

## **Perspectives on Autonomy and Control Editorial**

Astrid Gynnild, University of Bergen

Can autonomy be appreciated without sufficient awareness of control? In what ways can autonomy and control be synonyms rather than antonyms? And in what ways can control that was lost be turned into processes of regaining control? Moreover: What does it mean to optimize one's own resources under shifting conditions? And what does respect and inclusion mean to the quality of teaching? These are some of the questions that surfaced when I started reflecting on the topics of the running theoretical discussions in this issue of the Grounded Theory Review. The theories presented on the following pages are of course generated from specific substantive areas, and generalizability outside of these areas cannot be claimed. But nevertheless it seems obvious that the new concepts that are brought to light in this issue might have great value across disciplines and topics. As always, grounded concepts spark the interest for understanding more of human ways of resolving problems.

In the introductory article on the "cry for help," **Barney G. Glaser** discusses problematic aspects of doing autonomous research, seen from the perspective of novice grounded theorists. As Dr. Glaser points out, "Claiming autonomy when researching within a structure of control by superiors is problematic. Success varies from failure to get autonomy to being autonomously alone with no help." By identifying a number of GT issues that require novices to seek methodological help, Dr. Glaser also includes a discussion of grounded theory procedures. Classic grounded theory has many procedures for generating conceptual theory that are not suitable to other methodologies. So developing research autonomy while at the same time adhering to the strict procedures of doing grounded theory might sometimes seem like a paradox to beginners.

Issues of learning, autonomy, and implicit control, are brought to the fore in the new grounded theory of optimizing personal resources by **Katja Hakel**. She found that optimizing personal resources is a main concern of students in higher education. In order to juggle a number of course commitments and other commitments throughout a semester, students resolve their main concern by oscillating between conservation strategies and investment strategies depending on the situation. Their choice of actions stems from deliberate considerations on how to invest their time most efficiently in order to ensure a wished outcome. This new insight is valuable to teachers and professors who work to improve their own approaches to teaching and learning.

In his theory of surviving situational suffering, **Barry Chametzky** focuses on the situation of a growing group of educators, namely contingent faculty members. In the US, part-time, adjunct educators are hired to teach a great many classes. Their main concern is

maintaining employment, and they do so within a context of reduced appreciation, underutilization, and ingratitude, as pointed out by Dr. Chametzky. The theory of surviving situational suffering integrates the categories of limiting, balancing, and falling short. The theory explains and predicts costs and dilemmas of the widespread use of part-time adjunct educators, not only for contingent faculty members themselves, but also for educational environments at large. In the end, students' learning is probably what would benefit the most from more respectful and longterm engagement with contingent faculty members by educational institutions and environments.

Jumping from educational environments to a study of urine incontinence of older persons in hospitals might, at first sight, seem like a leap. Or perhaps not? The generalizability of **Annemarie Dowling-Castronovo's** theory of regaining control is obvious. She found that when older persons are hospitalized because of illness or injury that affects biological capacity, their main concern is loss of control. But the loss of control is much wider than urine incontinence. Loss of control implies abrupt changes not only in physical, but also in spatial-temporal and social aspects of individuals' lives. Dowling-Castronovo's theory indicates that patients work hard to regain their control and get out of hospital again. These patterns of behavior have many implications for patient-centered care. The study of urine incontinence of older persons also illustrates that needs for shared decision-making among patients and hospital workers needs more attention.

In the book review section, **Gary Evans** discusses what he calls "Demystifying Grounded Theory Selection." The title points to the content of Barney G. Glaser's latest book, which deals with choosing grounded theory as a research method. After a thorough discussion of the 439 pages book, Evans concludes, "A great read I would highly recommend to both PhD students and supervisors."

Have a good read!

## **The Cry for Help**

Barney G. Glaser, PhD, Hon. PhD

Classic grounded theory is being chosen as a methodology throughout the world. One result is the cry for help of many individuals with aspects of their getting the research going for their dissertation. The cry is individual, because CGT attracts on the individual level. No department has chosen it for all its candidates as an option. The novice candidate has the task of convincing his supervisor and/or department of his choice.

One reason many choose using CGT is that it offers autonomy. By autonomy I mean total freedom to let the participants' main concern or problem emerge and the conceptual variables emerge that continually resolve the main concern. Most methodologies require that the research problem and its resolving require they be preconceived before research begins. In short, CGT allows a do not know approach to full discovery. Correcting existing research conjecture is not the goal of CGT.

This autonomy, which is so attractive to many novices, has many dimensions of problems. Claiming autonomy when researching within a structure of control by superiors is problematic. Success varies from failure to get autonomy to being autonomously alone with no help. Most PhD candidates have been trained in their student careers to seek genuine help and to seek an "ok" as their work proceeds. Though a big draw to using CGT going autonomous can be very frightening? "Am I using the procedures correctly that give autonomy?" is their big question. So they want help. Also many who have chosen CGT do not realize until they start research that they cannot tolerate autonomy. They need a constant "ok" and are almost paralyzed without it. They need a constant mentor to trust. Minus mentorees often have must difficulty. Thus the mixed bag of autonomy offered by CGT procedures' varies on its proper use and is not the manifest glory it sounds like to many at first glance.

CGT, when done correctly with autonomy at all stages, goes fast, less than a year to emerge a conceptual theory, yet I have talked with students who have been waiting up to five years for an "ok" of their work. Especially at the start of their research. "Am I doing it right?" and "will my supervisor approve?" are constant questions.

Tolerating the beginning confusion that goes with beginning research not knowing can become intolerable autonomously. The "a-ha" eureka moment will come, but not immediately. Patience with confusion is required so the research does not become forced with existing frameworks and preconceptions. The experiential growth and clarity that come over time in doing CGT requires autonomy from routine help. Only experienced researchers with CGT are suitable to giving moments of brief help to enforce the candidate autonomy with simple realizations.

The initial confusion that comes with the constant comparison of indicators before emergent conceptualization, taxes autonomy to the maximum. It is easy to use preconceptions and/or to seek authoritative help to ease the autonomous responsibility. Few can take it, many cry for help to be sure they are "doing it right." Once concepts emerge, autonomy goes into full force. The autonomous novice researcher with a few good core concept possibilities can be told nothing to threaten his autonomy. So novices should hold on to their autonomy, it will be solidified by emergent concept. Do not out of fear give up their autonomy. Confusion and preconscious processing and constant comparisons are part of the CGT beginning process. Only a well-trained CGT researcher will know how to help without taking away autonomy with preconceptions. It only takes a few comments of support. And for foreign students, a little help with the language of conceptualization.

The intense rhetorical wrestle between senior researchers on merits of CGT versus other GT versions and descriptive QDA may also erode the novice's autonomy. He/she may be forced by their academic department to adhere to a theoretical perspective that erodes or denies autonomy on an aspect or many aspects of CGT research. Typical is having to choose a problem to research before it has emerged. The novice is too new at CGT to argue a perspective of complete autonomy to a sophisticated senior researcher. It takes a strong PhD candidate novice to keep his autonomy in the face of such academic pressure. Autonomy is easily eroded.

"Am I on the right track?" is a question expressed by many autonomous researchers, no matter what stage of theory generation they are at. Their autonomy leaves them without supervisor or other senior comments giving them the "ok" of what and where they have done. Getting a quick "ok" is a normal need of the autonomous, but should not be allowed to erode autonomy. Especially at the beginning of research. Toward the end, when the research will be presented, the "ok" will be about a formalized autonomously generated theory that has to be "ok'd" in the field by others. Thus, the growing need for approval is based on autonomous produced theory, not subversive to it as such. The autonomous researcher is not left alone forever. He or she eventually gets awarded with approvals and a degree.

The autonomous researcher at later stages of research is rewarded as the complete owner and discoverer of his theory. Autonomy has paid off. Students needing constant help and "ok's" never experience this reward, though they may get their degree under supervision. CGT offers the autonomous reward. And CGT attracts many an independent student for its autonomy offering. They tend to be independent in everyday life also as a natural inclination. That is why CGT is independent based, not academic department based. The excitement that comes with discovering a core category that resolves a main concern, confirms for the student his autonomy and can be shared as discovered and grounded as real. Not shared to be evaluated and corrected.

Autonomy helps the researcher decide many procedural issues in doing CGT: How to vent participants, when to theoretically sample, when to sort memos, when to stop interviewing on interchangeable indicators, when to formulate a main concern and a core category, etc, etc. It keeps the research going at a good pace. Needing help and "ok's" from colleagues and supervisors before taking these procedural steps, slows the research

down too long and unnecessarily. Autonomous decision keeps research moving and the decisions self-correcting to achieve emergence. "Am I doing it right" gets answered all along the way by what is generated and emergent. Again, waiting for supervision to review and have office hours is costly. Being on the "right track" emerges with the resulting theory. Autonomy pays off quickly.

Discovering a juicy core category clinches the autonomy position. It becomes a juicy personal and other person reward for being the sole discoverer. Autonomy needs no collaborative and supervisor sharing.

### **Mentoring**

The right kind of help helps. Help with supporting autonomy, I quote Linda Schurch who just received her PhD in January 2015. The PhD is nominated for the best dissertation award at her university, and Linda writes, "Thank you Barney for your congratulations. I am so happy to be done and honored to have made this contribution steeped in your guidance, books, isms and have the full measure of excitement to contribute something substantive and grounded in the data." She continues, "I would like to recognize the seminal theorist for classical GT, Dr Barney Glaser. I attended two CGT trouble shooting seminars (New York, California and vitally a third held in UK). There are no word to describe the sense of "awe" and deep honor to be trained in CGT from the master seminal theorist himself. It was a life changing experience. I used several of Barney's quotes supporting my autonomy like 'you are confused,' 'stay that way ' or 'just do it' or 'drop ideology'. I wish to thank Dr. Helen Scott and Dr. Judith Holton for their methodological mentoring and counseling." Thus, right mentors help preserve the autonomy of the research and thus ensure excellent results!

I have many colleagues who give the right kind of help, fully supporting the novice researchers autonomy leading to success, not falling out. Also the fellow novices and accomplished grounded theorists in the trouble shooting seminars are there to help each other. The atmosphere is open and friendly and no one is there to judge anyone. Thus autonomy allows this freedom to be "whatever". Autonomy is no threatened by heavy evaluation. It is supported by the joy of discovery shared by others. In short, in the trouble-shooting seminar, autonomy is supported and applauded. This is in stark contrast to the usual demanding use of preconceived formats in typical academic practice and meetings. The model for the trouble-shooting seminar is being used all over the world now by former students of mine. Many wonderful dissertations have come out of this trouble shooting of ten students who were incredulous at first and wanted to be told preconceptually what to do.

### **Coding**

Constant comparative coding leads to much confusion in the beginning. The quest for am I doing it right help is strong, which threatens autonomy. Open coding can shock the novice

researcher when he discovers that the emergent main concern is strikingly different from the preconceived one. And further when he discovers that the main concern takes him into a different field. For example, one student discovered that the main concern of people in finance was survival in a financial crisis, not social structural career achievement. This was great as a discovery, but scary for coding, since he knew nothing about survival categories and a lot about career advancement. His supervisors suggested using preconceived career categories or just description. Thus, discovery had possibly the negation of autonomy of emergence in theoretical coding. The student supported his autonomy of coding emergence and its confusion, which resulted in a worthy dissertation on surviving financial crises, not on career advancement. He wrote us to help to solve coding confusion of other students when in unknown problem areas. The thrill of discovery always wants to be shared. Successful coding leading to amazing discovery of concepts fosters, supports and confirms the autonomy offered by CGT methodology.

If a novice doubts his coding skills and asks a supervisor if it is ok, he is liable to be derailed to another version of GT or QDA and codes with preconceived concepts. Thus, he loses his autonomy over discovery of new concepts. Or his confusion worsens trying to convince his supervisor over his confusion autonomy. Hanging in is hard, but once concepts emerge from constant comparisons, confusion is seen as worth the travail and soon forgotten for the excitement of discovery and a feeling of mastery over the CGT methodology. The cry for help becomes the cry of excitement as the sole generator of a theory. Supervisors can no longer erode autonomous confidence.

The preconscious processing that goes on during constant comparative coding and feels like confusion, requires autonomy from others. Otherwise preconscious processing will easily be snuffed out by preconceived forcing categories suggested by others. Especially by supervisors who cannot tolerate their students' confusion and require it be structured up to meet the demands of a PHD program. Procedures of analysis from other qualitative methods are often used to structure, hence force, a clarity on the confusion. They are rescue efforts that prevent GT procedures.

Constructive help encourages keeping coding and patience waiting for emergence of categories. The eureka moment will happen! Pattern emergence is natural and normal. It happened in everyday life all the time for all of us. In CGT it is simply seen and tapped as a procedure requiring patience, confusion and preconscious processing. It should not be seen as ineptness, especially by seniors with other methodological perspectives that force data to void the comparative induced confusion.

The interminable rhetorical wrestle and confusion between multiple versions of grounded theory and QDA methodologies can easily entrap the novice GT researcher into loss of perspective or a particular perspective. He joins a perspective to rescue his self-confidence from the wrestle confusion. In either case the novice will lose autonomy by commitment to a method, which requires some sort of forcing in lieu of autonomous emergence. Only CGT provides the clean autonomy that allows the emergence of whatever may emerge, irrespective of the perspective of a version of GT. Self-confidence is required to accept CGT autonomy for its purpose: no preconceived emergence.

And “just do it.” The rhetorical wrestle will not stop. It is academic life to argue for perspectives one over another and more so as an academic ages. Novices are forced to join a perspective to be part of the academic life. It takes a lot of self-confidence to ignore applauded perspectives and just stay open to autonomy given by CGT procedures. To choose autonomy in the face of fear of getting no result takes knowing oneself, liking research, following CGT procedures and trusting to them and having patience in striving for the eureka moment that comes with emergence of the main concern and core category. For help, trust only an experienced CGT researcher. As one student put it “The results are fantastic. If CGT is used as designed.” Then the researcher glories in his autonomy of contribution and the rhetorical wrestle is forgotten, as it does not achieve the goal of research: a good product. Preserving the researcher’s autonomy preserves the general strength of CGT procedures used autonomously. The rhetorical wrestle undermines this strength to no advantage toward achieving a worthy research product.

I often receive a copy of a PhD thesis for two major reasons: Great pride at achieving the degree and thanking me for any help along the way. Or great threat of being required for major revisions to make it look consistent with department imagery. And thus I receive a cry for help in dealing with the PhD committee. My success in helping with revisions at this final stage is iffy and questionable. The novice’s autonomy, which got him this far, can be quite strongly resented by colleagues. Thus, the cry for help can go on and on until the committee signs off on the thesis. Revisions can take months and need major help by experienced CGT researchers.

### **Jargonizing**

Jargonizing satisfies to a minor degree the cry for help and keeping one’s autonomy. It gives a language to one’s CGT research. Thus, the novice can explain what he is doing and his stage of GT research like he knows what he is doing as an autonomous researcher. This jargonizing can go on irrespective of what he is actually doing and what stage he is at. He can sound in autonomous control. Jargonizing makes his research autonomy unassailable on the word level. It is only by having his actual procedures exposed that his autonomy will or can be exposed. For example, saying he is theoretically sampling sounds great, but is he actually doing it? Solid autonomy comes in actions, not words. As Hans Thulesius wrote me, “CGT jargon is slowly spreading all over the world, in different languages. The spread of the method is way behind it, and novice oriented questing for action help and assurance beyond the jargon.”

### **Help**

Needing a senior to convince the committee that CGT is legitimate and rigorous, and that the current dissertation is a significant original contribution. That is a very serious moment in a candidate’s career to PhD. He is putting his whole life into research for a couple of years or more to be awarded a PhD. A grave, great need for expert help, and polite pleasing when necessary for an expert to come from afar across the world to help.

### **Post PhD**

Post PhD can be a very needy time for help. The intense attention to the novice and his research pre PhD is over. The new PhD returns to a depth of mixed methodological and theory perspectives, which can make him feel quite alone. It can be very demanding on one's autonomy to be in the middle of the rhetorical wrestle perpetually with no solution, just the stress from unresolvable conflict. One solution is to travel globally to conferences on CGT so as to network and share. Skype and email are lesser solutions, but can connect the lone PhD. Dr. Sima Sadeghi, of Iran, is an extreme case of needing to regroup in a grounded theory trouble shooting seminar in the US. At her own cost she spent two months getting a Visa to come to the US for the seminar. She was desperate. She also is financing her own trip. Many new PhDs travel globally to conferences to regroup among fellow GTers. It is rejuvenating for the loneliness of Post PhD neediness. This regrouping is a need that is very important to keep CGT going and subsequent research not slipping back to a QDA. L It also handles post PhD depression.

### **Flattery**

The introduction to a "cry for help" with the dissertation research is typically some form of flattery to me or a senior. The flattery tells how important and strong the CGT perspective is in their research. How CGT has changed their lives, has changed the way they see the world. And they need help with this change in research perspective. Then the problem is stated which is typically a major perspective conflict with supervisor and/or committee. Of course there are many solution to this conflict, but simple support for the CGT perspective helps confidence and autonomy, by confirming that the novice has it right. And he has the right to use CGT like so many others use it. The following quote is a typical flattering approach to getting help from someone I do not know. "Hope this email finds you in good health and spirits. Please allow me to introduce my self first. My name is P. and I am a PhD candidate at the University of B., UK. I admire your work and contribution for the development and introduction of GT to the scientific community. Your work had tremendous impact on my study and helped me significantly in my research endeavor."

Then comes the problem for help. "However, I am struggling with identifying how to "prove the external and internal validity of concepts. I am aware of the quality and rigour criteria explained in your book Theoretical Sensitivity but my supervisor disagrees with it and states that I have to use criteria suitable for the above mentioned factors. The disagreement between mine and my committee's view creates unnecessary tension and confusion in my research journey." While simple enough, the issue to explain to the candidate this conflict with the committee is very fateful for a candidate and requires help. A super polite request for help is warranted by desperate novices in conflict with committees. A little help goes a long way and often saves the academic life and the PhD degree of the novice. The novice continues with his plea for help, "I realize that you are very busy person but it will help me significantly if you could shed more light on this issue and help me to justify my decision not only in front of my supervisors but my examiners



too. Thank you very much for your time and consideration. I look forward to hearing from you." In short, he does not doubt that help will come, the need is so great, fateful and crucial. I and my senior colleagues have seen this last step cry for help many times.

### **Specific Help**

Besides the cry for help being general such as the rhetorical wrestle over methodological perspectives, special procedural requests for help also appear. The request is justified by referral to one of my books or other seniors' work. If a procedure is advised such as no taping interviews, why and what alternative procedure is better? How to argue for the procedure against non-believers, steep in QDA procedures? The novice needs help with examples in taking on argument over procedures. CGT is composed of many procedures that must be adhered to and are in contra to QDA procedures. Legitimizing them is a problem novices face and must argue for. They need help to argue constructively for the CGT procedures that emerged with the methodology. Keep in mind that different methodologies have different procedures. What is required by one may not be suitable for another. Further CGT has many procedures for generating conceptual theory that are not suitable to QDA description. There is much chance for conflict with other methodologies' procedures. Trying to resolve the conflicts is a waste of time. It would claim a procedure that is not suitable for a methodology for which it is not used. For example, taping interviews is suitable for QDA dull description, but not suitable for CGT conceptualizing for theory as it overdoes interchangeable indicators.

### **Routine Help**

Much request for help is not crisis oriented or desperate. It is routine and thoughtful emergence as the data is constantly compared. One thoughtful request is how to name a pattern or if a name is ok enough. What name options have the most grab? What name gives the imagery of the core problem or core variable instantly? What name options have immediate general implications? Is it a good name for the generated theory? A good name with grab quickly catches the interest of readers. Named patterns is fateful for interest by others in the theory. A candidate wrote me about naming a core category "embodying the self" and I suggested as an alternative of "externalizing the self" or "mobile self cleaning." Which is best, I do not know. The researcher's autonomy comes into play. He chooses as its his theory. The candidate can create names with grab also like "me fitting" or "resisting residual selves." Naming is a chance to become very creative. Good names often come out of constant comparison. As the pattern emerges so does a name for it, such as "survivalizing." The pattern imagery can produce a name for it with grab that produces the imagery for readers. The flexibility provided by autonomy and memoing comes into play strongly when naming. It is what the generated theory will be called by colleagues and what the researcher will be known for.

### **Senior Satisfaction**

Some senior colleagues get great satisfaction in continually mentoring a candidate who has a good grasp of CGT methodology and are generating a good theory contribution. Helper satisfaction is to the maximum. These seniors will argue and stand firm with pride against committee and examiners who challenge CGT with their own perspectives and have the social structural power to demand severe revisions to the thesis. By attacking their student they are feeling attached and need resolution.

The novice's need for help does not stop with the awarding of the PhD. He needs recommendation for jobs and support for publications and workshop or seminar appearances. His satisfied mentor is obviously the best and most proximate helper by support and recommendation.. He may be asked to join a department where CGT is in conflict. He is likely to be tolerated as the resident GT teacher and needs senior support and legitimation from past mentor, who is at another school.

## **Oscillating between Conservation and Investment: A Grounded Theory of Students' Strategies for Optimizing Personal Resources**

Katja Hakel, Norwegian University of Science and Technology, NTNU

### **Abstract**

Students' use of time and effort during their studies has been discussed exhaustively in mass media and educational research. In most cases, researchers try to give advice to teachers on how to get their students to become more active and engaged. The grounded theory presented in this article, however, challenges this approach by focusing on the students' point of view. When interviewing students for this study, I soon realized that students only have a limited amount of time and effort at their disposal. Optimizing these personal resources emerged as their main concern. For the students, investing resources into one study activity always means having to reduce the amount of time and effort they can spend on other activities. They resolve their main concern by oscillating between conservation and investment strategies. Their decision regarding which type of strategy to use depends strongly on the students' evaluation of their current situation.

**Keywords:** oscillating, optimizing, personal resources, investment strategy, conservation strategy.

### **Introduction**

The theory presented in this article shows how students oscillate between conservation and investment strategies in order to optimize their personal resources. It differs from previous research in that it focuses strongly on the students' perspective. A review of this research showed that many educational studies have a teacher-focused approach. In these studies, the researchers often provide recommendations to teachers on how to change their students' learning approaches (Abouserie, 1995; English, Lockett, & Mladenovic, 2004; Grauerholz, 2001; Smith & Colby, 2007). Teachers must "lead students to deep learning" (Smith & Colby, 2007, p. 206). They must also "improve functioning regardless of the situation through a development of learning skills, and through an encouragement of cognitive and affective development" (Abouserie, 1995, p. 19). Only some researchers acknowledge that the students' approaches to learning are

based on how they evaluate their study situation and the demands of each specific task (English et al., 2004; Ramsden, 1992).

This latter perspective is in accordance with the findings of my own study. Using the grounded theory methodology, I interviewed 13 students from language programs at a Norwegian university. I found that students experience different situations differently and that they adjust their learning strategies to each specific situation. The grounded theory presented in this article is based on the patterns that emerged from the students' data. The theory describes how students resolve their main concern of optimizing their personal resources through oscillating between different types of strategies.

### **Method**

"Remaining open to what is really going on will soon transform the researcher to going where the data takes him" (Glaser, 2012). This statement could not be any better for expressing exactly what I experienced when I started out on this grounded theory research. Originally, I had been interested in investigating students' attitude towards the use of technology in university education. The use of grounded theory as a research method seemed to be the most suitable for me then. At that time, my knowledge of how to do research and about educational technology was close to zero. Having almost no previous knowledge meant that I had few preconceptions concerning the substantive area under study.

First of all, I obtained ethical approval from the Norwegian Social Science Data Services (NSD). An interview guide that contained only the grand tour question: "Can you tell me about the use of information and communication technology in your daily study life?" was approved after I provided a detailed explanation of the grounded theory method. When the true main concern emerged from the data, I reported the changes in the research topic to the NSD. I also obtained approval of an interview guide for the semi-structured interviews I used in theoretical sampling.

I started my research with interviewing two students. All the interview participants in the current study were first to third year students from the Department of Languages and Literature at a Norwegian university, though from different study programs. I recorded and transcribed both interviews during the same day. I also recorded and transcribed the following interviews with five more students. Since I had never conducted an interview before, at that time I did not have the self-confidence in my ability to take good field notes. I was worried that I might not be able to identify crucial points in the students' narrations during the conversation. Secondly, I noticed that the students were much more relaxed when they felt I was really looking at them and not scribbling frantically on paper. However, as I learned more about the GT method I no longer transcribed the interviews I conducted during theoretical sampling.

During these first seven interviews, I only posed one grand tour question to the students: "Can you tell me about the use of information and communication technology in your daily study life?" By asking follow-up questions that emerged during the interviews, I encouraged the students to open up and elaborate on their answers. The recurrence of statements such as "sometimes you just get so full, there's no point in even trying" or "working in groups is so much better since you actually only have to do one thing instead of it all" made me realize soon that technology only plays a minor role

in students' daily life at university. What seems to matter to them much more is how they manage their time and effort. Most of the students' stories were about how to accomplish their daily study tasks within their limited amount of personal resources.

I started to analyze the interviews afterwards by reading through them line-by-line. While reading, I constantly kept the central question of the GT method in mind: "What is this data a study of, and what category does this incident indicate?" (Glaser, 1978, pp. 57-58). Glaser (1978) defines the line-by-line approach as the second rule that governs open coding. Throughout the entire process I also wrote memos, which helped me to conceptualize the incidents that I found in the data.

After the initial seven interviews, the main concern had emerged clearly from the data and the direction in which to take the study during theoretical sampling became clear to me. Many of the concepts I found during open coding were related to either conservation or investment of time and effort. I decided to explore this further through theoretical sampling. I conducted six more semi-structured interviews with other students from the same department. During selective coding after each interview, I focused on identifying further concepts and properties related to the conservation and investment of resources. Memo writing throughout the entire process helped me to direct my theoretical sampling. By writing memos, I was also able to conceptualize the data.

After these six interviews, I could no longer find any surprising incidents. All the new data fitted the concepts that had emerged previously, which meant that theoretical saturation had been reached. The ensuing memo sorting process helped me to understand how these concepts were woven together. I also continued to write memos on memos. The theoretical codes that emerged during this process showed that investment and conservation are explicit strategies for the use of personal resources. These strategies were interconnected through the theoretical code of oscillating. In addition to that, I also found that the concepts related to the students' study situation were necessary conditions for the use of these strategies.

### **The Theory of Optimizing Personal Resources**

Studying at university places great demands on the students, who "often need to juggle various work and family commitments while completing their studies" (Ng, 2008, p. 439). However, it is not only commitments outside their studies that put a pressure on the students. Even within their daily study life, they have to handle different courses at the same time, where each course has its own readings, lectures, assignments, deadlines and finally, exams.

Students only have a limited amount of time and effort—personal resources—available for carrying out all the activities that are part of their daily studying. Optimizing personal resources emerged from the data as the students' main concern. Depending on the specific situation they find themselves in, the students resolve this concern by oscillating between different strategies to ensure their study progress while trying to manage their time and effort in the best possible way.

The preferred type of strategies for the students is conservation strategies. These strategies aim at using as little resources as possible or using them in the most

economical way. However, as the data from the study revealed, the students will go from using conservation strategies to investment strategies when certain conditions are fulfilled. They will invest their time and effort when they feel the need to secure an important outcome. Investment strategies are thus based on a conscious decision by the students to spend their personal resources more actively.

However, even while using investment strategies, the students constantly evaluate whether the conditions that originally caused the investment are still present in new situations. If they are not, the students quickly return to conservation strategies until the need for investment arises again. This oscillation between conservation and investment strategies emerged as the core category and the students' overall resolution of their main concern, optimizing personal resources.

### Different situations call for different strategies

So in which way do students actually oscillate between the different strategies, and what triggers their decisions? To answer that question, let me illustrate the interplay of conditions and strategies in the following section. However, it is important to understand that the different strategies are not tied to specific conditions. The strategies used by a student in one situation do not need to be the same as in another situation. Different students might also make different decisions. The following examples are only meant to illustrate how the students try to resolve their main concern by oscillating between the conservation and investment of their resources.

Every single day, students have to decide on how to distribute their time and effort among all the different tasks and activities. This decision is based on how they evaluate their current situation. This situation is made up of five conditions that emerged from the data. One such condition is interest and motivation. Sometimes students decide to invest a high amount of personal resources on one particular course just because they feel more interested in this specific subject. They might actively try to find additional resources in order to learn more about it, e.g. by using Google to research a topic or watching infographics on Youtube. Becoming knowledgeable emerged from the interviews as one of the six investment strategies.

Often the interest in a certain course or topic is closely related to a personal interest. This can easily blur the line between university studies and private life. One student I interviewed reported that she

love[s] reading poems. I find it so much fun that I might even go home and google it, read others' interpretations and spend a lot of time on it even though I do not have to. But then that is not only because of studies, it becomes a personal interest.

Since she only has a limited amount of resources for studying, here the student decided to invest time and effort that would actually belong in her spare time.

However, sometimes a course can turn out to be less interesting than expected, maybe due to a boring teacher or a lot of tedious course work. Sometimes the student might not be interested in a course right from the beginning. When that happens, students often prioritize more interesting tasks until the conditions change and they have to invest their resources all the same. One student told me that she prioritized working as a teacher since it was "a brand new school and I really enjoyed the work". Because her motivation to work was so much higher than her motivation to study, she decided to reduce the amount of resources spent on her study activities by using

conservation strategies. Later on in the semester though, with the exam approaching fast, she had to change to investment strategies in order to catch up again with her studies. She knew that she needed to pass the exam in order to be able to continue with her studies. At this point, a high dependence on the result prevailed over a low degree of interest and motivation.

Dependence on result emerged as the second condition. Students spend their resources according to how crucial they feel an activity is for being able to continue with their studies. If the activity is judged to be of little importance and the students feel a low dependence on achieving a good result, they will try to save their resources by using conservation strategies.

Two conservation strategies come into play here. Minimizing is a strategy where students try to use less time and effort than they would normally if they were studying as expected from them. One example of using fewer resources than appropriate was a student who tried to save time and effort by not attending lectures on campus. By using technology to access the resources published by the teacher and by asking his friends for summaries, this student was spared from having to spend his time and effort on going all the way to campus.

Delimiting is another conservation strategy. Delimiting means to set a fixed limit for the amount of resources to be used. However, in contrast to the minimizing strategy, here this amount would correspond at least to the amount that is appropriate. Students dedicate themselves to a specific activity during a delimited period of time and have a clear distinction between their work hours and spare time. They do not wish to spend any more time or effort than strictly necessary. One of the students I interviewed told me that she would ask a teacher a question only if the teacher was standing nearby and available. If she had to wait for the teacher more than a couple of minutes, she would rather try to get quicker help by asking friends or by using Google on it.

These conservation strategies do not imply that students are lazy and try to avoid working. Sometimes the demands of the different courses conflict with the amount of resources available to the student. For example, the students might have to read a lot of literature for one course, while another course has an important deadline coming up. In this situation, the students might try to adapt by minimizing the amount of time and effort they spend on reading the literature, maybe by just reading the abstracts. Through minimizing their resources here they can invest more resources in passing the assignment that they depend on more.

Often the perceived dependence on a result will increase dramatically when the exam period approaches. During exam periods, most students feel that they have little time left and still so much to learn. Every single activity that could help them prepare for the exam seems to be of crucial importance. The students feel that they do not have enough resources left to do everything they need to do.

Efficientizing is a conservation strategy that many students employ when feeling under pressure. In the current context, it means that they try to improve their results by making the use of their time and effort more efficient. This does not mean that they invest more resources than strictly necessary in an activity; they are just using their

resources in different ways that lead to a better use of their limited time. Efficientizing happens for example when students choose one activity that seems to lead to better results over another. Students who feel that lectures are a waste of their time might substitute them with working on their own. They might also try to use the time dedicated to study activities in a more efficient way. This happens mostly right before deadlines. Students who feel pressed for time try to resolve that situation not by extending the time dedicated to study activities, such as longer work hours. They efficientize the use of their time by working in a more concentrated manner by consciously shutting out any possible distraction. Some students even download applications onto their PCs that prevent them from accessing social media or entertainment websites.

One strategy that emerged from the data is not perceived by the students as a good strategy, but is still—and surprisingly—used a lot. Filling voids is about trying to utilize all those little time gaps throughout the day, like reading literature on the bus or watching video lectures while brushing teeth. The students all reported that this strategy exhausts their minds more than it really benefits them. The reason for this is that these voids usually lie within their spare time. The students feel that they are constantly “switched on”. As one student burst out in an interview: “sometimes you just get so full, there’s no point in even trying”. Nevertheless, filling voids emerged as one of the possible means to *efficientize* the use of resources.

Dealing with uncertainty is another important condition for the use of investment strategies. This uncertainty relates to the students themselves and their desire to know exactly “how they are doing”. If a student does not know what exactly the teacher expects of him or if he might even be doing poorly altogether, he or she will invest more resources until he or she starts to feel safe again and can go back to conservation strategies. Both contextual and personal elements have a strong influence on the student then. Late feedback by the teacher, unknown teaching methods, lack of information or simply bad study techniques can all increase a student’s uncertainty.

Again, becoming knowledgeable emerged as one of the main strategies in dealing with uncertainty. By highlighting, taking notes or drawing illustrations, students are not only trying to get a good grip on the content they need to master. They are also customizing it to their specific learning needs. They assemble all the information from different sources such as the teacher, course materials, group collaboration, and digital or analogue sources and modify them in a way that most enhances their learning. This helps them to feel more self-confident that they will be able to meet the demands of an exam or assignment.

Seeking help comes into play when a student feels the need for further explanations or support. When I coded the interviews, a help hierarchy emerged from the data. Students change from whom they ask for help depending on the degree of effort and time it will require to get that help. At the same time, they try to avoid the risk of appearing stupid. However, the dependence on the result seems to have a much greater influence on whom a student would ask: if the help needed is crucial in order to pass a course, most often they will approach a teacher. Writing an email to a teacher and asking for an appointment, however, means having to invest more time and effort. Therefore, when it only concerns a short explanation in order to solve a particular question, the students prefer quick chats with friends.



Students who were struggling with uncertainty often expressed that their fellow students represented a social safety net to them that would catch them when they were falling. They felt that building rapport by establishing a fellowship with other students was a highly valuable investment of their resources not only professionally. To them, it also had a huge impact on a social dimension. For example, one student told me that "when I started my studies I was in a really bad personal situation, I had just become a widow. I found very kind support in our study group".

So far I have illustrated how students oscillate between different strategies based on how they experience course demands on a more general level. The final two conditions that emerged from the data and that influence how students use their resources are related to tasks and activities on a more specific level. Again, I would like to clarify that none of the strategies illustrated here are limited to specific conditions, but are used in different situations and in different degrees as the students see fit.

The fourth condition that emerged from the data is purpose of investment. This is based on the question whether there is a meaningful purpose with investing time and effort in an activity. Students want to know just why learning a new program or reading a difficult text is worth their time and effort. Quite often the simple motive behind it is that a student wants to be sure that the time and effort invested now will also be useful later on. One student I interviewed explained to me "you are constantly focusing on that you need to get a good yield out of what you are doing since you will have to write an essay on this later on".

In these situations, becoming knowledgeable emerged again as the investment strategy that students used most. This time, becoming knowledgeable refers to spending a high amount of time and effort in preparing for a later activity. Preparing for something naturally provides the students with an express purpose. For example, in order to prepare for writing an essay, a student might start early to collect any information that is available about a certain topic. Another kind of preparing would be investing time in updating computer software in order to avoid issues in the future. The expected purpose of these activities would be to save time and effort later on when the task itself needs to be done. However, if the students feel that investing does not really make any sense, they will strongly hold on to conservation strategies. At that point, any mandatory activity can be experienced as tedious and easily contribute to a loss of interest and motivation to work with the course. One student commented on a statistics program he had to learn to master in an introductory first year course. He did not need this program until the third year:

Of course, this could have come at a later point because you were not conducting any research until much later. So when you have to learn it so early, it will be difficult to see the point in investing a lot of resources into it.

The same holds for the last condition that emerged from the data, which is the anticipated outcome. If students feel uncertain that investing their time and effort really will lead to the result they aim to achieve, especially after having tried and failed repeatedly, they will refuse to invest any more resources. This can happen even when they understand the purpose of the activity or feel dependent on a good result. Students

want to be rewarded for having worked hard and long with an activity. One student told me that "At the same time, I feel that once I am putting the effort into studying, it would be nice to take the exams and get a paper on having passed them". This condition was particularly emergent when the students talked about collaborative work with other students: "I have seen the point, but I might feel a bit skeptical about if it will work. I can see that it can be really useful, but I am just a little bit skeptical". Unless the collaboration has been demanded by the teacher, the students have two choices. Both choices can be seen either as preserving or as investing resources, depending on which point of view the student has.

The first choice a student can make is to individualize. Individualizing is a strategy where the student decides to work on his or her own. This can be due to different reasons, such as a preference to work alone, personal circumstances that hinder participation or a skepticism towards fellow students. Students who individualize try to accomplish a task entirely on their own even though it might cost them more time and effort. This can be seen as an investment strategy, however, in the long run it could also be perceived as conservation. A student who talked about individualizing explained "I was thinking that I would actually get more out of it if I worked on my own". He anticipated a higher outcome from working on his own.

The other possible strategy that emerged from the interview data is pooling. Students who combine their resources with others do so because they believe that sharing knowledge, skills and thoughts with each other will lead to a better learning outcome. The students liked "that we challenge each other to contribute with different things". Almost all students referred to "many heads with many thoughts". They often see collaborating as a way to complement their own understanding of a subject matter. Often students are willing to leave their preferred work methods if the effort and time they will have to spend on accomplishing a task in a different way is justified:

If the teacher suggested a different software that made it easier to collaborate with the rest of the group, I could imagine to switch from my preferred software to the recommended one just because it makes it easier to collaborate.

However, pooling does not solely mean collaborating, but any kind of activity where students contribute with and share resources in order to utilize every student's time and effort. As a conservation strategy, pooling is used to try and save one's own resources while taking advantage of the time and effort put in by the fellow students.

## **Discussion**

The theory of optimizing personal resources explains how students switch back and forth between different strategies in order to accomplish their study goals within a limited amount of time and effort. In educational research, the use of time and effort has mostly been researched from an educator's point of view, often with recommendations on how to get students to become more engaged in their studies. Many of these research studies are limited to what happens within one single course (Grauerholz, 2001; Hall, Ramsay, & Raven, 2004; Krohn & O'Connor, 2005). I have found few articles (English et al., 2004; Kolari, Savander-Ranne, & Viskari, 2006, 2008) with a holistic view where all of the students' courses and activities are seen in a wider context.

To my surprise, when coding the literature I discovered that the concepts related to the strategic use of personal resources are important concepts also in research areas apart from higher education. Both the achievement-goal-theory known from behavioral sciences as well as the Selection, Optimization and Compensation (SOC)-model much used in gerontology are related to these concepts. Coding literature from these two research areas thus helped me to understand the broader scope of my own grounded theory.

Achievement-goal-theory is a theory of cognitive, affective and behavioral patterns of human beings. Human beings act according to three different types of goals: mastery goals, performance-approach goals and performance-avoidance goals (Phan, 2009). Mastery goals are developmental goals related to improvement and personal growth. Performance-approach goals focus on achievement and accomplishment, while performance-avoidance goals are about avoiding failure and saving time and effort. Achievement-goal-theory has often been applied in educational research "as the dominant framework for studying achievement motivation" (Shih, 2005, p. 39). The theory emerged from the literature review as relevant because the students' choice of resource strategies clearly is related to the different kinds of study goals they aim to achieve. By tying it to the process identified in the grounded theory, achievement-goal-theory is now given a better contextual foundation.

The SOC-model was developed in the 1990s by Paul and Margret Baltes as a metatheory for human development. It describes how human beings select areas on which to focus their resources, how they try to optimize their gains from using these resources and how they compensate for possible resource losses (Freund, 2008, p. 96). In gerontology, this model is used to analyze how elderly people "undertake a number of strategies to adapt to or manage their limited and/or lost resources" (Rozario, Kidahashi, & DeRienzi, 2011, p. 225). Even though higher education and gerontology are research areas concerned with completely different stages in a human life cycle, there are strong similarities in that both students and the elderly try to manage a limited amount of resources through the use of different strategies.

The grounded theory presented in this article can integrate both the SOC-model and achievement-goal theory into one comprehensive theory. However, my study shows that the order of the stages the students go through is different from the one presented in the SOC-model. In my theory, optimization comes before selection and compensation, which would make it an OSC-model instead. If the grounded theory proves to fit data from other fields of human development research, maybe the order of the stages in the SOC-model should be revised.

Within the SOC-model context, optimization refers to strategies that "enhance one's resources to maximize one's functioning within a selected domain" (Rozario et al., 2011, p. 226). This is analogous to the main concern of the participants in my study who

try to optimize the use of their personal resources in order to accomplish different study activities. That is also reflected in educational studies where achievement-goal-theory is applied: Ng (2008, p. 443) states that "achieving strategies enable students to optimise their organisation of time and effort" (p. 443).

Baltes (1997, p. 371) claims that optimization requires "the application of a set of behavior-enhancing factors such as cultural knowledge, physical status, goal

commitment, practice, and effort. The component elements that are relevant for the task of optimization vary by domain and developmental status" (p. 371). For students, this would mean that how much they are able to optimize their personal resources is determined strongly by interplay of different elements. They need cultural knowledge related to their institution, its teaching philosophy and study expectations in general. They also need to be aware of which types of goals they wish to achieve and what kind of resources this will require. The degree in which the students succeed with optimizing their resources also depends strongly on how much experience they have with different study activities and the course they are focusing on.

This leads us to the second concept of the SOC-model. Selection means that, due to the limited amount of resources that is available, one has to decide on which areas to focus the use of resources. This concept applies not only to students or elderly, but to all human beings who experience "the condition of a limited capacity, including constraints in time and resources" (Baltes, 1997, p. 371). With regard to the findings in my grounded theory, we already know that students choose from a range of conservation and investment strategies, depending on which strategy will lead to the desired outcome and how much experience they have with using the different strategies.

Ng (2008, p. 452), who applied achievement-goal-theory to higher educational research, confirms in his study that students differ in their approach to learning depending on which type of goals they wish to achieve. However, he categorizes the students into different profiles according to the type of goals that they aim to achieve most. In my opinion, his application of the achievement-goal theory is stereotyped and lacks a more faceted perspective. Each single study task can represent a different achievement goal and thus trigger different strategies. Mastery goals and performance-approach goals automatically entail the use of investment strategies in order to secure or improve a certain result. On the other hand, a lack of motivation or dependence could lead to performance-avoidance goals and conservation strategies. That, however, does not characterize the student himself.

Since the amount of personal resources is limited, students who decide to invest into one task have to compensate for the loss of these resources by giving other tasks a lower priority. In the SOC-model, compensation "refers to behavioral and psychological strategies that are aimed at compensating for losses" (Rozario et al., 2011, p. 226). Compensation necessarily implies the use of conservation strategies. However, compensation and selection choices are not fixed decisions, but can be adjusted if the conditions around a study situation change. If students realize that they will struggle to pass a course by adopting performance-avoidance goals, they will have to revise their goals and check if selecting investment strategies for this course would be more appropriate. At the same time, they need to have their other courses in mind as well and evaluate their resource use within the overall context. This constant evaluation of goals

and conditions is the catalyst for the students' oscillation between conservation and investment strategies.

As one can see, the grounded theory of optimizing personal resources through oscillating between strategies is not an isolated theory within a limited area. On the contrary, coding the literature for the concepts from this theory shows that the theory

has broad applications also within other substantive areas and can even be integrated with other metatheories such as the SOC-model or achievement-goal-theory.

### **Limitations of the Study**

The research presented here has two major limitations. The first limitation is related to the fact that the area under study is familiar to me since I had been a student of languages and literature myself. Nevertheless, I strove to suspend any kind of preconception and to let theoretical sensitivity guide my work. Because I listened to what the data really told me, I changed the research topic from the use of technology to the use of personal resources.

The other limitation could be the limited number of participants (13), with all but one being female and all from the same department (though from different study programs). Following the principles of grounded theory, I argue that theoretical saturation is not obtained through the number of participants or the gender distribution. It is reached through the continuous constant comparison of emergent codes and concepts and through theoretical sampling. In addition, the criteria of modifiability ensures that the findings in the current study can still be modified to findings in other substantial areas.

The hypotheses that resulted from my research should fulfill all of the four requirements as stated in Glaser (1998): they *fit* the students' data; they have *grab* and *work* as the students understood them instinctively when I presented them with the concepts during later interviews. They are *relevant* to them as they had been conceptualized directly out of the data and they can be found again in nearly all of the students' daily activities. Finally, the hypotheses are *modifiable* to any new data that may be collected and analyzed in further studies on this topic.

### **Implications for Educational Practice**

So which implications does the grounded theory presented in this article have for educational practice? The main findings of this study can be summed up in three statements:

First: *Students are constantly evaluating each specific learning situation. They oscillate between conservation and investment strategies based on these evaluations.* This has explicit implications for course planning. Course planning should be done holistically, with all of the students' simultaneous courses and study activities in mind. As

we have seen in the discussion section, the use of resources is closely related to achievement goals. By designing courses in collaboration, teachers can ensure that course activities and assignments are distributed so that the students are able to focus on all courses without feeling under resource constraints. This can facilitate the students' adoption of mastery and performance-achievement goals. Holistic course planning enables students to spend their resources on all of their courses and to achieve better

overall learning outcomes. It might also keep them from adopting conservation strategies and performance-avoidance goals.

Second: *Behaviour-enhancing factors such as cultural knowledge, goal commitment or practice can be utilized in order to facilitate the use of investment strategies when they are caused by the "right" conditions.* Teachers can use the findings from this grounded theory to provoke the use of investment strategies. Changing the conditions of a specific situation can influence how a student decides to use his or her resources. However, this means walking a thin line and should always be complemented with raising the students' self-regulatory awareness. Motivating students and making them feel intrinsically that the outcome of an activity will justify their time and effort are examples of a positive change of conditions. This can be further encouraged through supporting self-reflection. Forcing investment by simply adding extra tasks or increasing the dependence on the final result, however, should be avoided in the course design.

Third: *Students evaluate their situations differently and will thus make different decision about when and how to invest their resources.* Based on this hypothesis, "procrastinators" ought to be treated from a new perspective. Often, these students are characterized stereotypically as individuals who need to improve on their bad study habits. The findings from this study suggest that "procrastinators" do not necessarily have poorer study techniques than their fellow students, but that they base their investment on different grounds. These students are usually much more aware of the limited amount of resources available to them. They might have gained positive experience with saving their resources as long as possible. From the data it appears that "procrastinators" are better able to deal with uncertainty. However, when the need for investment strategies becomes too pressing, these students seem equally able to use their resources in a profitable way and to achieve their desired outcomes.

### **Contribution to the Body of Knowledge**

Even though I agree that it is crucial to "engage all members of the learning community in intentional, substantive, and inclusive dialogue about student learning" (Smith & Colby, 2007, p. 207), often this does not seem to include the students themselves. The literature review conducted as a part of this study showed that many researchers have analyzed students' approaches to learning. Several research studies recognize that students use different strategies to improve their learning outcomes (Hall et al., 2004; Jungert & Rosander, 2009; Nonis & Hudson, 2010). However, these strategies are not conceptualized and related to the use of personal resources as in the grounded theory presented here. The same accounts for oscillation. Even though the concept itself emerged from several articles within higher education, it has not been perceived by the researchers as the students' resolution to their main concern. In general, I would conclude that most of the concepts that emerged from the data in this study are treated

from an educator's perspective in previous research. The students' strategies for saving time and effort are often presented as obstacles to be overcome rather than conscious decisions by the students. They are not recognized as part of the students' attempt at getting the most out of their resources. The theory of oscillating between conservation and investment strategies contributes to the current body of knowledge by listening to

the students themselves, thus encouraging a new perspective on previous research findings.

### **Further Research**

Several recommendations for further research emerged during the discussion of the current study. First of all, I would like to recommend a review of existing research on the deep and surface approach to learning model in the light of the current findings. This model is one of the most recognized models within higher education. However, as Howie and Bagnall (2012) state, "deep approaches to learning have been transformed through conceptual slippage to 'deep learning' and then 'deep processors' and even a 'deep learning style', in the writing in this area" (pp. 396-397). Reviewing previous research with the current findings in mind could help to put this "conceptual slippage" right again.

During the study, several concepts emerged from the data that are worth further examination. These concepts were not core concepts, but nevertheless were important enough that they emerged repeatedly from the data. For example, further research could examine the students' use of help and support strategies. When and why do students ask for help, and what influences whom they go to for support? A different research question could be whether spreading out personal resources evenly over the whole semester really leads to better results? Many educational researchers seem to assume this, as I conclude from the advice given in the implication-for-practice sections. However, as I have mentioned before no arguments can be found in the current study that students who procrastinate are less successful in terms of grade achievement.

And finally, I would like to suggest that further research could be done to expand the substantive theory from this study with a comparative analysis of other theories related to personal resources or optimization. According to (Glaser, 1978, p. 144), one could use this approach to generate a formal theory on processes dealing with this topic. Other published grounded theories within this conceptual area that might be interesting to compare could be *Routing: Getting around with emphysema* by Fagerhaugh (1973) or *Systematic advocating* by Green and Binsardi (2014).

### **Conclusion**

The theory of optimizing personal resources showed how students oscillate between conservation and investment strategies in order to make the best use of their limited amount of time and effort. Five conditions were identified that contribute to how a student experiences a study situation. Depending on each student's individual evaluation of the current situation, different strategies are applied either to preserve or to spend personal resources more actively. The literature review showed that this strategic behaviour also is well known in other substantive areas such as gerontology and behavioral sciences. The theory provides a deeper understanding of the students' perspective and can thus contribute to a more holistic approach to developing and designing courses.

## References

- Abouserie, R. (1995). Self-esteem and achievement motivation as determinants of students' approaches to studying. *Studies in Higher Education, 20*(1), 19-26. doi:10.1080/03075079512331381770
- Baltes, P. B. (1997). On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. *American Psychologist, 52*(4), 366-380. doi:10.1037/0003-066X.52.4.366
- English, L., Luckett, P., & Mladenovic, R. (2004). Encouraging a deep approach to learning through curriculum design. *Accounting Education, 13*(4), 461-488. doi:10.1080/0963928042000306828
- Fagerhaugh, S. Y. (1973). Routing: Getting around with emphysema. *The American Journal of Nursing, 73*(1), 94-99. Retrieved from [http://journals.lww.com/ajnonline/Abstract/1973/01000/Getting\\_Around\\_with\\_Empysema\\_.15.aspx](http://journals.lww.com/ajnonline/Abstract/1973/01000/Getting_Around_with_Empysema_.15.aspx)
- Freund, A. M. (2008). Successful aging as management of resources: The role of selection, optimization, and compensation. *Research in Human Development, 5*(2), 94-106. doi:10.1080/15427600802034827
- Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.
- Glaser, B. G. (2012). No preconception: The dictum. *Grounded Theory Review, 11*(2). Retrieved from groundedtheoryreview.com
- Grauerholz, L. (2001). Teaching holistically to achieve deep learning. *College Teaching, 49*(2), 44-50. doi:10.1080/87567550109595845
- Green, J., & Binsardi, B. (2014). Systematic avocating. *Grounded Theory Review, 13*(2). Retrieved from groundedtheoryreview.com
- Hall, M., Ramsay, A., & Raven, J. (2004). Changing the learning environment to promote deep learning approaches in first-year accounting students. *Accounting Education, 13*(4), 489-505. doi:10.1080/0963928042000306837
- Howie, P., & Bagnall, R. (2012). A critique of the deep and surface approaches to learning model. *Teaching in Higher Education, 18*(4), 389-400. doi:10.1080/13562517.2012.733689
- Jungert, T., & Rosander, M. (2009). Relationships between students' strategies for influencing their study environment and their strategic approach to studying. *Studies in Higher Education, 34*(2), 139-152. doi:10.1080/03075070802596970
- Kolari, S., Savander-Ranne, C., & Viskari, E. L. (2006). Do our engineering students spend enough time studying? *European Journal of Engineering Education, 31*(5), 499-508. doi:10.1080/03043790600797061
- Kolari, S., Savander-Ranne, C., & Viskari, E. L. (2008). Learning needs time and effort: A time-use study of engineering students. *European Journal of Engineering Education, 33*(5-6), 483-498. doi:10.1080/03043790802564046



- Krohn, G. A., & O'Connor, C. M. (2005). Student effort and performance over the semester. *The Journal of Economic Education*, 36(1), 3-28. doi:10.3200/JECE.36.1.3-28
- Ng, C. h. C. (2008). Multiple- goal learners and their differential patterns of learning. *Educational Psychology*, 28(4), 439-456. doi:10.1080/01443410701739470
- Nonis, S. A., & Hudson, G. I. (2010). Performance of college students: Impact of study time and study habits. *Journal of Education for Business*, 85(4), 229-238. doi:10.1080/08832320903449550
- Ramsden, P. (1992). *Learning to teach in higher education*. London, UK: Routledge.
- Rozario, P. A., Kidahashi, M., & DeRienzi, D. R. (2011). Selection, optimization, and compensation: Strategies to maintain, maximize, and generate resources in later life in the face of chronic illnesses. *Journal of Gerontological Social Work*, 54(2), 224-239. doi:10.1080/01634372.2010.539589
- Shih, S. S. (2005). Taiwanese sixth graders' achievement goals and their motivation, strategy use, and grades: An examination of the multiple goal perspective. *The Elementary School Journal*, 106(1), 39-58. doi:10.1086/496906
- Smith, T. W., & Colby, S. A. (2007). Teaching for deep learning. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, 80(5), 205-210. doi:10.3200/TCHS.80.5.205-210

**Surviving Situational Suffering:  
A Classic Grounded Theory Study of Post-Secondary Part-Time  
Educators in the United States**

Barry Chametzky, PhD

**Abstract**

Administrators at post-secondary institutions in the United States hire contingent faculty members to teach a great many classes. It is therefore valuable to understand what the issues are for these on-demand, non-tenured faculty members. The theory of surviving situational suffering explains how part-time adjunct educators in the United States resolve their main concern—maintaining employment—within a context of reduced appreciation, underutilization, and ingratitude. Just as with various historical events now considered discriminatory, the theory explores a form of bias and intolerance in higher education that needs to be openly discussed and addressed. The theory consists of three broad categories: (a) limiting, (b) balancing conflict, and (c) falling short. Though the substantive area is post-secondary educational institutions, the ideas presented in this paper are easily generalizable to other areas in life whenever someone is trying to survive situational anxieties.

**Introduction**

As an on-demand faculty member at a post-secondary school, I knew that when I started this research, the topic would hit close to home. I also realized that I had preconceptions and feelings stemming from my educational experiences as a part-time adjunct educator. Yet, by being true to the tenets of classic grounded theory, I treated those positive and negative feelings as additional elements of data (Glaser, 2007).

Numerous reasons exist to explain why some people choose to work as contingent adjunct educators. For some people, being an adjunct is convenient, as they need to be able to deal easily with family or personal issues. Because of this flexibility, the idea to keeping a professional foothold in education has value and appeal. Other instructors, including this researcher, enjoy bonding with learners inside and outside of the class

environment and feel that they are making an impact. Still other people feel that teaching is more than a job; it is a calling. For many people, being an educator is a privilege of

which the students are the most important part. There exists nothing higher than to be able to influence the course learners and how they perceive the subject.

While these worthwhile reasons are noble, a darker side exists to being a part-time adjunct educator. The purpose of this classic grounded theory study is to examine what it is like being an on-demand instructor at post-secondary U.S. schools. According to one participant, this research is “a conversation that needs to be had.”

### **Data Gathering and Analysis**

In order to “instill a spill” (Glaser, 2009, p. 22), I conducted interviews with 11 participants (three male, eight female) and asked the following grand tour question (Spradley, 1979): What is it like being an on-demand adjunct in the US? Through the iterative classic grounded theory process of coding, memoing, sorting, conceptualization, and constant comparison (Glaser, 1965), and with suspended preconception (to the extent possible [Simmons, 2011]), I discovered the theory of surviving situational suffering; it explains how contingent educators resolve their main concern—maintaining employment—within a context of reduced appreciation, underutilization, and ingratitude.

No theory exists in isolation. It was important, therefore, to situate it within the context of extant literature. As such, when I explained the theory, I was able to use extant literature to support its key elements.

### **The Theory of Surviving Situational Suffering**

The theory of surviving situational suffering consists of three categories: limiting, balancing conflict, and falling short. Because of the continual cause-effect and conditional relationship that exists in the theory, the categories have a strong interdependency that permits people to move from the beginning to the end.

#### **Limiting**

Limiting refers to the way non-full-time educators feel when they are involuntarily and sometimes voluntarily marginalized and are made to feel, using a term from a participant, like an “outcast.” Limiting implies devaluing, making invisible, and isolating. In each of these instances, contingent faculty members attempt to survive the experience of being dehumanized (Holton, 2007).

### Devaluing

In general, contingent educators at post-secondary schools in the United States represent one of the latest examples in the historically long line of underappreciated groups of people. Following the tenets of classic grounded theory—constant comparison (Glaser, 1965) and conceptualization (Glaser & Strauss, 1967)—it emerged that devaluation takes place in two ways: under-financializing and group control (bumping and bruising). Because adjunct instructors greatly outnumber some full-time faculty members, competition exists among adjunct educators for teaching positions and courses to teach. When supply exceeds demand, prices drop; this idea is basic business.

A direct outcome of the outnumbering of adjunct instructors to full-time instructors is that in the United States, schools don't want to hire full-time adjuncts; colleges want to make money—a prime example of capitalism. As a result, too many part-time adjunct instructors exist to command a decent salary. It is "wage theft" (Saccaro, 2014, para. 4) and immoral (Fuller, 2014). In the US, post-secondary institutions do not have adequate mutual reciprocity with non-full-time contingent instructors. Adjunct instructors are poorly treated and do not feel valued or respected. One way that non-full-time adjunct instructors feel neglect, disrespect, and inferiority is through underfinancializing.

Salaries often do not reflect with the work a contingent instructor does. Participants feel that their wages are inadequate when compared with what each student pays in tuition and academic fees. It is reasonable to wonder, then, why the degree to which these instructors are valued and paid is not higher. In some instances, the salary of an adjunct is 1/3 that of a full-time employee. There is a strong desire among adjuncts for equitable and fair wages compared with those of full-time faculty members. Contingent educators are just minimally compensated for their efforts and devalued because there is no possibility for increased pay.

Participants believe that their post-secondary school makes a profit from their employment and they do not understand "where the money [is] going?" They are not able to balance their lives financially from the salaries they earn as on-demand professors. Sometimes, too, part-time adjuncts perform extra work without monetary compensation; it is unjust and angers adjuncts. Clearly, instructors exhibit strong emotions and financial imbalance when discussing their salaries (Segran, 2014).

Finally, according to James Hoff (cited in Swarns, 2014), "being an adjunct is like constantly being on the precipice of economic crisis" (para. 10). Adjuncts aren't adequately compensated. Yet, for some adjuncts, the low pay is acceptable because they are part of a "high-earning household" (Doe, 2014, para. 4) and do not need the job to survive. Or, perhaps those adjunct educators who accept their salaries fall into the "hobby professor" (Schuman, 2014) category where familial resources are available for adjuncts to survive. For non-full-time instructors who need their salaries, if they are not teaching, they are not earning income. Several weeks without pay (especially during the summer or semester breaks) are substantial and are a cause of instability. Feeling destitute results in frequent worrying and feeling disheartened. Feeling destitute and begging (where these instructors

have to plead to have another course) demonstrate the inequality between the full-time faculty members and their on-demand counterparts.

Tokumitsu (2014) commented that exploitation comes from doing what a person loves. Regardless of its source, "poverty is poverty" (Oliver, 2014, para. 4). The abusive practice of devaluing as manifested by "slavery wages" (Meszros, 2015, para. 4) with no benefits should not be permitted any longer.

From a personal perspective, some contingent on-demand faculty members feel that they are "not pulling [their] share" because they are "not bringing the same amount of income" as a full-time employee. A direct consequence of this under-financializing is the feeling of inferiority and directly affects their self-worth.

#### Group control (bumping and bruising)

The second element of devaluing deals with "group control [which keeps] people in line" (Glaser, 1978, p. 77). A more descriptive way to present this second element would be as bumping and bruising. It is an accepted practice in post-secondary education circles that a full-time colleague could bump (that is, prevent) adjunct educators from teaching one or more classes. In such a situation, should a full-time instructor want to teach a course that a part-time adjunct is scheduled to teach, the on-demand professor is cheated because the course will be assigned to the full-time faculty member. The very real possibility of losing a class as late as one day before the semester starts causes the disposable instructor to have a bruised ego. The feeling of a lack of concern causes extreme anxiety among non-full-time adjunct educators. Such anxiety and conflict could, in turn, lead to serious health and serious mental health issues (Reevy & Deason, 2014).

In addition, members of the administration will not tell a contingent adjunct educator that his or her class has been canceled from the course offering schedule. Conversely, some adjuncts are told about available classes days or perhaps one or two weeks before the semester is to start. A direct result of this lack of communication is a bruising of the adjunct's ego and a resultant decrease in his or her self-worth. To members of an administration or full-time faculty, according to participants, an adjunct educator is "a peon" who is "not validated" with status or money.

#### Making invisible

Another way of limiting on-demand professors is the behavior of making invisible. A person may be invisible and thus marginalized in two ways: either self-inflicted or other-inflicted. With self-inflicted marginalization, the person allows him or herself to become invisible

when he or she "[flies] under the wire" and is part of "shadowland." There may be various causes for this self-limiting behavior. One possible reason is that part-time adjuncts do not

want to bring attention to themselves and cause trouble. Taking this idea one step further, it is reasonable to believe that by not having the proverbial spotlight on them, they hope that their tenuous position could and would become permanent thereby creating economic stability in their lives. Thus, by accepting their conditions (i.e., all the components of this category called limiting), adjunct educators attempt to keep their jobs while silently suffering and surviving the situation.

On the other hand, when full-time faculty or administrators use incorrect or improper language like *everyone* or *all faculty* but mean only full-time or tenured faculty members, contingent instructors are made to feel invisible and inconsequential because of others. In addition, if permanent faculty members do not socialize with, or even acknowledge, the temporary faculty members, the on-demand adjuncts believe that they invisible and excluded because they do not consider themselves as “part of the family of faculty.”

Sometimes, the environment can contribute to contingent educators feeling invisible. An asynchronous online environment may aid with the feeling of invisibility. In such an environment, on-demand adjunct instructors are out-of-sight and out-of-mind for possibly many colleagues and administrators.

### Isolating

Contingent educators feel isolated because of the environment and minimal interpersonal interactions. One manner in which adjuncts feel this isolation is during orientations and staff “rah rah” at the beginning of the year. Administrators make the orientation feel phony—as if they merely “go through the motions.” In some instances, orientation is shorter for on-demand adjunct educators than for full-time permanent faculty members. Very often, too, these minimalized instructors get less support and less encouragement for professional development than their full-time faculty counterparts.

Contingent educators are not kept in the loop about events or campus policies. With no (or very limited) opportunity to be part of the governance, these professors feel increasingly vulnerable (Reevy & Deason, 2014) and isolated. Some part-time faculty members are not aware what the faculty senate might do for them. Some adjuncts have feelings of disloyalty because they are not fully engaged in the college activities. Even if adjunct governance exists, information sharing does not.

Similarly, it is challenging for part-time adjunct professors to be included or feel as if they are engaged when they are on campus only a few days of the week or, worse, when they teach online. Therefore, relationship building with students and other faculty members is difficult. For these adjunct educators, struggling silently leads to feeling invisible. The term “invisible faculty” (The Editorial Board, 2014, para. 3) is used because adjuncts have no part in faculty or academic life, minimal time to prepare because they are told about course weeks or sometimes days before a semester starts.

Part of this isolation stems from full-time faculty instructors and members of the administration. These people sometimes exhibit an air of superiority towards the non-full-time educators thereby causing the contingent instructors to feel unwelcomed and thus isolated. Another reason is that they are not allowed to do more—they are brushed off when they try. The result is that the part-time adjuncts silently do their jobs and push ahead in spite of the anxiety.

Another way adjuncts feel isolated is when they do not have their own personal space. An office, according to one adjunct, is “a godsend.” Adjuncts often work and meet students in public venues and “live out of [their] car,” instead of a private office where students could speak freely. Personal space and privacy do not exist or are very limited. The lack of vital personal space further isolates part-time adjunct faculty members from full-time educators because full-time educators have private offices. According to Fuller (2014), such a limitation is immoral.

Participants feel free to educate the students in a manner they see appropriate. In addition, they do not feel that they have to collaborate with other colleagues or deal with politics. However, isolation is a “double-edged sword” because by being allowed to “teach, have office hours, and leave,” non-full-time adjuncts do not have the opportunity to feel as if they are part of the educational environment.

### **Balancing Conflict**

The second major category of surviving educational suffering is balancing conflict. Balancing conflict is the conceptual term to explain the behaviors of part-time adjuncts based on internal and external influences. According to one person, “life of an adjunct is a tenuous life indeed.” As such, conflict manifests itself in different ways and the educator needs to learn to balance it in life. For example, on the first day of a new job or new semester, participants feel unbalanced as they learn their way around the new environment or meet new students. This feeling is, of course, tempered with the excitement of the new job or the new semester. Little by little, these contingent faculty members become comfortable with their position and realize how tenuous their jobs are. In order to maintain their positions, they need to balance conflict.

Part-time adjunct educators demonstrate how they balance conflict in order to survive and maintain employment by modifying behavior, self-relying, and super-adjuncting.

### Modifying behavior

Once settled in, sometimes an on-demand educator needs to balance conflict between what he or she wants to do versus what he or she is obligated to do. An educator might feel internal conflict when asked to do work above and beyond his or her responsibilities. He or she wants to feel part of the school but might need additional time for grading and thus feel that another person should (and could) do that extra work. It is often easy and saves time

when an educator uses stock answers in grading assignments. However, such usage is conflicting to these instructors because, while the stock answers would help them get through so many papers to grade, they genuinely want to help students learn the material. Though laudable, this desire compels the professor to want make substantive comments on each paper. Such action takes a great deal of time, which contingent instructors do not generally have. However, to do anything less bothers them.

Educators also need to modify their behaviors, thereby balancing conflict, in order to achieve favorable opinions of learners, administrators, and colleagues. Participants care about student opinions of them. Very often, student evaluations determine the success or failure of a part-time adjunct instructor at a post-secondary school. It is important, therefore, that the instructor feel that the students like him or her. Similarly, it is valuable to the instructor to get positive evaluations from colleagues and members of the administration in order to be considered for a teaching assignment during the next semester.

With reduced authority, and "because they don't have tenure, some adjuncts feel they can't challenge students and administrators because poor evaluations could hurt their job prospects" (Takahashi, 2014, para 16). The idea of not challenging authority causes on-demand educators to strategize by hiding.

While behavior modification is a valuable psychological tool, consciously changing one's behavior to make other people happy in an attempt to obtain positive or desirable objectives is not healthy. To repress one's true behavior and hide one's true feelings ultimately increase the anxiety levels and frustrations in part-time adjunct instructors.

Additionally, conflict manifests itself when contingent educators second-guess themselves or are overly critical of their behaviors in order to exceed the expectations of colleagues and administrators. By failing to surpass the criteria of administrators or persons in charge, adjuncts feel that it is just "another way [for them] to weed out who they don't want." Being a part-time educator at post-secondary schools in the United States is a competition because so many of these professors exist. In order to win, these adjuncts behave in a manner in order to sway the odds in their favor.

### Self-relying

Because on-demand adjuncts may be physically separated from full-time (and tenure-track) faculty members, or, at a minimum, on campus less often than their full-time counterparts, it is important to be self-reliant. Because they are not kept in the loop about institutional policies and practices, it is vital that contingent professors investigate things for themselves and self-advocate. Self-advocating may take the form of asking lots of questions or doing and then asking for pardon. Because there is no job security, benefits, or retirement opportunities, on-demand adjunct instructors need to balance and rely on themselves so as not to fail.



### Superadjuncting

The final way in which on-demand educators attempt to balance conflict is via superadjuncting. The term was derived from the term supernormalizing used by Glaser (1998, 2014, p. 49) and Charmaz (1993) to mean how people attempt to be normal after serious medical ailments. While superadjuncting does not imply any medical condition, it does refer to the behavior that non-full-time adjunct professors exhibit when they try to do "more than what [they're] doing now." By being available all the time, by attempting to do it all, by attempting to be indispensable, part-time adjuncts behave in a manner consistent with superadjuncting.

With full-time teaching positions being so difficult to obtain, when someone gets a part-time job, he or she is undoubtedly extremely grateful. Indeed, the instructor wants to do lots of extra work in an attempt to become indispensable and to show his or her gratitude. Yet, by being essential to full-time faculty members or members of the administration, many contingent instructors have an ulterior motive. They believe that, through superadjuncting, an opportunity might exist to convert their on-demand position into a full-time one. Such an opportunity would allow part-time instructors to obtain emotional and financial stability in their lives. When such a position does not materialize, these instructors feel devalued and demotivated. Their eyes open to the reality of the seemingly inferior position; they only receive wages for the time they are in the classroom teaching and are powerless to change things. When superadjuncting does not pan out, these adjuncts become disillusioned and depressed. Such behaviors lead to the third category of surviving situational suffering.

### **Falling Short**

It is here that participants realize the interconnections of the theory. When financial or professional rewards do not materialize, because of limitations, isolation, and continual imbalance, contingent educators increasingly feel confined because they are not able to do what they want or need to do; they fall short of their desires and objectives.

It is important to mention that the idea of falling short is a feeling that on-demand educators experience to varying degrees throughout the part-time educational experience. As feelings of powerlessness and stress increase, motivation decreases. This inequity is highlighted when falling short. Further, it is only when the researcher discovers the

"hypothetical probability" (Yalof, 2013, p. 16) that he or she understands the pervasiveness of falling short. When those feelings are sufficiently intense, the educator becomes cognizant of the inadequacies of the environment, becomes burned out and possibly leaves the job. The final category of surviving situational suffering is falling short, which might imply feeling powerless and burning-out.

### Feeling powerless

A contingent educator has limited power in the post-secondary environment. Sometimes, because a syllabus is pre-formed or philosophical disagreements exist with members of the administration regarding the best way to teach the class, the adjunct educator feels ineffective and powerless. Because of these feelings, stress increases.

Sometimes, adjunct instructors feel powerless because of their students and their inadequacies. Due to a combination of poor alignment between experience and expectation (Chametzky, 2013; Kiliç-Çakmak, Karatas, & Ocak, 2009) and poor study skills, some lower-level students are not learning anything “earth-shattering;” they regurgitate the material without trying to see the bigger picture causing the educator to become frustrated. In those situations, part-time adjunct educators may do three things. First, they may offer incentives to students. Second, they may engage—especially in an online environment—in relationship building through increased interaction with the students. Finally, they may offer explanations as to why the topic is important, from where it came, and where it is going. But these incentives are only temporary, short-term panaceas. When these instructors realize the ineffectiveness of these makeshift remedies, they become increasingly demotivated. Such demotivation leads to burning out.

### Burning out

Continued feelings of exploitation and restriction result in low(er) motivation and ultimately, falling short, by burning out. Burning out is the conceptual explanation of how part-time adjunct educators feel because of their disillusionment; it is the direct result of superadjuncting not resulting in a desired effect. Burning out occurs because the position that the instructor holds is stagnant and dead-end where the possibility of a promotion is nonexistent.

Though there is a sense of temporary stability and comfort during each semester to erase some feelings on-demand adjunct instructors have, the reality is that stress increases during the semester—typically near the end—and the instructor becomes progressively anxious as a contract for the next semester is not yet available.

Participants feel that it “sucks not being able to know whether you teach next quarter.” The on-demand instructor feels restricted and constrained, as there is little he or she can do in the situation; he or she must accept the situation. These worrisome feelings fuel further anxiety that these unappreciated instructors feel subordinate to their permanent counterparts.

## **Limitations of the Study**

Three limitations exist in this study. The first limitation concerns the location. Participants are part-time educators at post-secondary schools in the United States. It is known from the interviews that people in other cultures treat educators—especially those who have advanced degrees—differently than in the US. One possible reason for this difference in attitude is that in the United States, post-secondary schools are businesses, whereas in Europe, the government subsidizes them. Based on experiential knowledge, this researcher has seen how contingent faculty members are appreciated in Europe more than they are in the United States. Such dichotomy underscored the importance of this study.

The second limitation is the population chosen. It is not known whether the same us-versus-them mentality and the same feeling of inferiority toward tenured faculty members exist if full-time non-tenured faculty members were interviewed. Such a topic might prove valuable for a future study.

The final limitation is the national economic environment. According to columnists (Coy, 2013; Harlan, 2014), the job market in the United States is improving from several years ago. Further, "the U.S. labor market favors workers who hold a graduate degree" (Valletta, 2015, para. 1). Though Valletta (2015) made an interesting point, he neglected to talk about the polarization within the field of education. Yet, it is interesting to hypothesize how things would be if the job market were different. If more tenure-track or full-time positions were available, would contingent faculty members still feel inferior? Could unionization (Valletta, 2015) have happened ten years ago?

While the answers to these questions would be valuable and insightful, post-secondary institutions are businesses and full-time positions cost more money than part-time ones. For financial reasons, therefore, post-secondary schools need to retain contingency faculty members. Yet, more interaction with and appreciation from full-time faculty members and administration could and should be done to make these educators feel valued and worthwhile. The educational system is improving but not happening quickly for many contingent faculty members. It is hoped that this article will shed the necessary light on an important topic that will certainly affect post-secondary education for many years to come.

### **Implications**

Because full-time faculty members and administrators do not necessarily realize that their words and behaviors have negative consequences for part-time contingent faculty members,

one implication of this study is to make them aware of the situation. Given elements beyond the control of this researcher and non-full-time adjuncts, it is not anticipated that the situation with contingent instructors will change overnight. However, this research, along with the efforts of people associated with the New Faculty Majority (<http://www.newfacultymajority.info>), will indeed add fuel to the ongoing nationwide fight in which many contingent professors engage. This research will help educate society about

on-demand instructors and assist those authorities in power to advocate and litigate for part-time contingent faculty members.

A second implication of this research is to give a voice to those "invisible" (The Editorial Board, 2014, para. 3) people. Until recently, the idea of unionization (Valletta, 2015) did not exist. Thus, on-demand instructors had to suffer silently. With the publication of this research, educators like Margaret Mary Vojtko (Kovalik, 2013) will not have to suffer silently anymore.

Finally, when contingent faculty members are respected, appreciated, and feel connected to their educational environments, not only will they feel better but the students would benefit as well. The anxiety that educators feel would not be transferred to the classroom. In addition, reduced instructor attrition would create a more stable environment for the students.

### **Generalizability**

When people understand why they might feel anxious while trying to maintain employment, and when they understand how, in some sense, they are slaves to their paychecks, they are able to see how generalizable this research is in areas other than education. Most certainly, the aforementioned behaviors are generalizable to different walks of life and situations. When a person feels devalued or marginalized (Dermer, Smith, & Barto, 2010), when being optimistic and caring no longer work to ease tension, frustration, and oppression (Van Soest, Canon, & Grant, 2000) of discrimination, when, according to participants, a person is no longer able to minimize all the other "bullshit that comes with the job," he or she becomes disillusioned. At the time of this disillusion, when the imbalance (Glaser, 1978; Yalof, 2013) is sufficiently strong (Glaser, 1978), the person leaves the stressful environment in search of a better, calmer one.

Further, to be involved in an environment or situation in which a person feels discriminated is easily generalizable. Sadly, being discriminated against is an experience that many people have suffered. Sometimes, discrimination manifests itself in the form of a more socially acceptable behavior. Yet, these social injustices (Van Soest, Canon, & Grant, 2000)—different types of discrimination—damage and erode the society by creating what Ratner (2013) described as "psychological oppression" (para. 1)—a type of debility resulting from the anxiety-producing environment.

Finally, Eleanor Roosevelt said, "No one can make you feel inferior without your consent" (as cited in Manigandan & Ganesan, 2014, p. 3925). Sometimes, because of personal inadequacies, people do feel inferior. While it is generally considered unhealthy to have feelings of inadequacy, sometimes, environmental stress makes a person doubt him or herself (Liu, Carrese, Colbert-Getz, Geller, & Shocket, 2014). It is reasonable to state that, because of environmental factors beyond the control of most people, personal inadequacies are commonplace. As people become more comfortable in the environment, and thus have the ability to balance conflict, those temporary feelings typically disappear.

Clearly, then, such feelings and behaviors are not unique to the substantive area mentioned in this paper. It is important, however, to mention that though this substantive theory might have general implications, more data across different areas and fields would be necessary in order to do grounded generalizing.

### **Conclusion**

Though teaching, to quote a participant, is "sweet work" where it is a privilege to interact and bond with students, such a situation is not always the case. Very often, part-time educators are discriminated and exploited (Fuller, 2014). Because of feelings of under appreciation, disrespect, expendability, and powerlessness where they silently struggle, these contingent instructors have increased levels of anxiety and stress. Attempting to be motivated in light of the conflicts could have negative consequences such as overall psychological and emotional instability (Reevy & Deason, 2014). The idea that these adjuncts must do what one likes or loves is "naïve and inward-looking" (Segran, 2014, para. 20).

By way of the theory presented here, the author underscored the serious, ongoing, and exploitative (Miller, 2013) issue in post-secondary education. Sadly, sometimes, on-demand educators like Margaret Mary Vojtko (Kovalik, 2013) need to pay a heavy price so that the covert non-ethical, discriminatory actions of some full-time professors and members of some administrations are brought to light thereby giving future part-time adjunct instructors in the United States the courage to speak their minds without fear of losing their jobs. Just as with various historical events now considered discriminatory (Glenn, 1991; Huebner, Rebchook, & Kegeles, 2004), the suffering and dehumanizing (Holton, 2007) survival that part-time post-secondary contingent faculty endure is a form of bias and intolerance that needs to be addressed. The process of change is slow; this research will hopefully help the conversation.

### **References**

- Chametzky, B. (2013). Offsetting the affective filter and online foreign language learners. Retrieved from <http://www.igi-global.com/open-access/paper/offsetting-affective-filter-classic-grounded/7>
- Charmaz, K. (1993). *Good days, bad days: The self and chronic illness in time*. Piscataway, NJ: Rutgers University Press.
- Coy, P. (2013, May 9). What's wrong with the U.S. job market? *Bloomberg Businessweek*. Retrieved from <http://www.businessweek.com/articles/2013-05-09/whats-wrong-with-the-u-dot-s-dot-job-market#p1>

- Dermer, S., Smith, S., & Barto, K. (Summer 2010). Identifying and correctly labeling sexual prejudice, discrimination, and oppression. *Journal of Counseling & Development*, 88, pp. 325-331. Retrieved from <http://www.homeworkmarket.com/sites/default/files/52425743.pdf>
- Doe, S. (2014, July 9). Review: New research on psychological experiences of NTT faculty. Retrieved from <http://www.newfacultymajority.info/tag/adjunct-faculty/>
- Fuller, R. (2014, July 26). Adjunct faculty: Academic apartheid. Retrieved from <http://www.newfacultymajority.info/media-2/adjuncts-in-the-news/>
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Mill Valley, CA: Sociology Press.
- Glaser, B. (1965). The constant comparative method of qualitative analysis. *Social Problems*, 12(4), 436-445. Retrieved from <http://ucpressjournals.com/journal.php?j=sp>
- Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.
- Glaser, B. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley, CA: Sociology Press.
- Glaser, B. (2007). All is [sic] data. *The Grounded Theory Review*, 6(2), 1-22. Retrieved from <http://groundedtheoryreview.com>
- Glaser, B. (2009). *Jargonizing: Using the grounded theory vocabulary*. Mill Valley, CA: Sociology Press.
- Glaser, B. (2014). Applying grounded theory. *Grounded Theory Review*, 13(1), 46-50. Retrieved from <http://groundedtheoryreview.com>
- Glenn, E. (1991). Cleaning up/kept down: A historical perspective on racial inequality in "women's work." *Stanford Law Review*, 43(6), pp. 1333-1356. Retrieved from <http://www.jstor.org/stable/1229043>
- Harlan, C. (2014, December 5). U.S. economy added 321,000 jobs in November; unemployment rates holds at 5.8%. *The Washington Post*. [blog]. Retrieved from <http://www.washingtonpost.com/blogs/wonkblog/wp/2014/12/05/u-s-economy-added-321000-jobs-in-november-unemployment-rate-holds-at-5-8/>
- Holton, J. (2007). Rehumanising knowledge work through fluctuating support networks: A grounded theory. *The Grounded Theory Review*, 6(2), 23-46. Retrieved from <http://groundedtheoryreview.com>
- Huebner, D., Rebchook, G., & Kegeles, S. (2004). Experiences of harassment, discrimination, and physical violence among young gay and bisexual men. *American Journal of Public Health*, 94(7), 1200-1203. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/journals/258/>
- Kiliç-Çakmak, E., Karatas, S., & Ocak, M. (2009). An analysis of factors affecting community college students' expectations one-learning [sic]. *Quarterly Review of Distance*

- Education*, 10(4), 351-363. Retrieved from <http://www.infoagepub.com/quarterly-review-of-distance-education.html>
- Kovalik, D. (2013, September 18). Death of an adjunct. *Pittsburgh Post-Gazette*. Retrieved from <http://www.post-gazette.com/opinion/Op-Ed/2013/09/18/Death-of-an-adjunct/stories/201309180224>
- Liu, R., Carrese, J., Colbert-Getz, J., Geller, G., & Shocket R. (2014). "Am I cut out for this?" Understanding the experience of doubt among first-year medical students. *Medical Teacher*, 1-7. doi:10.3109/0142159X.2014.970987
- Manigandan, K., & Ganesan, T. (2014). Complex barrier to effective communication at the tertiary level. *International Journal of Applied Engineering Research*, 9(18), 3921-3926. Retrieved from <http://www.ripublication.com/ijaer.htm>
- Meszros, J. (2015, Jan 13). The rise of the hyper educated poor. [Blog post]. Retrieved from [http://www.huffingtonpost.com/julia-meszros/the-rise-of-the-hyper-edu\\_b\\_6460180.html](http://www.huffingtonpost.com/julia-meszros/the-rise-of-the-hyper-edu_b_6460180.html)
- Miller, P. (2013, November 25). Life of an adjunct. Retrieved from <http://www.hybridpedagogy.com/journal/life-of-an-adjunct/>
- Oliver, N. (July 1, 2014). Adjuncts and the labor continuum. [Blog post]. Retrieved from <http://adjunct.chronicle.com/adjuncts-and-the-labor-continuum/>
- Ratner, C. (2013). The psychology of oppression. In T. Teo (Ed.), *The Encyclopedia of Critical Psychology*. Retrieved from <http://www.sonic.net/~cr2/psych%20of%20oppression.htm>
- Reevy G., & Deason, G. (2014) Predictors of depression, stress, and anxiety among non-tenure track faculty. *Frontiers in Psychology*, 5(701). doi:10.3389/fpsyg.2014.00701
- Saccaro, M. (2014, Sept. 21). Professors on food stamps: The shocking true story of academia in 2014. *Salon*. Retrieved from [http://www.salon.com/2014/09/21/professors\\_on\\_food\\_stamps\\_the\\_shocking\\_true\\_story\\_of\\_academia\\_in\\_2014/?source=newsletter](http://www.salon.com/2014/09/21/professors_on_food_stamps_the_shocking_true_story_of_academia_in_2014/?source=newsletter)
- Schuman, R. (2014, ca. June 28). Twitter broadcast. Retrieved from <http://www.twitter.com>
- Segran, E. (2014, July 7). Finding meaning after academe. *The Chronicle of Higher Education*. Advice section. Retrieved from [http://chronicle.com/article/Finding-Meaning-After-Academe/147489/?cid=at&utm\\_source=at&utm\\_medium=en](http://chronicle.com/article/Finding-Meaning-After-Academe/147489/?cid=at&utm_source=at&utm_medium=en)
- Simmons, O. (2011). Why classic grounded theory. In V. Martin & A. Gynnild (Eds.), *Grounded theory: The philosophy, method, and work of Barney Glaser*. (pp. 15- 30). Boca Raton, FL: BrownWalker [sic] Press.
- Spradley, J. (1979). *The ethnographic interview*. New York, NY: Holt, Rinehart and Winston. Retrieved from [http://books.google.com/books?hl=en&lr=&id=2\\_\\_Tt3FJm18C&oi=fnd&pg=PA44&dq=spradley+%2B%22asking+descriptive+questions%22&ots=QNud4eW9IZ&sig=S1PuRYt3B8IBcLSfaUR8Ov-](http://books.google.com/books?hl=en&lr=&id=2__Tt3FJm18C&oi=fnd&pg=PA44&dq=spradley+%2B%22asking+descriptive+questions%22&ots=QNud4eW9IZ&sig=S1PuRYt3B8IBcLSfaUR8Ov-)

GXhY#v=onepage&q=spradley%20%2B%22asking%20descriptive%20questions %22&f=false

- Swarns, R. (2014, Jan. 19). Crowded out of ivory tower, adjuncts see a life less lofty. *New York Times*. Retrieved from [http://www.nytimes.com/2014/01/20/nyregion/crowded-out-of-ivory-tower-adjuncts-see-a-life-less-lofty.html?module=Search&mabReward=relbias%3Ar&\\_r=0](http://www.nytimes.com/2014/01/20/nyregion/crowded-out-of-ivory-tower-adjuncts-see-a-life-less-lofty.html?module=Search&mabReward=relbias%3Ar&_r=0)
- Takahashi, P. (2014, June 15). Why so many higher ed professors make so little. *Las Vegas Sun*. Retrieved from <http://www.lasvegassun.com/news/2014/jun/15/why-so-many-higher-ed-professors-get-lower-level-p/>
- The Editorial Board. (April 13, 2014). The college faculty crisis. *The New York Times*. The Opinion Pages. Retrieved from [http://www.nytimes.com/2014/04/14/opinion/the-college-faculty-crisis.html?\\_r=0](http://www.nytimes.com/2014/04/14/opinion/the-college-faculty-crisis.html?_r=0)
- Tokumitsu, M. (2014). In the name of love. *Jacobin*, 13. Retrieved from <https://www.jacobinmag.com/2014/01/in-the-name-of-love/>
- Valletta, R. (2015, January 12). Higher education, wages, and polarization. FRBSF Economic Letter. Retrieved from <http://www.frbsf.org/economic-research/publications/economic-letter/2015/january/wages-education-college-labor-earnings-income/el2015-02.pdf>
- Van Soest, D., Canon, R., & Grant, D. (2000). Using an interactive website to educate about cultural diversity and societal oppression. *Journal of Social Work Education*, 36(3). Retrieved from <http://jan.ucc.nau.edu/~coesyl-p/principle2-article1.pdf>
- Yalof, B. (2013). Marshaling resources: A classic grounded theory study of online learners. *The Grounded Theory Review*, 13(1). Retrieved from <http://groundedtheoryreview.com>



**Theory of Regaining Control:  
How Older Adults with New-Onset Urinary Incontinence  
Address Loss of Control**

Annemarie Dowling-Castronovo, The Evelyn L. Spiro School of Nursing, Wagner College,  
United States

**Abstract**

Older adults viewed new episodes of urinary incontinence as a part of a much broader concern during hospitalization: loss of control with physical, spatial-temporal, and social aspects. During hospitalization, a time crisis, patterns of regaining control became evident: transferring control, exercising “wobbly” control, and adjusting to degree of control regained. Three conditions modify this process of regaining control. Findings offer a unique perspective about the relationship of control and patient-centered care that provide a basis for research aimed to improve hospital care for older adults who are likely to experience new-onset urinary incontinence.

**Keywords:** control, grounded theory, incontinence, new-onset urinary incontinence, older adults, patient-centered care, urinary incontinence.

**Introduction**

Urinary incontinence (UI) is an involuntary loss of urine sufficient to be characterized as a problem (Fantl, Newman, Colling, 1996; Resnick & Ouslander, 1990) affecting approximately 26 million Americans (National Institutes of Health: NIH, 2008). There are two categories of UI: transient, or acute UI, and chronic or established UI (Fantl et al., 1996). The term new-onset UI, which is classified as acute, was first noted in the literature to describe the finding that 12% older adults, who were continent at time of admission, developed UI during hospitalization (Sier, Ouslander, Orzeck, 1987). Since that time, evidence-based clinical guidelines that guide assessment and treatment of UI (Fantl et al., 1996) have been developed and tested. Nevertheless, these guidelines were developed with evidence from studies that focused on individuals in long-term care settings (LTC), such as

nursing homes and residential facilities, or the community. The literature about UI offers little about new-onset UI among older adults in the hospital setting.

In the literature, new-onset UI is portrayed as what Glaser (1998) has termed a professional problem. What individuals with new-onset UI view as problematic and how they go about addressing the problem has not yet been discovered. Instead it has been studied more from what professionals perceive as problematic. Incidence reports of new-onset UI among hospitalized older adults range from 12% to 36% (Palmer, Myers, & Fedenko, 1997; Palmer, Baumgarten, Langenberg, & Carson, 2002; Sier et al., 1987; Kresevic, 1997; Zisberg et al., 2011). Depression, malnutrition, and dependency are risk factors (Kresevic, 1997). Male gender and cognitive impairment are significantly associated with new-onset UI patients after hip surgery; and, specific to women with hip fractures, hospital-acquired UI is significantly associated with admission from LTC facilities, confusion, and mobility impairment (Palmer et al., 1997; Palmer et al., 2002). The use of indwelling urinary catheters, adult diapers, and dependency are significantly associated with new-onset UI (Zisberg et al., 2011).

New-onset UI has been essentially studied from the perspectives of medical and nursing staff and not clearly delineated from established UI (Connor & Kooker, 1996; Cooper & Watt, 2003; Dingwall & Mclafferty, 2006; Fonda & Nickless, 1987; Hancock, Bender, Dayhoff & Nyhuis, 1996). It has been documented that hospitalized older adults (n=117) differed in their preferred treatments for UI in comparison to hospital staff (Pfister, Johnson, Jenetzky, Hauer, & Oster, 2007). Nevertheless, the preferences and perspectives of older adults with new-onset UI have not been documented. Since there were no identified studies from this perspective, the purpose of this study was to examine the experience of new-onset UI from the perspective of hospitalized older adults.

## **Method**

Grounded theory (GT) methodology (Glaser, 1978, 1992, 1998, 2002; Glaser & Strauss, 1967) was used to discover the main concern of older adults with new-onset UI and document how they work to resolve that concern. Institutional Review Board approvals from both the University and Hospital, a 714-bed teaching hospital in a northeastern urban area of the United States, were obtained. I educated the hospital staff about the study and the need for their assistance to assist in the recruitment. Two Nurse Practitioners (NPs) became unit-based "champions" who identified patients that met three of the inclusion criteria: 1) age, 2) cognitively intact, and 3) ability to speak English. If a patient met these criteria, then the NP obtained their permission to introduce me. I then introduced myself, the study, consent, and evaluated for the other inclusion criteria: 1) agreement to participate, 2) continent six months prior to hospitalization, and 3) experience of at least one episode of UI during hospitalization as reported by patient and/or hospital staff. Exclusion criterion was that the patient did not have an indwelling urinary catheter at the time of recruitment. I

collected and analyzed over 4,230 lines of data from: 61 field visits totaling almost 170 hours to the inpatient rehabilitation unit, interviews with 14 (11 recorded and transcribed) older adult patients, and their medical records.

Field visits took place from 8:30AM to 5PM. During that time the majority of patient and unit activity occurred. Approximately 25 hours from 5PM to 8PM and from 5AM to 8:30 AM were also included to gain the broadest perspective of the milieu. During field visits, I participated in unit rounds with the interdisciplinary team, attended ad hoc staff in-services, meetings, and observed physical therapy sessions. Interviews ranged from 35 minutes to 75 minutes and were scheduled according to patient preference and not during physical therapy hours. Two interviews were done after discharge from the hospital: one in a participant's home and the other in a long-term care facility. To minimize the risk of disclosing participants' identity, each participant was assigned a code that was used on all documents. In analyzing how these individuals dealt with their main concern, loss of control, the theory of *regaining control* emerged. Participants were concerned with broader aspects of control, not just the loss of bladder control. Before, during, and after hospitalization, they are concerned with three aspects of loss of control: physical, spatial-temporal, and social. This loss of control is triggered by illness or injury, such as a stroke, that damages biological capability. Dependent upon the extent of this biological damage, there is a gradual or abrupt loss of the biological capability to physically control the body to perform routines of everyday living. Spatial-temporal control refers to how individuals manage the space around them and the timing of their actions. Social control is how they behave and interact with people. Incidences from this data set of the substantive area [noted in italics] and a post-hoc literature review illustrate how this action-focused theory 'processes out' (Glaser, 1998) during a period of crisis, which for this population was hospitalization. Ultimately individuals want to get out of the hospital and regain as much control back as possible: *get out of here. Be independent – able to do for myself.*

### **Theory of Regaining Control**

The theory of regaining control is an iterative and overlapping three-phase intrapersonal and interpersonal process addressing how participants constantly work to regain control. Transferring control is the first phase that begins before hospitalization when participants act on their loss of control by consulting informal and formal sources and then submitting to the care provided by hospital workers. When biological recuperation begins, and continues, participants practice exercising "wobbly" control. During this second phase, they initially follow orders from hospital workers. As they progress they exhibit behaviors of directing provisional controllers, resisting, and concealing. When biological recuperation plateaus, participants begin adjusting to degree of control regained. During this third phase participants acclimate to degree of control regained by reminiscing about past endurances of losses in life, reassigning control of residual degrees and aspects of loss of control to informal and formal caregivers, and leaving the institutionalized-patient behind. In addition to biological recuperation, other influencing conditions are participants' understandings of hospitals and informal and formal caregivers, referred to as provisional controllers.

## **Transferring Control**

Initial reactions to loss of control are characterized by denial, refusal, doubt, or inability to recognize that hospitalization may be necessary.

When this [stroke] happened . . . I did not listen to my girlfriend . . . I could hear myself slur my words when she was asking me to make faces and squeeze her hands. I didn't want to hear it.

When biological damage results in loss of control, transferring control becomes evident. Transferring is done to maintain as much of the remaining aspects and degrees of control as possible and initiate treatment for biological damage. To varied degrees, participants transfer varied aspects of control to others, such as family members and hospital workers. These family members, or friends, become informal provisional controllers who protect, restore, and supplement degrees and aspects of loss of control for the participant. When the need for supplemental control is greater than what these informal provisional controllers can provide, formal sources are needed. When hospitalization is needed, formal provisional controllers, such as hospital workers, supplement loss of control primarily by targeting the biological etiology. Participants with their informal provisional controllers enter hospitalization with varied understandings of hospitals; these perspectives about hospitals were gained from prior experiences with hospitals. A continuum of active to passive transferring depends upon the degree of biological injury.

When biological damage is not too debilitating, participants are able to direct how aspects of control will be managed. Active transferring was the case for one participant, who was the caregiver for her ill husband. She temporarily transferred usual daily caregiving tasks to her daughter to perform during her planned hospitalization. When biological damage is more debilitating, control is passively transferred. This means that participants rely on others to lead efforts to regain control or, simply, take control. Such was the case for one participant, who suffered extensive physical loss of control due to a stroke, which required his wife to initiate emergency services. Transferring control has two properties: consulting and submitting.

### Consulting

Consulting is actively seeking or passively receiving needed advice. Advice comes from informal sources, such as family or friends, or from formal sources, such as health care professionals. These people to varying degrees become the participant's provisional controllers.

I feel funny . . . head is numb—whole ground is a whirlpool and the walls are going around. I was like paralyzed . . . couldn't manage . . . went to the bathroom and did what I had to do. Then . . . called my daughter, ". . . I am calling up the ambulance, don't feel good at all.' [EMTs] came . . . checked me over, '. . . have to take you to the hospital.'

When denial, refusal, doubt continue or participants are unable to recognize that loss of physical control needs hospitalization, there is a need for provisional controllers to recognize and act as a proxy:

When my daughter came that morning, I kept saying, 'I can't make the bed' and she would say, 'Mommy don't worry about that . . . you have to go to the hospital. You have to—we will get you there.'

This timeline from the trigger to hospitalization depends upon the degree of biological damage and its affect on loss of control. Those with unplanned hospital admissions experience abrupt losses that necessitate emergency hospitalization. Others plan their hospital admissions to address incremental and cumulative losses that eventually require professional intervention.

### Submitting

Submitting is yielding to the authority of hospital workers. Individuals must submit so that hospital workers may work to stabilize, restore, and monitor their biological capability. For example, a participant described submitting to workers in the operating room:

the first time [UI]. I think it was right before I went on the OR table . . . I did a little [UI]. They had 11 people there. Just a frightful experience. [The people responded] Like I wasn't there. They were just going about their business . . . Just cleaned me up.

Individuals relinquish degrees and aspects of control, consistent with the extent of biological damage and physical losses of control. This relinquishment ranges from minor aspects and amounts of control to complete relinquishment of control. Complete relinquishment occurs when a participant is too sick or too tired to attempt regaining control or even care how hospital workers manage their bodies:

When you are very, very sick, and at the beginning of my sickness . . . the world could've ended. It was okay with me, I did not feel good. I didn't care what you did to me, how you rolled me, who came to me.

Individuals depend on hospital workers to facilitate biological recuperation and assist them to navigate hospital space, time schedules, and social surroundings. The two properties, consulting and submitting, are most notable during this transitional period from daily living to hospitalization. However, they may reoccur in response to recurrent or new losses of physical control.

Transferring control is initiated to limit the participant's biological damage through treatment for a period of time until biological recuperation begins and individuals work to regain control. Dependent upon degree of biological recuperation this transferred control may or may not be fully regained. With recognition of biological recuperation and returning capability to physically control some actions, the need to submit lessens. This pivotal point begins the second phase of regaining control.

## Exercising “Wobbly” Control

This phase comprises iterative exertions of fluctuating control. Individuals may recognize feelings of biological recuperation that they may exercise physical control but, at the same time, have feelings that this physical control waxes and wanes. They practice exercising the three aspects of control—physical, spatial-temporal, and social—by trial-and-error to regain gradually more and more control. These efforts may, or may not, result in partial or full recovery of control. Five properties depend upon current conditions especially the state of biological recuperation: learning, following orders, directing provisional controllers, resisting, and concealing. Cyclically, learning is interdependent and strongly linked with the other four properties as individuals repeatedly learn and act—then learn and act, again and again. They may enact any or all of the other four properties that manifest both in isolation and in numerous combinations.

### Learning

Individuals sort current experiences through their understandings of hospitals as they learn how biological recuperation and provisional controllers influence their exercising “wobbly” control. By repeatedly observing, interacting, interpreting, and reflecting on actions taken (both their own and those of provisional controllers), they learn from intrapersonal and interpersonal cues. Individuals observe intrapersonal cues of biological recuperation and learn how it signals a returning capability to physically control:

I had the feeling like . . . had to go to the bathroom . . . sat on the toilet and nothing wanted to come out . . . [urine] just wouldn't come out, finally it did. . . . For a few, it was like that. Then back to being normal.

As individuals attend to intrapersonal cues of biological recuperation they observe verbal and non-verbal interpersonal cues during interactions with provisional controllers. They look for interpersonal cues that they are ready; these provisional controllers will allow or support them, to regain control. Individuals interpret and reflect upon combinations of intrapersonal and interpersonal cues to determine how to practice exercising “wobbly” control:

Damn stroke really did me in. . . . I am a lefty [pause] spoon and spilling stuff. I've never had to use my right hand. I have much more control with my left hand, not now.  
An interaction with his physical therapist (PT) supported this interpretation:  
But even the therapist had eyes rolling the first time . . . I said, 'Oh, by the way, I'm lefty.' He said, 'Oh, God, you're going to have to learn how to do things with your right hand, that's tough.'

Individuals also learn about exercising “wobbly” control from outcomes of their exertions. A successful outcome is the result of an exertion of control that is either consistent with the level of biological recuperation or a fortunate outcome of chance; both facilitate biological recuperation and result in regained control. In contrast, an unsuccessful outcome, such as a fall, occurs when exertion of wobbly control is either not consistent with the level of biological recuperation or an unfortunate outcome of chance. This results in a relapse to the earlier and more dependent phase of transferring control. Individuals learn that outcomes fluctuate and are unpredictable. Exercising “wobbly” control does not always follow a progressive pattern:

And it [urine] poured all over the floor. I had to change all my clothes. It's an accident . . . an accident. Incontinence [pause] but, yes an accident. You can't stop every accident from happening. You can try, but it's just going to be a situation that's going to happen...

Despite an uncertain probability of outcomes when independently exercising "wobbly" control, successful outcomes likely reinforce exercising independent actions. Furthermore, individuals with strong feelings of biological recuperation and desire to exercise control broadly interpret, or misinterpret, ambiguous interactions with and among hospital workers, which many increase the risk of an unsuccessful outcome, such as a fall. Such was the case when a participant misinterpreted what he heard among therapists about his independently walking in his room. Subsequently, he successfully exercised wobbly control a few times: "I got up to go [to the bathroom]. I had gone about 2 or 3 times before, by myself," before falling:

What happened that day . . . down here [PT gym] don't remember who it was, there were so many people. I was under the impression that I heard that once I was strong enough to get up and walk by myself that is what I did. I heard them say, 'Strong enough to get around the room by himself in the room.' [pause] I took it upon myself to hear what I wanted to hear about walking by myself.

Conversely, explicit directions, orders, during interactions with hospital workers result in a greater chance that individuals experience positive outcomes. A participant explained his choice to spend a good amount of time sitting in a chair, because of clear directions, "Don't lie in bed much. Sit in the chair all the time."

After exercising "wobbly" control, individuals interpret and re-interpret how to re-exert by reflecting on actual and potential outcomes. After a transporter informed a participant about attending a group therapy session, the participant quickly interpreted that others would be in their night clothing for a yoga session. As a result, she remained in her hospital gown because there was minimal risk of losing social control. Other reflections, such as learning the pattern of activity on a unit, requires longer periods of time. When learning, individuals introspectively and repeatedly observe, interact, interpret, and reflect upon intrapersonal and interpersonal cues, to determine how to enact the other four properties: following orders, directing provisional controllers, resisting or concealing.

#### Following orders

Following orders is carrying out care routines prescribed and enacted by provisional controllers, particularly hospital workers. Following orders successfully exercises "wobbly" control to achieve milestones that prove to provisional controllers and themselves that biological recuperation and regaining control are occurring to the extent needed to go home. When following orders patients fulfill their responsibility of the social role—being a patient. Prominent behaviors are calling or waiting for assistance from hospital workers. One participant bluntly shared this perspective about needing supplemental control from the nursing staff after an episode of UI:

You have no choice, but to deal with the establishment, so [when] you wet the bed or you wet yourself, you have to own up to it and tell them, 'Please change me'." By following orders individuals exercise

“wobbly” control in a way that gets them closer to getting out of the hospital: Each step in the gym is a step closer to the door out of here.

Following orders eases the transition through exercising “wobbly” control with learning experiences that reinforce successful exertions of “wobbly” control because hospital workers physically assist and/or direct their navigation of space and time until they are physically able to independently regain spatial-temporal control:

So if you weren't able to use the walker, [Nurses] would bring the commode [a toilet-seated chair on wheels] to you then wheel you into the bathroom and you would go. Once they give you the walker you're supposed to go to the bathroom yourself.

Following orders is a responsibility of being a patient. Patients are responsible to themselves and their provisional controllers to facilitate their biological recuperation and return as much as possible to pre-hospital living. Patients must come to terms with their reliance on hospital workers and responsibilities, such as *have[ing] to go to therapy*. This was evident during times that participants tried to avoid therapy. In response, hospital workers reminded them of their responsibility to participate in the plan of care, specifically therapy. After these persuasions, participants with sufficient biological recuperation attended therapy.

Common behaviors of following orders are following the rule to call for or wait for assistance. Doing so avoids reprimand by hospital workers, *they yell at you*; or unsuccessful outcomes, such as a fall. Either of these consequences jeopardizes any control regained. Individuals avoid increasing risk of losing any or all aspects of control when following this rule.

#### Directing provisional controllers

When individuals experience control regained from biological recuperation, learning, and following orders, they exercise wobbly control in a social way by directing provisional controllers. They modify the behaviors of their provisional controllers to acquire more effective and empathetic supplemental control. Behaviors include: developing individual connections with hospital workers, asserting, negotiating, and training.

Directing is done by developing and fostering individual connections among a variety of institutionally created relationships with hospital workers. They may call hospital workers by name or an endearing nickname, give flattering remarks, joke, entertain, and/or apologize. All to receive reciprocal treatment:

You're not giving them command. Treat them as a patient carer [sic]. . . If you want them to care about you—to walk in your room with a smile and to be happy to help you, then you have to give them. . . appreciation, kind words . . . Then they come willingly to help you quicker.

Asserting, or speaking up, for themselves is done to direct.

I bitched, 'No, no, no loves, stop chatting, let's move it!' [laughing] . . . stop your chit chatting about someone around the corner. I need to go to the bathroom.'



Negotiating is another behavior of directing. Over the course of a few days, a participant negotiated with nursing staff by repeatedly demonstrating to them that he would not walk alone in order to sit on the toilet alone to exercise control of a *shy bladder*. Directing occurs when training provisional controllers:

She [night-shift nursing assistant] has never looked after me in the morning. Train the nighttime carers. Their routine is different from morning carers . . . brushing teeth for example—take me to the sink. . . . They [night carer] think I want to do it near the bed. I ask them to take me to the sink.

When directing provisional controllers, it is vital that provisional controllers be willing and able to respond. Realistically, re-directing is necessary, because participants experience different reactions from different hospital workers: *Well, each shift has different people reacting differently. Some will react fast, and some really wouldn't give a damn.* When exercising “wobbly” control with multiple hospital workers learn to behave differently with different hospital workers.

### Resisting

Resisting is defending against perceived threats to regaining control, especially to control regained. Resisting protects degrees and aspects of control that individuals have regained. There are intrapersonal and interpersonal ways of resisting that are distinctly different from the denial, refusal, doubt, or inability to recognize a loss of physical control that begins the process of regaining control.

Intrapersonal resisting occurs when individuals press on, or push themselves, to exercise, such as working through difficult therapy sessions. This property of exercising “wobbly” control occurs in when individuals have regained more of their physical control during biological recuperation. Physical control is then strengthened. Individuals struggle to regain physical control that, although still fluctuating, has become to some extent steady since the start of biological recuperation.

Interpersonal resisting is evident when individuals verbally or physically refuse to follow orders or assistance from provisional controllers. Individuals resist following orders if they perceive that actions of hospital workers jeopardize control regained, especially physical aspects, or may cause another loss of control or biological damage: [Field note]: [The] participant resisted following the doctor's order of a sleeping pill. He reminded the doctor that he fell the night he had one.

### Concealing

Concealing is masking signs and symptoms of aspects and degrees of loss of control. This is a unique behavioral characteristic simultaneously enacted during following orders, directing provisional controllers, and resisting. Dependent upon its type and degree, physical loss of control may be more difficult to conceal in comparison to the spatial-temporal and social

aspects. For example, new-onset UI is more concealable than a stroke's persistent paralysis of the body and inability to speak.

Participants experience changes to their biological signal to void: they *just leaked*. Concealing by wearing adult diapers contains the physical and temporal loss of urine. This promotes following orders. A feeling of, and exercise of, stronger physical control resulted:

Gives me security don't fall down—decreases risk of fall, because [name brand diapers] are quick—pull up one side then next and you don't have time to fall. Our limbs are weak—cannot stand too long.

Concealing is evident when participants hide negative feelings and practice "being nice". Different from developing connections, this type of concealing masks expressions of negative feelings when following orders.

Not liking them [some hospital workers] . . . I want them [hospital workers] to say, 'He was very, very good—oh, he was a terrific patient. He did everything we asked.' . . . I don't curse, yell, scream. Um, conversation—good dialogue. I try. I talk with them, not above them.

Or, when directing workers:

You gotta help me, I wet the bed. Please change me [pause]. Some are very nice about it, others are bitchy. You just have to grin and bear it. That's all. You deal with what you gotta deal with it. Not easily. You gotta grin and bear it, and to the nurse very nicely...

Concealing occurs when they want to be viewed as having control:

Drink, drink, drink—you're supposed to drink, but then if I do have to go the bathroom all the time so I don't drink that much and that's that. They [hospital workers] still tell me to drink a lot.

During exercising "wobbly" control, individuals learn how three conditions—biological recuperation, understandings of hospitals, and provisional controllers—influence following orders, directing provisional controllers, resisting, and learning. Regaining physical control supersedes feelings and desires for spatial-temporal and social aspects of control. When biological recuperation plateaus and cannot benefit more from hospitalization, individuals transition to the last phase, adjusting to degree of control regained.

### **Adjusting to Degree of Control Regained**

Hospital workers decide when an individual no longer requires hospitalization based upon a biological recuperation plateau. Although a level of physical control is regained that no longer requires hospital care, this does not necessarily equate to a full return of biological capability consistent with pre-hospitalization level. There are three properties: reminiscing, reassigning control, and leaving the institutionalized patient behind.

#### Reminiscing

Reminiscing is reviewing past losses experienced in life and comparing them to current aspects and degrees of loss of control. Participants review salient moments of their lives when they endured losses and draw upon positive attributes searching for innate strength.

Remote past events and recent past events are reviewed. Data points provided glimpses of how lessons and skills from those past experiences help work through regaining control. For example, a participant attributed his ability to direct provisional controllers to past experiences:

I managed [sports] teams in AA [Alcoholic Anonymous]. I learned to deal with individual personality. Helped dealing with my type of work – because I was always dealing with new people. I try to catch myself in a daily routine, to try and do it right.

Individuals reminisce about the recent past events causing hospitalization comparing to current degrees of loss of control to the losses that occurred at the onset. They distinguish that those losses during the initial period were more life threatening or impeding than present impairments. These initial losses become a comparison marker that fosters coming to terms with and adjusting to current degrees of physical control regained:

I had [spouse] and my daughter on either side of me. That was the sickest I've ever been. And I only realize sitting here [in own living room]—that's how sick I was . . . I am okay now.

During reminiscing, individuals focus on the role of informal provisional controllers:

If it weren't for [daughter] I would have been gone a long time ago. . . . She comes tomorrow. I talk to her every day on the phone. She wants me to call her. So I call her. Feel good—good about it.

These informal provisional controllers influence the process of regaining control, and at this point these controllers may facilitate the transition out of the hospital.

### Reassigning control

Reassigning is an active or passive shifting of current supplemental control among provisional controllers. This may include shifting control to health care workers in other health care institutions, such as nursing homes. Similar to the continuum of active to passive nature that initiates this process of regaining control, the degree of biological recuperation strongly influences how individuals reassign control.

With a greater degree of biological recuperation and regained control, participants are able to reassign control in an active manner and be primary controllers. They have regained enough control to demonstrate to themselves, and to provisional controllers, the capability to safely manage at home. These individuals actively reassign residual losses of control, mostly spatial-temporal and social aspects that have been managed by formal provisional controllers to new formal and/or informal provisional controllers. These controllers facilitate the transition out of the hospital by supplementing residual degrees and aspects of loss of physical control to manage daily routines. Incidences in field notes illustrate participants making arrangements with family members to carry out tasks, such as food shopping.

With substantial residual losses of physical control, participants passively reassign control. Although, these individuals may show degrees of shared controlling, they mostly reassign control in a passive manner to informal provisional controllers who become the primary controllers. Together, they must demonstrate to hospital workers the ability to

manage living safely at home. For example, a participant was *the last to know* about a discharge planning meeting scheduled to plan a *furlough* (visit home). During this furlough he and his girlfriend needed to physically demonstrate safe management in the home environment.

When participants are unable to demonstrate sufficient control regained, and do not have informal provisional controllers to safely provide supplement control, the provisional controller best positioned to be the primary controller plans discharge to a long-term care (LTC) facility. This controller actively reassigns supplemental control to other formal or informal provisional controllers as needed. Field notes illustrate how a participant disabled from a stroke was discharged to a nursing home (one type of LTC facility) for additional therapy. This was intended to be temporary while the spouse worked to prepare their home to spatially accommodate the participant's residual loss of physical control after a stroke.

After hospitalization, individuals continue working and reworking through the process of regaining control dependent upon degrees and aspects of reassigned control and biological capabilities. Individuals who shift control to staff in LTC facilities face the possibility of permanent institutionalization. When discussing this possibility one participant shared, *I'm 85. How many can say they've lived to this age?* Having experienced multiple and more severe setbacks during hospitalizations different from other participants, this participant shifted control to a 'higher power' and viewed: *suffering is part of God's plan*. Those who require continued institutionalized care, such as in a LTC facility, may not progress to the next, and final, property.

#### Leaving the institutionalized-patient behind

In addition to physically leaving the hospital, this property includes forgetting unpleasant experiences during hospitalization. Individuals do this in order to focus on returning to daily living. This was evident when eligible patients refused to participate in the study because they wanted to forget the experience of new-onset UI. Forgetting unpleasant experiences has an undefined ending, which may occur well-after discharge, or may never completely occur. Loss of control elicits strong feelings of concern, as words used by participants illustrate: apprehensive, embarrassment, anger, horrible, and frustration, which may be difficult to forget. About two weeks after hospital discharge one participant, who suffered a debilitating stroke, recalled: I was frightened; between being in the hospital, the ambulance, the MRI, all of that – scary experience. After hospitalization, purposeful and wishful forgetting may continue *to forget the nightmare* of a health crisis.

Purposeful forgetting is different from illness-induced forgetting that occurs when participants are at their sickest during hospitalization. They may simply be unable to recall some events even when intentionally making an effort. Illustrating this was a detailed-oriented participant, who tried, but failed, to recount the hours after surgery: ...what happened from when I came up from surgery [pause] I guess I don't even remember what happened.

Individuals approach the end of regaining control when home and beginning to participate in the routines of their daily living. They accept and adjust to the degree of control regained, and engage in new routines of daily living or reengage in the old routines as their biological recuperation permits. This successfully resolves their concerns of loss of control and about getting out of the hospital and going home:

Now when my kids come by, and ask me how am . . . I doing? I tell them I'm okay . . . I'm moving along . . . They say my voice is better [present time]. But I don't know because I don't have my teeth in and I have to go to the dentist. But I feel good . . . this bathroom here [points to home's] is closer than any bathroom there [hospital]. I don't have any problems here . . . I'm very glad to be home. I got things to do . . . a wedding this year, a wedding next year.

## Discussion

The control literature suggests that relinquishment of control is a choice influenced by three psychological conditions: perceived degrees of efficacy, uncertainty of outcomes, and, the perceived difficulty level of skill development needed to achieve a desired outcome based on perceptions of internal-external control of reinforcement (Bandura, 1997; Miller, 1980; Reid, 1984; Rotter, 1966; Skinner 1996). In contrast, findings from this study illustrate that this is not always a choice when dealing with loss of physical control triggered by biological damage. In this study, the findings for transferring control support the normalizing of symptoms (Glaser, 1975) done to maintain usual patterns of internal-external control (Rotter, 1966).

Similarly there are other instances in the literature. Individuals suffering heart attacks initially "normalized their symptoms" (Johnson & Morse, 1990, p. 128) to maintain the status quo until too difficult to continue, or family and friends intervened, and sought hospital care. Other hospitalized older adults relinquished control as they processed from their "usual way of being" to "identifying" and "confirming" their health problem with health professionals and then "transitioned" through hospitalizations (Jacelon, 2004a, p. 223-554). Submitting corresponds with instances in the literature in which hospitalized older adults relinquished control to "rely on authority of hospital staff" (Jacelon, 2004b, p. 32) for hospital care and when others "passively allow[ed] themselves to be cared for by others" (Johnson & Morse, 1990, p. 129) after a heart attack. Biological recuperation was also noted among men after prostatectomy (Petry, et al., 2004) and during post-operative recovery periods (Allvin, Berg, Idvall, & Nilsson, 2007). Findings from this study contribute to this body of control literature by illustrating the complexity of relinquishment of control posited by Miller (1980) in nuanced behavioral patterns not found elsewhere.

The theory of regaining control provides a basis for research aimed to improve hospital care for older adults who are likely to experience new-onset UI. Equally important is the theoretical relevance to other situations where loss of control requires degrees of transferring of control. Supporting this assertion are incidents in the literature that illustrate how parts of this theory exist among other groups. Specifically, the main concern of loss of control and its three aspects are found as unexplored anecdotal references in the theoretical literature about control (Bandura, 1997; Heckhausen & Shultz, 1995; Miller et al., 1989; Reid, 1984; Skinner, 1996) and among studies of hospitalized older adults (Boltz, Capezuti,

Shabbat, & Hall, 2010), patients in intensive care units (Hupcey, 2000), patients after myocardial infarction (Johnson & Morse, 1990), people living with implanted cardiac defibrillators (Dickerson, 2002; Morken et al., 2009), amputees interactions with hospital workers (Sjödahl, Gard, & Gun-Britt., 2008), and patients with cancer making decisions about complementary therapies (Truant & Bottorff, 1999). In comparison to these findings in the literature, regaining control describes and explains a much richer and nuanced view of how embodied control is embodied after suffering its loss, making findings likely to be useful to those involved with other populations of hospitalized adults.

Although hospitalization is needed to address the biological damage causing loss of control, it further contributes to two aspects of loss of control: spatial-temporal and social. This seems closely related to how Taylor (1972, p. 159) described hospital workers' inability to provide personalized care, which influenced how people forfeited control to hospital staff. Others have also suggested that the institutionalized nature of hospital settings depersonalizes clinical encounters (Gerteis, Edgman-Levitan, Daley, & Delbanco, 1993; Larsen et al., 2013). No longer in familiar spaces of daily life, individuals must stay in this complex controlled setting designed to service many patients. Individuals lose spatial-temporal control when they are told where and when to sleep, to eat, go to therapy, and diagnostic testing. Similarly, Hupcey (2000) noted that hospitalized patients exhibited intense feelings of loss of control including an inability to self care (physical control) and confinement to bed (spatial control). As hospital patients, individuals temporarily live and interact among people not of their choosing—other patients and hospital workers. Organizational attributes of hospitals must be regimented, but, as a result, impede individual patient freedom, in order to service many patients and constituents (Allshouse, 1993; Taylor, 1972). In addition, current findings support the general patient belief that it is difficult to modify the organization of the hospital (Penney & Wellard, 2007).

Regaining control offers a unique perspective about the relationship of control and patient-centered care, which explains what it means for the patient to be 'the source of control':

The patient is the source of control. Patients should be given the necessary information and opportunity to exercise the degree of control they choose over health care decisions that affect them. The health system should be able to accommodate differences in patient preferences and encourage shared decision-making. (Institute of Medicine, 2001; p. 61)

Literature supports the theory of regaining control. Patients are not interested in shared-decision making when they are acutely sick (Institute of Medicine, 2001). People expect to lose a sense of control and autonomy in the hospital (Allshouse, 1993; Mangset, Tor Erling, Førde, & Wyller, 2008) and to do as told by hospital workers (Mangset et al., 2008; Olofsson et al., 2005; Waterworth & Luker, 1990). Although, patients want hospital workers to lead these efforts while respecting individual differences (Sjödahl et al., 2008). Arguably, patients not only want, but also need, formal provisional controllers to lead or provide opportunities for developing connections.

Published frameworks exhibit the challenges for studying, enhancing, and routinizing shared-decision making (Bernabeo & Holmboe, 2013; Towle & Godolphin, 1999). Hospital organizations have yet to create systematically a social norm to foster participatory control

among patients, family, and workers. This is a shortfall, especially since current findings about learning are similar to observational learning by which people learn how to exercise control by observing others (Bandura, 1997). Furthermore, while current trends place the needs of the patient first (Berwick, 2009), it is unclear who is responsible for defining “needs” particularly during a health crisis that necessitates hospitalization and individuals have unstable biological damage and “wobbly” control.

Although, current findings suggest that individuals and their informal provisional controllers are most dependent upon the expertise of formal provisional controllers to take control and direct care during hospitalization. Similar incidents in the extant literature support the need for sound authoritative orders (Boltz et al., 2010; Penney & Wellard, 2007; Sjö Dahl et al., 2008; Torheim & Gjengedal, 2009; Waterworth & Luker, 1990). Regaining control supports, modifies, and expands four related concepts of control: external control (Rotter, 1966) relinquishment of control (Miller, 1980), proxy control (Bandura 1997), and participatory control (Reid, 1984). All of which suggest that during times of crisis individuals need powerful, or more abled others, to control what they, themselves, are unable to control.

Regaining control suggests a pattern of patient behaviors that has important implications for organizational efforts focused on patient-centered care (Gereteis et al., 1993; Institute for Family-and Patient-Centered Care, 2013). Others have found that patients may be reluctant to participate in hospital care (Boltz et al., 2010; Waterworth & Luker, 1990) adding further support to the need for formal provisional controllers to lead shared-decision making, especially during the more acute phase of transferring control. Rather than “freely” giving control to hospital workers, they transfer control not because they want to be in a hospital, but because they need to be in a hospital. Yet, regaining control also illustrates patients’ natural tendencies for shared-decision making that need to be recognized and fostered by hospital workers. Although, it is evident that health care providers must lead, teach, or coach (Frampton et al., 2008), patients to become sources of control, future study is needed to gain a better understanding of how the three conditions—biological recuperations, understandings of hospitals, and provisional controllers—modify regaining control during exercising “wobbly” control and leaving the institutionalized patient behind phases.

Specific to the professional problem (Glaser, 1998) of new-onset UI among hospitalized older adults, the individual bladder needs of patients are not being addressed (Clark & Rugg, 2005; Connor & Kooker, 1996; Dingwall & Mclafferty, 2006; Nikoletti et al., 2004). In support, participants in this current study thought toileting activities bothered hospital staff. It seems clear that hospital nurses and therapists need to lead, teach, and coach patients and their family members about strategies to promote bladder control (Dowling-Castronovo & Bradway, in press).

Limitations of this study included the setting, challenges with privacy and scheduling, and pre-defined study materials. The inpatient rehabilitation unit was selected to maximize recruitment efforts. These patients were considered to be less frail than those on other acute care units. Data drawn from other substantive areas might be different or provide greater variation. For example, data from other inpatient units or the emergency

department may identify incidents where new-onset is more nascent, isolated, or transitory. However for this current study, hospital-based organizational constraints limited access to these other units. Semi-private patient rooms, a common practice among most hospital units, limited the ability to conduct private screening and interviews. Therapy schedules, although vital to patient recovery, affected timing of interviews. For example, three participants chose post-hospitalization interviews. This resulted in retrospective data that did not capture the real-time reality of hospitalization. Nevertheless, different real-time data informed how participants were adjusting to the degree of control regained after hospitalization. Pre-defined study related materials identified and focused on new-onset UI, a professional nursing problem. This focus might have caused two groups of eligible patients to reject participation: patients who did not view new-onset UI as worthwhile or had other pressing concerns; and patients who shared vivid details of their new-onset UI during screening, but declined formal consented participation in the study because they did not want to revisit or detail their experience again. This unavailable data may, or may not, have influenced the discovery of the theoretical findings. While these limitations may delimit the application of regaining control to older adults with new-onset UI, future researchers can readily apply the knowledge gained from the theory of regaining control and modify it based on new data. Future research may focus on other populations, such as overall patients experiencing hospitalization.

### **Conclusion**

This current study detailed three important perspectives of control not identified elsewhere: 1) the action-oriented nature of control that patients identify as important, 2) the process of control sharing between patients and provisional controllers, and, 3) the periods of acute and transitory changes in control that occur throughout a period of illness or injury that requires hospitalization. Regaining control is a complex overlapping three-phase process that explains how individuals respond to a broad nuanced loss of control. Three conditions emerged as modifiers that further explain how individuals work through the process of regaining control.

### **References**

- Allshouse, K. D. (1993) Treating patients as individuals. In M. Gerteis, S. Edgman-Levitan, J. Daley, & T. L. Delbanco (Eds), *Through the patient's eyes: Understanding and promoting patient-centered care*. San Francisco, CA: Jossey-Bass Publishers.
- Allvin, R., Berg, K., Idvall, E., & Nilsson, U. (2007). Postoperative recovery: A concept analysis. *Journal of Advanced Nursing*, 57(5), 552-558.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: W. H. Freeman and Company.



- Bernabeo, E. & Holmboe, E. S. (2013). Patients, providers, and systems need to acquire a specific set of competencies to achieve truly patient-centered care. *Health Affairs*, 32, 250-258.
- Berwick, D. M. (2009). What 'patient-centered' should mean: Confessions of an extremist. *Health Affairs*, 28, 555-565.
- Boltz, M., Capezuti, E., Shabbat, N., & Hall, K. (2010). Going home better not worse: Older adults' view on physical function during hospitalization. *International Journal of Nursing Practice*, 16, 381-388.
- Clark, J., & Rugg, S. (2005). The importance of independence in toileting: The views of stroke survivors and their occupational therapists. *The British Journal of Occupational Therapy*, 68(4), 165-171.
- Connor, P. A., & Kooker, B. M. (1996). Nurses' knowledge, attitudes and practices in the acute care setting. *MEDSURG Nursing*, 5(2), 87-92.
- Dickerson, S. S. (2002). Redefining life while forestalling death: Living with an implantable cardioverter defibrillator after a sudden cardiac death experience. *Qualitative Health Research*, 12, 360-372.
- Dingwall, L., & Mclafferty, E. (2006). Do nurses promote urinary continence in hospitalized older people?: An exploratory study. *Journal of Clinical Nursing*, 15, 1276-1286.
- Dowling-Castronvo, A., & Bradway, C. (in press). Urinary incontinence. In Boltz, M., Capezuti, E., Fulmer, T. & Zwicker, D. (Eds.). *Evidence Based Geriatric Nursing Protocols for Best Practice* (5<sup>th</sup> ed). New York, NY: Springer Publishing Co.
- Fantl, A., Newman, D. K., Colling, J., et al. (1996). *Urinary incontinence in adults: Acute and chronic management*. Agency for Health Care Policy and Research, Publication No. 92-0047: Rockville, MD.
- Fonda, D., & Nickless, R. (1987). Survey of knowledge of staff about urinary incontinence. *Australian Journal on Ageing*, 6(3), 14-18.
- Frampton, S., Guastello, S., Brady, C., Hale, M., Horowitz, S., et al. (2008). *Patient-Centered Care Improvement Guide*. (2008). Derby, CT: Plantree. Retrieved from <http://www.ihl.org/knowledge/Pages/Tools/PatientCenteredCareImprovementGuide.aspx>
- Gereteis, M., Edgeman-Levitan, S., Daley, J., & Delbanco, T. L. (1993). Introduction: medicine and health from the patient's perspective. In M. Gereteis, S. Edgeman-Levitan, J. Daley, & T. L. Delbanco (Eds.), *Through the patient's eyes: Understanding and promoting patient-centered care* (pp. 1-18), San Francisco, CA: Jossey-Bass Publishers.
- Glaser, B. G. (1975). Normalizing. In A. L. Strauss & B. G. Glaser *Chronic illness and the quality of life*. St. Louis, MO: C. V. Mosby Company.
- Glaser, B. G. (1978). *Theoretical sensitivity*. San Francisco, CA: Sociology Press.

- Glaser, B. G. (1992). *Basics of Grounded Theory Analysis*. Mill Valley, CA: Sociology Press
- Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley, CA: Sociology Press
- Glaser, B. G. (2002). Conceptualization: On theory and theorizing using grounded theory. *International Journal of Qualitative Methodology*, 1(2), Article 3. Retrieved from [http://www.ualberta.ca/~iiqm/backissues/1\\_2Final/pdf/glaser.pdf](http://www.ualberta.ca/~iiqm/backissues/1_2Final/pdf/glaser.pdf)
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York, NY: Aldine De Gruyter.
- Hancock, R., Bender, P., Dayhoff, N., & Nyhuis, A. (1996). Factors associated with nursing interventions to reduce incontinence in hospitalized older adults. *Urologic Nursing*, 12(3), 79-85.
- Heckhausen, J. & Shultz, R. (1995). A life-span theory of control. *Psychological Review*, 102(2), 284-304.
- Hupcey, J. E. (2000). Feeling safe: The psychosocial needs of ICU patients. *Journal of Nursing Scholarship*, 32(4), 361-367.
- Institute for Family-and Patient-Centered Care. (2013). Retrieved from <http://www.ipfcc.org>
- Institute of Medicine (2001). Crossing the Quality Chasm: A New Health System of the 21<sup>st</sup> Century. Retrieved from <http://www.iom.edu/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx>
- Jacelon, C. S. (2004a). Managing personal integrity: the process of hospitalization for elders. *Journal of Advanced Nursing*, 46(5), 549-557.
- Jacelon, C. S. (2004b). Older adults and autonomy in acute care. *Journal of Gerontological Nursing*, 30(11), 29-36.
- Johnson, J. L., & Morse, J. M. (1990). Regaining control: The process of adjustment after myocardial infarction. *Heart & Lung*, 19(2), 126-135.
- Krešević, D. M. (1997). New-onset urinary incontinence among hospitalized elders. Doctoral dissertation, Case Western Reserve University, 1997, UMI No. 9810934.
- Larsen, L. S., Larsen, B. H., & Birkelund, R. (2013). A companionship between strangers: The hospital environment as a challenge in patient-patient interaction in oncology wards. *Journal of Advance Nursing*, 70(2), 395-404. doi:10.1111/jan.12204
- Mangset, M., Tor Erling, D., Førde, R., & Wyller, T. B. (2008). 'We're just sick people, nothing else': ... factors contributing to elderly stroke patients' satisfaction with rehabilitation. *Clinical Rehabilitation*, 22(9), 825-835. doi:10.1177/0269215508091872
- Miller, S. M. (1980). Why having control reduces stress: If I can stop the roller coaster, I don't want to get off. In J. Garber & M. E. P. Seligman (Eds.), *Human helplessness: Theory and applications* (pp. 71-95). New York, NY: Academic Press.

- Miller, S. M., Bombs, C., Stoddard, E. (1989). Information, coping and control in patients undergoing surgery and stressful medical procedures. In A. Steptoe & A. Appels (Eds.), *Stress, personal control and health*. New York, NY: John Wiley & Sons Ltd.
- Morken, I. M., Severinsson, E., & Karlsen, B., (2009). Reconstructing unpredictability: Experiences of living with an implantable cardioverter defibrillator over time. *Journal of Clinical Nursing, 19*, 537-546.
- Nikoletti, S., Young, J., & King, M. (2004). Evaluation of an electronic monitoring device for urinary incontinence in elderly patients in an acute care setting. *Journal of Wound, Ostomy & Continence Nursing, 31*(3), 138-149.
- Olofsson, A., Andersson, S., & Carlberg, B. (2005). 'If only I manage to get home I'll get better'--interviews with stroke patients after emergency stay in hospital on their experiences and needs. *Clinical Rehabilitation, 19*(4), 433-440.
- Palmer, M. H., Myers, A. H., & Fedenko, K. M. (1997). Urinary continence changes after hip-fracture repair. *Clinical Nursing Research, 6*, 8-24.
- Palmer, M., Baumgarten, M. Langenberg, P., & Carson, J. L. (2002). Risk factors for hospital-acquired incontinence in elderly female hip fracture patients. *Journal of Gerontology, 10*, (M672-M677).
- Penney, W., & Wellard, S. J. (2007). Hearing what older consumers say about participation in their care. *International Journal of Nursing Practice, 13*, 61-68.
- Petry, H., Berry, D. L., Spichiger, E., Kesselring, A., Gasser, T. C., Sulser, T., & Kiss, A. (2004). Responses and experiences after radical prostatectomy: Perceptions of married couples in Switzerland. *International Journal of Nursing Studies, 41*, 507-513.
- Pfister, M.H., Johnson, T. M., Jenetzky, E., Hauer, K., & Oster, P., (2007). Geriatric patients' preferences for treatment of urinary incontinence: A study of hospitalized, cognitively competent adults aged 80 and older. *Journal of American Geriatrics Society, 55*(12), 2016-22.
- Reid, D. W. (1984). Participatory control and the chronic-illness adjustment process. In H. Lefcourt (Ed.), *Research with the locus of control construct Vol. 3 extensions and limitations* (pp. 361-389). New York, NY: Academic Press.
- Resnick, N. M., & Ouslander, J. G. (1990). National Institutes of Health consensus development conference on urinary incontinence. *Journal of the American Geriatrics Society, 38*, 263-386.
- Rotter, J. B. (1966). Generalized expectancies of internal versus external control of reinforcement. *Psychological Monographs, 80*(609), 1-28.
- Sier, H., Ouslander, J., & Orzeck, S. (1987). Urinary incontinence among geriatric patients in an acute-care hospital. *Journal of the American Medical Association, 257*, 1757-1771.

- Sjödahl, C., Gard, G., & Gun-Britt (2008). Transfemoral amputees' experiences of the first meeting and subsequent interactions with hospital staff. *Disability and Rehabilitation*, 30, 1192-1203.
- Skinner, E. A. (1996). A guide to constructs of control. *Journal of Personality and Social Psychology*, 71(3), 549-570.
- Taylor, S. E. (1972). Hospital patient behavior: Reactance, helplessness, or control? *Journal of Social Issues*, 35(1), 156-185.
- Torheim, H. & Gjengedal, E. (2009). How to cope with the mask? Experiences of mask treatment in patients with acute chronic obstructive pulmonary disease-exacerbations, 24, 499-506. doi:10.1111/j.1471-6712.2009.00740.x.
- Towle, A., & Godolphin, W. (1999). Framework for teaching and learning informed shared decision making, *British Medical Journal*, 319, 766-771.
- Truant, T., & Bottorff, J. L. (1999). Decision making related to complementary therapies: A process of regaining control. *Patient Education and Counseling*, 38, 131-142.
- Waterworth, S. & Luker, K. A. (1990). Reluctant collaborators: Do patients want to be involved in decisions concerning care? *Journal of Advance Nursing*, 15, 971-976.
- Zisberg, A., Gary, A., Gur-Yaish, N., & Admi, H. (2011). In-hospital use of continence aids and new-onset urinary incontinence in adults aged 70 and older. *Journal of American Geriatrics Society*, 59, 1099-1104.

## **Book Review: Demystifying Grounded Theory Selection**

Gary Evans: University of Prince Edward Island

Glaser, B. (2014). *Choosing Classic Grounded Theory: A Grounded Theory Reader of Expert Advice*. Mill Valley, CA: Sociology Press.

How to select a research methodology? What is the difference between CGT and QDA? Does grounded theory work with case studies? Is grounded theory the right selection for a PhD dissertation? These questions and many more are the focus of Dr. Glaser's new book, which addresses the key issues faced by the novice researcher in selecting classic grounded theory as their research methodology. In this 439 page fifteen-chapter book, Dr. Glaser takes the research reader on a journey reviewing the history, issues, and factors to consider in selecting classic grounded theory and challenges and myths around what is and is not grounded theory.

Rightfully, Dr. Glaser identifies other methodologies put forward as grounded theory as variations of QDA and while they may prove beneficial as research tools, they break the rules that govern the original hallmarks of grounded theory. The temptation to blur or slur different methodologies is discussed in detail providing the researcher sound advice on some of the pitfalls of mixing methodologies in the name of grounded theory. The book provides rationale for the selection of CGT and addresses bias that may exist with those whose primary research was based on QDA methodologies. Dr. Glaser provides detail differences between methodologies and five chapters of the book are contributed by four outstanding experts in the field of grounded theory (Dr. Christiansen, Dr. Holton, Dr. Lowe, and Dr. Simmons). Finally the book provides the reader with numerous examples of good CGT research and some of the basic rules to be applied in the application of CGT.

With the large volume of research books and articles focused on the novice researcher (novice being Masters or PhD students) claiming to highlight what is and how to implement grounded theory, this book provides clarity in what has become a confusing maze of literature.

Chapters one to four provide the researcher some of the basic rules and considerations in selection, and implementation of grounded theory and resolves outstanding myths associated with grounded theory. Grounded theory is often associated with qualitative research but as Dr. Glaser (2014) points out "GT is a general method that can be used with any type of quantitative data or qualitative data or combination thereof" (p. 45). Another myth is that GT is time consuming and should only be attempted with a strong mentor. During my own PhD, I had no mentor and while this book would have saved me substantial time in more effectively understanding different types of methodologies put

forward as GT, the actual time necessary for the research was most certainly not greater than any other methodology. Glaser (2014) addresses this myth head-on in this book: "GT takes far less time than QDA and many a GT novice does just fine without a mentor..." (p. 63).

In chapter three, Dr. Christiansen highlights the hallmarks of GT and provides sound advice on some of the do's and don'ts in the application of GT. In chapter four, Dr. Glaser identifies the issue of conceptualization and how this is a core difference of CGT to other methodologies whose focus is on descriptive analysis. Dr. Glaser explains the struggles and dimensions of generalization and how the descriptive value of case studies can be utilized as data within GT.

Chapters five to ten are a must read for the novice GT researcher. For those who teach research methodology these chapters provide an excellent background on the concerns of novice researchers and dangers of creating preconceived bias based on supervisors' pasted experience with methodologies. Dr. Glaser encourages those who supervise graduate students at either the masters or PhD level to keep an open mind in their role as supervisors and not to discourage the novice researcher from using methodologies with which they themselves may not be familiar. In the social science quest to emulate the scientific world of research, supervisors are often drawn to encouraging students to follow QDA focused methodologies. The argument is often that you need to have experience prior to using grounded theory methodologies and they are more effective with experienced researchers.

In chapter five, Dr. Glaser put forward "Make no mistake about it, the best GT is done in the hands of beginners" (Glaser, 2014, p. 157). Dr. Glaser highlights the concerns of new CGT researchers and provides encouragement and examples of success that other novice researchers have had in the use of CGT. In chapter six, Dr. Christiansen addresses the issue of ontology and epistemology highlighting the ongoing debate on theory building and the concerns of just building on extant theories versus breaking through to new conceptualizations and hence new theories. Chapters seven and eight provide the researcher a review of some of the differences of classic grounded theory, constructivist grounded theory and other forms of QDA. Chapters five to eight provide the much-needed clarity between the methodologies that has been missing in the bulk of the grounded theory literature. Constructivist and Straussian are QDA forms of methodologies and should not be mixed and matched to CGT. It is critical for effective research that the researcher clearly understands the differences and makes every effort not to blend or combine these methodologies.

In chapter nine, Dr. Simmons provides a historical view on the development of the CGT and other grounded theory methodologies (Constructivist and Straussian) that have gone down the QDA path. A candid view is offered by Dr. Lowe in chapter ten of the potential issues that exist within some academic institutions that have either an established bias or where supervisors may be unaware of the requirements that CGT puts on the researcher to stay true to the methodology. For those who teach research methodology, this book provides an excellent source of information on CGT. The book offers instructors and students the starting point to better insights to the CGT methodology and its application within research.

In chapter eleven, Dr. Glaser discusses the ongoing issue of qualitative research "its desire for credibility in the world of research." As Dr. Glaser (2014) puts forward,

credibility is not the question. The question for GT is being applicable to explaining how a main concern is continually resolved in a substantive area and its general, conceptual applicability. . . . The theory has fit, relevance and works and is modifiable when compared, conceptually, with new data. (p. 317)

Dr. Glaser puts forward that the conceptual credibility of CGT is based on the due diligence of the methodology itself. I agree the strengths of CGT are in the theory generated and the process by which CGT develops the theory. In chapter twelve, Dr. Holton provides an overview of the research method and with Dr. Glaser (2014) reaffirms "The four criteria are fit, work, relevance and modifiability" (p. 356).

The reader is reminded in chapter thirteen of the dangers of mixing methodologies and a general guideline on the CGT procedures from an earlier work by Dr. Glaser and Dr. Holton.

The book closes with chapter fourteen providing some useful success stories of PhD research accomplishments and in chapter fifteen Dr. Glaser provides a copy of historical letters he wrote defending the basics of grounded theory analysis.

As with many of the books and articles that Dr. Glaser has produced over the years, this is one that I will keep close at hand as reference material for both my students and myself. There are too many insights within the 439 pages to hope to cover them effectively in a short book review.

The book is structured to provide the novice researcher a clear understanding of CGT and how it fits as a research methodology. Dr. Glaser and four well know grounded theory scholars have presented in an easy-to-read book the necessary facts that the researcher needs to consider in selecting classic grounded theory. It removes the confusion that has been created by too many authors mixing QDA and other non-classic grounded theory methodologies. Those who advocate QDA, and other non-classic forms of grounded theory may take exception to some statements, but the author has been careful to stick to the facts; for those who believe in evidence based decision making it puts the facts out for consideration. A great read I would highly recommend to both PhD students and supervisors.

**Barry Chametzky** holds a PhD in education from Northcentral University. He is a part-time adjunct professor at Ozarks Technical Community College in Missouri where he teaches lower-level online French classes. His areas of expertise are e-learning, online foreign language learning, andragogy, and classic grounded theory. He has published several journal articles on e-learning and andragogy. During his doctoral research using the classic grounded theory method, Dr. Chametzky developed the theory of offsetting the affective filter. He is also one of the copyeditors for the Grounded Theory Review. In addition, he offers editing and consulting (on APA and the classic grounded theory method) through EditNow.Org, his editing company. Email: [barry@bluevine.net](mailto:barry@bluevine.net)

**Annemarie Dowling-Castronovo** earned her undergraduate degree from the College of Staten Island (CSI), City University of New York, master's degree from New York University (NYU), and doctorate from the College of Nursing, Rutgers, The State University of New Jersey. She has practiced as a staff nurse and a gerontologic nurse practitioner in multiple care settings. Prior to her appointment at Wagner College in 2008, she held academic positions at NYU and CSI. Her teaching focuses on undergraduate nursing studies. Her clinical research focuses on urinary incontinence among older adults for which she has several publications. She used grounded theory research methodology for her dissertation study of older adults with new-onset urinary incontinence supported by the Jonas Center for Nursing Excellence and Epsilon Mu Chapter, Sigma Theta Tau International. Email: [dowling.castronovo@wagner.edu](mailto:dowling.castronovo@wagner.edu)

**Gary L. Evans** is associate professor at the University of Prince Edward Island. He completed his PhD in the field of corporate governance at Liverpool John Moores University. During Dr. Evans' 2015/16 sabbatical, he will lead a research team reviewing corporate boards across Europe and the Middle East. Dr. Evans developed the board culture theory using CGT. Prior to embarking on an academic career, Dr. Evans was senior partner and CEO for KPMG Consulting for Central Eastern Europe. Prior to that appointment, he was Partner in Charge of Chemicals, Pharmaceuticals and Energy for the London, U.K. office of KPMG for tax, audit, and consulting. As a partner in a professional firm, Dr. Evans spends substantial amount of time with corporate boards and the executive management of major international corporations. Dr. Evans holds dual British/Canadian Citizenship. [gevans@upeu.ca](mailto:gevans@upeu.ca)

**Barney G. Glaser** is the cofounder of grounded theory (1967). He received his PhD from Columbia University in 1961. He then went to University of California San Francisco, where he joined Anselm Strauss in doing the dying in hospitals study and in teaching PhD and DNS students methods and analysis. He published over 20 articles on this research and the dying research. Since then, Glaser has written 14 more books using and about grounded theory and countless articles. In 1998 he received an honorary doctorate from Stockholm University. Email: [bglaser@speakeasy.net](mailto:bglaser@speakeasy.net)

**Katja Hakel** is an assistant professor at the Educational Development Unit at the Norwegian University of Science and Technology (NTNU) in Trondheim, Norway. She completed both her graduate studies in foreign languages and mathematics and her postgraduate teaching qualification at NTNU. She is currently working as an assistant professor at the same university. The grounded theory study that she presents in this article is part of her qualification towards a permanent position as associate professor. Her research interests include the use of educational technology for learning, teaching and assessment, but she also works with mentoring staff and training teaching assistants at her institution. Email: [katja.hakel@plu.ntnu.no](mailto:katja.hakel@plu.ntnu.no)