DOWNLOAD PDF A GROUNDED THEORY STUDY OF TRUTH-TELLING IN CANCER

Chapter 1 : Grounded theory - Wikipedia

A grounded theory study of truth telling in cancer: perceptions of white British and British South Asian community workers Kelvin Karim.

This is an open access article licensed under the terms of the Creative Commons Attribution Non-Commercial License http: Abstract After colorectal cancer CRC treatment, people reorganize life in ways that are consistent with their understanding of the illness and their expectations for recovery. Incapacities and abilities that have been lost can initiate a need to reorient the self. To the best of our knowledge, no studies have explicitly focused on the concept of self-reorientation after CRC treatment. The aim of the present study was therefore to explore self-reorientation in the early recovery phase after CRC surgery. Grounded theory analysis was undertaken, using the method presented by Charmaz. The present results explained self-reorientation as the individual attempting to achieve congruence in self-perception. A congruent self-perception meant bringing together the perceived self and the self that was mirrored in the near environs. The results showed that societal beliefs and personal explanations are essential elements of self-reorientation, and that it is therefore important to make them visible. It is predicted that the number of cases will rise to 2. CRC is treated with surgery, and radiation and chemotherapy are additional treatments. General symptoms after treatment are unpredictable and include irregular bowel function [2], fatigue [3] and, if a stoma has been established, stoma-related symptoms such as leakage and skin irritation may occur [4]. The period after treatment may also include crisis responses triggered by having a life-threatening disease, such as depression and anxiety about cancer relapse, and psychosocial difficulties such as reduced social activity due to being treated differently by family and friends or due to experienced symptoms [5]. Qualitative studies describing how persons treated for CRC experience recovery have portrayed this period as a time when the body makes the rules [6], initiating a process of recapturing lost bodily control and restoring the relationship with the body [7]. This period is also depicted as a time when symptoms influence emotional functioning. The focus on incapacities and abilities that have been lost can initiate a need to reorient the self [11 , 12]. Recovery after CRC surgery has previously been described by Beech et al. The concept of the self may be understood in terms of different dimensions including both a personal self that is an idiosyncratic dimension of self â€" a highly personal and individual understanding and meaning of self-perception â€" and a social self â€" the interpersonal being and the result of the influence of interaction on self-perception. From a sociological perspective the social self may be viewed as a product of social interactions [14]. People choose to behave and reorganize life in ways that are consistent with their understanding of an illness and their expectations for recovery [12]. This interpretation of the disease is the first stage in the self-regulation model of compliance with illness developed by Leventhal and colleagues [12]. The model is built as a structure with three stages: The interpretation of the disease creates a mental representation of the illness. Based on this illness representation one or several coping strategies are selected. Finally, appraisal of these actions provides feedback that influences both the representation of the disease and the plan of action itself [12]. The aim of the present study was therefore to explain self-reorientation in the early phase of recovery after CRC surgery and to explore how illness perceptions, symptoms and expectations for recovery influence this process of self-reorientation. The present study is pursued using a postmodern methodology, which recognizes the roots of symbolic interactionism as a dynamic theoretical perspective that views human action as constructing the self, the situation and society, and given this interpretative focus, we see ourselves as both part of and as influencing the world we study. To remain consistent with the chosen theoretical perspective and methodology, we have used the method presented by Charmaz [16]. Participants were recruited from colorectal cancer patients who participated in an ongoing survey study at a county hospital in western Sweden. Interviews were conducted three to nine months after surgery to reflect the period of early recovery â€" all interviews were conducted during the nine-month period from October to June The selection of participants

was carried out so as to achieve sample variation regarding diagnosis colon versus rectal cancer. Participants were informed about the study and invited to participate by phone. Seventeen out of the twenty-two asked were interested in participating and received a written letter with information on the aim and conditions of the study together with contact information. Written informed consent was returned by mail prior to the interview or was handed over in person on the interview occasion. Phone interviews were conducted in seven cases when participants were unable to meet in person due to poor health.

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Chapter 2 : Awareness of Dying Remains Relevant after Fifty Years | Grounded Theory Review

The purpose of this grounded theory study was to explore the perceptions of white British and British south Asian community workers within the Metropolitan Borough of Walsall as to the factors that influence truth-telling.

This article has been cited by other articles in PMC. Abstract Background Transitions often occur suddenly and can be traumatic to both patients with advanced disease and their families. The purpose of this study was to explore the transition experience of older rural persons with advanced cancer and their families from the perspective of palliative home care patients, bereaved family caregivers, and health care professionals. The specific aims were to: Methods Using a grounded theory approach, 27 open-ended individual audio-taped interviews were conducted with six older rural persons with advanced cancer and 10 bereaved family caregivers. Four focus group interviews were conducted with 12 palliative care health care professionals. Transitions disrupted the lives of palliative patients and their caregivers, resulting in distress and uncertainty. Rural palliative patients and their families adapted to transitions through the processes of "Navigating Unknown Waters". This tentative theory includes processes of coming to terms with their situation, connecting, and redefining normal. Timely communication, provision of information and support networks facilitated the processes. Conclusion The emerging theory provides a foundation for future research. Significant transitions identified in this study may serve as a focus for improving delivery of palliative and end of life care in rural areas. Improved understanding of the transitions experienced by advanced cancer palliative care patients and their families, as well as the psychological processes involved in adapting to the transitions, will help health care providers address the unique needs of this vulnerable population. Background Transitions are ongoing processes characterized by change for an individual [1] during which a new situation or circumstance is incorporated into their lives [2]. Individuals receiving palliative care may experience multiple transitions such as changes in treatment, symptoms, functional status and quality of life [3]. These transitions often occur suddenly and concurrently, and can be confusing and traumatic to both persons with advanced disease and their families [4]. Although palliative patients experience multiple transitions, research on this topic has generally focused on two areas: These studies have not explored the experience of transitions of older rural adults and their families once they are receiving palliative care. The majority of persons with advanced cancer in Canada are over the age of 65 [9] and concurrently with experiencing transitions associated with advanced cancer they are also dealing with normal changes associated with aging. Normal changes with aging influence the presentation of symptoms, response to treatments and the care needs of older adults receiving palliative care [10]. Thus their transitions and how they deal with their transitions may differ from that of other age groups. As well, rural residents are at higher risk for ill health and unmet health care needs as a result of living far from highly specialized and centralized health care services [11 , 12]. Furthermore, many additional social and community services are often found only in distant larger communities [13 , 14]. Very little research has been conducted on the experience of transitions after a person has been admitted to palliative care services. One qualitative study was found that examined transitions once a person was receiving palliative care. In this study health care professionals, family members and patients with advanced cancer and chronic obstructive lung disease COPD were interviewed. These participants described multiple transitions in treatment as well as symptoms, quality of life, and functional status [3]. However, this study did not explore how older rural palliative patients and their families adapt to transitions. Thus, only limited knowledge is available regarding both the experience of significant transitions once an older rural person becomes palliative and how they and their caregivers adapt to the transitions. Developing an understanding of transitions and the psychological processes involved in adapting to them is essential to addressing the unique needs of this vulnerable population. This study was conducted to add to our knowledge regarding how older rural adults with advanced cancer and their caregivers experience transitions, and more specifically, how they adapt to them. The specific objectives were to: Method Transitions of older rural

persons receiving palliative home care and their family members comprise a complex yet important process within a limited area of research. Sample and Setting Multiples perspectives of the transition experience were sought to gain a more comprehensive picture of the transition experience. Purposeful theoretical sampling was used to enroll 28 study participants from three groups: The palliative care coordinators from the three regions identified potential participants based on the following criteria: Palliative Health Care Professionals: Participants were recruited for individual interviews or focus groups until saturation was reached data collected was determined to be rich and sufficient, and no new properties of the categories or theoretical insights were being gained [19]. Names and telephone numbers of interested study participants were provided to the research assistant by palliative care coordinators. Health care professionals and bereaved family caregivers who expressed interest in the study by phone were then mailed a study package. These participants completed consent forms and demographic forms prior to beginning the telephone interviews. Potential palliative care patient participants were interviewed in their homes at a time that was convenient for them after obtaining written informed consent. The palliative patients were interviewed face-to-face to reduce the study burden by allowing a more comfortable position than talking on the phone. Data Collection Data collection for all participants included a demographic form and open-ended audio-taped interviews using an interview guide. The interview guide questions focused on: Where possible, participants were interviewed twice to provide an opportunity to add to and clarify what was said in the first interview. The interview guide was adapted accordingly for the second follow-up interviews based on the responses and ongoing data analysis. Specific data collection methods for each participant group were as follows: A total of seven in-depth face-to-face open-ended audio-taped interviews were conducted with six palliative patients lasting minutes. Only one of the six patients was interviewed twice: Twenty open-ended, in-depth audio-taped telephone interviews were conducted with 10 bereaved family caregivers lasting approximately minutes. All caregivers were interviewed twice. Four telephone focus group interviews participants per group were completed with 11 female palliative RNs and 1 female social worker. Group membership was determined based on the time the focus groups were able to meet. Each group was interviewed twice. Focus group interviews lasted minutes. Data Analysis Data analysis occurred as data was collected. All audio-taped group and individual interviews were transcribed verbatim. Transcripts were checked for accuracy then entered into N6 software for data management. During initial coding, data were analyzed line by line to form categories, search for and identify processes, meanings, actions, change, and consequences. The most significant or frequent initial categories were identified during focused coding. Data were then compared to data, categories to categories, and incident to incident, to develop the properties of the focused codes. Using theoretical coding, the relationships between the categories and concepts were identified, and the focused codes integrated and organized into an emerging theory of transitions. As the overall concepts were similar in all three groups all data was integrated into the emerging theory. To ensure emerging theory had fit, relevance, and modifiability, trustworthiness of the data was sought using the criteria of credibility, originality, resonance and usefulness [19]. The results of the interviews were confirmed for resonance and usefulness with the participants in second interviews whenever possible. Results Sample A total of 28 individuals participated in the study: Context The social context in which the findings were interpreted were the emerging themes of isolation, lack of information, and poor communication with health care providers, lack of accessibility to services and the value of individuality and community connectedness. For example one participant described feelings of isolation: Another described lack of information and poor communication with health care providers: Lack of accessibility to services was also described: Fatigue and stress were also present: As one participant said: You make friends in the city, so fine, but on the farm So may, maybe a more of a sense of community there" C Transitions The most significant transitions of palliative care patients and their families were described as being unexpected, sudden, and new. For example, one participant said: The transitions resulted in a disruption of their lives resulting in anxiety, distress and uncertainty but some participants suggested transitions were also beneficial in terms of forming closer relationships with their family. Four overlapping themes reflected the transitions: For example, instead

of caring for others or being able to work and provide for others, patients were now dependent on others. Changes in roles and relationships for palliative patients also occurred with changes in physical and mental health. Table 1 Themes of Transitions and Data Examples Themes Data Examples Environmental Changes "She was an outdoor person, so naturally it was a big change, but she did accept it and of course her condition was making her realize that she That, that was how I felt. I mean, I used to work as a nurses aide in a nursing home That was our, a big change. I, I think that really bothered her Well it was her jaundice Um, she began getting more blood in her stools. But, you know, we did the general housekeeping things, we looked after her yard and her garden, did some shopping for her, and we were just there to spend time Just to be with her. I miss doing my usual stuff. Working for the hall, doing work at home, doing charity work I miss doing that. The need for timely communication about essential information was illustrated by this comment: A supportive network of friends and community was also beneficial as illustrated by this comment about a rural community: Navigating Unknown Waters Transitions disrupted the lives of palliative patients and their families. They experienced feeling out of control " It was hard, so very very hard The emerging overall process by which older rural palliative patients and their families adapted to transitions was "Navigating Unknown Waters".

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Chapter 3 : Self-Reorientation Following Colorectal Cancer Treatment â€“ A Grounded Theory Study

A Grounded Theory Study Of Truth-Telling In Cancer Truth-telling about life-threatening cancer illness is a controversial matter. Few studies have explored attitudes towards truth-telling among people from migrant communities living in cultures different to their own.

Written by Barney Glaser and Anselm Strauss, Awareness of Dying was the first published study utilizing a new, groundbreaking research method. Glaser and Strauss termed this new method grounded theory because it was based upon data that was grounded in the real-live experiences of people. In this paper, we will look back at the origin of the grounded theory method and re-examine Awareness of Dying in light of more recent research in the area. Their meticulous description of the method in a subsequent publication, The Discovery of Grounded Theory , provided the structure for others who would subsequently use the method. It also garnered respect because it took advantage of reputable mathematic quantitative and qualitative ideas. Some would say that theory that is grounded in the experiences of people is the most important and distinctive scientific activity for human beings because theories depict a meaningful pattern. Because of this real-world orientation, grounded theories offer clear understandings of predictable processes and patterns of behavior. Grounded theories help us to understand that when certain patterns emerge, particular people respond in predictable ways and their actions produce predictable results Nathaniel, When we understand patterns that affect people, we can work towards altering them. Thus, theories have the potential to give us more insight and control in predictable situations. Awareness of Dying Awareness of Dying is historically important because it was the first grounded theory ever published. For six years, Glaser and Strauss conducted intensive fieldwork involving a combination of observations and interviews at six hospitals. The purpose of their research was to contribute toward creating end-of-life care that was more rational and compassionate. The researchers observed nurses and physicians at work. They also asked questions and interviewed staff. The theory that emerged from this intense investigation presented an eye-opening view of how patient care was affected by the awareness level of the dying process by nurses, physicians, and patients. Today, most people choose to die in hospitals, hospices, and nursing homes. The situation was much the same in the s. When people die in institutions, nurses and physicians, who are virtual strangers, are responsible for care during the last days of life. During the course of their observations, Glaser and Strauss found that Americans hesitated to talk openly about dying and were prone to avoid telling a person that he or she was dying. We know now that grounded theories uncover previously unknown processes. So, it is not surprising that Glaser and Strauss were able to identify previously unknown levels of awareness of impending death and the affects these levels have on patients, relatives, nurses, and physicians. What emerged during their investigation was four distinctly different awareness contexts: The following section encapsulates the major concepts of the theory of Awareness of Dying as described by Glaser and Strauss During their investigation, Glaser and Strauss found that U. Nursing and medical education were focused on the technical aspects of dealing with patients, with little exposure to psychological aspects of care. This limitation led to what Glaser and Strauss termed closed awareness of dying. Closed awareness denotes a context in which patients are not aware of their own impending death. Staff members understand that the patient is dying, but cooperate with each other to maintain the fiction that the dying patient might recover. Tactics nurses and physicians use to maintain closed awareness include giving patients an incorrect or partial diagnosis, manipulating the conversation so that patients will make inaccurately optimistic interpretations of their situation, and spending little time with patients to minimise possibly revealing cues. Having the false belief that they will recover, patients are not allowed the benefit of closing their lives with proper rituals. Friends and relatives are also affected because they cannot openly express their grief in the presence of their loved one. Even so, there comes a time when patients become suspicious that they may be dying. In suspicion awareness patients do not know for certain that they are dying but they suspect, by varying degrees, that the physicians and nurses believe them to be

dying. When they become suspicious, patients engage in strategies that might confirm their suspicious, even though they have they have few resources with which to find out the truth. Strategies might include announcing their impending death for the purpose of checking the reaction of staff members, asking about symptoms while listening intensely for clues that they are dying, or attaching significance to every word and gesture of staff members. Even though they are seeking to confirm their suspicion, patients likely do not have sufficient medical knowledge to interpret the cues. Nurses and physicians may send a clear message that they are too busy to talk or tell patients to direct their questions to someone else. The state of suspicious awareness places patients, relatives, and staff under considerable strain and creates an atmosphere of tension. This type of context tends to evolve into other types such as mutual pretence. Mutual pretence occurs when everyone involved knows the patient is dying, but all pretend otherwise. There may be some comfort in mutual pretence and all people involved must be careful to maintain this fragile illusion. Strategies employed to maintain the illusion include conversations that focus on safe topics and avoid dangerous ones. If something threatens the fiction, everyone pretend that it did not happen. One-by-one, pretence is added to pretence in order to conceal unintentional slips. Mutual pretence may ensure privacy and dignity for patients and minimize embarrassment for relatives. Staff members might feel relief, but mutual pretence has the potential to cause considerable stress for both relatives and staff. However, the atmosphere created during mutual pretence is generally one of serenity. As the situation progresses, this pretence is challenged by obvious physical deterioration or when patients feel they cannot face death alone. At this point patients make the transition to open awareness. Open awareness is often a stable context. Patients understand that they are dying, but often remain in closed awareness about other aspects of death such as mode and time. Staff reveal these details only if they believe that they will not to be upsetting or unpleasant for patients. Even within the larger context of open awareness, holding back unsettling details creates a strategy of mutual pretence around particularly difficult issues. Staff have certain expectations of patients. As patients become more aware of and take more responsibility for the dying trajectory, nurses and physicians expect them to behave with dignity and refrain from displaying their emotions. For example, patients are expected to continue the fight to stay alive unless suffering is intense or death is quickly forthcoming. Glaser and Strauss found that nurses and physicians appreciate patients who die with dignity and grace. When patients are not perceived to be dying properly, staff might admonish, coax, or appeal to higher authority a priest for example to help control them. Within the context of open awareness, patients and staff negotiate to relax the usual hospital routine. Many staff members, especially nurses, prefer open awareness since they get satisfaction from being able to comfort patients. Open awareness gives patients the opportunity to close their lives usefully, according to their personal thoughts about proper dying, and allows them to talk openly with relatives. Open awareness, however, has some disadvantages for patients. They may not be able to bring closure to their lives and may die with more psychological anguish and less dignity than those who die in closed awareness. After Glaser and Strauss published Awareness of Dying, they wrote their ground-breaking textbook, The Discovery of Grounded Theory , describing the new research method. Certain inferences can be made from a close examination of the tenets of the method as described in Discovery. Assumptions inherent in the classic method, are as follows: Thus, a grounded theory that is built upon these underlying assumptions should endure over time since subsequent research serves to enrich rather than refute classic theories. Awareness of Dying Today Compared to when Awareness of Dying was first published, recent trends show a slight decline in the percent of people who die in institutional settings. Since the publication of Awareness of Dying, much research has focused on end-of-life processes. It also enables individuals to exercise some control over their last months and days of life Field et al. There has been an increase in those dying in open awareness among people with cancer Patients dying of cancer are more likely to receive a terminal prognosis in an explicit way compared to those with end-stage cardiorespiratory disease. However this finding is not universal. This statistic still leaves a significant number of patients dying in closed awareness. Since the majority of patients who were unaware died in hospital, communication around dying and death still needs to be significantly improved. Applying awareness theory, this is likely to lead to

maintaining closed awareness. These recent findings demonstrate that there is still much room for improvement, particularly in relation to people dying with a diagnosis other than cancer. Research suggests that this can only be achieved in the context of openness. Awareness of dying has the potential to provide a very effective basis for dealing with these continuing problems since it can be used to guide communication between everyone involved in terminal care. For example, Glaser and Strauss discussed explicitly how to change awareness context and offered guidance on how to deal with potential problems as a consequence of changed awareness. Effective communication is powerful and a necessary condition for facilitating open awareness. It confirms humanity, instils a sense of security, and is essential to meaningful care Ryan, Its importance was confirmed in a recent systematic review. Despite the fact that these domains of care have been consistent for over two decades, they are often poorly addressed within the hospital setting. Uncertainty as to when death will occur further complicates communication. Glaser and Strauss identified and outlined a typology of death expectation as follows: The level of certainty has profound implications as to how the patients and their loved ones will be treated. It may, in part, explain difficulties around communication at this time, particularly when death and its timing is uncertain. This knowledge is particularly applicable to patients with a chronic illness, since it is very difficult to predict when they will enter the terminal stages of their disease. Some critically ill patients and those requiring intensive care are also in this category Andrews, This seminal theory offers a true-to-life conceptual picture that can be modified as newer research emerges. Our research has shown that the theory has endured for a half century and that contemporary studies complement, rather than refute it. Emerging research findings can modify the theory through enhancement and contemporaneous illustration. On a practical note, the theory will continue to serve as a guide to nurses and physicians. It will help them to think about predictable processes and to alter their actions in order to improve care of dying patients. At a basic level, the theory sensitizes health care professionals to universal problems that surround end-of-life care and provides them with a means of making things better. By applying elements of the theory, physicians and nurses are better able to deal with patients and families during the sudden transition from one type of awareness to another. It teaches us that staff who are honest and sensitive to dying patients and communicate well may be able to better assist the dying to conclude their lives with proper rituals.

Chapter 4 : Grounded theory in Cancer research - De Paul Times

Truth-telling about life-threatening cancer illness is a controversial matter. Few studies have explored attitudes towards truth-telling among people from migrant communities living in cultures different to their own.

Observation Photo-voice methods Photo voice method is a unique data collection method used in one article which involves placing cameras in the hands of the participants so that they can record, discuss and relate to others in the community, the realities of their lives through their own eyes. Each participant has to take a the required number of photos in one photo assignment and then come for discussion on how they explain each snap in relation to the social stigma associated with their cancer. An important point is that they included a woman who considers herself as breast cancer survivor because her daughter had recently passed away as a result of breast cancer. Many authors used semi-structured interview guide with open ended questions to conduct in-depth interview. One study mentioned that they used 46 formal interviews and that was the major method of data collection. The time taken by different authors for data collection also varies from six months to even three years. All mentioned about informed consent which I also felt very important in qualitative research especially in research of health sector. All the articles mentioned about theoretical sampling in the data analysis part, as data collection and analysis go together. All the data were compared in the analysis. Field notes from interviews were noted or tape recorded and compared. Authors used different types of coding as well. Concepts and categories emerged through a cyclic process of collecting, coding and comparing incidents in the data by which concepts and categories relating to incidents emanated. One study generated more than incidents. All the studies did literature review to develop further categories and build categories to theoretical level. Some articles mentioned about constant comparison method in their data analysis. One article used content analysis of articles. Grounded Theory a stream of Qualitative research: As it is mentioned earlier, grounded theory is one of the five streams of qualitative research. The following are the major similarities between grounded theory and qualitative research. Field based theory development It is not necessary that every qualitative research results in grounded theory which is field based. But there will be the possibility of the emergence of relationship among concepts. This also an important aspect in a theory. Divergence principles Both qualitative as well as GT research follow the principle of divergence in sample selection to get the entire range of samples to reach saturation. Quantitative researchers try to make their sample as homogeneous as possible with the population for statistical inference. This is one of the advantages of qualitative research over quantitative research. GT is not meant for generalization to the whole population. It has theoretical generalisability. GT is generalisable to the context. The relationship is meant for rich data collection which takes comparatively more time than quantitative data collection methods. Choice of methods of data collection The researcher is free to use any method of data collection which he or she finds useful in a particular context example, photovoice method Informed consent is very important in data collection. The participants are at any point ready to withdraw themselves from the study if they wish. The nature and purpose of the study will be informed. Research concern is coming from the field itself and not from the academic interest of the researcher. The strengths of using GT in cancer researches: I could find the following points as strength for using GT in cancer research The history of GT itself clears its significance in health sector, especially in cancer. Because the founders of GT methodology used it for the first time among the dying cancer patients in palliative care. Flexibility of methods which can be used by the researcher adds advantage Novel methods of data collection can be conducted by the researcher Therapeutic nature of interview allows the participants to reveal their problems and grieves which they may not even reveal to their close relatives or any other health professionals. The feeling that somebody is there to listen for them gives them consolation in their treatment. It adds to the psycho-social aspect of the treatment as well. Sensitive issues like breast cancer and breast loss can be handled very much carefully in GT methodology. It requires a close relationship between the researcher and the researched to elicit such data from the researched. Intervention package can be

developed from the data. Many articles mentioned about the emergence of such packages to help the participants in similar situation. Not limiting ourselves with structured quantitative interview. Our next question will come from the current answer of the participant. We are free to ask the relevant questions which are not there in the questionnaire and thus it enriches rich data collection. Another thing the researcher found among the articles is that in the knowledge level the theories are complementing each other. One support and supplement the other and integration of concepts can be seen. There are authors who conducted research in palliative care centers. There are some ethical issues also whether to include them in our research while they are suffering a lot due to their diseases. All the authors in the reviewed articles mentioned about theoretical sampling but they even included all the participants who are ready to participate without following divergence principle. Still they claim about saturation and theory development. The researcher think one needs to discuss about participants and their problems among our professional relations to some extent. The researcher would like to conclude the paper by quoting another article which has nothing to do with cancer research but to do a lot with grounded theory and theoretical sampling. The author Claire B. Draucker and her team conducted a review to gain a better sense of how theoretical sampling is currently discussed in published reports. The authors conducted a review of empirically-based grounded theory research that appeared in Qualitative Health Research QHR between January and July In many of these articles, theoretical sampling was referenced if data collection and analysis occurred simultaneously. The article begins like this. Theoretical sampling is a hallmark of grounded theory methodology, and yet there is little guidance available for researchers on how to implement this process. A review of recently published grounded theory in Qualitative Health Research revealed that researchers often indicate that they use theoretical sampling to choose new participants, to modify interview guides, or to add data sources as a study progresses, but few describe how theoretical sampling is implemented in response to emergent findings. Qualitative Social Research, Volume 3, No. Martsolf, Ratchneewan Ross and Thomas B. Sulik, Tthe Balancing Act: The discovery of grounded theory: Strategies for qualitative research, Aldine, Chicago. Spirituality of Men With Prostate Cancer: Ellen Netting and M. Lori Thomas Grounded Theory: Reed and Jennifer J. Qualitative Health Research, Vol.

Chapter 5 : Grounded theory

Truth-telling about life-threatening cancer illness is a controversial matter. Few studies have explored attitudes towards truth-telling among people from migrant communities. The purpose of this.

Identifying anchors that allow the key points of the data to be gathered Concepts Collections of codes of similar content that allows the data to be grouped Categories Broad groups of similar concepts that are used to generate a theory Theory A collection of categories that detail the subject of the research Once the data are collected, grounded theory analysis involves the following basic steps: Coding text and theorizing: In grounded theory research, the search for the theory starts with the very first line of the very first interview that one codes. It involves taking a small chunk of the text where line by line is being coded. Useful concepts are being identified where key phrases are being marked. The concepts are named. Another chunk of text is then taken and the above-mentioned steps are being repeated. According to Strauss and Corbin, this process is called open coding and Charmaz called it initial coding. Basically, this process is breaking data into conceptual components. The next step involves a lot more theorizing, as in when coding is being done examples are being pulled out, examples of concepts together and think about how each concept can be related to a larger more inclusive concept. This involves the constant comparative method and it goes on throughout the grounding theory process, right up through the development of complete theories. Memoing is the process by which the running notes of each of the concepts that are being identified are kept. It is the intermediate step between the coding and the first draft of the completed analysis. Memos are field notes about the concepts in which one lays out their observations and insights. Memoing starts with the first concept that has been identified and continues right through the process of breaking the text and of building theories. Integrating, refining and writing up theories: Once coding categories emerge, the next step is to link them together in theoretical models around a central category that hold everything together. The constant comparative method comes into play, along with negative case analysis which looks for cases that do not confirm the model. Basically one generates a model about how whatever one is studying works right from the first interview and see if the model holds up as one analyze more interviews. Theorizing is involved in all these steps. One is required to build and test theory all the way through till the end of a project. One goal is to formulate hypotheses based on conceptual ideas. Others may try to verify the hypotheses that are generated by constantly comparing conceptualized data on different levels of abstraction, and these comparisons contain deductive steps. Grounded theory method does not aim for the "truth" but to conceptualize what is going on by using empirical research. In a way, grounded theory method resembles what many researchers do when retrospectively formulating new hypotheses to fit data. However, when applying the grounded theory method, the researcher does not formulate the hypotheses in advance since preconceived hypotheses result in a theory that is ungrounded from the data. Instead, it has the goal of generating concepts that explain the way that people resolve their central concerns regardless of time and place. The use of description in a theory generated by the grounded theory method is mainly to illustrate concepts. In most behavioral research endeavors, persons or patients are units of analysis, whereas in GT the unit of analysis is the incident. When comparing many incidents in a certain area, the emerging concepts and their relationships are in reality probability statements. Consequently, GT is a general method that can use any kind of data even though the most common use is with qualitative data Glaser, , However, although working with probabilities, most GT studies are considered as qualitative since statistical methods are not used, and figures are not presented. The results of GT are not a reporting of statistically significant probabilities but a set of probability statements about the relationship between concepts, or an integrated set of conceptual hypotheses developed from empirical data Glaser A theory that is fitting has concepts that are closely connected to the incidents they are representing; this is related to how thorough the constant comparison of incidents to concepts was done. A relevant study deals with the real concern of participants, evokes "grab" captures the attention and is not only of academic

interest. The theory works when it explains how the problem is being solved with much variation. A modifiable theory can be altered when new relevant data are compared to existing data. A GT is never right or wrong, it just has more or less fit, relevance, workability and modifiability. A popular type of core variable can be theoretically modeled as a basic social process that accounts for most of the variation in change over time, context, and behavior in the studied area. It happens sequentially, subsequently, simultaneously, serendipitously, and scheduled" Glaser, All is data is a fundamental property of GT which means that everything that the researcher encounters when studying a certain area is data â€" not only interviews or observations but anything that helps the researcher generating concepts for the emerging theory. Open coding or substantive coding is conceptualizing on the first level of abstraction. Written data from field notes or transcripts are conceptualized line by line. In the beginning of a study everything is coded in order to find out about the problem and how it is being resolved. The coding is often done in the margin of the field notes. This phase is often tedious since it involves conceptualizing all the incidents in the data, which yields many concepts. These are compared as more data is coded, merged into new concepts, and eventually renamed and modified. On a related note, Strauss and Corbin , also proposed axial coding and defined it in as "a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories. The core explains the behavior of the participants in resolving their main concern. The tentative core is never wrong. It just more or less fits with the data. After the core variable is chosen, researchers selectively code data with the core guiding their coding, not bothering about concepts with little importance to the core and its subcores. Also, they now selectively sample new data with the core in mind, which is called theoretical sampling â€" a deductive part of GT. Selective coding delimits the study, which makes it move fast. This is indeed encouraged while doing GT Glaser, since GT is not concerned with data accuracy as in descriptive research but is about generating concepts that are abstract of time, place and people. Selective coding could be done by going over old field notes or memos which are already coded once at an earlier stage or by coding newly gathered data. Theoretical codes integrate the theory by weaving the fractured concepts into hypotheses that work together in a theory explaining the main concern of the participants. Theoretical coding means that the researcher applies a theoretical model to the data. It is important that this model is not forced beforehand but has emerged during the comparative process of GT. So the theoretical codes just as substantives codes should emerge from the process of constantly comparing the data in field notes and memos. Memoing[edit] Theoretical memoing is "the core stage of grounded theory methodology" Glaser Memoing is also important in the early phase of a GT study such as open coding. The researcher is then conceptualizing incidents, and memoing helps this process. Theoretical memos can be anything written or drawn in the constant comparison that makes up a GT. In memos, they develop ideas about naming concepts and relating them to each other and try the relationships between concepts in two-by-two tables, in diagrams or figures or whatever makes the ideas flow, and generates comparative power. Without memoing, the theory is superficial and the concepts generated are not very original. Memoing works as an accumulation of written ideas into a bank of ideas about concepts and how they relate to each other. This bank contains rich parts of what will later be the written theory. Memoing is total creative freedom without rules of writing, grammar or style Glaser The writing must be an instrument for outflow of ideas, and nothing else. When people write memos, the ideas become more realistic, being converted from thoughts into words, and thus ideas communicable to the afterworld. In GT the preconscious processing that occurs when coding and comparing is recognized. The researcher is encouraged to register ideas about the ongoing study that eventually pop up in everyday situations, and awareness of the serendipity of the method is also necessary to achieve good results. Serendipity pattern[edit] Serendipity is used as a sociological method in grounded theory, building on ideas by sociologist Robert K. Merton , who in Social Theory and Social Structure referred to the " serendipity pattern " as the fairly common experience of observing an unanticipated, anomalous and strategic datum which becomes the occasion for developing a new theory or for extending an existing theory. Merton also coauthored with Elinor Barber The Travels and Adventures of Serendipity [14] which traces the origins and

uses of the word "serendipity" since it was coined. The book is "a study in sociological semantics and the sociology of science", as the subtitle of the book declares. It further develops the idea of serendipity as scientific "method" as juxtaposed with purposeful discovery by experiment or retrospective prophecy. Sorting[edit] In the next step memos are sorted, which is the key to formulate the theory for presentation to others. Sorting puts fractured data back together. During sorting lots of new ideas emerge, which in turn are recorded in new memos giving the memo-on-memos phenomenon. Sorting memos generates theory that explains the main action in the studied area. A theory written from unsorted memos may be rich in ideas but the connection between concepts is weak. Writing[edit] Writing up the sorted memo piles follows after sorting, and at this stage the theory is close to the written GT product. The different categories are now related to each other and the core variable. The theoretical density should be stratified so that concepts are mixed with description in words, tables, or figures to optimize readability. In the later rewriting the relevant literature is woven in to put the theory in a scholarly context. Finally, the GT is edited for style and language and eventually submitted for publication. Most books on grounded theory do not explain what methodology details to include in a scholarly article; however, some guidelines have been suggested. This freedom is optimal when the researcher refrains from taping interviews, doing a pre-research literature review, and talking about the research before it is written up. These rules makes GT different from most other methods using qualitative data. No pre-research literature review. Studying the literature of the area under study gives preconceptions about what to find and the researcher gets desensitized by borrowed concepts. Instead, the GT method increases theoretical sensitivity. The literature should instead be read in the sorting stage being treated as more data to code and compare with what has already been coded and generated. Taping and transcribing interviews is common in qualitative research, but is counter-productive and a waste of time in GT which moves fast when the researcher delimits her data by field-noting interviews and soon after generates concepts that fit with data, are relevant and work in explaining what participants are doing to resolve their main concern. However, Kathy Charmaz counters this point, insisting that transcribing, coding, and re-coding are integral to the development of the theory. Talking about the theory before it is written up drains the researcher of motivational energy. Talking can either render praise or criticism, and both diminish the motivational drive to write memos that develop and refine the concepts and the theory Glaser