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Prioritizing Indigenous voices through qualitative health research: an Australian model for focus group research

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Abstract

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Prioritizing Indigenous voices through qualitative health research: an Australian model for focus group research

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Background: Aboriginal and Torres Strait Islander peoples in Australia (hereafter Indigenous) have experienced a history of trauma, poverty and dispossession and have the poorest health outcomes in Australia. Indigenous people have been described as the most “researched” population in the country with research often undertaken about, rather than with, Indigenous people themselves. Qualitative research methods have the potential to move beyond the traditional neutral stance of representing Indigenous voices to politically involving those voices as researchers and participants, to advocate for and direct change. Focus group discussions (FGDs) are commonly used in Indigenous health services research. However this method has undergone little investigation regarding its appropriateness to engage Indigenous people, provide a ‘voice’ to participants and generate knowledge and understanding to target health actions.

Objectives: This paper presents findings from the Re-focus study, an in-depth, qualitative study of FGDs undertaken from 2016-2018 and funded by the Australian Research Council. It explores findings from interviews with Indigenous and non-Indigenous researchers, and Indigenous participants of FGD research, to illustrate in what ways ethics of care are embedded in FGD research. It illustrates how research practices can actively promote the interests of those who give freely their time and energy, and help to balance the uneven power dynamics in health research.

Method: This study was conducted in three stages. Using purposive and snowball recruitment it engaged participants from diverse groups to 1) explore multiple perspectives in interviews with 8 Indigenous and 26 non-Indigenous researchers who use FGDs and 21 Australian and state government policy makers and policy officers of Indigenous peak health organizations who utilize health research, 2) listen to Indigenous voices by conducting 13 interviews and 2 FGDS with Indigenous participants of research, and 3) bring together 45 participants from across the groups in a workshop to develop practical and culturally effective guidelines and resources.

Results: Using thematic and framework analysis, this study has generated insight into the methodological and theoretical underpinnings of FGD research and procedures, the role of Indigenous participants and the value of FGD and qualitative evidence for health policy decision making. It provides guidance on how to re-direct the benefits of research to Indigenous communities, and explores how qualitative research is used as input for government planning and delivery of health services and programs to ensure that health resources are targeted appropriately and equitably distributed.

The recent completion of the third and final stage of the study is the co-production of a framework model for FGD research. This model includes practical guidance resources, and augments existing ethical guidelines to ensure that FGD research, and the application of findings, prioritizes Indigenous peoples’ narratives, experiences and knowledge. This study

will help ensure that Indigenous voices from FGDs are heard and valued in all stages of research and in determining health service policy and practice decision making.

This model for culturally appropriate, ethically sound and rigorous qualitative research practices, while specific to the Australian context, is broadly applicable and may be adapted for use in other Indigenous and cross-cultural contexts worldwide.

Keywords: Australian Indigenous health, Aboriginal and Torres Strait Islander voices, focus group research, Australian health policy