

# A methodological comparison between coding transcripts and videotapes of focus groups

Marla L. Clayman, PhD MPH

Center for Communication and Medicine, Division of General Internal Medicine,  
Northwestern University

Robert H. Lurie Comprehensive Cancer Center of Northwestern University

American Public Health Association Annual Meeting 2007



CENTER FOR  
COMMUNICATION AND MEDICINE

# Background and Objective

- Coding from transcripts of focus groups is considered standard practice, but transcribing is labor-intensive, expensive, and potentially inaccurate.
- We set out to compare the reliability of coding videotapes vs. transcripts of focus group discussions.



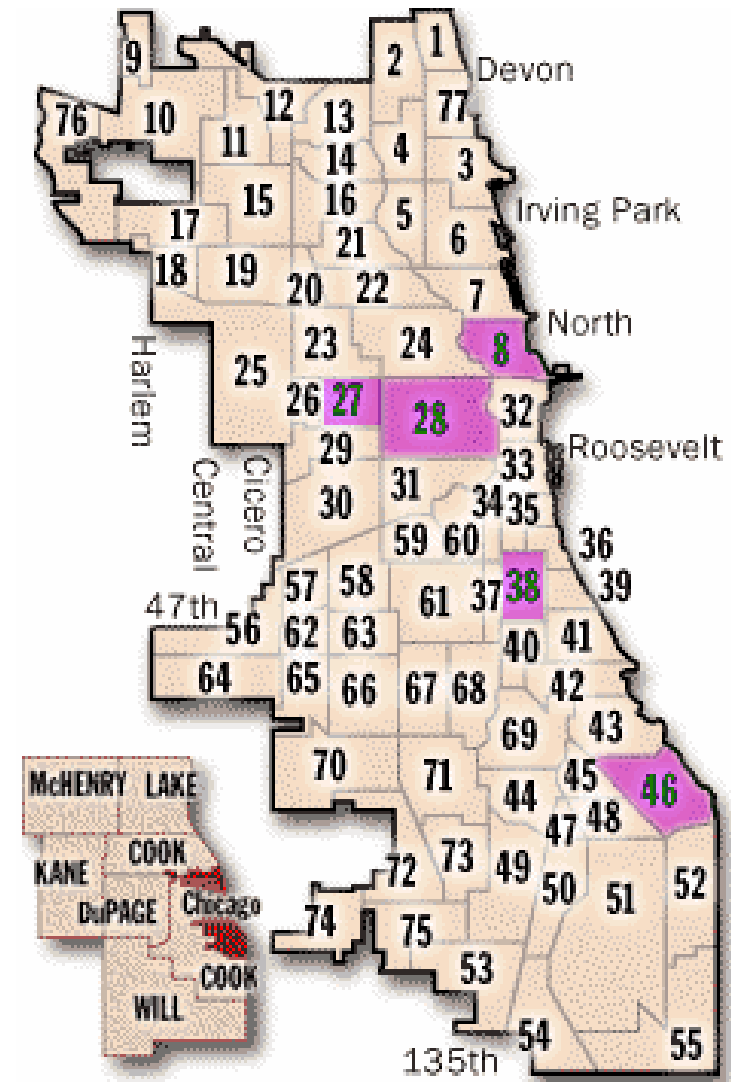
# Data Collection

- Focus groups conducted among elderly (65+) African Americans in Chicago
- Topic: Influenza vaccination knowledge, attitudes, and beliefs
- Videotaped and transcribed 3 focus groups



# Methods

- Convenience sample
- Focus groups conducted June-October 2005
- Sites
  - Church
  - Patient services meeting space
  - Senior housing facility



# Participant Characteristics (N = 23)

Age	Mean = 70.5
Female	87%
Received flu shot at least once	87%
Received flu shot within past 12 mos.	43%
Insured	83%
Income	\$20,000-40,000



# Coding

- Two teams of coders
  - One faculty member and two research assistants in each group
  - Not involved with the original data collection or transcription
- Questions of interest
  - (1) What do you know about the flu?
  - (2) What do you know about the flu shot?
  - (3) What are some reasons people get the flu shot?
  - (4) What are some reasons people avoid the flu shot?



# Coding guidelines

- Code unique thought units related to the four questions of interest
- Do not code redundant statements
  - Not intended to look for themes
- Do not code all statements, only those related to the four questions of interest



# Coding process

- Each team member reviewed data independently (either video or transcript)
- Each team met separately to discuss findings and reconcile differences
- Both teams met to compare findings





# Results

- Total of 121 unique thought units about the flu
- Groups agreed on coding of 104 units
  - 86% agreement
  - $K_n = .72$
- Conservative estimate of agreement
  - Did not code redundant thought units
  - Did not code thought units NOT about the flu



# Differences between groups

- Transcript team coded 7 items that the video group did not.
- Video team coded 10 items that the transcript team did not.
- Several discrepancies were due to transcription errors and/or loss of nonverbal information (such as tone).



# Caveats

- Quality of the data is only as good as the recording, playback, and transcription.
- Coding from video may not be appropriate when undertaking thematic or other types of qualitative analysis.



# Summary and implications

- Coding directly from videotapes (and potentially audiotapes)
  - is less labor intensive and less expensive
  - does not take longer
  - eliminates the introduction of errors in the transcription process
  - retains non-verbal behavior and tone that may aid the coding process



# Acknowledgements

- Gregory Makoul
- Amanda Zick
- Jennifer Webb
- Kenzie Cameron
- Lance Rintamaki
  
- Mafo Kamanda-Kosseh
- Kathy Bresler
- Michael Granieri
  
- Focus group data collection funded by the Centers for Disease Control and Prevention, Health Protection Research Initiative (1 K01 IP000050-01 – PI K. Cameron)

