

## **Editorial: New Perspectives on Conceptual Growth through GT**

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What does it mean to learn grounded theory? I mean, really learn it? The question emerged while re-reading and reflecting on the final versions of the six very different, and yet interrelated, articles in this June issue of the Grounded Theory Review.

Many a novice grounded theorist has experienced that, in order to truly understand rounded theory, he or she has to start *doing* it; grounded theory is a learning-by-doing method that constantly produces new theories firmly grounded in data. But the learning process may, in itself, be extremely challenging, even scary, no matter the circumstances. Classic grounded theory might be scary simply because it prompts researchers to get out of their personal and professional comfort zone when hunting inductively for data to explain human patterns of behavior. Taking on the responsibility of doing a grounded theory is possible only if a researcher is willing to invest in individual growth and experience while simultaneously engaging with data.

In the opening article of this issue, Dr. **Barney G. Glaser** explains how the GT recipe for personal and professional growth goes through the constant conceptual expansion that is built into the grounded theory approach. The article, which is a preprint of the first chapter of his next book, extracts the productive design and outcomes of Dr. Glaser's lifelong devotion to grounded theory. So far, Glaser has written 35 books on grounded theory and innumerable articles, and he steadily produces a new book yearly. In the article Dr. Glaser calls classic grounded theory a "no preconceptions method." He looks back on his GT career and reflects on the consistent inner drive to explore the method further. He also explains an important rationale for doing inductive research; "writing up data was much faster than thinking up conjectures to suit a perspective that could be very irrelevant."

In this issue I am also very happy to publish three new grounded theories with core concepts that might have relevance far wider than their substantive areas: mastering everyday life, collective inclusioning, and trust testing.

The first theory comes from the health discipline. A group of Swedish researchers at Linnaeus University has developed a theory on "Mastering everyday life in ordinary housing for people with psychic disabilities." The researchers are **Rosita Brolin, David Brunt, Mikael Rask, Susanne Syren, and Anna Sandgren**. Their theory provides new insights into handling the complex everyday life of massive information flows paired with shifting requirements of attention, concentration, and quick decision-making. To many people, these complexities are hard to cope with, especially when combined with phobias, fatigue, attention deficits, or compulsive disorders. The main concern of the impossible mission of everyday life is resolved through the core category of mastering everyday life, which is a process as well as a set of strategies.

The second theory also comes from Sweden, from the field of innovation sciences. The grounded theory of collective inclusioning by **Michal Lysek** offers a bottom-up approach to innovation and leadership. Lysek has studied how leaders make entrepreneurs and managers engage in undertakings that require full commitment from all people involved. The resolution is what Lysek has conceptualized as collective inclusioning, which can be applied by afinitizing, convincing, engaging, goal congruencing, and innovation. Lysek emphasizes that collective inclusioning is a complementary theory to other strategic and management theories.

Even the third theory this time was generated in Sweden. **Gustaf Waxegard** and **Hans Thulesius** provide new insights into a very complex part of health services. The researchers have carried out a long term study on problems encountered and resolved by health professionals who work with the building of care pathways for people with neurodevelopmental disorders (ND) such as ADHD and autism. The new theory explains what is going on in a complex diagnostic field with scarce resources and diverging stakeholder interests. The first concept is unpacking, that is, the diagnosis and work up; it refers to what neurodevelopmental disorders should be conceptualized where and when in the pathway, and by whom. The second concept, trust testing, refers to the "monitoring and acting on the perceived unpacking commitment of other stakeholders in the ND pathway."

The book review section this time focuses on two new books that have potential to greatly influence the further work and understanding of classic grounded theory in the years to come.

**Kara Vander Linden** has reviewed Barney Glaser's latest book *The Cry for Help: Preserving Autonomy Doing GT Research* (Sociology Press 2016). Vander Linden expected to find a book mostly written for GT novices, but realized that the *Cry for Help* had some very important messages to her as a supervisor and a mentor of grounded theory as well. In the book, Glaser strongly advocates for mentoring and support that preserves the autonomy of the novice GT researcher. His arguments made the reviewer stop and question her own mentoring and ask "Am I taking away the researcher's autonomy by taking control of the research, or am I empowering the novice researcher by providing the level of support needed to facilitate autonomy?" Being sensitive to other researchers' autonomy is a challenge that supervisors constantly face. Vander Linden states that her goal as a mentor is to "recognize the learning that takes place in the struggle to learn the methodology and to help my mentees embrace that struggle and work through it."

**Tove Giske** has reviewed Judith Holton & Isabelle Walsh' new book *Classic Grounded Theory: The application of qualitative and quantitative data*, recently published by Sage. Giske finds the textbook insightful and valuable to experienced researchers as well as to novice grounded theorists. In particular, she discusses the authors' claim that grounded theory is philosophically neutral and, as such, might be considered a meta-theory of inductive research design. She applauds the authors' openness to a variety of political stands when doing GT even though they favor critical realism. Giske supports the idea that grounded theory might be referred to as a method, a technique, a methodology, a framework, a paradigm, a social process, and a perspective all at once depending on the stands of the individual researcher. The review provides a detailed discussion of the ten chapters and the two sections of the book. Giske concludes that the

textbook is “easy to read and aids those researchers new to GT to gain a better understanding of the methodological books written by Glaser.”

We would like to add that Holton and Walsh’ book is already gaining status as a classic textbook on classic GT. On behalf of the classic GT community we are happy that the book is now available for the growing numbers of novice researchers searching for safe harbors to anchor their ontological and practical questions on grounded theory.

## **The Grounded Theory Perspective: Its Origins and Growth**

By Barney G. Glaser PhD, Hon PhD

The book is about the origins and growth of grounded theory (GT) as developed and written by Barney G. Glaser. It is not written to compete or compare with other QDA methods. The competition with other perspectives is up to the reader to write up, if he so desires. My goal in this paper is to write up the GT perspective clearly and historically to date so it can be used by others in research and the rhetorical wrestle between different perspectives. As GT spreads throughout the world a clear view of the GT perspective is constantly needed and requested from me by researchers for doing GT and for trying to explain the method to others, particularly supervisors and peer reviewers.

There is an immense amount of writings on aspects of the GT perspective, often mixed with other perspectives, thus confusing its use. I trust this paper will help clarify GT's perspective with no remodeling. I am not saying that GT is better than other methodologies. I am just saying the GT method stands on its own and produces excellent conceptual theory. Let other QDA methodologies stand on their own as they wish. This paper will just show the difference in methodologies, as the reader may see. It is not written to correct other methodologies. I have written many books on the GT perspective. I trust this paper will bring most of the GT perspectives under one cover.

GT emerged as a fledgling methodology when analyzing the data on dying in hospitals, (*Awareness of Dying*, 1965). Awareness Context theory took the world of research by storm. We were constantly asked how we did it. In 1967 we published our beginning formulations of GT in *The Discovery of Grounded Theory: Strategies for Qualitative Research* by Glaser and Strauss. It was our first attempt to write a method that closed the gap between theory and method. We focused on procedures for grounding theory not on verification of theory. We called the methodology Grounded Theory. We put to rest the 100% focus on the verifying of grand theory which was all conjectured. We discovered that GT provided us with relevant predictions, explanations, interpretations and applications that fit.

It was our explanations that were the beginning of codifying GT as a methodology. The key elements of the theory were that the concepts in the theory should have fit and relevance. So many concepts in the world of social research were conjectural, that is reified and not relevant to the area or the participants. To gain fit and relevance the concepts had to be based on data in the field and be relevant to the participants. In short, they had to be grounded. They also had to be conceptual so that they could be integrated by a theoretical code into a conceptual theory. The theoretical code that seemed to fit the dying study was context theory. The total product was an emergent grounded theory of Awareness Contexts.

How to generate grounded concepts for a grounded theory needed to be articulated. So, I wrote a paper explaining how to generate grounded patterns to be named as concepts. It was the "The Constant Comparative Method of Qualitative Analysis" published in 1965 in *Social Problems*. It dealt with the comparing of data from different respondents to find interchangeable indicators which showed a grounded pattern. This became a GT procedure to generate enough concepts for a theory. In generating the concepts, a main concern of the participants emerged with a core concept that continually handled the concern. The emergent concepts often run as exceptions to the conjectured trend. Thus our perspective was to start off knowing nothing, in contrast to the typical research plan of knowing the problem before hand. GT became a no preconceptions method. We let the participants tell us what to research with fit and relevance. When their problem emerges, the participants will spill with data talking about it. The emergent problem is the focus of a GT research, no matter how distant it is from the original conjectured problem. This always happens as part of the GT perspectives: that is, no preconceptions. GT only researches the patterns which emerge as going on.

In our book on awareness of dying, theoretical coding emerged as a procedure for organizing the concepts. It was context analysis. Soon the theoretical code "basic social process" became popular. These organizing codes came after conceptualization, however easy it would have been to force them ahead of emergent conceptualization. With *Awareness of Dying* the grounded theory perspective had begun.

The power of theoretical codes was hard to resist for forcing data. Anselm liked the theoretical code of status passage. He wanted a book about dying as a status passage, so we wrote *Time for Dying* (1968). It was part emergent and part forced. It never sold well. It did not have the grab that *Awareness of Dying* did. For me it proved the value of staying 100% open to the emergent.

Theoretical codes have general implications which are hard to resist. Thus Anselm and I wrote a formal theory called *Status Passage* in 1971. The first systematic study of society as a negotiated order of interlocked careers and changes in status. It was based on various readings that could be conceptualized as status passages, infused with the conjectural wisdoms of advanced academics. It did not sell beyond a few copies. Again it proved to me the value of staying 100% open to the emergent. Again *Mirrors and Masks: The Search for Identity* (1969) was a formal theory by Strauss based on conjecture. It did not sell but a few copies. Again convincing me of the grab and power of staying 100% emergent to keep a theory relevant with conceptual fit.

The power and grab of a 100% emergent grounded theory thrilled me personally with prospects. Thus I wrote three pure GT monographs about how real life goes on. They were easy to write since there was no conjecture, just conceptualization of data. They almost wrote themselves as the data (conceptualized) come through me. The first of the three books was *Organizational Scientist: Their Professional Careers* (1964) which dealt with scientists receiving an average amount of recognition for their research. Second was *Second Deeds of Trust: How to Make Money Safely* (1969) which was about mortgage backed investments, the investments in my finance firm. Safety of investment was the main concern. And third, *Experts Versus Laymen: A Study of the Patsy and the Subcontractor*

(1972). The main concern was how to build a house without a contractor when not knowing construction. In writing these books and the dying books I discovered that writing up data was much faster than thinking up conjectures to suit a perspective which could be very irrelevant. Also I discovered that GT writing was a write-up, not a writing from groundless conjecture. Further, the main concern of these areas in these books had much interest to readers. Their relevance and fit gave them grab and sales.

Further, to make the GT perspective known I published three very thick GT readers full of GT papers. They were *Examples of GT* (1993), *More GT Methodology* (1994) and in two large volumes *GT 1984 to 1994* (1995). I had discovered that exemplifying was a very good way to spread the GT perspective safely. GT sells itself with its grab and its general universal implications. In short, I realized that discovering a theory from one data source gives it a general conceptual application to many data sources. For example, "supernormalizing" theory, discovered in a study of heart attack victims, can be used in many areas that produce physical stress. I extended my theory of exemplifying as a way of training researchers to do GT in my introduction to another reader put out by Judith Holton and myself, *The GT Seminar Reader* (2007), in which we included 24 well done GT papers. I also used exemplifying theory to produce a reader in 1996 which exemplified eleven basic social process theories. At the time basic social process was a popular theoretical code. The BSP theories came from dissertations that led to awarding the authors a PhD.

I also realized that a reader of several articles on a problem area or topic could be data for a formal grounded theory, so in 1968 I edited a reader *Organizational Careers: A Source Book for Theory*. It had 63 articles on organizational careers, which were suitable for generating several formal theories. My general perspective on GT methodology use and production was growing. To show this procedure I used formal theory methodology to compare all the articles in the reader *The SAGE Handbook of GT* (2007), Bryant and Charmaz editors. My formal theory ended up a book called *Jargonizing: The Use of the GT Vocabulary* (2009). I had discovered that GT was not only a methodology but also a vocabulary for expressing all QDA methods that had no, or limited, vocabulary of its own. Jargonizing is powerfully used in remodeling QDA to sound like GT. The main concern is how to make QDA sound like it is GT in both lofty talk and research procedures.

In the early 2000's jargonizing helped the increasing spread of GT, but it did not help the clear spread of GT research procedures. As jargonizing helped the versioning of GT it generally distorted several of the GT procedures which supported its general perspective of emergence. To clarify GT's emergent procedures I planned three books and wrote them on specific procedural perspectives to clarify their GT use. The first was *The GT Perspective: Conceptualization Contrasted with Description* (2001). This book was my effort to clarify the distinction of conceptual theory generation compared to QDA's descriptive methods and their positivistic claim on data. I wanted to show that GT humbly stands on its own as a generalizing conceptually generated method and was not descriptive.

This book helped, but still descriptive methods were remodeling GT, so in 2003 I wrote another GT perspective book called *GT Perspectives II: Description's Remodeling of GT*. It dealt extensively with the procedural contrast and conflict between descriptive and conceptual procedures. The effort was to insure the GT procedural perspectives as

conceptual and scientific compared to normal descriptions of everyday life. In these two books I emphasize the differences in generalizing between GT and QDA methods. GT produces conceptual generality that is abstract of time, place and people. In comparison, description depends on data accuracy to prove a generality. It is stale dated, as description changes quickly over time. Conceptual generality is simply modified conceptually to suit the data it is being applied to. But conceptual generality does not need to be applied to data, as it stands on its own. For example, "routing" theory can be applied or can just be discussed generally. Worrisome accuracy is a big issue in description for asserting accuracy. In contrast the GT constant comparative method makes sure that the emergent concepts are grounded patterns which remain no matter what and without forcing. The conceptual perspective on generality of GT is vital to maintain.

These two books went a long way toward maintaining the GT perspective, but more was needed. A book was needed on staying open to the emergence of theoretical codes as opposed to using the everyday theoretical codes (such as dimensions, conditions, causes, types, processes etc.) which are so easy to force on the data, as they are based on everyday parlance. They prematurely provide a theoretical code by forcing formation onto the confused states of GT that are necessary for emergence. For this perspective I wrote the book *The GT Perspective III: Theoretical Coding* (2005). Theoretical codes are needed to integrate the write up of a GT and have powerful grab if left to the emergent from sorting memos. They can be simple like a process, types or a dimension or complex like amplifying causal looping. They put the ceiling on emergence of the GT theory.

This book on theoretical codes started a confusion with the formal theory perspective. They sounded alike, especially as when a theoretical code led to a theory when the data was left out. For example, a paper on desisting residual selves, without the data, sounds like a formal theory, but it is not. A formal theory is a GT based on several different groups of participants or data. For example, a theory of proximity ethics can be based on several populations and thusly becomes a formal theory. Many substantive GT's based on one population have formal theory implications and are used as such. To make them formal theory just add to the research on different populations. In sum, to clarify the confusion between theoretical codes and form theory I wrote the book *Doing Formal GT: A Proposal* (2007). My GT perspective was growing and in print with these four books.

As I was writing these books to clarify the GT perspective, researchers were asking me how did my book *Basics of GT Analysis* (1992) fit in. It was written about perspective when GT was barely named and known only from reading *Awareness of Dying*. In 1988 Anselm Strauss and Juliet Corbin wrote a methods book called *Basics of Qualitative Analysis* that emphasized GT as a forcing procedure of analysis, that was considered GT. I was upset and asked Anselm to correct the forcing perspective to emergence. He said "no," and "if I do not like it, write a book about it" ...I did and published *Basics of GT Analysis: Emergence vs Forcing* (1992) in an effort to set the GT perspective straight. *Basics* still sells well 24 years later. The general GT perspective was rescued.

I published two more books with Strauss to broaden the GT perspective in the 1970's. They were *Anguish: A Case History of a Dying Trajectory* (1970) and *Chronic Illness and the Quality of Life* (1975). The theoretical code of status passage became

popular and was brought out theoretically in these two books. We wrote the book *Status Passage: A Formal GT Theory* (1971) grounded in our growing knowledge of various status passages. Dying and chronic illness as patient status passages were grounded in GT research in various hospitals.

All these books dealt with qualitative data and I was continually asked what about quantitative GT. Does it exist. It did in my book *Organizational Scientists: Their Professional Careers* (1964). To bring this book into the GT perspective I wrote a methodology book: *Doing Quantitative GT* (2008) to show how to do research for generating a quantitative GT. The first chapter was a history of GT based on quantitative data using Larzarsfeld's methodology called elaboration analysis. I also backed up my books with a reader called *Organizational Careers: A Source Book for Theory* (1968). It had 63 articles in it to use for generating more career theory. Organizations offer careers, I wrote, let's have some theory about organizational careers, which are so vital.

By the early 2000's I was satisfied that the GT perspective was in good use in papers and dissertations, in spite of the increase in remodeling and multiple versioning in books and articles. Many people were getting their PhD and having their GT accepted in journals. *Theoretical Sensitivity: Advances in the Methodology of GT* (1978) and *Doing GT: Issues and Discussion* (1998) I published to answer many perspective questions and procedural research issues to reinforce the GT perspective. They sold overwhelmingly and still sell well today. Researchers tell me that they want to do GT "right."

But given the worldwide spread of GT, I was receiving a large number of emails which were cries for help, especially with GT procedures. Thus, I started and did write five more books on GT procedures which adhered to the GT perspective. They were *Getting Out of the Data: GT Conceptualization* (2005), *Stop Write: Writing GT* (2012), *No Preconceptions: A vital GT Dictum* (2008), *Memoing: A vital GT Procedure* (2014) and *Applying GT: A Neglected Option* (2013). These books on procedures answered a multitude of questions originating from the start of doing a GT research project to finalizing it in a paper or dissertation. They preserve the GT perspective as fully grounded.

To further support the answers to the 100s of requests for procedure clarifications, Judith Holton and I published a reader, in 2012, of 19 articles taken from our journal the GT Review. It was the *GT Review Methodology Reader*. Again it preserved the GT perspective which is always under the rhetorical wrestle about which methodology perspective is best.

One frequent cry for help is "how do I convince my supervisor that GT is ok to use for a dissertation." This is a very fateful question of certification. A PhD candidate will put much time and money into getting the PhD. During his research his life will be on hold. Convincing the supervisor wedded to another QDA perspective is difficult for a beginner researcher. To answer the question, I wrote *Choosing GT: A Part Book and Part Reader of Expert Advice* (2014) for candidates to learn the pro GT arguments and to simply show the book to a supervisor to read for himself. Again I codified the GT perspective.

As the reader can see, over the last 40 years and over 35 books I have put out much energy and many books to establish and grow the GT methodology and keep its perspective pure and safe from remodeling. As a result, it is spreading throughout the world as a no

preconception concept generator of conceptual theory methodology. It suits a methodology for the PhD dissertation, since it automatically provides the desired original contribution required for the PhD.

## **Mastering Everyday Life in Ordinary Housing for People with Psychiatric Disabilities**

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### **Abstract**

The aim of this study was to develop a classic grounded theory about people who have psychiatric disabilities and live in ordinary housing with housing support. Interviews and observations during the interviews were analyzed, and secondary analyses of data from previous studies were performed. The impossible mission in everyday life emerged as the main concern and mastering everyday life as the pattern of behavior through which they deal with this concern. Mastering everyday life can be seen as a process, which involves identifying, organizing, tackling, challenging and boosting. Before the process is started, avoiding is used to deal with the main concern. The community support worker, providing housing support, constitutes an important facilitator during the process, and the continuity of housing support is a prerequisite for the process to succeed. If the process mastering everyday life is interrupted by, for example, changes in housing support, the strategy of avoiding is used.

**Keywords:** grounded theory, housing support, impossible mission, mastering, psychiatric disabilities

### **Introduction**

The focus of this study is on people who have psychiatric disabilities and live in ordinary housing with housing support. Internationally, the provision of housing and housing support, which has replaced inpatient care for people with psychiatric disabilities, varies greatly (Fakhoury, Murray, A., Shepherd, G., & Priebe, 2002). In Sweden, the mental health reform in 1995, led to the development of two community-based housing support models for people with psychiatric disabilities: supported housing facilities, and housing support in the individual's own apartment or house, in this paper termed "ordinary housing" (Brunt, 2002).

A psychiatric disability is defined by the Swedish National Board of Health and Welfare (2006) as a lasting psychiatric condition (> 2 years) that involves not being able to manage everyday life on one's own. The most common diagnoses among people with psychiatric disabilities in Sweden are psychosis, affective disorders, and neuropsychiatric disabilities (Swedish National Board of Health and Welfare, 2012). The needs for care and support that have been identified among people with psychiatric disabilities are related to universal human needs as, for example, activities of daily living, social relationships, physical health, information, household chores, food and personal finances (Kulhara et

al., 2010; Ochoa et al., 2003; Zahid & Ohaeri, 2013). People with psychiatric disabilities have expressed a desire to have a housing situation that satisfies their desire to live similar to what other people do (Warren & Bell, 2000), and ordinary housing is preferred to supported housing (Forchuk, Nelson, & Hall, 2006; Harvey, Killackey, Groves, & Herrman, 2012; Tsai, Bond, Salyers, Godfrey, & Davis, 2010).

Approximately 17 000 people with psychiatric disabilities receive housing support in ordinary housing in Sweden (Swedish National Board of Health and Welfare, 2011). Housing support consists of practical and social support with the aim of facilitating for the individual to manage his/her daily life (Swedish National Board of Health and Welfare, 2010). It is a scheduled multi-faceted support, which is based on mutual interaction between the resident and the community support worker providing housing support, termed hereafter the "supporter", and includes activities in and outside the home (Andersson, 2009).

International research into residents' satisfaction with their housing situation has revealed that important factors for satisfaction with housing situation are security and privacy, choice and proximity (Tsemberis, Rogers, Rodis, Dushuttle, & Skryha, 2003), and the ability to have control (Nelson, Sylvestre, Aubry, George, & Trainor, 2007). The importance of security and privacy was confirmed in a Swedish study which also revealed that the amount of information when selecting dwelling, as well as other people's influence on the choice of residential area and dwelling, were important predictors for housing satisfaction (Brolin, Rask, Syrén, Baigi, & Brunt, 2015). People with psychiatric disabilities have reported a moderate to high degree of satisfaction with their housing situation (Brolin et al., 2015; Hanrahan, Luchins, Savage, & Goldman, 2001; Tsemberis et al., 2003). However, these positive results also need to be considered in the light of findings showing that previous negative experiences of psychiatric care settings led to low expectations for housing solutions and thus to satisfaction with, and gratitude for, poorer housing conditions that would not be acceptable to others in the community (Walker & Seasons, 2002).

The focus of the studies in the research field has mainly been on describing symptoms and needs related to psychiatric disabilities, the characteristics of housing support or on the residents' estimated satisfaction with their housing situation. There is thus a lack of research that focuses on how people with psychiatric disabilities, who are living in ordinary housing, experience the housing support they receive, and how they cope with their situation. The aim of the present study was thus to develop a grounded theory about people with psychiatric disabilities, living in ordinary housing with housing support. The research question guiding the study was as follows: What is the main concern for people with psychiatric disabilities, living in ordinary housing with housing support, and how do they resolve this concern?

## **Method**

The methodology of grounded theory aims to discover the participants' main concern and to conceptualize patterns of human behavior (Glaser, 1978, 1998). In this study the patterns of behavior of people with psychiatric disabilities, living in ordinary housing with housing support, are explained.

The data collection was carried out in 2015 in one urban community (total

population >130 000) and one rural community (total population <60 000) in Sweden. The study was conducted in accordance with the Declaration of Helsinki (WMA, 2009). It was approved by the managers of social services in each municipality and by the Regional Ethical Review Board in Linköping (Reg. no. 2014/164-32).

There were some difficulties in recruiting participants for the study. The original plan was to recruit participants through the social service managers in each community. The social managers delegated the recruitment procedure to the community support workers, who informed presumptive participants about the study and asked them if they were interested in participating. Having recruited ten participants, the social managers announced that they could not find any more participants. The first author (RB) was then invited to inform users at two-day centers about the study. In connection with these two information occasions, six further participants were recruited. Those recruited by the social service managers demonstrated an awareness of social issues and support services; they reflected freely during the interviews and had no difficulties in verbally expressing their thoughts and feelings. Four of these had been cared-for in inpatient psychiatric services for one or several short periods, and on a voluntary basis. The majority of the participants recruited through the day centers did not, however, demonstrate such an awareness of social issues; they did not reflect as freely as the others during the interviews and had some difficulties in expressing themselves. Four of the six had been treated for long periods in psychiatric care services, one in voluntary care, and three in compulsory care.

A total of 16 interviews were conducted with residents, living in ordinary housing with housing support. The participants were 23-60 years old, with as many men as women. They had lived in their current residence for 2-25 years and had received housing support for 6 months to 13 years. The current level of housing support varied, from once every two weeks to four times per week, 1-2 hours on each occasion.

The interviews lasted 45-150 minutes and were conducted in the participants' apartments or in a room at the day center, except for one interview, which was conducted in an apartment that belonged to the participant's relative. Prior to the interviews, the participants received oral and written information about the study, that these interviews would be treated confidentially, that participation was voluntary, that they could withdraw at any time and that non-participation or withdrawal would not affect their housing support or other services. The participants then gave written consent.

During the interviews field notes were written in accordance with the methodology of classic grounded theory (Glaser, 1998, 2001). In an ambition to encourage the participants to talk about their situation in their own words, the interviews began with an open question: "Would you like to tell me what it's like to live here?" or "Would you like to tell me about your housing situation?" The interviews continued with follow-up questions as "What does that mean to you?" or "How do you feel about that?" in order to encourage the residents to talk more about what is important to them. The interviews were thus more like open conversations than formal interviews.

More detailed field notes and memos about incidents and ideas of concepts were written immediately after each interview. The field notes were then analyzed line by line, and incidents in data were identified, compared, and coded. While analyzing field notes, the constant comparative process served as guidance for theoretical sampling on what

data to collect and where, in order to saturate emerging concepts and the emerging theory (Glaser, 1978). For example, analyses of interviews with residents in urban areas led to recruitment of residents in rural areas; similarly, residents who had had housing support for many years led to recruiting residents who had had housing support for a shorter time. New and more specific questions to ask emerged during the analysis process, for example: "Where do you prefer to spend your leisure time?" and "What happens when your supporter is on holiday or becomes ill?" These questions were then used in subsequent interviews, to saturate the concepts in the theory.

In order to avoid description and to maintain theoretical sensitivity while collecting, coding, and analyzing data, a set of questions were put to the data during the open coding process: What are these data a study of? Which category does this incident indicate? What is actually happening in the data? What is the residents' main concern? How do they continually resolve this concern? The open codes were then compared to each other and new concepts were compared to other concepts in a constant comparative process, in order to abstract the concepts. Memos about concepts and possible inter-relationships were written during the whole process. Once the main concern, the impossible mission in everyday life, had emerged, the focus of the continuing process was on finding a core concept that relates to as many of the other concepts as possible and consequently explains, with as much variety as possible, how the main concern is continuously resolved. When the core concept mastering everyday life emerged, selective coding began to delimit the coding to concepts related only to the core concept. The core concept was thus a template for further data collection and theoretical sampling (Glaser, 1978, 1998).

In order to saturate the concepts, secondary analyses were conducted on data from a previous survey with 370 participants' estimated satisfaction with their housing situation (Brolin et al., 2015) and a study in which 364 participants responded to open-ended questions about what they considered the best and the worst in their housing situation (Brolin et al., unpubl. data). These analyses led to further clarifications of the concepts. The memos that were written during the analysis process were hand-sorted; memos were written on memos, developing a rich memo bank, which was repeatedly sorted while writing additional memos on memos. In the theoretical coding phase, further memos were written, especially focused on relationships between the concepts and the core concept. In this final phase, the theory mastering everyday life was formulated. A literature review was then performed and used as a further source of data, which was integrated into the constant comparative process in accordance with classic grounded theory (Glaser, 1998).

### **The Theory of Mastering Everyday Life**

The impossible mission in everyday life emerged as the main concern of people with psychiatric disabilities who live in ordinary housing with housing support. It consists of experiences of a complex everyday life with a massive flow of information, constant demands for attention, concentration, and decision making, complicated by time pressure, unexpected interferences, and sudden changes. The complex everyday life, in combination with phobias, fatigue, attention deficits, start-up or concentration difficulties, compulsive disorders, and difficulties with time perception, is perceived as more or less impossible to manage. The difficult combination requires a constant awareness of each

individual choice and action in everyday tasks as well as in interaction with others. The difficult combination leads to a fear of not being able to meet the requirements of life in the community, to miss something important, to get into trouble, or not to be good enough. The fear drains energy, reduces the ability to cope with the requirements of everyday life, and leads to feelings of chaos, paralysis, anxiety, guilt, shame, and loneliness. Everyday life is a daily struggle, driven by a desire to be able to function like most other people do in their lives.

The main concern, the impossible mission in everyday life, is resolved by mastering everyday life, which means taking command of and control over everyday life, even though it seems more or less impossible. Mastering everyday life can be seen as a process which is performed by avoiding demands and difficulties, identifying activities, barriers and possibilities in everyday life, organizing everyday life, tackling everyday tasks, challenging tasks that are perceived as impossible to perform, and, boosting everyday life. Before the process of mastering everyday life is started, avoiding is used in order to deal with the impossible mission in everyday life. The strategy of identifying is a prerequisite for the process. Identifying facilitates organizing, which facilitates tackling and challenging. If the strategies work well, they lead to an increasingly functioning daily life and to possibilities for boosting everyday life. In many situations throughout the entire process, the housing support, provided by the supporter, is a prerequisite for being able to proceed. If the process is interrupted by, for example, changes in housing support, the strategy avoiding is used. The strategies and their sub-strategies are presented below.

#### Avoiding

Avoiding is a strategy that is used in order to deal with the impossible mission in everyday life, before the process of mastering everyday life is started. During the process, avoiding is used to deal with the parts of everyday life that have not yet been mastered, while failing in mastering everyday life leads to a return to avoiding. Avoiding includes keeping away from demands and difficulties, and going around them instead of encountering them and thus avoiding the consequences that arise when meeting the demands of everyday life. This is done by ignoring and using emergency solutions.

Ignoring means disregarding tasks and activities. Ignoring is performed by refraining from everyday tasks such as going to work, cleaning the dwelling, cooking, doing the dishes, caring for personal hygiene, doing the laundry, opening letters, paying bills, or answering the phone. In situations when ignoring cannot be used, avoiding is performed by using emergency solutions, for example employing a cleaning company, buying takeaways, eating fast food or sandwiches, and using social media or online-games instead of going out to socialize with other people.

Avoiding is often successful since it temporarily bypasses the current difficulties. If one emergency solution does not work, there are usually others available. The strategy may be a way to save time and/or energy in order to deal with the other strategies later. However, building one's entire existence on avoiding eventually increases the feelings of chaos. For example, the apartment/house has not been cleaned; laundry, dishes, important papers and other things are stacked in piles; scheduled times and important phone calls are forgotten (dentist, doctor, National Insurance Office, Employment Agency); letters are not opened; and, bills are not paid. The situation soon becomes overwhelming and leads to a sense of paralysis, feelings of failure, worthlessness, guilt

and shame for not being able to deal with what other people consider to be elementary. The shame in turn limits social life due to low self-confidence and a reluctance to let anyone come close or enter one's home. The chaos leads to anxiety, which drains energy and leads to even less capacity to handle everyday life, which in turn, leads to more anxiety; there is a great need for support to be able to break this downward spiral. Support from a community support worker serves as a catalyst and a trigger for engaging in mastering everyday life.

### Identifying

The process of mastering everyday life starts by identifying, which includes investigating and establishing how everyday life works and how to optimize it. Identifying is done by mapping out everyday life, discerning barriers, and detecting possibilities.

Mapping out everyday life is used in order to gain an overview of everyday activities, and how they are related to each other. Examples of everyday activities are cooking, eating, sleeping, showering, brushing teeth, shopping, going to work, school or day center, making phone calls, paying bills, interacting with others, participating in leisure activities, and so on. Mapping out everyday life is usually done in conversations with the supporter.

While mapping out is a way of gaining an overview of the activities that belong to everyday life, discerning barriers means detecting what does not work in everyday life and what the causes can be. The barriers may be environmental or individual. Examples of environmental barriers are disturbing noises and lights, unstructured and untidy environment, unclear messages, and guidelines. Examples of individual barriers are phobias, increased sensitivity for sensory impressions, difficulties in concentrating, abstract thinking, and seeing the whole picture. Discerning barriers is usually carried out together with the supporter, but also in dialogue with physicians, other health professionals or relatives, as well as by reading research literature or newspaper articles.

In order to discover factors that can be used to overcome identified barriers, detecting possibilities is used. Detecting possibilities involves environmental factors such as blackout curtains, lighting equipment options, storage furniture, headphones, and alternatives for traveling and communicating with others. Possibilities may also concern personal capabilities and strengths, such as accuracy, artistic talent, mathematical skills, and ability to seek information or to memorize details. Detecting possibilities is usually performed together with the supporter. If identifying is successful it facilitates organizing.

### Organizing

Organizing means systematizing and structuring everyday life. This is done by scaling down, creating spatial order, and structuring time.

Scaling down is an effective way to clear away as much as possible of unnecessary energy waste. Scaling down is done by determining what tasks and activities to prioritize, as well as what things to keep and what to get rid of, by selling, giving away, or throwing away. Scaling down the number of tasks to perform, activities to engage in, and things to keep, is sometimes carried out together with relatives, but more often together with the supporter, who is also a facilitator for creating spatial order, that is, sorting and systematizing possessions. Creating spatial order is performed by replacing patterned wallpapers and furnishings with non-patterned ones, putting things

away into cupboards and drawers, labelling cupboards and drawers, putting important papers in folders, and arranging a specific place for unpaid bills.

Structuring time means structuring seven days a week and creating routines for everything that is included in everyday life such as food, sleep, work/studies, housekeeping, laundry, personal hygiene and physical activities. Structuring time includes writing memos and "to-do lists", planning and writing weekly schedules, planning routines and daily rhythm (that is, having the same hours for eating, sleeping and working, the same day of the week for cleaning and washing, and the same day of the month for paying bills). Structuring time is usually done together with the supporter.

Organizing is a prerequisite to continue the process of mastering everyday life. As order is created, everyday life gradually functions better with fewer complications. Feelings of chaos are reduced and replaced by a sense of gaining control over some areas of everyday life, which leads to increased self-confidence and facilitates the continued efforts to organize. During the process of organizing, it becomes clear which areas need to be tackled and challenged in order to achieve a functioning everyday life. The feeling of mastering some areas of everyday life facilitates tackling and challenging areas where the individual does not yet function well.

### Tackling

Tackling means to set about and carry out everyday tasks that one does not know how to handle, how to manage, or how to find energy and time for. Tackling is carried out by focusing, testing, and practicing.

Focusing means concentrating on one thing at a time which is initially performed together with the supporter, by selecting one of the points on the "to-do list" and then devoting time entirely to this point. When it is completed, it is then removed from the list. Focusing can involve single events, such as making a specific phone call, recurrent everyday activities such as washing dishes or doing the laundry, or activities that need to be processed for a long time by testing and practicing. Examples of the latter are travelling by public transport, or making decisions on what clothes to wear or what food to eat each day.

By testing, various ways of dealing with a barrier or a recurrent problem in everyday life are examined, until a functional solution is found. Various means of transportation are tested at various times during the day, and various ways of facilitating decisions about clothes and food are tested, together with the supporter. For example, a weekly menu may be written and tested, and clothes may be chosen for the whole week, and placed in one pile or one bag for each day. The supporter is valuable while testing various solutions, trying different ways to carry out daily routines, or testing in which order daily routines should be carried out to be optimal.

Practicing involves practicing tasks as well as where, when, how, and in what order routines should be implemented. Practicing is initially carried out together with the supporter. However, while practicing, the need for support gradually decreases. Tasks that may need practicing to become a matter of routine are cleaning, shopping, and cooking. Routines that may need to be practiced are getting up at the same time every day, having meals at the same time every day, taking a walk at the same time every day, and reserving the same day for laundry every week.

As increasingly more areas are tackled, they can be organized into the everyday structure; everyday life thus becomes more and more possible to handle.

### Challenging

As everyday life becomes increasingly more manageable, there is energy, time, and courage enough for challenging tasks that are perceived as impossible to perform. Challenging is done in several steps and often continues for a long time, by shielding oneself, approaching the challenge, encountering the challenge, performing parts of the challenge, and finally completing the challenge.

There is a need for shielding oneself to feel as safe and secure as possible while undertaking challenging tasks that are perceived as impossible to perform. Shielding oneself is done by using another person or pet, as a facilitator when challenging. For example, the supporter, a relative or a dog may accompany the person on walks and group activities. Shielding oneself is also done through preventing eye contact with others by looking at the ticket machine on the bus, or using the self-scanner in the store. Being anonymous among others is another way of shielding oneself. For example, it may be perceived as less frightening to live in a big city than in a small village, or to participate in a big festival, where you can "disappear" in a large crowd, than to participate in a small private party.

Shielding facilitates challenging and starts with approaching the challenge. Approaching the challenge involves planning when to begin dealing with a task that is perceived as impossible, and how to do it. The plan, which is usually made together with the supporter, may include time for encountering the challenge, the location where it is most appropriate to encounter the challenge, if any tool is to be used, and if anyone should be there for support.

The next step of challenging is encountering the challenge: considering the impossible task more closely but without beginning to work on it. Several examples are as follows: fear of going out can be encountered by standing in the doorway for a moment. The discomfort of brushing teeth can be encountered by looking at and touching different kinds of toothbrushes, selecting, and buying a toothbrush. Encountering the challenge is often done together with the supporter.

After encountering the challenge, performing parts of the challenge is done in several steps and initially only a small part of the challenge is performed. Once this part has been performed a number of times and no longer feels uncomfortable, a greater part of the challenge is performed, to gradually overcome what initially was perceived as impossible. Performing parts of the challenge is usually done together with the supporter and may involve leaving the doorway and taking a few steps outside the house. Over time, the walk outside the house becomes gradually longer. In a similar way, discomfort when brushing teeth can be challenged by inserting the toothbrush briefly in the mouth and touching it with the tongue. Gradually a few teeth can be brushed.

Performing more and more parts makes completing the challenge possible. Completing the challenge means performing the entire task and involving it in the daily routines (for example, taking long walks several times a week and brushing all the teeth every day). If challenging is successful, it leads to increased self-confidence and, eventually, the task may be feasible without support. However, if challenging is not successful, it leads to feelings of failure and decreased self-confidence. In the continuing

process, the supporter plays an important role in motivating and supporting the resident to try and find new ways to approach, encounter, perform and complete the challenge.

If the four strategies—identifying, organizing, tackling, and challenging—work well, they can lead to an increasingly functional daily life, more self-confidence, increased self-esteem, and the courage to move forward in the struggle to master more and more in everyday life.

### Boosting

An increasingly functioning daily life leads to possibilities for boosting everyday life, in order to make it even more positive. Boosting is done by making oneself important, healthy living, and enriching life.

Making oneself important involves striving to contribute to society, and finding a place or a way in which one has an important role to play; it is performed by helping others, being a support for others, and spreading joy among others, but also by searching for education or work, studying, taking driving lessons, performing important tasks at work, and doing a good job. The supporter is valuable while searching for education and work. Sometimes assistance from the supporter is a precondition for the resident to be able to include work or studies in everyday life. Helping, supporting, and spreading joy among others is usually successful, while it may be harder to succeed in searching for work. If the strategy is successful it leads to feelings of being important and capable, which contributes to a feeling of having an everyday life similar to what other people have. If not successful, it leads to feelings of failure and not being capable; it leads to an increased need of support for finding new ways to make oneself important.

Healthy living includes various ways of taking care of one's body, such as eating nutritious and varied foods, exercising, detoxifying, and medicating. Healthy living is performed by cooking instead of buying fast food, avoiding fats and sugar, taking daily walks, training weekly at a gym, or swimming weekly in a pool, using medicines prescribed by a physician, and not using addictive substances (such as alcohol, tobacco and drugs as well as medicines with inconveniencing side effects). Initially, the encouragement and assistance provided by the supporter is a facilitator for healthy living. For example, he or she may accompany the person to the gym or swimming pool, encourage and support when planning, shopping and cooking healthy food. If the strategy healthy living is successful it may lead to weight loss, sobriety, improved physical condition and a sense of increased health and wellbeing. If not successful, it leads to feelings of failure and an increased need of being encouraged and supported to try new ways of healthy living.

Enriching life means investing in the good and bright sides of life, in order to make everyday life as positive as possible. Enriching life is performed by thinking positively and feeling grateful, surrounding oneself with nice and beautiful things, planning for positive events, engaging in hobbies, engaging in social activities, being with loved ones, and, staying in places where one feels comfortable and relaxed (such as the summer house, the garden, the balcony, the forest or the seaside). The supporter is valuable for socializing with others and making new friends. For example, the supporter may encourage and accompany the person to social activities. Some of the ways of enriching life (for example engaging in hobbies) are more likely to succeed, while engaging in social activities is more likely to fail. Failure leads to ending the activity and

not having the courage to try again. If the strategy is successful it leads to pleasure and a sense of well-being, gives a positive dimension to everyday life, and contributes to an experience of having an everyday life that is similar to that which others have.

If the process of mastering everyday life is successful and continues for a long time, the mission in everyday life is no longer perceived as impossible to manage. When everyday life has become manageable, when the person feels confident and capable, experiencing an increased health and wellbeing, and when life has begun to be lived positively, feelings of being able to master everyday life on one's own arise. It may then be time to reduce the housing support gradually and to plan for a future without this assistance. However, if the process of mastering everyday life is interrupted or disturbed by interrupted support, the previously created order and structure is gradually broken down; everyday life returns to be perceived as an impossible mission, and avoiding is used to handle it. In turn, the idea of avoiding leads to a downward spiral of chaos and anxiety. However, continuous support can help to break the spiral and to re-engage in the process of mastering everyday life.

#### Facilitators and triggers

Continuity and time are essential for the process of mastering everyday life to be successful. The longer the process is ongoing without interruption, the greater part of everyday life is mastered. Important facilitators during the process are the supporter, and relatives or friends. However, sudden and unexpected changes can be triggers leading to interruptions or complications in the process. Examples of such triggers are changes of times, unexpected occurrences, changes in the personal financial situation, changes in the housing support scheme, changes in who provides the housing support.

The continuity of housing support is a prerequisite for the process of mastering everyday life for the target group; there is an ever-present fear that the support may be withdrawn. The need for continuity applies to the time when housing support is provided as well as the person who provides it. It is particularly difficult to cope when an unknown supporter arrives unannounced, when the ordinary supporter is ill or on leave. Letting an unknown person into one's home is associated with worry, insecurity or even fear. If the continuity is interrupted, for example when the supporter is on leave, the progression in the process of mastering everyday life stops; tasks that have been manageable may return to being unmanageable. Once accustomed to the new times and/or the new supporter, the process of mastering everyday life continues. During longer breaks in housing support, or if the housing support ceases, the process of mastering everyday life stops; the previously created order and structure is gradually broken down; the mission in everyday life is re-experienced as impossible and avoiding is used to handle it.

### **Discussion**

Participants were recruited with the assistance of social service managers, who could be seen as gatekeepers, potentially hindering some residents from participating in the study. This limitation could, however, be said to be counterbalanced through the recruitment of participants from two day centers, where all the attendees were invited to receive information about the study. This recruitment method generated participants with a

greater severity in terms of disability compared to those who were recruited through the social service managers. The diversity of the participants' disabilities and experiences of psychiatric care could be considered to be a positive aspect that provided an increased opportunity to gain a broader perspective on living in ordinary housing with housing support. Multiple recruitment strategies are thus recommended for further studies in the research field.

The literature review, which was performed once the theory mastering everyday life was formulated, revealed that there is a considerable lack of research into how people with psychiatric disabilities who receive housing support in ordinary housing deal with their everyday life. Through its explanatory structure this grounded theory contributes to fill this knowledge gap.

The main concern, the impossible mission in everyday life, has similarities to "a collapsed everyday life" (Andersson, 2009, p.159) which was found to be one consequence of psychiatric disorders in a study about housing support for people with psychiatric disabilities who live in ordinary housing in the community. The study does not, however, focus on how the residents cope with everyday situations. The impossible mission in everyday life is also similar to "problems of living" (Barker, 2001, p.84) and "difficulties in everyday life" (Ahlström & Wentz, 2014, p.1), which have been used to describe consequences of living with psychiatric disabilities.

The concept "impossible mission" or "mission impossible" has been frequently used in research literature in order to describe experiences in psychiatric care contexts from the perspective of staff, service managers and administrators (e.g. Berland, 2003; Hörberg, Benzein, Erlingsson, & Syrén, 2015; Oeye, Bjelland, Skorpen, & Anderssen, 2009). This grounded theory, however, is based on the residents' experiences of having psychiatric disabilities and living in the community with housing support. Their main concern, the impossible mission in everyday life, is resolved by mastering everyday life, which can be seen as being similar to "To take charge of one's life" (Berglund, 2011) when suffering from long-term illness, or to master the unpredictable life that follows after one's partner has had a stroke (Gosman-Hedström & Dahlin-Ivanoff, 2012). Furthermore, mastering everyday life could, to some extent, be considered as similar to the concepts "self-management" (Barker & Buchanan-Barker, 2010, p. 173; Barker & Buchanan-Barker, 2011, p. 354) and "being fit and ready to act" (Barker & Buchanan-Barker, 2011, p. 353), which have been used to define mental health and recovery.

It should be emphasized that mastering everyday life does not represent all the patterns of behavior of the target group, but is one important pattern of behavior in which they engage. Mastering everyday life is performed by the strategies identifying, organizing, tackling, challenging, boosting, and avoiding. These concepts have all been used one at a time, in various research contexts, and a few examples of this are as follows:

The importance of identifying needs as well as personal and interpersonal resources has been emphasized in psychiatric contexts (Barker & Buchanan-Barker, 2005). In the current theory, identifying is a prerequisite for organizing everyday life, which in turn leads to a sense of gaining control. "Planning and organizing" (van de Ven, Post, de Witte, & Heuvel, 2008, p. 250) has been found to be a useful strategy for people with cervical spinal cord injury in their effort to reach autonomy and, in this theory, organizing is one important step towards mastering everyday life, which, if successful may lead to increased autonomy. Tackling and challenging have been used in the context

of physical disabilities and environmental obstacles (Pound, Gompertz, & Ebrahim, 1998; Rydström, Hartman, & Segesten, 2005; van de Ven et al., 2008). If successful, the four strategies (identifying, organizing, tackling and challenging) lead to an increasingly functional daily life and possibilities for boosting everyday life. Boosting well-being via positive emotions, positive thoughts, positive behaviors and need satisfaction has been suggested to constitute a protective factor against mental health conditions (Layous, Chancellor, & Lyubomirsky, 2014). Avoiding is reminiscent of avoidance behavior, which is a well-known concept, and a central component in cognitive behavioral theories that are frequently used in psychiatric care contexts. For example, social avoidant behavior was found to characterize the lives of people with schizophrenia (de la Asuncion, Docx, Sabbe, Morrens, & de Bruijn, 2015). Anxious avoidance and depressive avoidance were found to be associated with symptoms of prolonged grief disorder, depression and posttraumatic stress disorder (Boelen & van den Bout, 2010). A temporary use of avoiding may be a way of saving time or energy, while the consequences of its use may lead to a downward spiral of increased feelings of chaos, anxiety, and less capacity to handle everyday life. It is thus important to provide as much of the needed support as possible in the residents' use of the five strategies (identifying, organizing, tackling, challenging, and boosting).

The concepts are not new but during the literature review, no study was found in which these concepts were used together in an explanatory theory of human behavior patterns. The theory mastering everyday life can, through its explanatory structure, contribute to a greater understanding for the life situation of people with psychiatric disabilities and how they can be supported to overcome their difficulties. The theory may serve as a tool for people with psychiatric disabilities to reflect about their own situation. Increased knowledge of their main concern, and their patterns of behavior in dealing with that concern, may also serve as a tool for community support workers and family to facilitate the residents' process in mastering everyday life.

Furthermore, when planning for housing support services for people with psychiatric disabilities, social service managers need to pay great attention to continuity and time, as these were found to be essential factors for success in mastering everyday life. The community support workers were found to be important facilitators for starting the process of mastering everyday life, and continuity over time was found to be a prerequisite for being able to continue the process. A long interruption, or withdrawal of the housing support, leads to a return to the previous avoidance behavior, which eventually results in a return to the everyday chaos that prevailed in the individual's life prior to receiving housing support.

We emphasize the importance of planning housing support services in such a way that interruptions to continuity are avoided. In order to provide safety and security, every new supporter should be thoroughly introduced before they begin to provide support to a resident. Furthermore, the supporters' work schedules should be planned so that each recipient of housing support is familiar with at least two supporters, and that these two replace each other during sick leave and vacations. The support should be given continuously without interruption, until the resident feels ready to handle daily life without support. The support should then be gradually decreased. If the resident does not feel ready to handle everyday life without housing support, the support should be continued. In order to prevent worry, a long-term plan should be made for each resident. The plan should include an agreement that any future withdrawal of housing support will only be done if the resident feels ready for it, and that withdrawal will be preceded by a

gradual and slow reduction in the number of housing support hours, before ceasing.

In conclusion, the theory mastering everyday life contributes to the knowledge about how people with psychiatric disabilities, who are living in ordinary housing in the community, deal with their everyday life. The theory reveals that community support workers are important facilitators for the target group when dealing with their main concern, the impossible mission in everyday life, and continuity in housing support is crucial for their progression in the process of mastering everyday life. Supporting the process of mastering everyday life is important since, if successful, it leads to experiences of increased health, well-being, and a capability to deal with everyday life without support, which, in turn, may lead to autonomy and a reduced need for housing support. The theory mastering everyday life and the importance of continuity in housing support can be used over time as a basis for future intervention studies in the research field.

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## **Collective Inclusioning: A Grounded Theory of a Bottom-Up Approach to Innovation and Leading**

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### **Abstract**

This paper is a grounded theory study of how leaders (e.g., entrepreneurs, managers, etc.) engage people in challenging undertakings (e.g., innovation) that require everyone's commitment to such a degree that they would have to go beyond what could be reasonably expected in order to succeed. Company leaders sometimes wonder why their employees no longer show the same responsibility towards their work, and why they are more concerned with internal politics than solving customer problems. It is because company leaders no longer apply collective inclusioning to the same extent as they did in the past. Collective inclusioning can be applied in four ways by convincing, afinitizing, goal congruencing, and engaging. It can lead to fostering strong units of people for taking on challenging undertakings. Collective inclusioning is a complementing theory to other strategic management and leading theories. It offers a new perspective on how to implement a bottom-up approach to innovation.

**Keywords:** afinitizing, convincing, engaging, goal congruencing, innovating.

### **Introduction**

HMS Industrial Networks AB is a Swedish company providing product solutions to connect different devices, such as robots, control systems, motors, and sensors, to different industrial networks. HMS was founded in 1988. In 1994/1995 their Anybus product was invented. In the following years, the Anybus became an innovation, and HMS became a market leader in the industrial communication industry (Lysek, Danilovic, & Liu, 2016).

Despite HMS' success within the industrial communication industry ("Frost & Sullivan," 2013), I was more curious about the first decade of the company's history. I began to wonder what could have been the main concern of the people who had been working for HMS between 1988 and 1999/2000 and helped the company overcome all of its challenges. By the time the core variable emerged, I had discovered what had been of most importance to both managers and employees at HMS during these years.

I also discovered that a good salary was not the main reason for people staying with HMS during all these years. Money was not everything. One employee, employed by HMS before 1999/2000 told me that, "We all wanted to finish our projects on time and we all

wanted our company to succeed. I do not have any specific benefits from it today, but I have a job that I like a lot". By the time the core variable emerged, I realized that HMS' employees could not explain exactly why they had struggled so hard in the past to make HMS succeed, despite not having a good salary, or owning any company shares. People may wonder why someone would invest so much time and work into a company that, in fact, was not theirs. I argue that the answer lies within this core variable, which explains the behavior of HMS' managers and how they were able to increase their employee's level of commitment to fulfilling the company's goals and their own entrepreneurial dreams.

## **Methodology**

This study was performed at HMS Industrial Networks AB, where I have been employed since June 2012. I began my Ph.D. studies within innovation sciences in January 2014. My employment has allowed me to engage more closely with HMS' employees. Discovering the main concern of people in a social environment is the main reason for using classic grounded theory (Holton & Walsh, 2017; Hartman, 2001; Glaser, 1978, 1998; Glaser & Strauss, 1967). I used classic grounded theory for this study to discover the main concern of the people employed by HMS between 1988 and 1999/2000.

### Data collection process

Grounded theory "has the power to move beyond conjecture and perception to reveal the underlying processes of what is [truly] going on" (Lowe, 1998), but the researcher must remain alert to the risk of forcing the data during the collection process. I was therefore careful not to allow my interest in innovation to influence the people that I interviewed, and to talk only about what was of interest to them during the time when they worked for HMS from 1988 to 1999/2000. I was aware of the fact that by doing so, whatever data I collected, could turn out to be unrelated to innovation. It was a risk that I had to accept in order to avoid forcing the data.

A different approach was used to discover the behavior of managers during this study. Instead of interviewing managers, I interviewed employees. As a result, I collected data on what employees experienced that managers were doing, instead of just collecting data on what managers believed that they were doing. This approach allowed me to capture how managers influenced their employees, whether or not they were aware of it.

I performed 47 semi-structured and open-ended interviews during 2014 and 2015. HMS employed approximately 60 people in 1999/2000. All interviews were recorded, lasting between 10 minutes and 75 minutes. A total of 23 hours and 40 minutes of data was collected. Out of the 47 interviews, only 16 were transcribed and analyzed for this study before saturation was reached. They were randomly selected from the 47 interviews. The 16 interviews lasted for eight hours and 40 minutes, which corresponded to 1/3 of all the data recorded. These 16 interviews also yielded a total of 121 A4-pages of empirical data, which were used during the data analysis process. All 16 people were engineers. Ten of them still work for HMS, while the remaining six do not. All but two were male. The oldest person was born in 1967 and the youngest in 1975.

### Data analysis process

Following the tenets of classic grounded theory (Glaser, 1978, 1998; Glaser & Strauss, 1967), I began the data analysis process with substantive coding, which starts with open coding and continues later with selective coding. Open coding (Holton & Walsh, 2017) was performed on the transcribed interview data with no predetermined focus. The data were coded for any existing concepts. Conceptualization was utilized to get “out of the data and off the descriptive level to conceptualization” (Glaser, 2011, p. 2).

The constant comparison method (Glaser, 1965) and theoretical memoing were systematically applied during the whole study. These techniques were intertwined with theoretical sampling, substantive coding, and theoretical coding, and utilized until the core variable “collective inclusioning” emerged. Once the core variable was discovered, selective coding on the core variable was started. A switch from open coding to selective coding during this stage “allows delimiting the data collection and analysis to just the core category and any potentially related concepts” (Holton & Walsh, 2017, p. 53).

If a concept, regardless of its novelty or personal preference of the analyst, does not have relevance in relation to the core category, it is dropped from subsequent analysis and theoretical elaboration. In this way the core category becomes a guide to further data collection and theoretical sampling. (Holton & Walsh, 2017, p. 84)

Theoretical sampling is a technique that is applied during open and selective coding, in tandem with constant comparison. It “jointly collects, codes and analyzes data and decides what data to collect next and where to find them in order to develop [the emerging] theory” (Holton & Walsh, 2017, p. 37). The difference in the technique during open and selective coding is that it is performed in a much more focused fashion on the core variable during selective coding.

The constant comparison method contributed to generating more than 200 paragraphs of data and an even larger memo bank. Saturation was reached when no more concepts (categories or properties of categories) emerged. At that point, theoretical coding was started, which “refers to the modeling of the relationships between and among the core category and related concepts as a fully integrated theory. It is the final stage in the coding process” (Holton & Walsh, 2017, p. 86). During this stage, memos were sorted (Glaser, 2005) and compared with different theoretical codes (Glaser, 1978). The constant comparison method was utilized until associations between concepts within the memos were discovered. The final stage included the write-up of the paper (Glaser, 2012), during which collective inclusioning was compared with the literature.

### **A Theory of Collective Inclusioning**

The main concern is supposed to highlight “the issue or problem that occupies much of the action and attention in the research setting, whereas the core [variable] explains how that concern or problem is managed, processed, or resolved” (Holton & Walsh, 2017, p. 88).

Some managers at HMS wonder why many of their employees are no longer showing the same passion towards their work as they did in the past. Why they are more concerned with internal politics rather than solving customer problems? The findings in this study show that people are less committed to the company because the same managers are no longer utilizing collective inclusioning as they did in the past. They occupy themselves with presentations and meetings and they talk less often with their employees. As a result, employees become more interested in internal politics than customers and the company.

One employee told me that,

We solved everything to the best of our ability. We were all very motivated and committed, we who worked for HMS in those days. We saw the company as ours. We were like a small family, where everyone worked very tightly with each other to reach the same goal, and it was perhaps this family feeling that made us go a step further than what we normally would have done, when we made our efforts within the company.

This feeling of being a "family" is the most important consequence of collective inclusioning that a company can achieve.

I realize that managers can have had other concerns as well (e.g., survival, sales, quality or growth), but from the perspective of their employees, the empirical data show that their main concern is to convince their employees to increase their commitment towards the company. Most of the employees did not see their managers opportunizing, but they saw them collectively inclusioning. They remember how it felt to be collectively included by their managers, as the best thing about the company. Apparently, managers believe this to be important for the survival and growth of the company. Otherwise they would not utilize the process of collective inclusioning.

The theory of collective inclusioning is best explained by first defining the four main dimensions (sub-sub-core variables) of collective inclusioning: convincing, afinitizing, goal congruencing, and engaging. Together they reflect how managers are able to increase their employees' level of commitment towards the company and towards fulfilling their goals. In order to achieve collective inclusioning, managers need to apply convincing, afinitizing, goal congruencing, and engaging simultaneously. These four basic social psychological processes (Glaser, 1978) have the highest effect when they are applied collectively.

On a more abstract level, collective inclusioning can also be divided into two other dimensions (sub-core variables) of collective inclusioning: persuaded inclusioning and cultivated inclusioning. They will be explained later in this paper.

### **Convincing**

Employees usually perform their job well without requiring additional motivation from their managers. However, during certain circumstances, managers need their employees to go beyond their normal degree of commitment, especially concerning achieving company goals that depend on the collective commitment of everyone. In these situations, managers need to convince all their employees to help the company succeed. To do so, they use their skill of convincing to influence how responsible employees may feel for the company, its future,

its products, and its customers. Managers can convince their employees to commit more to the company by either pleading or by disclosing their own level of commitment. Their method of convincing can stretch from overt to covert (from employees being aware to being unaware that they are being convinced) and from intentional to unintentional (from managers being aware to being unaware that they are convincing their employees).

Convincing concerns what managers do to persuade employees to struggle harder for the company. It does not concern what managers allow their employees to do or what employees are doing themselves, which is more related to the sub-sub-core variable of engaging. It also does not concern how managers convince employees of fulfilling company goals, which is more related to the sub-sub-core variable of goal congruencing. Convincing has four main patterns of behavior: opportunizing, contagious energizing, transparent openness, and achievement recognizing.

#### Opportunizing

Opportunizing occurs when managers capture new business opportunities. When managers “create, identify, seize or exploit situations” (Christiansen, 2006, p. 109) that offer employees new challenges in the form of, for example, a new business or a new technology. Opportunizing occurs when managers capture new opportunities and employees are given the chance to manage or supervise those opportunities. Opportunizing can influence employees to increase their level of commitment.

#### Contagious energizing

Contagious energizing comes from managers when they show a deep passion, drive, and commitment to their work and to the company, and that energy which they display spreads to other employees. It occurs when their passion and energy become contagious and spreads to other employees, and drives them to increase their own level of commitment. Contagious energizing occurs when managers show a strong belief in themselves and the company and when they show courage and take risks, and lead by example.

#### Transparent openness

Transparent openness occurs when managers focus on creating an open and transparent atmosphere, on freely sharing ideas, knowledge and information, on collaborative or cooperative management, and on decision-making. It occurs when managers show no prestige. It occurs when managers allow employees freedom with responsibility—the freedom to decide when and where to work, and how and what should be done to complete their projects, as long as they are responsible towards their customers and their deadlines. Transparent openness occurs when managers allow employees to become experts in their field and when they allow employees to influence the direction and the future of the company. It occurs when managers focus on creating a flat organization with no chasm between themselves and their employees.

When managers allow their employees to have autonomy, self-governance, and partake in decision-making, they will become more self-confident. They will become more responsible for their own decisions and actions. Their feeling of responsibility and respect

increases towards each other, the company, and their customers. They start focusing more on product quality and on taking more personal responsibility. They make an effort to avoid disappointing their customers and colleagues, and to reach different deadlines before they expire. Transparent openness can influence employees to feel that the company is theirs.

#### Achievement recognizing

Achievement recognizing occurs when managers reward or give credit to employees for a job well done or for achieving their goal. It is an extrinsic motivation that can convince employees to increase their level of commitment. A more convincing form of achievement recognizing occurs when customers show appreciation for the work performed by employees and when employees recognize that their contribution to the company is significant.

### **Afinitizing**

Afinitizing can be utilized to create a strong “we” feeling and to make employees feel that they are part of building the company. It can be applied to increase employees’ level of commitment and responsibility towards each other and the company. Afinitizing has two main patterns of behavior: social and technological atmosphering.

#### Social atmosphering

Social atmosphering occurs when managers encourage the creation of an intimate and pleasant atmosphere in the company, a collective corporate culture where employees focus on helping each other rather than on internal politics. Social atmosphering occurs when managers help employees to finish tasks on time, when there is a risk of missing a deadline, or when employees from different departments help each other, and especially when it concerns tasks that the managers would normally not perform. Social atmosphering occurs when managers and employees see each other as one people; it occurs when they socialize. It creates a feeling of belongingness and companionship, a feeling of “coming home”. It creates a strong team feeling even across departments, and a feeling of being a family. Social atmosphering can convince employees to increase their level of commitment.

#### Technological atmosphering

Technological atmosphering occurs when managers surround employees with new technologies that create a bond between all employees with a passion for new technologies. It creates a stimulating atmosphere of new ideas, new technological creations, and of developing innovations. Technological atmosphering concerns employees who are involved in developing state-of-the-art technologies that are in the cutting edge of the industry. Technological atmosphering can convince employees to increase their level of commitment.

## **Goal Congruencing**

Goal congruencing occurs when managers set up and agree upon goals for their company and for their employees with the aim of helping the company survive and grow. Some goals can be extrinsically motivating while others can be intrinsically motivating (Sansone & Harackiewicz, 2000). A well-defined company goal is one that can be translated into meaningful sub-goals within the company's different departments. A badly defined company goal does not diffuse into different departments and becomes impractical from the perspective of their employees. Goal congruencing can also allow employees to fulfill their own goals and desires.

Goal congruencing has two main patterns of behavior: collective congruencing and self-congruencing. Sometimes they overlap, as they can both be personal and shared by the whole company, e.g. with the goal of fulfilling customer needs, of not disappointing customers, and of keeping deadlines (even those that are barely possible to keep).

### Collective congruencing

Collective congruencing occurs when managers and employees agree upon goals that are the same for everyone and for the whole company. It occurs when all employees feel that they want the company to succeed and they want to help fulfill that goal. Company goals help define its direction and allow employees to feel that they are going in the same direction; they are struggling together towards a common goal. Seeing colleagues fulfill company goals can also influence other employees to increase their level of commitment to the company. Through goal congruencing, managers can provide employees an opportunity to excel and to feel like winners.

### Self-congruencing

Self-congruencing occurs when employees agree upon self-imposed goals, which may or may not be in line with the company's goals. However, the more managers influence employees to increase their level of commitment to the company, the more their own goals will be in line with those of the company. Self-congruencing can influence employees to feel a higher responsibility and obligation towards the company, their customers, and their colleagues. It can also influence employees to work for the company because of their passion for developing new technologies or desire to work for an exciting industry. Self-congruencing can influence employees to increase their level of commitment.

## **Engaging**

Engaging differs from the other three sub-sub-core variables which describe what managers do in order to persuade employees to increase their collective commitment to the company. Engaging is more about what managers allow employees to do, and what employees are doing as a consequence of the other three sub-sub-core variables.

Engaging allows employees to take matters in their own hands in order to aid the company in surviving and growing. It influences employees to become experts in their field,

to care to product quality, to care for solving customer problems, and to care for fulfilling customer needs. Engaging may even influence them to become more innovative and help the company reach beyond its current limits. Engaging has three main patterns of behavior: association establishing, risk tolerating, and dutiful infringing.

#### Association establishing

Association establishing occurs when employees want to prove to themselves and to others that they are in fact valuable members of the team. Establishing their belongingness as team members is their primary concern. It can be achieved by evidencing that they can develop the products that the company needs, that they can deliver the level of product quality that the company seeks, or that they can accomplish sales and be an invaluable partner in aiding in the company's survival and growth. Association establishing can influence employees to become more creative and innovative, to increase their level of responsibility, and to convince them to increase their level of commitment to the company.

#### Risk tolerating

Risk tolerating allows employees to take upon themselves more responsibility towards their products, their customers, each other, and the company. It can encourage employees to tolerate closer collaboration and contact with customers, which sometimes is stressful. It allows employees to tolerate change, tolerate complicated but unspecified project assignments, and not to fear making decisions on their own; it allows employees to tolerate diverse work assignments, to tolerate large amount of work, and to tolerate coping with stress. Risk tolerating makes employees unafraid to take upon themselves complicated projects, to try new things, and to make bold decisions with a lot of courage. It can convince employees to increase their level of commitment to the company.

#### Dutiful infringing

Dutiful infringing engages employees to feel a self-imposed duty, to aid others unconditionally in solving their tasks, in reaching their deadlines on time, and in solving customer problems. Despite having clear areas of responsibility, it influences employees to help each other because in doing so they help the company to grow. Dutiful infringing can encourage employees to increase their level of commitment to the company.

### **Persuaded and Cultivated Inclusioning**

Persuaded inclusioning intertwines some of the concepts that describe how managers behave in order to persuade employees to increase their level of commitment to the company. Their commitment is perceived as being persuaded on purpose rather than being naturally grown. The concerned sub-sub-core variables (and categories) are convincing (opportunitizing, contagious energizing, transparent openness, and achievement recognizing) and goal congruencing (collective congruencing). Cultivated inclusioning intertwines the remaining concepts that describe how managers behave (sometimes unintentionally) and in so doing, persuade employees to increase their level of commitment to the company. Their commitment is not perceived as being persuaded by managers, but rather as naturally

grown. The concerned sub-sub-core variables (and categories) are afinitizing (social and technological atmosphering), goal congruencing (self-congruencing), and engaging (association establishing, risk tolerating, and dutiful infringing).

### **Theoretical Coding**

The previous sections described the sub-core and sub-sub-core variables of collective inclusioning. This section focuses on how these variables relate to each other from the perspective of the theoretical coding families presented by Glaser (1978).

To make this section more formal, I have decided to replace certain substantive words with others. I will use the words "leaders", "people", "clients" and "team and unit" instead of "managers", "employees", "customers" and "department".

Convincing, when used consciously to maneuver people, belongs to the strategy family. When used unconsciously it belongs to the causal-consequence model. Convincing affects afinitizing by influencing people's feeling of belongingness. It affects goal congruencing by convincing people to congruence on common goals. It affects engaging by convincing people to struggle towards those goals together, by convincing them to engage more, and by increasing their commitment and responsibility. However, convincing may not be enough to increase people's commitment to the desired level. It may also require afinitizing by cultivating a strong "we" feeling, for a stronger effect. When leaders create a "we" feeling, they can do it to different degrees. People may feel that they are acquaintances, colleagues, friends, or that they are more like a family with a collective purpose. Afinitizing is therefore also part of the degree family.

Afinitizing can be used to increase the importance of fulfilling goals that are vital to people who belong to the same team or unit. Afinitizing can increase an employee's feeling of responsibility, which, in turn, can increase his or her level of helpfulness and feeling of belongingness. Leaders can therefore use afinitizing to influence goal congruencing and engaging, and vice versa, which makes all three belong to the interactive family.

Goal congruencing can also influence people's sense of responsibility, and their need to achieve goals set for the team or unit. However, engaging allows people to take action fulfilling those goals. It affects their responsibility towards products, clients, each other, and the company. Goals can therefore be affected by engaging, and vice versa, making goal congruencing and engaging part of the interactive family.

Collective inclusioning is a basic social psychological process explaining how leaders use convincing to influence the other three sub-sub-core variables from the perspective of a causal-consequence model. However, once convincing starts to affect the other three variables, they in turn begin to affect each other similar to Bandura's principle of reciprocal determinism (Cervone & Pervin, 2014). "Thus once the ball is rolling they feed on each other" (Glaser, 1978, p. 76), interactively, and it becomes harder to know which one came first. "Nor does it matter, probably" (Glaser, 1978, p. 76).

## **Discussion**

This paper represents the first iteration of the theory of collective inclusioning. Glaser (1978) and Holton and Walsh (2017) offered certain criteria for selecting and confirming a core variable, such as collective inclusioning. These criteria are centrality, frequency, relevance, grab and variability (Holton & Walsh, 2017).

The core variable, collective inclusioning, appeared to be central to the managers' concerns regarding how to persuade their employees to increase their level of commitment to their company so that the company survives, grows, and succeeds. The core variable reoccurred frequently in the data, and it was seen as a stable pattern. It related meaningfully and easily to its different variables. It was imaginary and explanatory, and it was conceptually transcending, having the possibility to be discovered in other substantive areas beyond the area from where it emerged. Finally, its essential meaning remained the same whether managers performed collective inclusioning well or not.

The term "collective inclusioning" applies to all people within a team, unit, or an organization. Collective inclusioning is what leaders do to include everyone in their vision and mission without being selective to a few individuals. After all, challenging undertakings require everyone's assistance, because "it is never the industry leader who makes the big leap[, but] the inventor or small guy" (Peters & Waterman Jr., 2015, pp. 115-116) in the company.

Collective inclusioning occurs when leaders tries to bring a team together and make its people become something more than what each of them can achieve on their own, to turn them into a force for innovation, and to make the whole become something greater than the sum of each of the individual parts. This view also reflects how collective inclusioning works. As important as each of its four sub-sub-core variables are alone, they work best when they are utilized together. Convincing usually initiates the others, but once all four sub-sub-core variables are being used, they have an interactive effect on each other. Diminishing the usage of any of them will have a deteriorating effect on the whole process of collective inclusioning. In other words, collective inclusioning is a process where the "whole is greater than the sum of the parts" (Cervone & Pervin, 2014, p. 11).

### **Collective Inclusioning as a Bottom-Up Approach to Innovation**

This study was not about innovation per say. Nor was it about discovering determinants vital for innovation to come to pass. Nevertheless, as the theory of collective inclusioning emerged, I realized that it could be a valuable method for leaders (e.g. entrepreneurs, managers, or innovation champions) to utilize if they are in pursue of innovation.

Innovation is an intricate process, which "is difficult to manage. It's risky, expensive, and unpredictable" (Morris, 2011, p. 1). As far back as during the first half of the 20<sup>th</sup> century, Joseph Schumpeter (as cited in McCraw, 2009) argued that "no company can ever retain a position at the top of its industry without doing very much more than this—without blazing new trails, without being devoted, heart and soul to the business alone" (p. 161). He

argued that companies cannot allow themselves to fall into comfortable routines, because if they do, they “will soon be overtaken by aggressive, risk-taking competitive entrepreneurs” (McCraw, 2009, p. 161).

However, the main point is that innovations are phenomena created by people who go beyond what is expected of them and create something amazing. Leaders have therefore wondered for many years what they should do to influence people to become more innovative. While many people have offered different suggestions (Llopis, 2014), collective inclusion offers a new perspective on the topic.

A strength of collective inclusion, if applied as part of an innovation process, is the possibility of using it as a bottom-up approach rather than a top-down approach to innovation (Gaynor, 2013a, 2013b; “Google grows on people,” 2013; Ross, Mitchell, & May, 2012). Instead of forcing innovation activities upon people with a top-down approach, the bottom-up approach encourages people to be innovative. The bottom-up approach convinces people to work in innovative teams by setting up well-defined goals for employees to follow (convincing affects goal congruencing), “participative safety” by allowing employees to be part of decision making from a safe perspective (convincing affects engaging), “climate for excellence” by creating work practices that encourage real commitment from people (convincing affects afinitizing), and “support for innovation” by nurturing innovations to occur (Anderson, Hardy, & West, 1992).

### **Comparing Collective Inclusioning to other Theories**

Collective inclusion offers a different perspective on what managers do to persuade their employees to increase their commitment towards their company in order to survive and grow. However, it is possible that managers sometimes neglect collective inclusion. How collective inclusion was performed in the past and how it is performed today could be an indication of collective inclusion being neglected. Neglecting collective inclusion was, however, not part of this study, because my current empirical data contains no information on the subject, but it could be a concern for a future study. Nevertheless, if managers are interested in performing challenging undertakings that require the collective commitment of all their employees, then they need to increase their efforts in improving their collective inclusion.

#### Literature related to grounded theory

Collective inclusion is not the only grounded theory for strategic management and leading. Christiansen (2005, 2006, 2011) introduced the concept of opportunizing, which focuses on “creating, seizing and exploiting opportunities that sustain the survival or growth of the business” (Christiansen, 2011, p. 204). It “explains how companies recurrently create, identify, seize or exploit situations to maintain their growth or survival. Opportunizing is the recurrent creation and re-creation of opportunities in business” (Christiansen, 2006, p. 109).

Christiansen (2006, p. 109) argues that opportunizing is “what business managers do and do all the time” (2006, p. 109). I would rather state that opportunizing is but one of the main things that managers do. And while opportunizing may occur more frequently, collective inclusioning is more spasmodic in its nature. Managers in start-up companies probably perform collective inclusioning more frequently, but as companies grow, they often incline on its practice.

A similarity between collective inclusioning and opportunizing is that they both have steering behaviour as their most obvious and frequently indicated pattern. However, while collective inclusioning has a category named achievement recognizing, which has certain similarities with conditional befriending, its focus is not on all type of people (e.g. customers, suppliers, etc.), but only on employees. Furthermore, since conditional befriending always has a condition for its steering behaviour, it is most likely seen as the trigger (the cause) of the desired behavior of the person in question. Achievement recognizing however, is always performed after (as a consequence to) an employee’s successful completion of a challenging undertaking.

Opportunizing also involves confidence-building, which includes certain trust-building techniques (saming, transparency, and distinguishing) that are able to “facilitate the modification or maintenance or prevention of people’s behaviour . . . in such a manner that the company’s survival or growth is sustained” (Christiansen, 2011, p. 199). However, confidence-building did not appear as an important variable in the process of collective inclusioning. It may not be absent, but probably taken for granted. Saming on the other hand has certain similarities to collective congruencing, but without incorporating self-congruencing. “Distinguishing” has certain similarities to achievement recognizing, but achievement recognizing does not focus on confidence building. And “transparency” has certain similarities to transparent openness, but transparent openness also focuses on other issues, such as making managers and employees equal. Furthermore, the main focus of collective inclusioning is not opportunizing. Among the other patterns of opportunizing, weighing up could also be related to engaging in the process of collective inclusioning.

Collective inclusioning and opportunizing may have similar concepts, but they are applied differently. They focus on increasing the company’s survival or growth, but in different ways; they may even complement each other.

Holton (2005) published a paper on the basic social psychological process of rehumanizing, which “explains how knowledge worker[s] restore the human dimension in their work relationships and working environments” (p. 4). It “is characterised by authenticity, depth and meaning, recognition and respect, safety and healing and kindred sharing” (Holton, 2005, p. 4). Within this theory, authenticity “accelerates likening and bonding of members, facilitating interaction and open relationships that enable networks to fluctuate freely” (Holton, 2005, p. 4), which holds similarities to social atmosphering (afinitizing). The “depth and meaning that characterises fluctuating support network interactions creates a stickiness that bonds network members to each other and to their work” (Holton, 2005, p. 4). As such, it holds similarities to social and technological atmosphering (afinitizing), opportunizing and achievement recognizing (convincing). Recognition and respect, which “for diversity and individuality enhance authenticity and

encourage creativity and sharing within the network" (Holton, 2005, p. 5), holds similarities to achievement recognizing (convincing). Recognizing "also offers safety and healing by creating an enabling context for coping with change in the workplace" (Holton, 2005, p. 5), which can be found in risk tolerating (engaging). Holton's theory also includes kindred sharing, which "facilitates openness, network bonding and mutual respect, generating energy, creativity and self-confidence in network members" (Holton, 2005, p. 5). It in turn holds similarities to transparent openness and contagious energizing (convincing). Rehumanizing also involves the three stages of finding and likening, igniting passions, and mutual engagement, all of which hold similarities to social atmospherizing, contagious energizing, and association establishing.

Thus, in summary, while opportunizing, rehumanizing, and collective inclusioning may have similar ingredients, their recipes are quite different. Collective inclusioning differs from them because it focuses mainly on increasing people's commitment to a company and their commitment to taking on challenging undertakings.

Andriopoulos and Lowe (2000) presented another theory called perpetual challenging, which explains how creative organizations enhance the internal drive of their employees towards creating innovations. This theory has four sub-core variables, adventuring, overt confronting, portfolioing, and opportunizing, with many similarities to convincing, goal congruencing and engaging of collective inclusioning.

In addition to that, Lindh (2011) presented a theory of reciprocal engagement that addresses how organizations are established and grow by strengthening their relationships with other actors, and how relationships are foremost dependent on how well managers engage their employees. This theory also has many similarities to convincing, engaging and afinitizing of collective inclusioning.

According to Glaser (2011), a researcher should only work on one slice of the big picture at the time because the big picture may have several slices where each of them has its own main concern. All these aforementioned theories may therefore represent different slices of a bigger picture. Collective inclusioning is a complementing theory to these theories; while it does not diminish any of them, it cannot be fully substituted by them either.

A more comprehensive review of the literature concerning quality management was not performed during this study. The comparison to the literature is therefore limited. However, I plan to improve the comparison of the theory to the literature of quality management in my dissertation.

#### Literature related to psychology and leading

As innovative as HMS' employees were in the past, they are no longer as driven as they were during the company's first decade. The reason I would argue this point is their managers no longer apply collective inclusioning to the same extent they did back then. While there are other theories concerning strategic management and leading in the literature, collective inclusioning does not undermine their validity. Instead, it adds

substance to the other theories by presenting a new perspective on how managers can persuade their employees to increase their level of commitment to their company.

Peters and Waterman Jr. (2015) argued that managers who promote innovation allow their employees to feel like winners. One way of doing that is through positive reinforcement. Positive reinforcement can be applied by "walking the plant floor" (Peters & Waterman Jr., 2015, p. 15), a method that requires managers to go out to their employees on a daily basis, be part of their daily work, show interest in what they are doing, and award them for a job well done. "When you think about it, with management's time being as scarce as it is, that form of reinforcement may be the most powerful of all" (Peters & Waterman Jr., 2015, p. 71). HMS' managers often "walked the plant floor" in the past, which is part of convincing and afinitizing in the process of collective inclusioning.

According to Peters and Waterman Jr. (2015), "lasting commitment to a task is engendered only by fostering conditions that build intrinsic motivations" (p. 72). Employees "must believe that a task is inherently worthwhile if they really are to be committed to it" (p. 72). Managers who promote innovation "tap the inherent worth of the task as a source of intrinsic motivation for their employees" (p. 72). HMS' managers allowed their employees to set their own goals in the past. Employees were given lots of space to take initiatives, "finding their own paths, and so making the task and its outcome their own" (p. 73). Intrinsic motivation is therefore part of self-congruencing in the process of collective inclusioning.

Managers at HMS also captured every opportunity they could in the past. They accepted any kind of engineering projects from their customers. They never thought that a project could be too complicated for them to handle. They were prone to risk-taking, were courageous, and always thought of themselves as winners. This way of thinking is also an important part of convincing and engaging in the process of collective inclusioning.

Other aspect of collective inclusioning involves belongingness (afinitizing), which, according to Abraham Maslow, is a fundamental human motivation, and "our basic human need for social acceptance and companionship" (Holt et al., 2012, p. 15). Maslow (Holt et al., 2012) also discussed self-actualization, which is similar to self-congruencing. Self-actualization motivates us "to explore activities for their intrinsic satisfaction rather than to gain esteem and belongingness" (Holt et al., 2012, p. 404). Carl Rogers also argued that in order for a person to achieve self-actualization they have to reach a state of congruence. It means that self-actualization occurs when the person's ideal self (who they want to be) is in congruence with their actual behavior (their self-image) (Holt et al., 2012). Self-actualization is part of self-congruencing in the theory of collective inclusioning. Collective inclusioning also includes and values the three main needs of the Self-Determination Theory (SDT), competence (related to self-congruencing), autonomy (related to transparent openness), and relatedness (related to social atmospherings).

Finally, as previously mentioned, afinitizing is the most important variable of collective inclusioning because of its ability to create a strong feeling of belongingness for employees. Afinitizing can create a strong "we" feeling, "the extent to which members of a group are bound together" (Myers, 2014, p. 201). This is also known as cohesiveness, and

"[t]he more cohesive a group is, the more power it gains over its members" (Myers, 2014, p. 201). Nevertheless, collective inclusioning reaches its highest peak when people start to refer to each other as a family.

### **Collective Inclusioning as a Transcending Theory**

In my opinion, collective inclusioning can also be applied to other substantive areas and not only within companies. It can be used by any type of leaders (e.g. coaches or officers) with an interest of collecting a team of people for solving problems of a challenging nature.

The 2015 movie *Burnt*, directed by John Wells, shows a good example of how collective inclusioning can be transcending. *Burnt* features a chef named Adam Jones (actor Bradley Cooper) on his way to restore his former reputation and undertake the challenge of getting a third Michelin star. In the movie, Adam applies opportunizing and contagious energizing to inspire his co-workers. Later on, he learns to apply transparent openness and achievement recognizing, which are parts of convincing. He provides his co-workers with a clear goal by applying goal congruencing and he provides them with freedom with responsibility, which influences engaging by association establishing, risk tolerating and dutiful infringing. Adam is also told that "there is strength in needing others, not weakness". As he realizes that, Adam and his co-workers start to work together in unity with negligible distinction among each other—part of transparent openness and social atmosphering. Near the end of the movie, Adam is told that "We cook together. We take care of each other, you can't do it alone. No one can. You have to trust us. We're your family". When you reach a point where employees refer to each other as a family, then you know you have effectively achieved collective inclusioning.

*Burnt* does not only represent a good example of a bottom-up approach to innovation, but also how collective inclusioning can be conceptually transcending. The relevance of this example may be argued as it is a movie rather than a real life observation. However, since all is data, as Glaser (2002) put it, my purpose is not to prove but to exemplify that collective inclusioning can be discovered in other areas beyond this study.

### **Conclusion**

Collective inclusioning emerged as a core variable during this grounded theory study, performed at a company named HMS Industrial Networks AB. It explains how managers at HMS resolved one of their main concerns of persuading their employees in increasing their level of commitment towards their company. Collective inclusioning also affects behavior, which is important because "[w]ithout being able to modify people's behavior effectively, no company can survive or grow" (Christiansen, 2006, p. 120).

Collective inclusioning offers a new approach to engaging people in challenging undertakings. Managers may sometimes wonder how to convince employees to take on greater responsibility for their work and their customers, how to engage them in innovative activities, how to convince them to adhere to the goals set by the company, and how to

convince them that everyone has to help out much more for the future of “their company”. These issues are addressed by collective inclusioning.

Collective inclusioning offers a different perspective on how managers can influence their employees to increase their commitment to the company. It is a complementing theory to other strategic management and leading theories. Collective inclusion has four equally important sub-sub-core variables where the “whole is greater than the sum of the parts” (Cervone & Pervin, 2014, p. 11). Through afinitizing managers can show their employees the meaning of belongingness, by cultivating a strong “we” feeling and a feeling of being a family. Through goal congruencing they can give their employees a purpose. Through convincing they can show their employees that what they do matters to them and to the company, and provide them with the tools to take action. And through engaging they can see how their employees take action and become more innovative.

HMS’ managers applied collective inclusioning regularly in the past. As a result, their employees put customer problems before internal politics. They were innovative and the company grew to become a market leader within the industrial communication industry. Collective inclusioning can be of aid to managers in fostering strong units of people for taking on challenging undertakings, such as creating innovations and building successful companies.

Collective inclusioning contributes to the existing literature on innovation, strategic management and leading by offering insights into how managers and their employees can collectively take on challenging undertakings, and of the value of the softer issues that managers frequently ignore when addressing the survival or growth of their business (Peters & Waterman Jr., 2015). Adopting the basic social process of collective inclusioning as a conceptual framework may assist managers in developing organizational strategies that support the creation of new innovations.

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## **Trust Testing in Care Pathways for Neurodevelopmental Disorders: A Grounded Theory Study**

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### **Abstract**

Building care pathways for the expansive, heterogeneous, and complex field of neurodevelopmental disorders (ND) is challenging. This classic grounded theory study conceptualizes problems encountered and resolved by professionals in the unpacking—diagnosis and work up—of ND. A care pathway for ND in children and adolescents was observed for six years. Data include interviews, documentation of a dialogue-conference devoted to the ND care pathway, 100+ hours of participant observations, and coding of stakeholder actions. Trust testing explores whether professional unpacking collaboration can occur without being “stuck with the buck” and if other professionals can be approached to solve own unpacking priorities. ND complexity, scarce resources, and diverging stakeholder interests undermine the ability to make selfless collaborative professional choices in the care pathway. ND professionals and managers should pay as much attention to trust issues as they do to structures and patient flows. The trust testing theory may improve the understanding of ND care pathways further as a modified social dilemma framework.

**Keywords:** Care pathways; neurodevelopmental disorders; ADHD; autism; social dilemma.

### **Background**

In spite of evidence for the need of a more holistic, integrated care pathways for children and youth with neurodevelopmental disorders (ND), including autism spectrum disorders and attention deficit hyperactivity disorder, putting inter-agency care pathways into practice has proved problematic (Evans & Baker, 2012; Kirby & Thomas, 2011; Salmon & Kirby, 2008).

Support for the necessity of cooperation and coordination between professional stakeholders with regard to ND comes from multiple sources such as the experiences of parents and families (King, Cathers, King, & Rosenbaum, 2001; Miller, Condin, McKellin, Shaw, Klassen, & Sheps, 2009; Singh et al., 2010), behavioral genetics, which shows a great deal of overlap between different ND diagnoses (Posthuma & Polderman, 2013; Rommelse, Franke, Altink, et al., 2009; Rommelse, Franke, Geurts, Hartman, & Buitelaar, 2010; Ronald, Larsson, Anckarsäter, & Lichtenstein, 2014; Ronald, Simonoff, Kuntsi, Asherson, & Plomin, 2008), research on comorbidity (Gillberg et al., 2004; Leyfer

et al., 2006; Yoshida & Uchiyama, 2004), the framework of developmental psychopathology (Rutter, 2013c; Schmidt & Petermann, 2009), preventive research and increased awareness of the need for early identification of ND (Daniels, Halladay, Shih, Elder, & Dawson, 2014; Gillberg, 2010; Halperin, Bédard, & Curchack-Lichtin, 2012), high and increasing prevalence rates (Baron-Cohen et al., 2009; Gillberg, Cederlund, Lamberg, & Zeijlon, 2006; Polanczyk, De Lima, Horta, Biederman, & Rohde, 2007; Willcutt, 2012), and the chronicity and multiple life domains affected by ND (Barkley, 2002; Barkley, Fischer, Smallish, & Fletcher, 2002; Rutter, 2013a; Turgay et al., 2012; Wolraich et al., 2005).

The formation of integrated care pathways is no new phenomenon (Campbell, Hotchkiss, Bradshaw, & Porteous, 1998) and is encouraged by governments and health care policymakers across the world. Various theoretical frameworks have been invoked to deal with challenges to integrating care, among these stakeholder theory (Agle et al., 2008; Phillips, Freeman, & Wicks, 2003), complex adaptive systems theory (Brown, 2006; McDaniel Jr, Lanham, & Anderson, 2009), theories of organizational culture (Dodek, Cahill, & Heyland, 2010; Schein, 2006), health care system ecology (Ahgren, 2010), network theory (Mur-Veeman, Hardy, Steenbergen, & Wistow, 2003; Scott & Hofmeyer, 2007), resource dependence theory and institutional theory (Guo & Acar, 2005; Van Raak, Paulus, & Mur-Veeman, 2005). To our knowledge, few of these theories have been employed to analyze ND care pathways. As to ND, different scholars propose different vehicles as the best integrating force to achieve successful care pathways, such as locally agreed professional guidelines (Blew & Kenny, 2006), parent-held documentation (Burgess, 2002), a common code of ethics in the care pathway (Cox, 2012), shared mental models of integrated care (Evans & Baker, 2012) or increased reflective space for professionals (Kildea, Wright, & Davies, 2011). Generally, when implemented, the fate of new programs in health care is uncertain with variable and largely unknown sustainability and fidelity rates (Wiltsey Stirman et al., 2012).

Organizational theorizing about integrated ND care systems is thus in its early stages, relying on generic management theories originally formulated not with ND primarily in mind. Well-developed theories specifically concerned with ND care pathways are rare; indeed, we have found none. In depth studies of individual ND care pathways, such as the one described in this paper, are therefore warranted in order to provide empirical material and inductive contributions to refining health care for one of the largest populations in mental health. Objectives of this qualitative study were to conceptualize the major problems encountered by professionals in the organisation of ND care pathways and to find out how they are resolved.

## **Methods**

Data for this study were collected over a period of approximately six years. The bulk of empirical data come from one Swedish region with a population of 190,000 and the rest from two other Swedish regions. The first author (Gustaf Waxegård) was granted access to the care processes for ND among children and adolescents in his role auditing a nationally funded, 3-year regional health care project of care pathway improvement. The care pathway was thoroughly documented by the authors and then monitored through the project implementation phase and beyond. Data for this study, collected between 2009 and 2015, include 42 individual interviews with professionals, 34 women and eight

men from 24 to 71 years old. Fifteen were psychologists, eight physicians, five nurses, three social workers, three occupational therapists, two physiotherapists, two special educators, one health care developer, one economist, and two professional patient representatives. Additionally, we did nine group interviews with teams concerned with ND. A two-day dialogue conference on ND care pathways for health professionals, managers, health care developers, and health care politicians in the region was arranged and documented, where 65 participants jointly analysed care pathway issues. A clinical focus group consisting of three psychologists (including Gustaf Waxegård), one educational therapist and one occupational therapist, met at 40 occasions during 2009-2011 to analyse the care pathway from various perspectives. The meetings provided further data for analysis. Since the focus group members were employed in and continuously interacted with the care pathway, several hundred hours of participant observations were used in this study.

Internal and external experts on care pathways and ND, respectively, were consulted. Statistical and other descriptions of care processes were collected and treated as data. Routines, clinical guidelines, and policies were scrutinized locally as well as nationally. Reports on other on-going national or local similar projects were studied. Sit-ins with health care managers occurred continually throughout the project. Lastly, actions, such as managerial or team decisions, made by different care process stakeholders constituted data as well.

#### Data analysis

A classic grounded theory-approach (Glaser, 1978; 1998) was chosen as an analytic tool. Classic GT evaluates a theory according to whether it is possible to modify in the face of new contradictory data, has grab, fit, and relevance for the field under study. Sound theory is generated by an iterative process where recorded data are subject to constant comparison, coded into categories, elaborated in memo writing, and in an imperative to think conceptually, not descriptively. Data are not confined to a specific type but can be all sorts of observations; this statement is summarized under the well-known GT-dictum "all is data". GT studies can thus be dense with respect to the amount of data, and the data included are not always easy to exactly delineate. What matters is finding the relevant pattern(s) and naming them. In accordance with classic GT methodology, then, data were initially recorded in field notes. By constant comparison and coding of incidents, substantive codes emerged from memos that were written throughout the entire research process. Theoretical codes were tried against the data as interrelations between substantive codes, and eventually a theoretical model was generated explaining what was actually happening in the ND care pathway.

#### Theory development

Theory development can be tracked primarily in memos. Early conceptualizations were much concerned with fragmentation and sprawl. Sprawl was experienced as a main feature of ND as well as attitudes and competence with regard to ND in the care pathway. Structural changes of various sorts, and increased integration of health care to give patients a more "seamless" experience of health care was a prominent way of addressing this issue in participants. In GT-terms this was properlining along the line of "we should work together for the best of patients". Observations collectively pointed to a host of factors obstructing this reasonable ambition. Gradually it became clearer that many of the participants explicitly or implicitly discussed how the complexity of ND

should be handled in the care pathway, and that a kind of game was played where several agendas competed.

In the end, two broad main agendas were conceptualized, the elaboration of care structures for ND and the downsizing ND structures. Both of these desires supposed a degree of control over own or other professionals' behavior in ND cases. Especially during the project implementation phase, the theory gradually changed from merely struggling with uncovering ND symptoms and needs in patients, to emphasizing control seeking behavior and recurrent trust-issues in relation to what we term "unpacking".

Ideally, GT pattern names are abstracted enough to be independent of time, place and people. The same pattern should be possible to identify at another point in time, in another setting and with different participants involved. Follow up-interviews in 2015 with additional professionals from two other Swedish regions were therefore carried out and provided confirmation of the usefulness of the theoretical concepts presented in this paper.

Kronoberg County Ethics Review Board approved the project in 2009 and deemed it not necessary to require regional ethics review according to Swedish research ethics legislation, since no patients were interviewed or approached.

## **Results**

The main concerns for professionals when integrating ND care pathways for children and adolescents are to deal with the heterogeneity and complexity of the fast growing field of ND. The resolution of these concerns involves two core activity patterns: Unpacking control and Trust testing. These concepts are complementary interactive strategies to handle professional collaboration on the multifaceted and expansive ND arena. In this paper we focus on Trust testing, and start with a brief explanation of Unpacking control.

### Unpacking control

The first core pattern was efforts to regulate ND complexity in the care pathway by controlling the professional means to represent it, what we call unpacking control.

Unpacking—the diagnosis and work up—is about choosing what aspects of ND patients' problems are conceptualized where, when, and by whom in the care pathway. Unpacking control is the attempt by professionals to influence how patients' ND problems are defined, stemming from a concern for patients and their chances in life, from productivity demands and available care-issues, from a will to subsume ND into preferred ideological clinical and/or managerial paradigms, and, from a need to maintain workplace- or team integrity. To control a part of the unpacking process in the care pathway means to control the resources and approaches used when defining the patient's problems and strengths. A simple example is whether psychologists, managers, or physicians are in control of the amount, purpose, and implications of psychometric testing performed with patients. Unpacking control, when established, is typically used either to promote increased unpacking complexity or to downplay unpacking complexity, in the service of the aforementioned goals. To illustrate, unpacking routines can be simplified to achieve available health care, or elaborated to increase a valid understanding of the patient and the professional ability to help. The problematic results

are simultaneous attempts to up- and down-regulate care complexity in the ND care pathway.

In sum, unpacking control is critical in ND care pathway integration and used to up- and/or down-regulate unpacking capacity to solve the challenge of overwhelming ND-related complexity.

Level of unpacking complexity should not be confused with productivity. Up- as well as down-regulated capacity to unpack ND complexity in patients can be related to an increase as well as a decrease in productivity depending on contextual factors in the care pathway.

### Trust testing

The second core pattern and topic of this article, trust testing, co-occurs with attempts by stakeholders in the ND care pathway to control unpacking to solve ND-complexity. Trust testing is defined as monitoring and acting on the perceived unpacking commitment of other stakeholders in the ND care pathway. Trust testing explores whether unpacking collaboration can occur without being exploited and if other stakeholders can be approached to solve own unpacking priorities. The main function is for professionals to decide on promoting local or collective control over unpacking in the care pathway. Trust testing thus regulates the opportunities for integrating the care pathway through collective action.

Trust testing is fuelled particularly by three contingencies related to the unpacking subcategory of squeezing ND-care, in other words, to maintain or increase patient turnover without an increase in resources. First, the default mode for an ND care pathway is that the population demand exceeds unpacking capacity. Second, to increase unpacking resources is impossible due to budget competition. Third, the political and managerial way of dealing with the situation is to act as if a short term solution to bottleneck problems without quality reduction is possible.

Under these premises, outcomes from stakeholder collaboration range from neutral to worse because of a temptation of all parts to transfer responsibility for unmet ND unpacking needs (in the served population) to other stakeholders. No or few solutions are available to restructure and integrate the care pathway without elements of "passing the buck" between care pathway units; such behavior results in weak incentives to integrate ND care. The rational thing to do in such a situation is not to play, or, alternatively, only pretend to play. But not pressing for integrating the ND care pathway is politically incorrect and not sanctioned, according to the third premise.

Stakeholders are thus obliged to play but develop a high sensitivity to being used or stuck with the buck. Those who naïvely play for care integration under the assumption that selfless cooperation will prevail are quickly let down when they learn the real rules of the game. Trust testing of others' unpacking intentions becomes the salient response to integrative efforts in the care pathway since the general "solution" to the unpacking conundrum is to either transfer workload to other stakeholders or to redefine unpacking tasks so as to fit better with locally available resources—implying but not admitting quality reduction.

The threshold for perceiving cooperative, integrative unpacking initiatives in the care pathway as altruistic in nature is high; rightly so, since self-interest to solve internal

problems of overload is a prime driving force for approaching care neighbors. Trust testing can have self-amplifying qualities when it leads to a partial concealment of true unpacking preferences by stakeholders. We saw a guessing game in the chain of care that necessitated further trust testing. The implicit question that participants in this case study posed was essentially: "Are they tuned in to our needs? If so, we will try and help them. Or, are they rather set on passing the buck?" The "buck" was, more often than not, increased unpacking responsibility for children and families and could result in clinic- or professional status degradation. Trust testing gauged the willingness to carry the agenda of another stakeholder if it yielded own unpacking control in return.

#### Dimensions of trust testing

We provide four dimensions that can be used to conceptualize trust testing of unpacking intentions.

First, trust testing can be naïve as opposed to sophisticated. The first naïve assumption is that trust can be built separate from the matter of unpacking. On the contrary, trust is created based on perceptions of responsible and competent unpacking. To fraternize is not enough to pass the trust test. The second naïve assumption is that the needs and wants of ND professionals and patients, in terms of unpacking, are the same at different care arenas; unpacking is a linear process that is suitable for industrial metaphors such as LEAN production. A sophisticated understanding is that unpacking frameworks differ between unpacking sites, care levels, and professions. For example, the preventive and developmental perspectives dominate the primary care well-child clinics, and a psychiatric and diagnostic perspective permeates the child psychiatric clinic. Failure to grasp the qualitative differences in patient relations established by different stakeholders amounts to being less trustworthy and a more naïve partner in care. Naïve assumptions, such as seeing other care units as mere forerunners or extensions of own patient work, are, however, tempting to act on since they make the care pathway jigsaw seem less complex than it is.

Second, trust testing ranges from dramatic to subtle. Dramatic trust testing increases the psychological distance between links in the care pathway and forces trust issues upwards in the hierarchy of the organization and outwards to citizens and media. It is exemplified by leaking information to journalists and other key agents. Dramatic trust testing is usually a response to perceived unethical or unacceptable unpacking behaviour, such as shortening waitlists by disregarding earlier unpacking efforts. High affect stand-offs between teams or employees and managers signal broken trust and the need for some kind of external action to make trust possible again. A tuned down dramatic variant is moral positioning, where moral superiority is claimed to promote the own unpacking stance. For example, clinicians on one team felt strongly that they were viewed as little disobedient children (i. e. not morally mature) by the management following disputes over best clinical practice. Subtle trust testing is to disclose only hints on one's own unpacking preferences and monitor the way it is treated by the other stakeholder. Subtle trust testing can lead to peculiar interactions and job meetings with the (accurate) impression that there is a lack of disclosure and that substantive issues are impossible to get at. Subtle trust testing leads to an evasive stance on ethical questions and on the related topic of how to prioritize among patient needs.

A third dimension is the hidden/public one. Trust testing can be dramatic but hidden from most people. It can be subtle but still taking place openly. Public trust

testing is risky when organizational levels of trust are low and the general impulse is not to trust new propositions. Hidden trust testing, where professionals or managers hide to confide in each other, conveys that other people cannot be trusted to take part in the decisions made. Hidden trust testing can generate a feeling of progress and saving time, but initiatives based on hidden trust testing were seldom successful in the current study. A peculiar example of a mix of open and hidden trust testing observed in this study was the “power point war”, where fractions in the care pathway independently created PowerPoint presentations to capture their respective views on proper future unpacking. These were then made public to care pathway stakeholders.

The fourth dimension is the private-professional. Professional networks typically extend into the private life. The private arena is relatively free of professional constraints, making it attractive for a less censored trust testing process. Conflux of private and professional relations can complicate care pathway development and tends to remain a latent variable not amenable to open discussion. Awareness that private life constitutes a further arena for building alliances complicates establishment of professional trust. The semi-private sphere of social media can illustrate the breach between private and professional life: Private accounts in online social forums were used to join professional groups where proceedings in care pathways was debated. Some thoughtless commentaries in a professional group about the challenges ahead made by a newly appointed manager was immediately picked up by the future employees (and members of the same forum) and critically analysed outside of the forum, off-line, leading to eroded trust for the manager even before day one on the new job.

In sum, we found trust testing to pervade the ND care pathway and to extend into the private life of professionals. The function of trust testing is to explore whether other care pathway stakeholders are useful or use you in promoting a particular stance on ND unpacking. The outcome of trust testing regulates the chances of care pathway collaboration.

## **Discussion**

This study suggests that a core pattern of trust testing arises when professionals are faced with improving ND service integration instead of working across boundaries. Trust testing is focused on controlling ND unpacking—the diagnosis and work up of ND.

Though professionals and managers endorse integration of services, co-existence is favored over coordination of care. We suggest that high demand for ND care, along with the inherent complexity of many ND cases, create a tendency in stakeholders to displace workload to other stakeholders, preferably without losing status and credibility in the care pathway. The key to displacement of workload is control over unpacking as it (unpacking) is the key to defining the patient’s further needs. Such an egoistic tendency coexists with a sincere wish as well as a politically defined job description to find the collective best ND care pathway solution. In a high demand-scarce resource context such as the one studied, professional, managerial, and clinic self-interest will become integral to issues of care coordination.

Trust testing is the key to avoid being the victim of workload displacement. Freeloading and self-interest has to be sorted out from altruistic collaboration. Trust testing can be used as an enhanced social dilemma perspective on the care pathway. A

social dilemma is a situation where rationality at the collective level is at odds with rationality at the individual or smaller group level (Dawes & Messick, 2000). In this study the pursuit of local concerns contributed to malfunction of the care pathway as a whole; one important aspect of trust testing is to explore whether social capital needed coordinate unpacking is at hand.

Negotiating and exploring trust, as in trust testing, indicates the presence of social dilemmas. Several game theoretical scenarios could be simulated in the ND care pathway using trust testing theory. The control game (Rothstein, 2001) occurred in several locations: a reference to professional or clinic distrust, based on experience or gossip, that a patient will get the care asked for after referral. Therefore, patient problem areas are highlighted to the degree of exaggeration and speculation. The receiving clinic in turn trivializes the claims, partly based on some experience with being played before. This creates incentives for the referring part to explain and perhaps exaggerate the next patient's needs even further. The control game has no evident equilibrium and lacks a solution. The entire context needs to change for it to end.

The assurance game (Tarrant, Stokes, & Colman, 2004) would correspond to stakeholder willingness to contribute to collective capacity of the ND care pathway without obvious immediate returns granted; they trust other stakeholders to show the same kind of altruism. We made several observations where one-sided unpacking strategies resulted in reduced trust and failed cooperation.

Dramatic trust testing has clear features of the game of chicken (de Heus, Hoogervorst, & Dijk, 2010): opponents racing head to head quickly raising the stakes, hoping that the other will defect before the crash.

So, decisions about collaboration in the care pathway are embedded in social dilemmas, explained by trust testing; trust is one of the most valuable resources to disarm social dilemmas. The complicated game matrix in this real-life setting probably reduces chances for finding solutions. Seen from this perspective, no one game dominates and the set-up is typically asymmetric (Bornstein, 2008) in that individuals play against groups, groups against groups and individuals against individuals, and they all play against the intricate nature of ND.

If the concepts of unpacking control and trust testing could be seen in light of a theoretical game, this may have explanatory value for care pathways dealing with complex problems while under pressure to find short-term solutions to long-term structural problems, such as excessive population demand on health care. The realization that the most rational thing to do for stakeholders under some circumstances is to defect, or not contribute to the collective good is critical. Without dilemma awareness, social traps can be hard to escape. Alternative explanations to stale situations, such as character flaws in employees or lack of moral in managers can be—and in this study, were—invoked and created downward spirals. If stakeholders develop dilemma awareness and are able to decode the situation at hand, mutual trust and vulnerability becomes a natural focus and known methods for escaping social traps (Kollock, 1998) can be applied for long-term success.

#### Limitations and strengths

Limitations of this study are that most of the empirical data were collected from one region in the South of Sweden and most of the rest of the data came from other parts of

Swedish ND care. This restriction challenges the generalizability to other contexts with different organisational and professional structures of ND care. However, the goal of grounded theory is to make the discovered concepts independent of time, place, and people. Our theory will have appeal to readers who recognize unpacking, trust testing, and its variations as something that resonates with their understanding of the ND discourse. Readers who do not recognize trust testing or unpacking as something pertinent for their ND understanding may not find the theory relevant in all its details. Yet, the large amount of data that has gone into the analysis has produced a useful hypothesis about the present Swedish ND landscape. The theory has been well received and recognized when being presented to various Swedish health care professionals.

### **Conclusions**

First, integrating care pathways for complex bio-psycho-social conditions such as ND can benefit from a social dilemma framework to complement the traditional medical understanding of integrated care. A successful ND care pathway can be considered a public good (Van Dijk, De Cremer, Mulder, & Stouten, 2008) that will be realized if stakeholders decide to contribute to the collective best instead of maximizing self-interest. We conclude that ND complexity together with scarce resources and diverse stakeholder interests act as constraints on the ability to make selfless choices in terms of care cooperation. The letting go of unilateral control over unpacking issues then becomes contingent on exploring trustworthiness of care partners, in the absence of collectively accepted standards for ND unpacking.

Second, integrated health care pathways aim to reduce unwarranted variability in the care process, to improve quality and reduce costs. In this study, integrative attempts to reduce unpacking variability were resisted. We suggest that the field of ND has not reached a state of consensus as to what constitutes warranted as opposed to unwarranted variability in the care pathway. In an early article on integrated care pathways, Campbell et al., (1998) noted that it will be more difficult to develop integrated care pathways for complex or unusual conditions. ND certainly is complex and some ND diagnoses are unusual. Solving ND complexity demands that a large amount of flexibility is built into the care pathway. Such flexibility is under constant threat from stakeholder self-interest fed by the scarce resource-context. Also, an integrated care pathway with too many flexible exceptions is elongating itself from the defining idea of a care pathway, where there are well established decision trees for clearly defined situations. The messy heterogeneity of ND will always leave room for ambiguity and differing interpretations of what is at hand. We offer a preliminary conceptual framework for exploring and understanding dilemmas and challenges in the provision of care in complex areas of healthcare. A conclusion is that such care structures should pay as much attention to trust among professionals as to structures and flows.

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### **Author´s contributions**

Gustaf Waxegard carried out individual interviews, interviews with health care teams, and was in charge of focus group meetings. Gustaf Waxegard and Hans Thulesius jointly arranged the two-day dialogue conference and processed the data generated. Both authors were involved continuously in coding and memoing, albeit Gustaf Waxegard to a greater extent. Hans Thulesius has had a supervisory role based on his academic merits and his knowledge of and experience with the grounded theory method.

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## **Book Review: Heeding The Cry for Help**

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Glaser, B. G. (2016). *The Cry for Help: Preserving the Autonomy doing GT Research*. Mill Valley, CA: Sociology Press

In *The Cry for Help*, Glaser (2016) articulated four main points. First, the use of classic grounded theory (CGT) is growing worldwide. Second, there are increasing numbers of novice researchers seeking support. Third, help needs to be provided to strengthen the position CGT is gaining worldwide. However, this help should preserve the autonomy of the novice researcher and come from mentors experienced in using and mentoring CGT. The final point is a call for help from Glaser to "senior mentors" to answer the cries from help from novice researchers for their sake and to continue to strengthen the growth of CGT worldwide.

As a mentor to numerous novice researchers in classic grounded theory (CGT), I was honored at the request to review Glaser's new book *The Cry for Help*. As it was explained to me, *The Cry for Help* is about GT novice researchers, what they are "crying for," and how they can best be helped. What I expected was a book about common areas where novice researchers "cry for help" and the answers to those problem areas. However, what I discovered was a book more suited for mentors of those novice researchers than for the novice researchers themselves. Thus, the book was written for me, and those like me, who answer *The Cry for Help*.

In *The Cry for Help*, Glaser (2016) made four main points. First, the use of CGT is growing worldwide. Second, with this growth, there are increasing numbers of novice researchers who are seeking support and mentoring in CGT. Third, help for novice researchers needs to be provided to strengthen the position CGT is gaining worldwide. On this third point Glaser touched on two important aspects of the help needed. First, the help must preserve the autonomy of the novice researcher and second, the help needs to come from the right mentor, specifically a mentor who is experienced in using and mentoring CGT. Glaser referred to these as "senior mentors." It is these "senior mentors" to whom this book is directed. This can be seen in the final point which Glaser articulated by saying "So, I ask my colleagues at the senior mentor level to answer these cries for help as best they can for the valuable bigger picture as well as for the novice's research" (2016, p. 89). Each of these points will be discussed in greater detail.

The use of CGT is spreading worldwide. Glaser (2016) explained that CGT is now being used in China, Japan, Portugal, Philippines, Bangladesh, Iran, Iraq, Australia, North and South America, and all of Europe. Glaser's books are being translated into more languages and Glaser and others are being invited to speak and give workshops around the

world. I have seen this myself as I have friends and colleagues doing, teaching, and presenting on CGT from Japan, to Europe, to the Philippines and throughout the US. Another colleague of mine has worked on the translation of Glaser's books. CGT is also spreading across many fields and disciplines from healthcare to education to management and the social sciences. Increasing numbers of doctoral students are selecting CGT as the methodology for their dissertation research; however, in so doing, many of these doctoral students are setting themselves up for conflict within more QDA dominated departments. Unless doctoral students can find one of the few departments, such as the one I oversee, which openly support the use of CGT and allow students the flexibility to utilize the methodology as designed, conflict and a lack of support in CGT may hamper student progress. However, even in this case novice researchers often require much support and guidance. This idea leads to Glaser's second point.

The increased exposure and adoption of CGT as the methodology for dissertation research worldwide has led to an increase in the "cries for help" from novice researchers. Glaser (2016) made abundantly clear the volume of requests he receives for help and the strategies used by these novice researchers to elicit his help, including what he described as "flattery" and "sweet talk." A bulk of the book addresses the voluminous requests and the individual nature of help needed. At times, all that is required to assist the struggling novice researcher is a one-time straight forward answer, but often much more support is needed. In this case, novice researchers may need support provided through Glaser's seminars and other seminars offered worldwide. However, even these seminars may not always address the voluminous need. Many novice researchers need more ongoing support than Glaser and other mentors can provide.

The "cries for help" are hard to ignore, not only because of the desperate pleas from the novice researcher who is trying to earn the coveted doctorate, but also because of the importance in answering these calls for help in strengthening the spread of CGT worldwide. However, the quality of the support is critical to the success of both of these points. Throughout *The Cry for Help*, Glaser (2016) strongly advocated for mentoring and support that preserves the autonomy that the methodology provides the researcher. "The novice must be careful not to yield or give away his power of autonomy given by the GT methodology" (Glaser, 2016, p. 7). Later, Glaser continued by saying "But no matter how desperate he may feel the need, he should not give up his power of autonomy to a mentor who takes control of the research" (p. 8). Preserving the researcher's autonomy is a major theme running throughout the book.

As a mentor, this idea made me stop and evaluate my mentoring. Am I taking away the novice researcher's autonomy by taking control of the research or am I empowering the novice researcher by providing the level of support needed to facilitate autonomy? Why is this so important? Because if, as a mentor, I take away autonomy, I create a needy researcher who does not have the skills or confidence needed to embrace and use the methodology independently both in the dissertation research and post-PhD. Such a person is unlikely to engage in further independent CGT research and thus hampers the strengthening position CGT is gaining worldwide. My goal, as a mentor, is to recognize the learning that takes place in the struggle to learn the methodology and to help my mentees embrace that struggle and work through it. However, I must also provide just enough

specific guidance and support focused on exactly where the student is struggling so that he/she does not give up on the research and/or the CGT methodology. This is in alignment with what Glaser (2016) stated when he wrote "Timing of a specific help is very important. It should be for a specific issue for exactly here the novice is in the GT research process" (p. 47).

Selection of the right mentor, or "senior mentor," is key to preserving the autonomy of the novice researcher. While *The Cry for Help* is most appropriate for mentors, one key takeaway that other readers may gain from reading this book is the advice and warning provided in regards to the selection of a mentor. There are other risks, besides losing autonomy, to not selecting the right mentor. These risks include the taking over of the novice's research by a mentor, getting no help and turning to another methodology, or getting inaccurate advice (often based on another QDA methodology) from a committee member or another authority figure who does not know CGT. Glaser (2016) explained, "If a novice asks a supervisor who is not GT aware, he is liable to be derailed by another descriptive version of a QDA and lose his autonomy" (p. 19). Other risks may also be present. However, selection of the right mentor may propel the novice researcher forward enabling the researcher to finish his/her dissertation and earn the coveted doctorate.

Glaser identified several different types of cries for help. "GT methodology is not simple thus GT questions are not simple nor are the answers simple" (Glaser, 2016, p 41). One type of cry for help is the "Am I doing it right?" cry. In response, Glaser explained "Novices should ask this question as often as needed as it speeds up their research to get a quick response" (p. 59). Glaser also discussed cries for help which center around the need for certifying and legitimating the method, procedures or researcher's work. For example, cries of help emerge when a novice researcher finds himself/herself in conflict with other methods, perspectives, or procedures. Glaser noted that this is beyond the skill of most novice researchers and advised the use of his books in defense of the methodology. "The novice need not argue for what is already certified and legitimated" (p. 86) in Glaser's books. Rather "the novice need only show the books to his supervisor" (p. 86). Glaser also mentioned the legitimating effect of attendance at trouble-shooting seminars. Throughout the book Glaser identified and provided some general guidelines of ways mentors can respond to various types of cries for help.

While "senior mentors" are not always readily available, other options are available. The first and foremost are the books written by Glaser which detail many different aspects of the methodology. Gynnild and Martin expounded "In reality, the books serve as asynchronous, written mentoring of grounded theory. These are key issues in Glaser's strategy for mentoring the method" (as cited in Glaser, 2016, p. 96). However, novice researchers may find that reading the books alone do not fully address all their questions. Learning CGT is experiential and the books may become more understandable as the novice researcher begins to use CGT. Guidance is also available through the articles published in the Grounded Theory Review. However, one word of warning: there are many articles and books written about CGT that are methodologically inaccurate requiring critical review and comparison with Glaser's articulation of CGT. Grounded theory seminars, online discussion forums and other networks of support on the internet, and peer-to-peer mentoring may be other potential sources of support. Hopefully, as the use of CGT continues to gain ground

throughout the world, support will also grow and this is what Glaser calls for in his final point in *The Cry for Help*.

*The Cry for Help* makes it clear that Glaser alone cannot answer all the cries for help and the book ends with Glaser's "cry for help." The final point made by Glaser is a request that "senior mentors" answer the cries for help for the benefit of the novice researcher and his/her research and for the benefit of the continued spread of CGT worldwide. *The Cry for Help* is a call to action to "senior mentors" to support the spread of CGT by mentoring novice researchers. So, with the question asked, how will it be answered? As for me, I will continue on with my weekly meetings with novice researchers, answering their "cries for help" and hope that in so doing a new generation of CGT researchers will rise up who can mentor future generations of CGT researchers.

## **Book Review: Great help for novice GT researchers**

Holton, J. A & Walsh, I. (2016). *Classic grounded theory. Applications with qualitative & quantitative data*. Los Angeles, CA: SAGE.

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The authors' main purpose of the book is to provide practical guidance for novice researchers using classic grounded theory (GT) while remaining as true as possible to Glaser's and Strauss' thoughts. In addition, they want to show that GT is much more than a qualitative research methodology; throughout the book, the authors provide examples of how qualitative and quantitative data can be used to develop substantive and formal grounded theory.

Holton and Walsh claim that GT is philosophically neutral, and that it can be seen as a meta-theory of inductive research design. However, they argue that there is a common understanding underlying grounded theory research; the social world is organized and there are patterns we can discover when doing GT research. In my interpretation of this statement of the social world, this view carries a philosophical stand about the world in which we live. Nevertheless, the authors argue that different researchers using GT can bring different philosophical stands, epistemological understandings, and apply diverse methodologies as they carry out their GT research. As researchers, we need to come to terms with what philosophical position we hold in our research and thus which ontological and epistemological understanding we bring to our research process. Holton and Walsh take a critical realist stand and outline what that means to them. At the same time, they acknowledge that others can do GT from another philosophical stand and how that has added to the discussion of remodeling GT.

In addition to arguing for openness of a philosophical stand in doing GT, the authors claim that different understandings of what researchers mean by using GT adds to the continued discussion of how one understands what GT is. Is GT a method, a technique, a methodology, a framework, a paradigm, a social process, a perspective, or rather a meta-theory of a research design? The authors argue that it is probably all of these things at the same time; when different researchers bring different perspectives into the discussion about classic GT, the reader understands that these arguments related to classic GT will continue long after this book!

The book has 10 chapters, and each chapter starts with the learning outcomes and ends with an informative summary and questions with multiple choice answers to test knowledge. The questions are well written as they require the reader to have knowledge and understanding to answer them. Each chapter also has suggestions for further reading and endnotes. There are multiple figures and tables in the book, which explain and exemplify the theme of each chapter. The text has many references to Glaser's and Strauss' publications and to other writers who discuss classic grounded theory. One great thing about this book is

that most of the references provide information about which pages to go to if we as readers want to study the different parts of the book in more detail.

The book is divided into three parts. Chapters 1–4 give an overview of classic GT from the beginning with Glaser and Strauss in the 1960s to today. The presentation of Glaser's and Strauss' background is well known from other books. However, the authors' presentation provides depth into the well-known saying in GT that "all is data;" they give background for why qualitative and quantitative data can be used in GT. In this book, a grounded theory, the result of a GT study, is a generation of probability statements about the relationships between concepts, and a set of conceptual propositions developed from empirical data. GT offers a transcending view of a main concern in a substantive area and a social behavior that explains how concern is processed, managed, or resolved.

The end purpose of a GT research is to develop a theory, and different types of theories are discussed in Chapter 2. In GT, the researcher can either use existing concepts (incremental theorizing) or develop new concepts (rupture theorizing) in theory development. It could have been helpful for the novice researcher if rupture theorizing were to have been discussed in more detail with some examples of how new concepts could have been developed. I also miss more elaboration of how concepts and categories are developed and expressed in classic GT, such as using gerunds to build actions into the codes.

Chapter 3 elaborates on the foundational pillars of classic GT such as emergence, theoretical sampling, and constant comparison. Chapter 4 continues to present how a GT researcher thinks and works—such as leaving preconception behind and staying open for emergence, and leaving description and work for conceptualization.

The second part of the book is called Classic Grounded Theory in Practice and offers practical guidance in the application of classic GT framework using qualitative and quantitative data. Chapter 5 offers good discussions of the what, how, and when for data collection. Chapter 6 takes us through open, selective, and theoretical coding, and underlines the importance of constantly stopping to write memos. The difference between the main concern and the core category in a grounded theory is explained. Questions and experiences from students are presented in pockets of text to aid deeper understanding of the challenges novice researchers may experience in the analyzing process. Here and in some other chapters figures present examples of how data collection, coding, and sorting of memos can be done. Unfortunately, the text is too unclear and letters are too small; it is not possible to read the content.

Chapter 7 deals with how a researcher develops the emerging grounded theory. Theoretical sampling, theoretical saturation, and theoretical coding are explained and the importance of hand sorting memos in the write up process is underlined. This chapter also provides the reader with 11 analytic rules to aid in the integration of a grounded theory.

The last part, chapters 8–10, deals with writing up of the grounded theory, and how to write for publication. In Chapter 8, novice researchers can find lots of help to overcome writers' block that come from fear of writing, confusion, worrisome accuracy, or perceptual outgrowing. Chapter 9 can also be of great help for an inexperienced researcher in writing up the grounded theory and for writing, sending in, and rewriting the first publication. The

authors use their experience in writing peer reviewed articles and give wise and practical advises for PhD students who go through this process for the first time. The last chapter presents and discusses how a classic grounded theory is evaluated through fit, workability, relevance, and modifiability.

The book has five appendices that provide examples of different ways of doing classic grounded theory. The book also has five pages of glossary of the basic concepts used in classic grounded theory. These terms can be helpful when reading the book to aid a deeper understanding of the key concepts used in classic grounded theory.

After having read this book my conclusion is that it is an important book for novice and also for more experienced GT researchers as it provides an overview of the fundamentals of classic GT. It also introduces the reader to methodological and practical issues discussed amongst GT researchers. The book is easy to read and aids those researchers new to GT to gain a better understanding of the methodological books written by Glaser.

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