Lorraine Culley and Sam Porter

Introduction to the Special Edition: grounded theory

Introduction

Over the years, the Journal of Research in Nursing has published a large number of papers that are methodologically grounded in grounded theory. It remains a popular choice, especially for PhD research projects. We thought that it was an opportune time to review the recent contribution of grounded theory to nursing research discourse by gathering a collection of grounded theory papers published in this journal over the last half dozen years. We have categorised them according to the areas where they seek to make a contribution – we divide substantive papers between those that provide evidence for practice and for education. We also include a section of papers that seek to illuminate grounded theory methodology.

Providing evidence for practice

Jørgensen et al.'s (2012a) study that led to the identification of four types of coping with COPD-induced breathlessness is a master class in the comprehensive and methodologically rigorous use of grounded theory. Specifically their development of the coping types, two of which promote more successful adaptation than the other two, is highly impressive. While the authors accept that more longitudinal work needs to be done to ensure the validity of their substantive theory, their achievement in mapping out the alternative approaches to coping and in identifying the approaches that patients might be encouraged to adopt is of considerable clinical interest.

In methodological terms, Jørgensen et al. set (and reach) a high quality bar for their emergent theory. These strictures accord closely with those set down by Glaser and Strauss (1967) about what the endpoint of a piece of grounded theory research should look like:

The theory should fit the data; work to explain, predict and interpret the empirical area under study; be relevant meaning that the theory must focus on a core concern or process that emerges in a substantive area; and should be modifiable with contextual changes (2012: 237).

Interestingly, Jørgensen et al. supplement this findings paper with another article in the pages of the *Journal of Research in Nursing* which focusses on the multi-modal methodology that they used to develop their grounded theories. This will be discussed below.

Another highly informative research report that uses grounded theory to guide data analysis, is Venkatasalu's et al.'s (2013) study of the perspectives that older South Asians have about talking about end-of-life care. Two major themes emerged from the research. The first was that avoidance of discussions related to death and dying was a cultural norm in this social group. The second was that this cultural norm was reinforced by family members' impulses to protect their elderly relatives by dwelling on the positive and avoiding any talk about the end of life.

One of the most impressive aspects of this research was the researchers' ability to gather such rich information on a subject matter which is culturally silenced. This attests to their research skills and their human empathy. It also demonstrates that the inductive approach that they adopted from grounded theory, whereby the emergent theories were firmly grounded in the perspectives of the research participants, rather than in any professional assumptions about what approaches to end-of-life care should be like, was entirely appropriate.

The researchers' capacity to elicit narrative about a subject rarely talked about indicates that cultural avoidance of the topic does not prevent possibilities of discourse. The clinical

implications of this ambiguity are recognised in the advice the paper provides for practitioners:

Although the willingness to discuss such matters should not be assumed, equally the opportunity for discussion should not be denied to this group. Therefore initiating such discussion will require great sensitivity and tact. Family structures may be complex and hierarchical and the involvement of the family in discussions needs to be negotiated with the individual in order to maximise support without losing sight of the older person themselves. The expectations of individuals about end-of-life care may not always align with those of their families or practitioners (2013:403).

The overall message of the paper that palliative care practitioners should be aware that approaches to death and dying are culturally variable (Larkin, 2013), and that they need to address that variability in a respectful and sensitive manner is an important one. Moreover, that respect and sensitivity was reflected in the methods by which the research was conducted.

Bjuresäter et al. (2015) examines patients' experiences of home enteral feeding using grounded theory, at least in terms of data collection and analysis. Through the process of thematic development, the authors identified five categories that described patients' experiences: 'ambivalence and worries', 'reduced capacity', 'time-consuming and awkward feeding', 'social isolation' and 'need for knowledge and support'. This is extremely important insight into what it is like to live with enteral feeding that nurses need to know. As such, the paper provides useful evidence for practice, indicating that the amount and quality of information that patients are given will be strongly related to their ability to cope with the challenges of home enteral tube feeding. But do they constitute grounded theories? While they involve the interpretation of patients' experiences, are they theories that can help or predict or interpret the data? Put another way, do they explain rather than just describe the

phenomenon under study? Perhaps the conclusion about the salience of education could be regarded as an explanatory category.

Our reason for raising this point is that there are very particular ways of going about grounded theory if you are going to do it by the book (though admittedly these differ depending on which ground theory guru is being followed). There are also general processes of data collection and analysis associated with grounded theory that can be adopted by researchers without having to take on board all the baggage that goes with strict adherence to a particular grounded theory approach. It seems to us that Bjuresäter et al.'s study falls into the latter category. Perhaps it is in this looser adoption of its premises that grounded theory has had most effect on nursing research and knowledge. Certainly, Bjuresäter et al.'s is not the only study in this collection that benefits from taking a selective approach to the tenets of grounded theory.

Neilson et al.'s paper reports a study of paediatric oncology palliative care provision which hopes to extend the relevance of the method and analysis employed to other areas where inter-professional provision, and the complex interactions this requires, is the optimal organisational form of care delivery. The paper is drawn from a wider study of a range of professionals providing care including GPs, informed by social worlds theory, but concentrates on the data from community nurses providing out of hours palliative care. Drawing on a grounded theory approach to data analysis, the paper highlights the importance for nursing practice of identifying and analysing the socially constructed worlds of social actors, their interactions and the sites of non-integration and the implications for the experience of nurses.

The paper focuses on results but the short description of method gives an indication of the initial coding processes and the ultimate identification of multiple social worlds within which and through which out of hours community care is provided. What is less clear is how the

researchers undertook the process of examining "the intersections and the abutting of Social Worlds in relation to the data collected," which it is suggested, ultimately produced the 'in-depth picture' of out of hours nursing. A reference is given, however, to a further methodological paper in which hopefully this process is explicated.

One of the key findings of this paper was the way in which some cases involved 'voluntary' on call care – which resulted in a lack of formal recognition which is not only exploitative for the nurses, but also leads to inequalities for families and a lack of sustainability, also contributing potentially to difficulties in recruiting and retaining staff. It is not claimed, nor is it the case, that similar conclusions for practice and education emerged uniquely from the Social Worlds Theory used to inform the data analysis, but this approach did serve to usefully illustrate the impact of intersections between teams and of the failure to integrate, and the complexities and contradictions that are involved in even single-discipline teams.

One of the problems about research methods that rely heavily on the interpretation of the researchers for their findings is that different studies about similar phenomena may produce significantly divergent findings. This was the case with Sadeghi et al.'s Iranian study of families' experiences of waiting for patients during surgery. Their analysis produced 'gaining assurance of the patient's health' as the core category, with component elements of the relatives' experience indicated in a figure. This was in contrast to the findings of Trimm and Sandford's (2010) grounded theory study of family waiting which identified instead the category of 'maintaining balance during the wait'. Sadeghi et al. speculate that the different findings may be the result of the different loci of the research, one being in the West and one in Iran, but they also question whether the fact that Trimm and Sandford adopted an earlier version of Corbin and Strauss's methodology might be the cause of the differences. While the former explanation leaves open the possibility of synthesis through qualitative meta-analysis, the latter makes that a much more difficult prospect. Perhaps it is an indication that

there is still work to do in relation to methodological commensurability within the grounded theory family.

Providing evidence for education

Morris's (2014) study of the effectiveness of media resources depicting first-person experiences of dementia in developing awareness and understanding amongst mental health nursing students is a another good example of the looser use of grounded theory methodology. While it uses the inductive and iterative strategies for data collection and analysis associated with grounded theory design, its aims are closer to more traditional evaluation designs that seek to find out if a particular intervention works or not and to identify factors that need to be addressed if its effectiveness is to be optimised. This approach works in that the results of the study make it clear that students gained both a better understanding and a deeper awareness of what it is like to live with dementia through their exposure to the selected media, which better prepared them for practice. Just as useful were the study's identification of the importance of careful selection of materials and preparing and supporting students in processing accounts of the lived experience of dementia.

Illuminating grounded theory methodology

Jørgensen et al.'s (2012a) empirical study of coping with COPD-induced breathlessness that was discussed above was supplemented by a methodological paper (Jørgensen et al., 2012b) that looked at the design and implementation of what is described as a multi-modal grounded theory approach. They note that while much grounded theory research concentrates on qualitative approaches, the methodology allows for the use of all types of data. On the basis that the coping strategies used by patients with COPD span physiological, cognitive, affective and psychosocial dimensions, Jørgensen et al. argue that, in order to gain insight into those strategies, multiple data sources are required. Their multi-modal data collection strategy ranged from video-based narratives through physiological and demographic data to the gathering of medical histories. The final database consisted of 50

variables. The three 'methodological pivots' (2012b: 425) of grounded theory – an inductive approach; an iterative process of data collection and analysis; and a strategy of constant comparative analysis were applied both to the collection of data and to the selection of additional data sources.

As we saw from the report of the empirical findings of the research project, the multi-modal grounded theory approach worked well, in that clinically useful substantive theories emerged from it. However, any budding researcher who thinks that grounded theory might be an easy option compared to other methodological approaches should read this paper as a caution. The authors sum up their use of this method in very measured terms:

The multi-modal grounded theory approach succeeded in combining various data collection and data handling methods, and captured the multidimensionality of preferences for coping with breathlessness. However, striving to develop a method that fully matched this multidimensionality also made the approach rather complex (2012b: 435).

Reading their description of what was actually involved in the cycles of data collection and analysis, it is very clear that 'rather complex' is a gross underestimation of challenges they faced in incorporating so much and such varied data into their grounded theory approach.

In a presentationally innovative paper, Andersen, Inoue and Walsh (2012) explain and demonstrate an animated model of the iterative process of data collection and analysis in grounded theory. They take Andersen's diagrammatic presentation of the process that winds its way helically up from an area of interest through various coding and comparing stages, until the point of substantive theory is arrived at. What the animation adds is a beach ball that rolls up and down the helix, accruing an extra stripe for each coding or categorisation stage it achieves. While the moving beach ball may not be of great additional assistance to all readers (and might have been of more assistance if it had been accompanied by a voiced

commentary of its progress), the paper does have the merit of a clear explanation of the commonly accepted stages of grounded theory, neatly illustrated by Andersen's diagram. As such it can be read profitably by neophyte nursing researchers considering grounded theory as their research design.

A considerably more specialised methodological treatise is given by Hoare et al. (2012) in their examination of contrasting emic (internal) and etic (external) perspectives that emerge in differing research loci. They discuss how Hoare, in her grounded theory study of practice nurses, adopted an emic approach when gathering ethnographic data in her own clinical arena, but took on an etic approach when researching in other practice arenas. The authors associate this bipolar perspective with Cartesian mind / material dualism, which they argue has been superseded by various postmodernist conceptions of the body, most notably the inscribed body and the Body-without-Organs. They conclude that adoption of postmodernist assumptions allows for the replacement of a binary opposition between internal and external perspectives with a continuum where the 'categories of emic and etic merge into each other in a transition zone, creating vagueness' (2012:728). We are not entirely sure that vagueness is a desirable state of mind for the grounded theory researcher to attain. Nevertheless, the paper starts an interesting conversation about another stage in grounded theory's evolution (or drift) from its original underpinnings towards ever more radical constructivism.

In publishing papers on substantive issues few researchers have the space or possibly the desire to discuss the epistemological or ontological position that their work assumes. The paper by Ward et al (2015) has the luxury of reflecting on the epistemological journey taken by the author/s during a doctoral study, from what is arguably still the dominant positivist stance of nursing research, towards a constructionist perspective, in the course of a grounded theory study. In charting this journey, it has the explicit purpose of assisting researchers making methodological choices and moreover argues that the journey

undertaken by the lead author mirrors that of leading exponents of Grounded Theory - Glaser, Strauss and Charmaz. As the reviewer of the paper suggests, these are tensions and dilemmas that have been explored already in the methodological literature, particularly with respect to issues such as to do or not to do a literature review in a grounded theory study and seeing research as a co-produced process. However, the paper does offer a review of some landmark debates in grounded theory, though ultimately on a largely uncritical terrain. In the end the conclusion that a recognition of epistemological differences bring "an appreciation for the value of differing paradigms, allowing the researcher to align with whichever paradigm a research problem requires while also understanding personal epistemological influences" seems to beg the question – what's the problem *represented* to be? We would argue that there is a need for a critical approach to contemporary issues in healthcare which goes beyond the assertion of multiple truths.

Schreiber and Tomm-Bonde's (2015) paper demonstrates that, unlike the previous two papers which asserted the importance of accepting multiple perspectives, grounded theory can also be associated with approaches that valorise a particular perspective on the world. Theirs is a novel contribution to healthcare methodological debate which considers how researchers can work in contexts where a history of economic, political and cultural colonisation and oppression can be readily re-inscribed into research relationships and knowledge production. The paper describes two studies carried out by the authors in Sub-Saharan Africa, which have used constructivist grounded theory (Cgrounded theory) 'adapted' to incorporate a post-colonial perspective by grounding studies in the 'philosophical stance' Ubuntu. Ubuntu is described as a value system which "encompasses a number of inter-related principles including solidarity, spirituality and harmony". Inherent in Ubuntu is an emphasis on communalism and social justice (in contrast with competition and individualism which it is argued underpins much interaction in the West) and the 'recognition of the intrinsic value of each human being'. The paper discusses how the values of Ubuntu - humility, solidarity, reciprocity, harmony and social justice were used to guide the processes

of research in studies of how women managed their lives in the context of HIV/AIDS, and how women created a non-cash food economy. Thus, it is argued, there is a congruence with the authors' characterisation of Cgrounded theory and in particular its relativist ontology, "honouring the co-creation of knowledge based on negotiated understandings of meanings rather than an objective reality 'out there'" (p.559) and the philosophy of Ubuntu. The paper described how the researchers performed humility, reciprocity and social justice concerns in the respective research studies, and outline in a table the potential fit between Ubuntu and characteristics of Cgrounded theory. The authors make a clear case for a congruity between the two, but as the reviewer points out, the principles described as characterising an Ubuntu philosophy could be applied in a range of interpretivist and realist methodologies.

The Ubuntu philosophy based on humility, solidarity and an egalitarian ethic stands as representing an alternative to Western individualism. Thus, Cgrounded theory is presented as an opposition to dominant positivist methodologies. While the paper makes reference to some critiques of Ubuntu – notably its over-use as a Utopian and essentialising frame for African peoples, these are not carried through into the paper and not extended to the discussion of the research method of Cgrounded theory which also appears to be presented as an ideal which if we work at it, can transcend power relations in research? While undoubtedly an important facet of the culture of many African societies, it is sometimes hard to recognise a philosophy of social justice and humility actually enacted in the post-colonial, post-apartheid economies of Sub-Saharan Africa. Nevertheless, the paper highlights important principles to guide ethical and more egalitarian research practice which pays attention to participants' priorities, practices and culture – as relevant in Western society as in any colonial or post-colonial context. However, to the extent that it presents an idealised 'true' African philosophy and by association similarly elevates Cgrounded theory, while potentially demonising 'Western' philosophical perspectives and non Cgrounded theory approaches, it might be seen overly rigid.

Conclusion

This review of recent grounded theory publications in the Journal of Research in Nursing demonstrates that it remains a very popular methodological approach in nursing research that has been used to illuminate issues in practice and research. There has also been considerable attention paid to grounded theory itself in methodological discussions, illustrating the continued vibrancy of the approach. However, it is not without its shortcomings.

While grounded theory is a popular choice for qualitative nurse researchers, as several commentators have pointed out, there is often methodological confusion surrounding this approach, arising initially at least from the well documented schism between Barney Glaser and Anselm Strauss, the two initial 'founding fathers' of grounded theory. While Glaser remained true to his original idea that grounded theory is not an exclusively qualitative method and can be used with any kind of data, the nursing field has embraced grounded theory as aligning with a qualitative research paradigm, though for some grounded theory seems to mean little more than intensive coding of qualitative data. Its popularity for PhD candidates may be related to the fact that some versions offer a highly prescriptive tool kit for undertaking data collection and especially for data analysis (QDA) in contrast to other less well articulated interpretive paradigms. Added to this, grounded theory has also been amenable to the constructionist turn in social theory, as espoused by Charmaz. The problem with the over-enthusiastic perspectivism that this approach can sometimes lead to is that it becomes very difficult to take a *grounded* critical position in relation to healthcare problems. A further criticism is that while some studies have been successful in developing the sort of middle range theories to which the approach aspires, others, contrary to Glaser's original version, appear to embrace conceptual description while never achieving a conceptually integrated theory. We will leave it to readers to judge the extent to which the papers presented here have avoided these pitfalls.

References

Andersen P, Inoue K and Walsh K (2012) An animated model for facilitating understanding of Grounded Theory and the

processes used to generate substantive theory. *Journal of Research in Nursing* 18(8) 734–743.

Bjuresäter K, Larsson M and Athlin E (2015) Patients' experiences of

home enteral tube feeding (HETF) – a qualitative study. *Journal of Research in Nursing* 20(7) 552–565

Glaser BG and Strauss A (1967) The Discovery of Grounded Theory: Strategies for

Qualitative Research. New York: Aldine De Gruyter.

Hoare KJ, Buetow S, Mills J and Francis K (2012) Using an emic and etic

ethnographic technique in a grounded theory study of

information use by practice nurses in New Zealand. *Journal of Research in Nursing* 18(8) 720–731

Jørgensen LB, Dahl R, Ulrich Pedersen P and Lomborg K (2012a) Four types of coping with COPD-induced breathlessness in daily living: a grounded theory study. *Journal of Research in Nursing* 18(6) 520–541.

Jørgensen LB, Dahl R, Ulrich Pedersen P and Lomborg K (2012b) Evaluation of a multi-modal grounded theory approach to explore patients' daily coping with breathlessness due to chronic obstructive pulmonary disease. *Journal of Research in Nursing* 18(5) 423–440.

Larkin PJ (2013) Review: Talking about end-of-life care: the perspectives of older South Asians living in East London. *Journal of Research in Nursing* 18(5) 407–408

Morris GK (2014) Developing awareness and understanding amongst mental health nursing students of the lived experience of dementia with the aid of selected first-person media resources. *Journal of Research in Nursing* 19(5) 434–448.

Neilso, S, Kaid J, McArthur C & Greenfield S (2103). Using social worlds theory to explore influences on community nurses' experiences of providing out of hours paediatric oncology palliative care. *Journal of Research in Nursing* 18(5) 443-456.

Sadeghi T, Dehghan Nayeri N and Abbaszadeh A (2015) the waiting process: a grounded theory study of families' experiences of waiting for patients during surgery. *Journal of Research in Nursing* 20(5) 372–482.

Schreiber R and Tomm-Bonde L (2015) Ubuntu and constructivist grounded theory: an African methodology package. *Journal of Research in Nursing* 20(8) 655-664.

Trimm DR and Sanford JT (2010) The process of family waiting during surgery. Journal of Family Nursing 16(4): 435–461.

Venkatasalu MR, Arthur A and Seymour J (2013) Talking about end-of-life care: the perspectives of older South Asians living in East London. *Journal of Research in Nursing* 18(5) 394–406.

Ward K, Hoare K and Gott M (2015) Evolving from a positivist to constructionist epistemology while using grounded theory: reflections of a novice researcher. *Journal of Research in Nursing* 20(6) 449-462.