

2014

# Grounded Theory

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## Recommended Citation

Ellingson, L. L., & Borofka, K. G. E. (2014). Grounded theory. T. L. Thompson (Ed.), *Encyclopedia of health communication*. Thousand Oaks, CA: Sage.

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## Grounded Theory

Grounded theory (GT) is a common approach to inductive analysis of qualitative health communication data. GT analysis generates a typology of themes or categories based on “emic” (research participant) perspectives that together constitute a new theory or extension of existing theory. GT is used to analyze data in written form, including researcher-generated data (e.g., interview transcripts, ethnographic field notes), participant-generated data (e.g., journal entries, narratives), or mediated representations (e.g., news coverage, Web site postings). GT contrasts with deductive research designs in which researchers begin with a theory and test ways in which data may (or may not) support its tenants. There is significant variability in the understanding and application of GT principles and practices within (and beyond) health communication.

Medical sociologists Barney Glaser and Anselm Strauss introduced the original conceptualization of GT in their foundational work, *The Discovery of Grounded Theory*. Their original formulation of grounded theory methods was steeped in the tenants of positivism that pervaded social sciences in the 1960s and focused on discovering themes that emerged naturally from the data. Later grounded theory was recast by Straus and his colleague Juliet Corbin in a post-positivist vein that acknowledged a more active role of researchers in the generation of themes but still emphasized validity checks and strict procedures. More recently, medical sociologist Kathy Charmaz situated grounded theory methods within social constructionist theory, positing the constructed

nature of all knowledge claims through symbolic interaction (i.e., communication). She described a more open-ended practice of grounded theory featuring flexible, heuristic strategies and an awareness of researchers' standpoints and active role in data gathering, analysis, and representation. While each of these approaches to GT can be found in health communication literature, the post-positivist and social constructionist types are far more common than the original conceptualization, following larger trends in qualitative methodology.

### Steps for Grounded Theory

The basic steps of grounded theory remain similar across its formulations. Open coding of data (line by line coding) begins the process of data reduction. Repeated readings of data enable researchers to construct preliminary inductive categories from initial descriptive codes. Researchers write series of analytic memos that enable continual refinement of emergent categories. GT promotes simultaneous data collection and analysis; as researchers gather further data, they compare new data to existing data and categories, determine fit, and then expand or alter existing categories, as needed (theoretical sampling). Researchers also consult extant research and theory throughout data gathering and analysis, using it to make sense of emic categories and drawing relationships to *etic* (researcher and theoretical) concepts that may be used as sensitizing concepts for further analysis.

GT happens within an evolving research design; initial findings may prompt gathering of data from another group of participants or gathering of a new form of data from current participants. Research questions may shift, be added, or deleted. New theories or extensions of existing theories may be constructed based upon careful consideration of the complex relationships among inductive categories (i.e., axial coding). Most health communication research utilizing GT stops short of new theory generation, offering useful typologies of categories, extensions to current theory, and pragmatic implications for improving communication. Sometimes GT findings are used as the basis for developing scales and other quantitative measures of specific health variables.

Health communication researchers have used GT to investigate many topics; a brief overview

of GT research demonstrates the versatility of the method in health communication. Media representations of health issues analyzed with GT include the construction of HIV/AIDS in Indian newspapers; the framing of physical activity in Swedish community newspapers; and Nigerian newspaper coverage of the stoppage of the Global Polio Eradication Initiative. GT has been used to assess the efficacy of health campaigns addressing perceptions about influenza and influenza vaccination among African American senior citizens; HIV-positive minorities' engagement in HIV health care and disease management; and adolescents' views of an antituberculosis program.

Provider–patient communication research has been enriched by GT studies of dentists' communication with dental phobic patients; illness experiences of patients with Type 2 diabetes and goals for their medical appointments; and family-staff miscommunication and conflict over care of nursing home residents. Topics of GT studies that shed light on organizational communication challenges in health care organizations include strategies nurses use to manage role tensions in team communication; routinization of communication and collaboration among dialysis nurses and technicians; and physicians' stories of their medical mistake experiences. Social support, health information seeking, and uncertainty in illness management have also been better understood and theorized through GT.

Though qualitative, inductive, and often considered interpretive, GT nonetheless typically is represented in traditional research report genres that closely emulate quantitative studies and feature literature review, explanation of method, explication of themes buttressed with data excerpts, and a discussion of theoretical and practical implications. Recent work creatively pairs GT with other methods of data collection and representation. A study of African American

women with breast cancer combined GT with “photovoice” techniques, in which participants took photos of their daily lives to share their experiences, while a GT analysis of professionalism among paraprofessional patient care technicians integrated “poetic transcription” of interview transcript excerpts.

GT offers several significant strengths for health communication research. First, GT highlights participants' voices and experiences through categories grounded in participant perspectives and through incorporation of excerpts of participants' words. Second, GT produces findings rich in contextual and interactional details that complement and contextualize other qualitative, critical, and quantitative analyses. Third, GT often generates pragmatic, heuristic implications for improving communication within a variety of health contexts that, while not generalizable, are widely applicable and useful across contexts.

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**See Also:** Ethnography; Evaluation: Qualitative Methods; Generative Tensions in Health Communication Theory; Photovoice.

### Further Readings

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