Do Focus Groups Give Insight into Understanding the Alcohol Use Behavior of College Athletes or Not?

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Abstract

The purpose of this paper is: 1) to describe the history and value of focus groups in health education research and 2) to explore the use of focus groups as a viable tool to advance understanding the alcohol use behaviors of collegiate athletes, particularly when using the Theory of Planned Behavior. An extensive review of literature was conducted, which explored focus group methodology and how influential the Theory of Planned Behavior has been when developing focus groups. Much of the literature on the alcohol use behaviors of college athletes applies survey methodologies; however, little has been published on the use of focus group research on the alcohol use behaviors of college athletes. Researchers suggest further investigation into the motives and social/environmental influences on athletes. The influence of social norms is especially of interest when investigating the alcohol use of college athletes, as such, the Theory of Planned Behavior is one theoretical framework for research in this area. Focus groups can provide insights into the college athletes' shared understandings of the social norms influencing their alcohol use behaviors and behavioral intentions. Focus groups can also be used as an adjunct to survey methodology allowing data to be triangulated strengthening the rigor of the investigation. Focus group methodology has the potential to be a valuable tool to advance the understanding of the alcohol use behaviors of college athletes. The data from focus groups can also be used to design interventions targeted at the prevention of alcohol abuse among college athletes.

Keywords: focus groups, alcohol, collegiate athletes

1. Introduction

Focus group methodology utilizes select individuals (6-8 participants) who informally discuss a particular topic of interest to the group. The group has similar social and cultural backgrounds, experiences or concerns. ¹ A moderator guides the group during a one or two hour discussion. Focus groups explore the range of participants' attitudes, behaviors, opinions or perceptions concerning the issue of interest. ² Consensus on the issue is not a goal of the discussion. The primary goal is to describe the participants' meanings derived from their experiences surrounding a common topic.

The progression of focus group research to a variety of fields illustrates the adaptability of focus groups to studying a broad range of issues.³ Focus groups have been used in the fields of product development and marketing since the 1920's, and quickly moved to the social sciences realm in the 1930's.⁴ During World War II, focus groups were used as a tool to understand the effectiveness of propaganda. In the 1940's the Bureau of Applied Social Research at Columbia University propelled the use of focus groups into the marketing sector for audience research.³

During the 1980's, focus groups were initially utilized within public health strategies and campaigns, specifically in preventative care. Focus groups were introduced through studies on the knowledge, attitudes, and practices of

contraception use and fertility. ^{5, 6} Near the beginning of the AIDS epidemic, focus groups were instrumental in gathering information about the gay community which led to the development of effective AIDS prevention. ⁷

Focus groups have been effectively used within public health research and practice; thus, the potential to address many other critical health issues exist. Many of the health issues explored represent culturally, socially or personally sensitive topics. The reliability and validity of focus groups relies on creating a non-threatening environment in which participants feel open to share their attitudes, behaviors, opinions and perceptions without judgment. Focus group methodology creates the possibility to understand other health issues.

The alcohol use of collegiate athletes represents such an issue that may benefit from research using focus groups. The alcohol use of college athletes has been widely researched using mainly survey methodologies. Surveys limit the types of questions that athletes can be asked. Focus group methodology can expand the types of questions to further understand the alcohol use of behavior of athletes. The purpose of this synthesis of literature is to: 1) describe the history and value of focus groups in health education research and 2) explore the use of focus groups as a viable tool to advance understanding the alcohol use behaviors of collegiate athletes, particularly when using the Theory of Planned Behavior.

2. Literature Review Process

ProQuest Health and Medical Complete, PubMed, EBSCO Host, and Google Scholar were searched using the following keywords: focus groups, theory of planned behavior, alcohol, collegiate athletes, social norms and alcohol abuse. Abstracts between the years of 1991-2013 were considered. Over 69 abstracts were reviewed with 41 articles being chosen. Articles were chosen if the abstract: 1) described focus group methodology, the history and/or value of its use, and/or 2) addressed the Theory of Planned Behavior (TPB) and/or 3) explored the alcohol use behaviors of collegiate athletes. Articles that discussed the social norms of college students or athletes were also considered.

Currently, the literature on the alcohol use behaviors of college athletes is focused more broadly on using the Social Ecology Model or Social Learning Theory. ^{9, 10} No articles were found exploring the alcohol use of college athletes using a focus group methodology. No articles utilized the Theory of Planned of Behavior as a theoretical framework for understanding the alcohol use behaviors of college athletes. However, the TPB has been used to understand the alcohol use behavior of college students.

3. Alcohol Use in College Athletes

3.1. Alcohol Use Behavior Of College Athletes

Alcohol abuse is a significant problem on college campuses in the United States.¹¹ A review of college students' alcohol use identified five domains of drinking: biology, identity, cognition, affiliation, and achievement.¹² The harmful consequences and assessment of risky drinking was also reviewed. In 2002, there were an estimated three million college students have been categorized as binge drinkers.¹³ Binge drinking is classified as having five or more drinks in a row for men and four or more drinks in a row for women. Student athletes particularly run a high risk of heavy drinking and alcohol related consequences.^{14, 15, 16}

There are a variety of alcohol use patterns among college athletes. Athletes have a more extreme style of alcohol consumption, binge drink at higher rates, and get drunk more often than other college students. Hazardous alcohol use is higher among National Collegiate Athletic Association Division III student athletes, when compared to division I and II student athletes. During the amount of alcohol consumption among college athletes also varied according to time of year. During the sports season 35% of athletes reported binge drinking, while 56% reported binge drinking when they were not in the competitive season. Male student-athletes drink more than female student-athletes.

Since 1999, the NCAA has conducted national surveys concerning institutional drug testing programs.²¹ Of these, 75% of Division I schools reported conducting a drug testing program, while only eight percent of Division III schools did.²¹ The NCAA currently states that each division must test athletes at championship competitions. Year round testing must be done for Division I and II football and Division I men's and women's track and field.²¹ The financial limitations for drug and alcohol education programs could lead to higher rates of use among those athletes.²¹ More recently the NCAA expanded their investigation to include the alcohol use behavior of athletes.²²

Sixty percent of student-athletes surveyed reported that they believed their use of alcoholic beverages has no effect on their athletic performance or general health.²²

3.2. Influences On College Athletes' Alcohol Use Behaviors

Stress has been noted as a contributing reason to why athletes are more susceptible to heavy alcohol use.²³ College athletes are required to fulfill multiple roles; that of a student, friend, and athlete. These roles create multiple time constraints, requirements and expectations from coaches, professors and friends. The athlete's inability to balance these commitments during college produces many negative stresses.

Student athletes are many times granted a special status among the college community. The higher the status athletes are given among their teams, such as becoming captain, can often lead to special invitations. The invitations are many times to social events. In turn, exposure to these events increases the athlete's opportunity for using alcohol.²⁴ Additionally, the more involved athletes become with their teams (they become captain), the higher their levels of binge drinking will be.¹⁷

Additional researchers focused on college social norms as playing a role in alcohol use behaviors of athletes. Student athletes tend to be isolated from the general student body.²⁵ This isolation may make student athletes more likely to assimilate into the athletic culture, and less likely to join the larger school community.²⁶ College students may also make changes in their self-definition and may use drinking as a means to explore new identifies as college athletes.²⁷ Identity formation can lead to experimentation and risk taking as students question previous beliefs and develop new behaviors. Drinking alcohol is a common and accepted socializing agent among college athletes.¹⁰ Researchers believe that by reducing alcohol related problems among athletes; ultimately, the entire school community would benefit.⁹

4. Use of Focus Groups in Health Education Research

Authors detail the important concepts of using focus groups in health education research and practice. ⁸ The basis of their recommendations resulted from reviewing health education journal articles and field experiences. The following misconceptions were debunked: 1) focus groups are quick, easy, and inexpensive; 2) focus groups can be used as a source of quantitative data, 3) only one or two focus groups are needed, and 4) focus group opinion reflects or represents individual opinion. Focus group methodology requires a systematic approach. ⁸

Suggestions for using focus groups were based on simple steps and subtasks in the focus group process: planning, recruiting, moderating and analysis.⁷ The interview plays a key role in the focus group process.⁸ Questions for the interview guide must be appropriate to ensure adequate data collection. Questions that inquire about the reasons why versus those questions that assess awareness, knowledge, or facts should be used. Focus groups should be only part of the data collection process. The qualitative focus group data is strengthened through comparison to other qualitative and quantitative data (i.e., surveys, existing data, and observations). The focus group moderator should be experienced and well-trained. Focus group data should be analyzed by the researcher. A coding scheme should be developed prior to using software analysis.⁸

Focus groups have been used to study the alcohol use of college students. The social norms, normative beliefs and perceptions regarding college drinking behaviors were examined. ^{28, 29, 30} These studies investigated: 1) the increase in female undergraduate binge drinking habits, ^{30, 31} 2) drinking rituals, ²⁹ 3) factors promoting and limiting drinking during and after college ²⁸ and 4) pregaming (drinking prior to a party) ³². Each study included the use of quantitative data to lay the foundation to develop questions for conducting focus group discussions. Focus group data strengthened the reliability and validity of the information in each case.

5. Determinants of Alcohol Use Behaviors

Predominantly, broader social theoretical frameworks have been used to study the alcohol use behaviors of college athletes, such as, the Social Ecology model and Social Learning Theory. ^{9, 10} Within the context of these frameworks, behavior is affected by multiple determinants of influence in the environment. College athletes' social norms have been identified as a key area of influence on alcohol use behaviors.

Investigating the personal beliefs that contribute to social norms is the next step in understanding the alcohol use behaviors of college athletes. A person's belief in his/her power over a behavior (perceived behavior control) is the main contributor to an individual's intention to perform that behavior .³³ The TPB seeks to explain the multiple influences on someone's intention to perform a behavior and has been applied in health-related behaviors.³⁴. The TPB has been used to predict alcohol use among college students and would be just as useful to explore the alcohol use behaviors of college athletes.³⁵

Studies have been conducted analyzing alcohol use behaviors among college students using the Theory of Planned Behavior model framework. ^{36, 37} The TPB is used to analyze the problem that exists among college students and their binge drinking habits that often lead to negative consequences. Though the problem of binge drinking in college is recognized, it now requires a deeper understanding of the motivations and social norms that lead to this harmful behavior in order to make attempts to correct it.³⁷ The four main reasons college student drink are: to cope with problems, to be sociable, to enhance one's social confidence, and for enjoyment. ³⁸ Social influence was the most common construct in situations when students felt social pressure. ³⁸ While drinking to cope was the strongest predictor of the frequency of heavy drinking. Attitude, subjective norm and perceived behavioral control significantly predicted a person's desire to perform a behavior. ³⁹ To date the Theory of Planned Behavior has aided in understanding the social norms and normative beliefs of college student concerning their alcohol use behaviors.

6. Conclusion

Focus group methodology is an important tool for health education professionals. To date, focus group research has aided in understanding cultural values and cultural norms to develop successful health prevention interventions. Focus groups can expand information beyond the awareness, knowledge, or facts explored through questionnaire or survey methods. Focus groups can further the investigation to reasons "why" behind the topic of interest. If used in a systematic approach, focus groups used with other research methods can enhance the validity and reliability of the data. Focus groups also can create a non-threatening environment where many sensitive issues, such as the alcohol use of college athletes can be explored.

The TPB is a valuable underutilized framework to explore the alcohol use behaviors of collegiate athletes. The alcohol use of college athletes is influenced by layers of individual beliefs, social norms, and attitudes that affect an individual's behavioral control. The main factors influencing athletes' alcohol use behaviors include, but are not limited to: stress, team influences, isolation from the general student body, and the special statuses college athletes are often times granted on their campuses. These layers of influence play a role in the athletes' intentions toward their alcohol use behaviors.

The use of focus groups can capitalize on the interactions occurring among athletes, coaches, faculty mentors and athletic directors by creating the context in which social norms can be explored. Focus groups questions can address the why of the alcohol use behaviors of student athletes, such as: 1) How does an athlete's intention to use alcohol change from season to season?, 2) Why do the beliefs surrounding alcohol use differ between male and female athletes?, 3) How do team social norms influence alcohol use?, 4) Why do athletes use alcohol out of season?, and 5) What do athletes believe their coaches think about alcohol use? By participating in focus groups, athletes themselves can also become agents of change by suggesting strategies for alcohol use prevention.

7. References

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