Navigating the grounded theory terrain. Part 2


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Abstract

**Aim** In this paper, the choice of classic grounded theory will be discussed and justified in the context of the first author’s PhD research.

**Background** The methodological discussion takes place within the context of PhD research entitled: Development of a stakeholder-led framework for a structured education programme that will prepare nurses and healthcare assistants to deliver a psychosocial intervention for people with dementia. There is a lack of research and limited understanding of the effect of psychosocial interventions on people with dementia. The first author thought classic grounded theory a suitable research methodology to investigate as it is held to be ideal for areas of research where there is little understanding of the social processes at work.

**Data sources** The literature relating to the practical application of classic grounded theory is illustrated using examples relating to four key grounded theory components:

- Theory development: using constant comparison and memoing.
- Methodological rigour.
- Emergence of a core category.
- Inclusion of self and engagement with participants.

**Discussion** Following discussion of the choice and application of classic grounded theory, this paper explores the need for researchers to visit and understand the various grounded theory options.

**Conclusion** This paper argues that researchers new to grounded theory must be familiar with and understand the various options. The researchers will then be able to apply the methodologies they choose consistently and critically. Doing so will allow them to develop theory rigorously and they will ultimately be able to better defend their final methodological destinations.

**Keywords** PhD methodology, grounded theory, conflicting approaches, dementia care

Introduction

This paper discusses the rationale that led the first author (AH) to adopt classic grounded theory (GT) as his guiding methodology for a higher research degree. This discussion will focus on the choice and practical application of classic GT in four main areas:

- Theory development: using constant comparison and memoing.
- Methodological rigour.
- Emergence of a core category.
- Inclusion of self and engagement with participants.

The methodological discussion in these two papers stems from my (AH’s) PhD research: Development of a stakeholder-led framework for a structured education programme that will prepare nurses and healthcare assistants to deliver a psychosocial intervention for people with dementia.

O’Shea (2007) estimated that there were 40,000 people in Ireland with dementia. This number is expected to exceed 104,000 by 2037. Given that up to 40 per cent of people with dementia are likely to go into residential care, there is a need to consider the practice and training of staff in these settings (Egan et al 2007). In making the case for improvements in non-pharmacological care for people with dementia, Douglas et al (2004) considered a range of psychosocial intervention...
Grounded theory is ideally suited to areas of research where there is little understanding of the social processes at work

(PSI) approaches. These included interpersonal psychotherapy, cognitive behaviour therapy and reminiscence therapy. Douglas et al (2004) concluded that while these structured approaches to care can improve outcomes, researchers have to understand and describe the basic communication processes at work and move towards the principles of person-centeredness as defined by Kitwood (1997).

Residential care for people with dementia in Ireland is generally provided by healthcare assistants (HCAs) and general nurses who have not received specific training in Psis. The literature leaves the definition of Psis open to broad interpretation. Pusey and Richards (2001) defined Psis as ‘interpersonal interventions concerned with the provision of information, education, or emotional support together with individual psychological interventions addressing a specific health and social care outcome’, while in two systematic reviews, Bates et al (2004) and Boote et al (2006) defined a PSI as a ‘therapeutic endeavour involving human interactive behaviour between therapist(s) and client(s) throughout the course of the intervention’.

Literature indicates that the application of a PSI, whether a formal intervention or routine interaction, is dependent on skilled use of basic, day-to-day communication skills (Kitwood 1997, Douglas et al 2004, British Psychological Society and Royal College of Psychiatrists 2007). This idea that basic interpersonal skills must be taught and applied is taken up by Bird (2001), who suggested that much of the research effort in the field of care for people with dementia is ineffective because of a failure to appreciate the basic level of skills and application required.

Identification of this lack of understanding regarding Psis for people with dementia in residential settings formed the core rationale for the PhD research. As indicated in part one of the paper (Hunter et al 2011), GT is ideally suited to areas of research where there is little understanding of the social processes at work. Accordingly, the research set out to develop theory related to what nurses and healthcare assistants know about Psis, what they practise and what they want to learn.

Theory development: using constant comparison and memoing

Theory development begins with data collection and analysis. To start data collection, I approached and interviewed two nurses who had completed the post-graduate diploma in older people’s nursing at the National University of Ireland, Galway and who had experience of residential care for people with dementia. The initial, semi-structured interview schedule was designed to allow the participants to identify what the main issues were for them concerning the area of interest. Analysis of these first two interviews generated initial open coding: the open codes are labels that seek to group and set up relationships with the data and with the emerging abstractions from the data.

The interviews indicated that participants who were representative of the mix of skills (nurses and HCAs) and the different settings (rural/urban and private/public) were needed. Over the next 18 months, I completed a further 33 interviews, which lasted 30 to 60 minutes. The first of these interviews produced 99 separate codes. These codes, such as ‘patience’ and ‘kindness’, were sorted into the initial category ‘attributes’. As I continued analysis, I wrote numerous memos to capture my ideas and note theories and hypotheses.

Glaser (1978) held that developing theory from interview data is achieved by constant comparison, comparing incidents against other incidents in the data for similarity and difference. At the same time, the researcher writes memos that link coding and theory development. Memos are the researcher’s thoughts, questions and observations. They vary greatly in length and detail, the key element being that they capture the researcher’s thoughts on the data at that time. Glaser (1978) advocated that the researcher raise the conceptual level of those ideas towards developing theory.

Memos are a liberating component of classic GT as they allow researchers to write down any and all ideas they have concerning their data. This creates a fund of memos that when properly stored – in this instance, in a database – allows the memos to be re-worked and sorted in preparation for theory development. The following is an example of a memo relating to the property of the core category ‘pragmatic is effective’ I recorded as a field note in between interviews: ‘Why is it that it [any PSI intervention] working for this person is enough and they (the participant) know it works because the person is calm, compliant, quiet, relaxed, etc. They (the participants) clearly have very subjective criteria for success and often keeping people quiet indicates a job well done.’
Memos recorded queries about staff priorities. Keeping people quiet was at times stated to be the important thing regardless of the approach used by staff, be it medication or a targeted PSI. This raised queries about staff priorities and the nature of care.

Glaser and Strauss (1967) were explicit that GT produces theory that is directly developed from participants’ realities. Building on this starting point, Glaser (1992) was clear that GT, through constant comparison and memoing, does not describe the area being observed or verify existing theories – rather it should develop theory.

A GT is built by the researcher developing theoretical elements: codes that develop as properties of categories, these categories (conceptual elements of a theory) in turn becoming properties of the core category and supporting theoretical codes or hypotheses that explain the relationships between categories, their properties and the theory as a whole. Table 1 illustrates the relationship between open codes: these are my initial comments on the data. Open codes are then grouped under conceptual headings into routine categories, so ‘patience’ is grouped under ‘attributes’. The three routine categories then in turn relate to properties of the core category and the core category itself.

This process of theory development is further illustrated in Tables 2 and 3. The theory development process stems from the analysis of interview data and constant comparison of incidents. This is supported by observation, field notes, ongoing literature review and analysis of my memos.

After the initial interviews, I modified the interview schedule in response to the developing

<table>
<thead>
<tr>
<th>Core category</th>
<th>Making the most of 1:1 time</th>
<th>Flexibility</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Properties of core</td>
<td>Pragmatic is effective (That it works for this person is enough and I know it because the person is calm, quiet, relaxed and so on.)</td>
<td>(Day-to-day variation of approaches.)</td>
<td></td>
</tr>
<tr>
<td>Routine category</td>
<td>Education</td>
<td>Experience</td>
<td>Attributes</td>
</tr>
<tr>
<td>Open codes</td>
<td>Having knowledge of illness</td>
<td>Walking away from conflict.</td>
<td>Patience.</td>
</tr>
<tr>
<td></td>
<td>Having strategies (knowing what to do with behaviours.)</td>
<td>Colluding with misconceptions to get the job done.</td>
<td>Calm.</td>
</tr>
<tr>
<td></td>
<td>Fit, work, relevance and modifiability.</td>
<td>Getting someone else to help.</td>
<td>Kindness.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Distracting the patient.</td>
<td>Humanity.</td>
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<tr>
<td></td>
<td></td>
<td>Being honest to the patient.</td>
<td>Positive attitude.</td>
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<tr>
<td></td>
<td></td>
<td>Treating others as you would be treated.</td>
<td>Empathy.</td>
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<tr>
<td></td>
<td></td>
<td>Staying focused on the patient.</td>
<td>Confidently favouring person over pressure.</td>
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<tr>
<td></td>
<td></td>
<td>Sharing knowledge with staff.</td>
<td>Wanting to do the work.</td>
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<td></td>
<td></td>
<td>Getting knowledge from patient and family.</td>
<td>Getting attitudes right.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Learned culture (definding time/getting the job done).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trial and error to find a good approach.</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 Data analysis process

<table>
<thead>
<tr>
<th>Opening coding</th>
<th>Memos</th>
<th>Constant comparison</th>
<th>Selective coding</th>
<th>Developing a theoretical model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line by line conceptualisation.</td>
<td>Ongoing write-up, questions and ideas.</td>
<td>Comparison of incident by incident.</td>
<td>Delimiting to core category and theoretical sampling.</td>
<td>Building a theoretical structure from the data that explains what is happening.</td>
</tr>
</tbody>
</table>

Table 3 Example of moving from data to conceptualisation

Healthcare assistant: 'At the end of the day, this is their home. And the way I’d be looking at it, I’d look at anyone as if it’s my mum and dad, and the way I’d like them to be looked after if they were in a home.'

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</tr>
</thead>
<tbody>
<tr>
<td>Getting attitudes towards people with dementia right: one of 40 ‘attitude’ incidents in the first 11 interviews.</td>
<td>Numerous memos recorded on the nature of attitude, its impact, relationships and meaning.</td>
<td>Comparing different staff in different settings: similarities and differences.</td>
<td>A range of attitudes being explored under the code attributes.</td>
<td>In modelling phases, ‘attitudes’ is developed as a property of attributes and is related to the core category.</td>
</tr>
</tbody>
</table>

Focus on the data collection and analysis process. Table 2 outlines the overall process, while Table 3 shows the progression of data. In this case, a quote from an HCA is open-coded, considered in memos, then compared with other data to show differences and similarities. As a theoretical concept, I showed it to have a relationship with the emerging core category and ultimately to contribute to the development of the theoretical model. That theory is only developed directly from the data through constant comparison.

Methodological rigour

The second element that influenced the decision to use classic GT was the methodological rigour presented by the approach outlined by Glaser and Strauss (1967) and Glaser (1978, 1992). At first glance, the classic GT literature lacks direction in terms of data collection techniques and starting the process. This initial uncertainty belies the fact that this is a structured empirical process with constant comparison at its core.


Fit relates to the core category’s ability to relate to all the instances and responses to the main problem.

Work is the ability of the theory to explain the variations identified in the respondents’ behaviours.

Relevance again refers to the core-category fitting, meaning it fits and works in the view of other researchers, participants and practitioners.

Modifiability When a core category achieves fit and relevance and it works, it should also achieve modifiability by being readily changeable when new data are applied.

Parsimony and scope Finally, the simplicity of the conceptualisation, having the minimum of concepts that explain the totality of the variation in the minimum of ways, achieves parsimony and scope. This means that all the data (codes, properties and categories) should relate to the core category and applying the core category should account for what is going on throughout the data. The emergence of the core category is therefore the fundamental component of classic GT.

Emergence of a core category

Emergence of a core category is the third component influencing the methodological decision. The rigour of classic GT is supported by the constant comparative method, which is in turn supported by theoretical sampling and the circular nature of the method. All these overlapping components come together to develop a core category. Glaser (1998) described the process as five Ss:

- Subsequent: looking to what happens next.
Sequential: considering what is happening now and arises from now.
Simultaneous: doing many things at once.
Serendipitous: open to new ideas that come from the data and elsewhere.
Scheduled: work to an overall time plan.

The five Ss are central to my appreciation of classic GT. Comparing data across incidents and settings while memoing to capture ongoing hypotheses and experiences is fundamental. All of this takes place concurrently with planning for the next stage of data collection. This process informs ongoing theory development and directs the next stage of theoretical sampling. While circular and simultaneous, this approach allows the process to evolve and gives a structure for recording without controlling it to the degree that creativity is curtailed. New data are collected based on the previous stage, the researchers’ memos then recording the analytical process and moving theory-generation forward.

In my study, the iterative nature of this process directed theoretical sampling to interview nursing assistants and nurses in public and in private. The initial data collected indicated the need to compare the two to identify similarities and differences. They directed the nature of the questioning and identified the need to speak to people with specialist knowledge in dementia care and to those without. Participants often identified managers as being in charge of access to training and crucial to setting the ‘tone’ in terms of care quality. This resulted in my interviewing managers about their views of training needs and the leadership role. Finally and most importantly, I asked people with dementia about their experiences and views of care.

I based each step on the last, with ‘making the most of 1:1 time’ - a conceptualisation of the interaction between the categories ‘education’, ‘experience’ and ‘attributes’ - emerging as a candidate for the core category after hundreds of hours of interviewing, coding, comparison, modelling and thought: when describing care, staff consistently referred to these three categories as affecting their daily practice. The categories all relate directly to each other and to the tentative core category of ‘making the most of 1:1 time’, as well as its properties ‘flexibility’ and ‘pragmatic is effective’. Staff did not talk in terms of PSIs but did know that they had limited resources and a challenging job. They also indicated that some people arrived with what it took to do a good job (‘attributes’), that these qualities would change over time (‘experience’) and that training was important, if not clearly understood or readily accessible (‘education’). Staff were also clear that their focus was on physical not psychosocial care, so any PSIs would take place during physical interventions, such as personal care and mealtimes.

Hence, ‘flexibility’ and ‘pragmatic is effective’ feed into ‘making the most of 1:1 time’ as a conceptualisation of PSIs for people with dementia and their application in residential settings. Until the core category emerged, those hundreds of hours of work pointed to hundreds more hours of uncertain searching. There will be hundreds more hours spent, but now directed and limited, comparing new incidents against flexibility, adding to the depth and strength of the core category or becoming something new through this process.

The need to control the research scope by delimiting the research is explicitly and repeatedly referred to by Glaser (1978, 1992). In classic GT, the core category is not simply a centrepiece that the other categories hang from and relate to. It is a framework that allows research to remain ordered and controlled. Asking nurses and HCAs about what is going on in their workplace and developing theoretical models to explore the relationships between the emerging categories is a potentially never-ending process. Development of a core category allows the researcher to limit and focus the process.

Inclusion of self and engagement with participants

Finally, the ability of classic GT to include self and consider engagement with participants must be considered. A strong draw towards constructivist GT for me was that it would allow me to acknowledge my impact on research. Constructivist GT also seeks to allow researchers to mirror their professional backgrounds by engaging with the participants and encouraging active influence over the outcomes of the research. In classic GT, the rigour of the constant comparative method along with theoretical sampling addresses these concerns. Glaser (2002), in his response to Charmaz (2000), made the case for inclusion of self. Glaser argued that the rigorous application of constant comparison of researchers’ memos, including their thoughts and interpretations, addresses the need for reflexive inclusion of self. Equally, the processes of constant comparison and theoretical sampling – specifically the development of a conceptual understanding – address engagement.

In my study, participants regularly referred to the ‘others’ – colleagues who exhibited negative components of the categories ‘education’, ‘experience’ and ‘attributes’ by being ‘impatient’
rather than 'patient' or 'dishonest' rather than 'honest'. Numerous memos discussed and considered the significance of these 'others'. The memos illustrated my building focus on others and their negative practices, although I did not encounter any others during data collection. In response, I decided to interview entire shifts to try to encounter these others and include their data. This sampling approach did not produce the others but did respond to the participants' and my concerns. As Glaser (2001) indicated, the structure of classic GT ensures all perspectives and data are treated equally: 'All is data' is a well-known Glaser dictum. What does it mean? It means exactly what is going on in the research scene is the data, whatever the source, whether interview, observations, documents, in whatever combination. It is not only what is being told, how it is being told and the conditions of its being told, but also all the data surrounding what is being told.'

Classic GT's openness to new data and the ability to analyse and sample in response to the researcher's views ensures that data from all sources will accrue throughout the research – and that the data will find a place in the developing theory on merit.

**Conclusion**

The three methodological approaches visited on this journey were all compelling and seemed at different moments on the journey to be safe methodological destinations. McCallin (2003) stated that when genuine connections with a version of GT are made, researchers can then move forward and apply that approach to their study. This simple statement belies the complexity of this initial stage of a GT research journey. There are innumerable print and electronic resources that purport to explain approaches to GT. In this example, a considerable amount of time was spent searching, reading and 'visiting' the methodologies before coming full circle and returning to classic GT. Indeed, the fit of the method chosen cannot by fully realised until it is applied in practice. The research example referred to in this paper shows that the work done to ensure familiarity with the method has indeed supported practical application.

Finally, the decision as to which GT methodology to choose requires considerable time and effort on the part of the researcher. While challenging, the process is important as it allows researchers to build knowledge that supports rigorous good quality research and allows them to defend their final methodological decisions.

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**References**


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