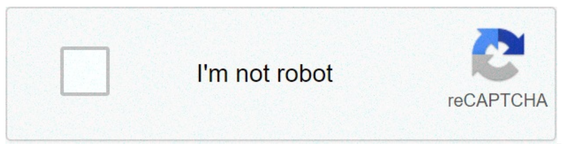

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Grounded theory qualitative research pdf

All research is "grounded" in data, but few studies produce a "grounded theory." Grounded Theory is an inductive methodology. Although many call Grounded Theory a qualitative method, it is not. It is a general method. It is the systematic generation of theory from systematic research. It is a set of rigorous research procedures leading to the emergence of conceptual categories. These concepts/categories are related to each other as a theoretical explanation of the action(s) that continually resolves the main concern of the participants in a substantive area. Grounded Theory can be used with either qualitative or quantitative data. ~~~~~~ Here is an exerpt from one of our GTI Fellows, Olavur Christiansen , explaining the main differences between "classic" or "glaserian" GT, and other methods which call themselves GT. I have tried to explain this difference by referring to the three "hallmarks" of Glaserian GT. These "hallmarks" are unique for "glaserian GT" and sums up how Glaserian GT is different from the other versions of GT: (1) Many equally justifiable interpretations of the same data? Answer: find the core variable (the main concern and its recurrent solution) as the first stage of the study, and delimit to the core variable (2) To "get through to exactly what is going on in the participant's recurrent solution of their main concern", the researcher suspends his/her preconceptions, remains open, and trusts in "emergence of concepts from the data" (3) Avoiding descriptive interpretations in favor of abstract conceptualizations by the method of constant comparison, which facilitates the discovery of stable patterns in the data (i.e., "emergence of concepts") ~~~~~~ Here is an excellent outline of the GT process by Odis Simmons: Proprietary – not for use or distribution without permission of author Composed by: Odis E. Simmons, Ph.D. Stages of a Classic (Glaserian) Grounded Theory Study:Stages are generally sequential, but once research process begins they are often conducted simultaneously, as the particular research requires. 1. Preparation: Minimizing preconceptions. No preliminary literature review. General research topic, but no predetermined research "problem." 2. Data Collection: Most common form: intensive interviews, often combined with participant observation. But, any type of data can be used, including quantitative. Theoretical Sampling Initial analysis determines where to go and what to look for next in data collection. Analysis and data collection continually inform one another. 3. Analysis: Constant Comparative Analysis Relating data to ideas, then ideas to other ideas. Substantive Coding Substantive codes summarize empirical substance. Have grab, relevance, and fit. Sensitizing concepts: Are "accessible" through imagery, humor, irony. In vivo concepts: concepts inherent to action scene (e.g. milkman's "coffee stop"). Open Coding Coding for anything and everything. The analyst asks three general questions of the data: A. "What is this data a study of?" Leads to discovery of the "core variable." The core variable becomes the focus of the research and theory. The core variable is the variable which accounts for the most variation (e.g. Milkman's "cultivating relationships") B. "What category does this incident indicate?" C. "What is actually happening in the data?" Selective Coding Usually occurs when core variable and major dimensions and properties have been discovered. Closed coding involves limiting the coding to things related to the core variable. Theoretical Coding Theoretical codes conceptualize how the substantive codes may relate to each other as hypotheses to be integrated into the theory (see Glaser's "theoretical coding families"). 4. Memoing: Memos are the theorizing write-up of ideas about codes and their relationships. Data collection, analysis and memoing are ongoing, and overlap. Memoing should take precedence, because it is the actual write-up of what is emerging from the data and the analysis. Data is always available, and can be analyzed at any time. Ideas are fragile. They should be written down at the earliest possible time. While writing memos, think and write theoretically, in a "stream of consciousness" fashion, with no concerns about grammar, spelling, and such. This minimizes writers block. Memos are always modifiable as you discover more about your topic. Integrating the Literature Once you are confident in your theory, you can begin to analyze and integrate relevant existing literature into it. Theoretical material from the literature must earn its way into your theory, just like any other theoretical construct. 5. Sorting & Theoretical Outline:Sorting refers not to data sorting, but to conceptual sorting of memos into an outline of the emergent theory, showing relationships between concepts. This process often stimulates more memos, and sometimes even more data collection. 6. Writing: The completed sort constitutes the first draft of your write-up. From here it is merely a matter of refining and polishing your product into a final draft. Emergence The Grounded Theory approach was first articulated by Glaser & Strauss in their 1967 book The Discovery of Grounded Theory. This book was written at a time when researchers in sociology were questioning the assumptions of positivism. In many ways, this book can be read and understood as a response to positivistic approaches in sociology. In fact, one of the goals of this book was to provide a 'legitimate' approach for doing qualitative research. Glaser and Strasss articulate an empirical approach for developing theory. At the time, much of theory development was done a priori - before collecting and analyzing data. Glaser and Strauss were arguing for an alternative approach, one that involves developing theories in a way that is connected to the data collection and analysis process. Defined Grounded Theory is an approach for developing theory that is "grounded in data systematically gathered and analyzed" (Strauss & Corbin, 1994). Common Methods used in Grounded Theory Participant Observation. This involves the researcher immersing him or herself in the daily lives and routines of those being studied. This often requires extensive work in the setting being studied. This is called fieldwork. Interviewing. Researchers using a Grounded Theory approach will learn about a culture or group by speaking with informants or members of the culture or group. Talking with informants is called interviewing. The types of interviews conducted by researchers using this approach vary in degree of formality (informal interview to semi-structured to structured interviews). Collection of Artifacts and Texts. Researchers using a grounded theory approach may also learn about a group or culture by collecting and studying artifacts (e.g. written protocols, charts, flowsheets, educational handouts) - materials used by members of the culture in their daily lives. The Grounded Theory Approach The Grounded Theory Approach involves constant comparative analysis or what has come to be called the Constant Comparative Method. This involves the researcher moving in and out of the data collection and analysis process. This back and forth movement between data collection and analysis is sometimes called an 'iteration.' Grounded theory research involves multiple iterations. The process begins with the researcher asking a question or series of questions designed to lead to the development or generation of a theory regarding some aspect of social life (e.g. how do nurses see their role in the care delivery process in primary care settings?) This generative question, leads to the first iteration of theoretical sampling. Identifying an initial sample of people to observe or talk to (e.g. Registered Nurses). After collecting some data the researcher analyzes it. The process of analysis allows the researcher to begin to develop a theory with regard to his or her question. Based on this initial theory, the researcher decides how next to sample (e.g. speak to nurses with varying educational backgrounds). This is called Theoretical Sampling. This process of continually collecting and analyzing data and engaging in a theoretial sampling process are critical features of the constant comparative analysis that Glaser and Strauss describe. The comparative process continues until the researcher reaches saturation - the point at which there are no new ideas and insights emerging from the data. Instead, the researcher sees strong repetition in the themes he or she has already observed and articulated. The process of analyzing the data also involves three level or types of coding: open coding - where the researcher begins to segment or divide the data into similar groupings and forms preliminary categories of information about the phenomenon being examined axial coding - following intensive open coding, the researcher begins to bring together the categories he or she has identified into groupings. These groupings resemble themes and are generally new ways of seeing and understanding the phenomenon under study selective coding - the researcher organizes and integrates the categories and themes in a way that articulates a coherent understanding or theory of the phenomenon of study. References Corbin, J. & Strauss, A. (1990). Grounded theory method: Procedures, canons, and evaluative criteria. Qualitative Sociology, 13, 3-21. Glaser, B. & Strauss, A. (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Aldine. Strauss, A. & Corbin, J. (1994). "Grounded Theory Methodology." In NK Denzin & YS Lincoln (Eds.) Handbook of Qualitative Research (pp. 217-285). Thousand Oaks, Sage Publications.

Click here to return to Common Research Traditions In: Qualitative Research in Counselling and Psychotherapy Show page numbers Using Grounded TheoryGrounded theory analysis is a method that has been widely adopted by qualitative researchers, not only in counselling and psychotherapy but in other areas of social science and nursing studies. Grounded theory is without doubt the current 'market leader' in qualitative research. Its attractions are that there exists a ... Loading... Grounded theory is a qualitative method that emphasises the induction or emergence of information from data, in order to establish a theory or model. From the classic description by Strauss and Glaser, different developments or schools are recognised, and some of the peculiarities and differences among them are discussed. Grounded theory is a versatile, organised and rigorous method, the application of which in health includes diverse fields such as public health, clinics and education.La teoría fundamentada es un método cualitativo que enfatiza la inducción o emergencia de información de los datos para establecer una teoría o modelo. Desde la descripción clásica de Strauss y Glaser, se reconocen desarrollos o escuelas y se discuten algunas de las particularidades y diferencias entre ellos. La teoría fundamentada es un método versátil, organizado y riguroso, cuya aplicación en salud incluye campos diversos como la salud pública, la clínica y la educación.Investigación cualitativa IntroductionGrounded theory (GT) is a qualitative research method that searches data for emerging conceptualisations in integrated and categorised patterns, analysing, through rigorous steps, in a process of constant comparison. This method is designed to generate concepts and theories which are grounded in data,1 hence its name. GT is both a method of studying processes and a method in process.2 The discovery of GT is the most cited qualitative research reference.3According to Glaser, "GT is what it is, not what it should or could be".4 It maintains an approach free of prejudices and preconceptions and produces the knowledge that lies in and emerges from the data. The investigator acts as a witness, regardless of their previous assumptions or expectations for the analysis; although one of the trends with a social constructionist vision of GT establishes that the role of the researcher is not limited to being a witness, since a particular understanding of the phenomenon under investigation is constructed, meaning that for this trend it is impossible to capture social "reality" as it is a social construction of reality in itself.2,5In GT, data from any research method and source can be used, be it a clinical experiment, survey or content analysis, etc., without being linked to them; it transcends descriptive methods and their limitations, such as the search for accurate data, interpretation and how data are constructed.1GT is a method of data gathering and analysis to develop middle-range theories. The method begins, but does not end, with inductive inquiry; it is a comparative, iterative and interactive method.2 GT is also considered a form of latent structure analysis which reveals fundamental patterns in an area.1The most important property of the conceptualisation in GT is its abstraction of time, place and person, which it transcends; without this consideration, there can be no integrated theory based on conceptual and hypothetical relationships.1As a theory, GT leads to a final product (explanation or theory) with an explanatory framework to understand the phenomenon studied, in an ordered and constant process of comparison, analysis and coding.5A review of publications in the medical field using the PubMed search engine revealed that there is scant literature on the use of this method, despite the fact that it emerged from medical sociology, has been available for some time and that further developments have been made since its inception; for example, we found only nine articles on diabetes, five on depression, eight on schizophrenia, seven on dementia and none on euthanasia (PubMed).Qualitative research in epidemiologyThe traditional model of evidence-based medicine (EBM) promotes the use of quantitative research and has emphasised that tests have a hierarchy in which qualitative or mixed methods research is not considered; among other characteristics, EBM places the emphasis on measurability, quantity and external validity. Qualitative research, including GT, has been devalued in the more conservative model of EBM.6 Nevertheless, qualitative research has gradually been gaining greater traction and influence in health research. However, its potential has not been sufficiently exploited to generate evidence, partly due to the greater difficulty in obtaining research funds7,8 and to the difficulty in understanding qualitative arguments and the greater ease of integrating numerical arguments.Quantitative research is undeniably successful, offering certainty and reassurance in a world of uncertainty.9 Despite this, there are many barriers preventing the full use of the outcomes of such research, although these barriers are becoming increasingly more acknowledged; therefore, the use of qualitative research alone or in mixed methods for the generation, analysis and application of information does have a place in healthcare research.10HistoryGT was developed by the sociologists Barney Glaser and Anselm Strauss who, having studied the dying in hospitals, published the book Awareness of Dying in 1965, in which they laid the foundations of GT and presented it as an alternative research approach. In view of its origins in medical sociology, GT places the emphasis on developing an understanding of behaviour through discovery and induction rather than the traditional process of deduction and hypothesis testing typical of medicine; hence, the theory is based on routine clinical practice.11,12After Glaser and Strauss had developed their initial model of "classic grounded theory", the rift between them spawned two distinct processes that yielded the two best-known GT schools, Glaserian and Straussian, along with other emerging schools:•Emerging design, described by Glaser. In this approach, the theory is based on the data and the data are not categorised into preconceived categories, and analysis focuses less on characterisation based on such (deductive) categories. This design is used mainly in anthropology and sociology, it attempts to extract the greatest amount of information possible from the data and, as in anthropology methods, is free of preconceptions.13•Constructivist design, developed by Charmaz. This design is based on constructivism and social constructionism. The researcher interprets the data as a construct, in other words, as valid and contextualised interpretations or visions of reality. The constructivist design initially focused on the study of chronic diseases. For example, the concept of HIV has changed over time, from a fatal to a chronic disease, but its meaning also varies from one individual to another, since while some regard it as a punishment, others see it as unavoidable, etc. These constructions determine how one copes (in different ways) or does not cope with a condition.2 Constructivism denies objectivity and a single reality, as there are as many constructions as there are individuals, although some constructions must be shared or common.12 From the standpoint of constructivism, it is people, including the researchers, who construct reality; in constructivist GT, the emphasis is placed on the construction of theories in the research process and the interaction between researcher and informant.14•Systematic design, developed by Strauss and Corbin. This design is considered more open and more structured and is currently the most widely-used method due to its greater structure and a process that explicitly includes coding, categorisation and a more in-depth analysis.12In addition to the above, some authors consider two further ones: postmodern situational analysis (Adele Clarke) and dimensional analysis.16Although some have only referred to GT as initially described by Glaser and Strauss and that other developments should use a different name, one may say that there are different methods and developments that have expanded the possibilities and adaptations.15Strauss and Corbin wrote Basics of Qualitative Research: Grounded Theory Procedures and Techniques, which presented a more descriptive view of GT; in response, Glaser4 wrote Emergence vs. Forcing: Basics of Grounded Theory Analysis, criticising the Strauss and Corbin view, asserting that it was a different method altogether. Another one of Strauss's criticisms of Glaser states that knowledge is linked to a specific time, person and place; GT forces us to ask, for example, "What power is there in situation and specific conditions? How is it manifested, by whom or what?" Failure to be receptive to this range of questions would ultimately prevent the discovery of important findings and preclude further conceptualisation.1What the GT should contain remains a matter for debate, as shown in Table 1. Although these components may appear in other qualitative methods, the process is systematic in GT. Although there is no simple guide for developing it, researchers must be conversant with the method if they wish to adapt it for use.12,15The basic principles of GT can be described as follows4:•Constant comparative analysis: the emergence of subcategories is reviewed; for example, subcategories may emerge from the emotion category, such as joy, jealousy, anger, etc. In turn, differential subcategories may emerge from them, such as emotions that require an object (hatred and jealousy) and others that do not (joy and anxiety); this method recognises the complexity and diversity of the data.•Negative case analysis: this ensures that the researcher develops the emerging theory in the light of the evidence, looking for negative cases.•Theoretical sensitivity: the researcher is positioned analytically, asking questions, which means going back to the source to gather data.•Theoretical sampling: data are collected in the light of categories that emerged in previous analysis stages.•Theoretical saturation: ideally, the data collection process continues until categories cease to emerge.•Memo-writing: a written record is kept of the development of the theory.ProcessThe GT process begins with data, which are transcribed. Memos are written and open encoding performed. Categories emerge from the codes, and from these, topics, ultimately yielding an explanatory theory or model.The initial deductive categories (if there are any according to the model) generate inductive categories through the data review, and this process yields new deductive categories, the data are reviewed again and inductive categories are analysed until a theory can finally be established (Fig. 1).The goal in GT is to reach at least the third level of conceptual analysis; the first level is data collection; the second, the generation of categories; the third level is to discover the core category that organises the other categories, from where a higher level, called formal theory, can be accessed.1Coding is an essential part of the process and it involves an exhaustive reading and identification of topics, classes and categories to identify important subtopics. Consistency and depth must be guaranteed in the topics by means of a coding process. Coding can involve the following stages:•Open: it seeks to find conceptual categories in the data.•Axial: the aim is to relate categories.•Selective: it accounts for relationships and finds core categories.Glaser described certain requirements for being a good GT researcher that are typical of qualitative research, such as being able to tolerate confusion and regression, trusting emerging data without fear of having to justify oneself, having someone to talk to, being open to emerging evidence, being able to conceptualise to derive a theory from the data and being creative.2Quality in grounded theoryQuality in qualitative methods can be addressed with the following criteria16:•Credibility: the truth of the findings through the eyes of the research respondent or interviewee and in the context in which the research is carried out.•Transferability: the extent to which findings can be transferred to other contexts.•Dependability: the extent to which the research would yield similar and consistent findings if it were carried out as described.•Confirmability: evidence that corroborates the findings, from the subjects and the research context.17According to Glaser and Strauss (1967), quality in GT lies in adaptability (fit), work, relevance and modifiability, whereas for Strauss and Corbin (1990) there are two sets of criteria: the research process and the empirical grounding of the findings.11Due to the continuous cycle of collection and rigorous data analysis inherent in GT, which includes the use of concurrent data collection, constant comparative analysis, theoretical sampling and memoing as an integral and non-optional part of its method, GT may be said to promote quality research.11The following questions can be asked to evaluate a GT design18:•Are the categories based on the data?•Have sufficient data been gathered for dimensions to emerge and for saturation to occur?•Does the theory emerge from the data?•Does the theory provide an explanation of the process?•Can the theory be modified by changes in conditions?•Has the theory been validated?ApplicationsDue to its origin in medical sociology, GT occupies an important field in healthcare research, as it allows problems to be analysed from a social and cultural perspective, with the emphasis on the forms of communication and language and the development of theoretical proposals.19 However, its applications have transcended the field of health to politics, the economy, companies, etc.2There are multiple applications of GT in the field of health and in medicine in particular.20 For example, to study how general practitioners make sense of symptoms with no medical explanation, a study was conducted on approach and treatment in which clinicians avoided labelling patients with diagnoses such as "borderline personality disorder", were afraid of overlooking serious complaints, focused on physical findings and referred the patient to other specialist areas in search of coordinated care. This demonstrates the ethical importance of psychiatric diagnoses and physicians' attempts to protect patients from stigma and the careful collection of patient narratives about their condition in the case of symptoms with no clinical explanation.21As for the applicability of GT to medical research, although its origin was the study of social processes and medical sociology, it can be used in different areas. In psychiatry, one criticism that could be levelled at the method is that it can be reduced to a technique for systematic categorisation which, while it may help to understand the structure of the participants' experience, does not constitute a theory and is more descriptive than explanatory.4ExamplesNursing is one of the health disciplines in which GT-based research has been developed most. The following question was asked in a research setting: "What is the role of gifts in the patient-nurse relationship?", as it had transpired that patients often give presents to nurses for the care provided to them. In the course of the research it became clear that the fundamental question was the specific relationship, which led the question to be phrased differently: "How does the patient-nurse/nurse-patient relationship unfold?" In the transcription and coding, the terms of process and change and the negotiation of the relationship emerged as the core category and the types of relationship, which were divided into mutual and unilateral with subcategories.22In order to meet the requirements of the Accreditation Council for Graduate Medical Education (ACGME) on knowledge competencies through lectures taken by internal medicine residents of a particular institution, focus groups were held with specialists and sub-specialists about barriers to and preferences for learning in the lectures; barriers related to the environment, the department staff and those of the actual residents were determined, and finally differences and similarities with regard to the faculty members were established. The results may be taken as recommendations emerging from the experience of learning through lectures which can transform, making the residents real learners23 (Fig. 2).AdvantagesOne of the advantages of GT is that this method allows us to interpret complex phenomena, such as those typical in healthcare; the fact that GT can be adapted to multiple settings, researchers and purposes makes it a versatile tool, and it is an appropriate method for socially constructed experiences, such as disease and health, access to and the use of services and technologies, and therapeutic adherence, to name but some. GT allows new explanations to emerge and is not limited to data that are meant to be confirmed in advance; it is not limited by a priori knowledge; it can also yield powerful concepts and theories and is useful when there are gaps in the literature. Moreover, qualitative and quantitative data can be integrated into this method.2Thanks to its methodology and strategies, GT provides structured and explicit analytical tools and guidelines to study processes and is open to all possible theoretical understandings, linking alternative data interpretations through coding and categorising, and it builds systematic checks, refining the researcher's major categories.2One of the biggest advantages of GT is that it can be adopted by researchers with different theoretical perspectives, with different objectives, in fields as varied as social justice research, policy analysis and organisational, social and psychological studies, and in clinical health, preventive medicine, nursing, etc.2LimitationsIn terms of limitations, the GT method may be said to be costly, in view of the structure and steps involved, which include successive data reviews in the attempt to leverage them and to achieve a description that produces a theory or explanation; while this is a limitation, most research results depend on a rigorous analysis, which takes time and effort.24The emergence of many inductive categories can complicate the analysis, as their emergence cannot and should not be controlled.It may be difficult to actually construct a theory when there are few data or infrequent categories, rendering it necessary to analyse extreme values (outliers).This method requires experience and skill in qualitative methods, and any existing prejudices must be effectively and permanently set aside,25 as the analysis could be biased by the researcher's "blindness". One way to combat this is by reviewing the data and triangulating information, since, as von Foerster said in the blind spot metaphor, "we do not see that we do not see".26Often times no theory is ever developed, only descriptions, thus rendering the initial intention unfulfilled.The use of a GT-specific language renders it difficult for researchers who are accustomed to other methods to understand it initially, to say nothing of for the reader; while it is necessary for the process, it has been referred to as "methodological and self-confirming rhetoric".4FutureGT may be seen to be headed in three directions: firstly, it is becoming more international and multidisciplinary in all its variants; the second is the turn towards research in social justice and areas of social policy; thirdly, there is the fact that mixed-method researchers are leveraging it as a useful qualitative method.2Due to its explanatory power, GT has a huge appeal for a range of different disciplines and enables people to identify with the theory and use it in their own lives.12 With the movements towards the participation of users and minorities, GT has a fertile field for the development of healthcare research.Given that in classic GT, researchers identify their ontological and epistemological stance, which in turn makes it easier for them to set aside their beliefs,12 it maintains an objectivity consistent with the positivist paradigm of science and can achieve acceptance in mixed methods of health research.Constructivism, which emphasises the subjective interrelation between the researcher and the participant, and the joint construction of meaning (co-construction),27,28 is a field that GT has also developed and in which challenges are envisaged. Given that in this vision the researchers are part of the research, rather than external observers,12,16,29 this contrasts with the vision of the external researcher outside the process being observed. The development of this epistemology is a particular challenge for research in clinical medicine, perhaps with greater acceptance among researchers with training in the social sciences.In recent years, GT has been applied in mental health research, although its use in that field has been questioned, as the method is based on social, and not individual, processes, and it can be reduced to being merely a systematic categorisation technique, forgetting the nature of the individual experiences.12GT does not seek to produce formal theories, but rather to theorise about very specific problems that could acquire a higher category as new studies from other substantial areas are added; the researcher does not intend to prove their ideas by generating GT, but rather only to demonstrate that they are plausible19 and can assist other approaches, processes and areas, such as psychometrics, epidemiology and public health.Given that the clinician has access to patients, and that social science researchers have more difficulty in this regard,28 there is a field of development specifically for healthcare personnel to carry out research applying the GT method. However, for this purpose clinical researchers' skills in qualitative techniques, including GT, must be improved, as this would render it possible generate a greater body of knowledge from daily practice on topics such as diseases and unusual situations, the use of health services, treatment adherence, the role of the family in health-disease processes, etc.Conflicts of interestThe authors have no conflicts of interest to declare. Please cite this article as: de la Espriella R, Gómez Restrepo C. Teoría fundamentada. Rev Colomb Psiquiatr. 2020;49:126–132. Copyright © 2018. Asociación Colombiana de Psiquiatría