* 2016, Chen and Boore 2010). For example, Brooke *et al* (2019) completed focus group discussion in English and Slovenian, however no data was available on the process of transcription. Although, contemporary research of Selman *et al* (2017) did report focus group data were transcribed and translated into English by professional translators, and the research teams at each site verified the translated transcripts against the recordings.

A further element related to the translation process that is inconsistently reported is when translation occurred, either pre or post analysis. A number of papers argued the importance of analysing data in the participant's native language to ensure the meaning and context was truly represented and not lost in translation (Brooke *et al* 2019; Mariani *et al* 2016; Chen and Boore 2010). However, other studies have translated all data into English to support analysis by the full research team (Selman *et al* 2017; Mariani *et al* 2016). There is a clear need for evidence-based guidance on the reporting of translation, transcription and analysis of focus group data from countries with linguistic difficulties.

Experience from our cross-cultural focus group discussions

In our study, focus group data collected in Jordan were transcribed into written Arabic before being translated into English. Focus group data collected in English were transcribed directly into English. Translating data from Arabic into English was important in order to ensure that the data was available in one language; which is important for consistency in the study and also as other members of the research team did not speak Arabic. In this study, the lead researcher was involved in all stages of data collection, translation and subsequent analysis. This led to a robust understanding of the data and demonstrated a high level of involvement in handling all aspects of data collection, reducing the risk of interpretive errors related to translation.

A random sample of four pages of data translated from Arabic into English were back-translated from English into Arabic, before comparing them against the original Arabic, by the lead researcher (Figure 1). The goal was to identify discrepancies between the two versions of data that might be due to inaccuracies in translation. Back-translation was performed by a third bilingual translator, a different person from the professional translator who had initially translated data from Arabic into English. Both translators were familiar and experienced in qualitative research translation so that semantic equivalence can be achieved (Chen and Boore 2010). The results of back-translation did not show any vital discrepancies between the original and the back translation.

Back-translation shows that a thorough review of the actual translation by the lead researcher, and the professional translator who initially translated data from Arabic [source language] into English [target language], could be a gold standard in verifying the meaning of translation. Back-translation is important but not a (sole) standardised approach to verify how accurate the translation was. This is because comparing the original, translated and back-translated data is open for interpretation (Behr 2017). Acknowledging the background and skill set of back translators may influence the outcome of the translation.

Therefore, to ensure that credibility and auditability are maintained, detailed information on translation should be reported. It is recommended that researchers report the detailed processes of data transcription and translation in their publications. To do so, researchers can use diagrams to demonstrate the process of transcription and translation and clearly report who conducted the transcription, translation and back-translation, and when this happened. Figure 1 is the representation of transcription, translation and back-translation of the approach implemented in our study. This approach supports an open, transparent process and ensures that the real meaning of the participants' discussions is not 'lost in translation or transcription'.

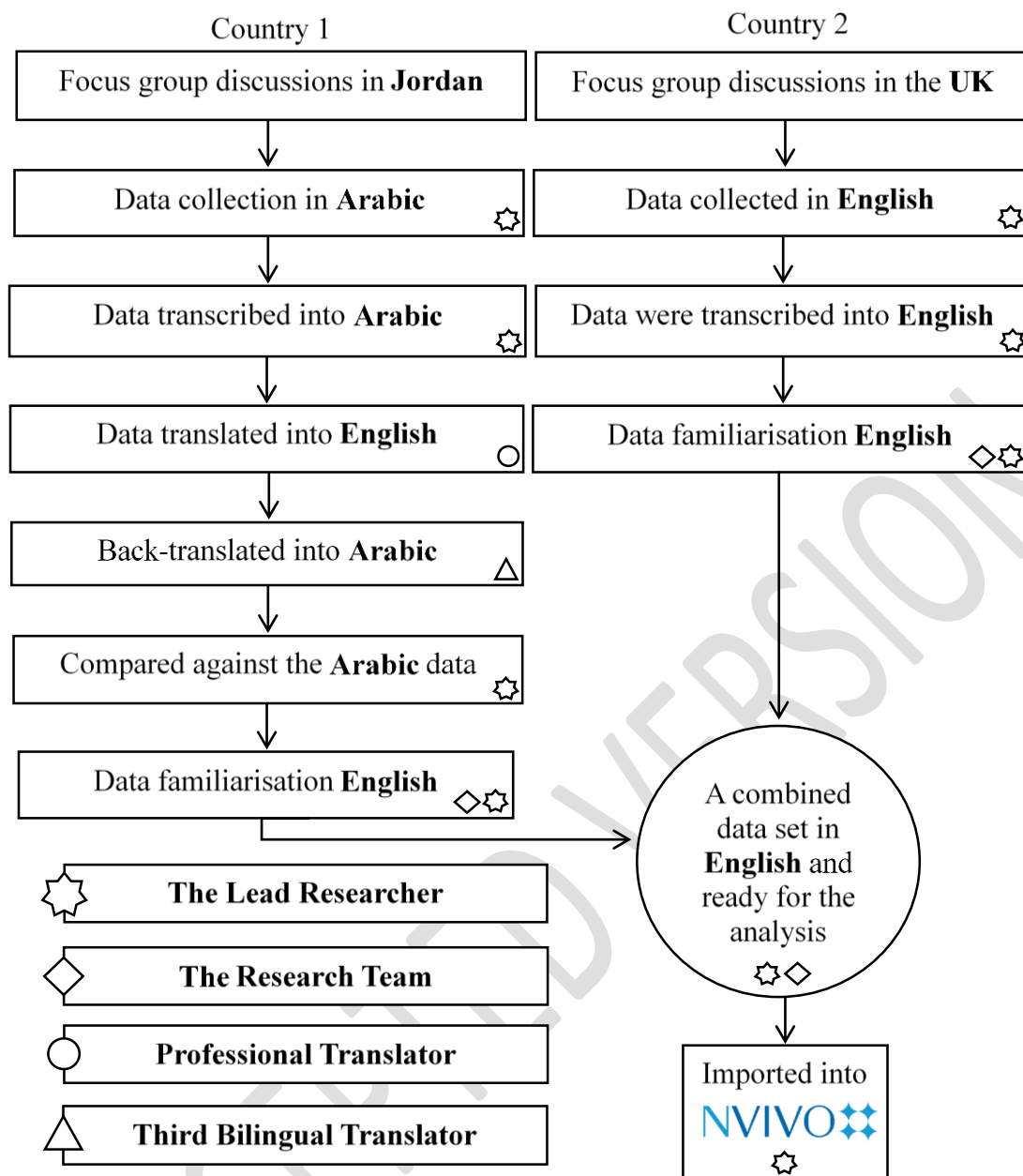


Figure 1: Transcribing and translating data

Conclusion and Recommendations

This paper has outlined the important methodological and pragmatic issues relating to the collection and analysis of focus group data from countries with linguistic differences, and has highlighted there is a clear need for evidence-based guidance on the reporting of translation, transcription and analysis of focus group data from countries with linguistic difficulties.

Whenever possible, the transcribers and interpreters who assist in the focus group sessions should be familiar with the cultural context of the research in order to ensure sensitivity to, and awareness of, the issues and to facilitate reflection (Drury *et al* 2014). Bilingual researchers

could overcome this challenge if they were integrated as active members of the research process rather than simply serving as transmitters of messages across languages (Temple 2006). However, only if the bilingual researcher as “*an active agent rather than assigning him or her a secondary or auxiliary role,*” (Shklarov 2007, p. 537). The limitation of a bilingual researcher can include the possibility of the introduction of bias, therefore clear phenomenological practices and reflexivity need to be clearly reported

This is clearly not always possible; however our experience reaffirms the desirability of this; that the lead researcher was bilingual in Arabic and English, it was felt that the study achieved maximum consistency in the facilitation of the focus groups; the potential for misinterpretation of the data obtained through group discussions were kept to a minimum.

This paper aims to add to the body of literature in which the challenges of undertaking focus groups in countries with linguistic differences. A series of recommendations for stages of focus group data collection has been identified, and which need to be part of the proposed methodology prior to the commencement of the research study. The following recommendations are to support the development of a clear process of reporting of translation, transcription and analysis of focus group data from countries with linguistic difficulties

- Who facilitated the focus group discussions in each country?
- What language was spoken in focus group discussions in each country?
- Who translated the focus group data?
- What validity checks on the transcriptions ensured the accuracy of the translation?
- When was the data analysed, pre or post translation?
- Why was the data analysed pre or post translation?

Dealing with focus group data from countries with linguistic differences remains poorly described in the literature, particularly with respect to shared insights into methodological and pragmatic issues in qualitative health research. By reporting these insights and experiences, this paper adds to the growing body of work by presenting recommendations of reporting focus group data translation, transcription and analysis and the practicality of conducting focus group discussions in countries with linguistic differences.

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