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From the Editor's Desk**Wonderment and excitement in classic grounded theory**

Barry Chametzky, PhD

Welcome to a new edition of the *Grounded Theory Review*. I would like to start by sharing some good professional news. Between the last edition and now, I was fortunate and honored to have offered a keynote speech and a training session on classic grounded theory to members of the Sport Sciences Research Institute of Iran. As I was preparing for these two prestigious discussions, I was reminded of what Barney Glaser once said: that grounded theory is all around us; we just need to look for it. Given that “all is data” (Glaser, 1998, p. 8), it stands to reason that, indeed, grounded theory is all around us. But, because we are generally so busy in our lives—whether it be teaching, learning, or simply living—we often forget to look around us with a sense of wonder and ask an important classic grounded theory question: “What is actually happening” (Glaser, 1978, p. 57)? Only with a sense of wonderment can we truly see grounded theory around us. Only with that sense of wide-eyedness can we have and explore new experiences.

We all need to stop preconceiving and start being open to new experiences. As I was writing this editorial, I was reminded of what Odis Simmons had written in his 2022 book: “To what do I owe the honor of this visit” (p. 259)? What a great grand tour question that shows openness instead of having a preconceived reason for a given visit or meeting. If we use that question as a guide and starting point, we can help train ourselves to be open. I would

recommend that we all explore the (similar) question: To what can I attribute this experience? Such an idea is, I believe, an amazing grand tour-type question. To that end, I invite everyone to take 5 or 10 minutes out of their day and look around; gaze in wonderment and discover grounded theory all around you. Most assuredly, as you reflect on that short period of time, you will be amazed at what you have discovered. And I look forward to reading and hearing your new theoretical discoveries.

In this new volume of the *Grounded Theory Review*, we are pleased to present two classic grounded theories reprinted from the *Grounded Theory Review* volume 2, originally published in 2000 but never published online. The first article is entitled *Routine dentaling and the six monthly [sic] check-up: Towards a grounded theory of dentistry* by Gibson, Drennan, Hanna, and Freeman. In their article, the authors explained how the dental reviewing cycle occurs in eight specific recurring phases. As a basic social psychological process, the theory that Gibson et al. explained allows a dentist and a patient to work together so treatment can be offered and provided.

The second article is entitled *Quality of Life to people with advanced HIV/AIDS in Norway* by Bunch. This study was part of a larger national study. In this article, three strategies were discovered to understand how people with advanced HIV/AIDS learned to live with the virus.

Additionally, we are pleased to reprint an article by Didier, Nathaniel, Scott, Look, Benaroyo, and Zumstein-Shaha entitled *Protecting personhood: A classic grounded theory*. In this theory, these authors explained the significance of seeing patients as important partners and collaborators in healthcare. Didier et al. summarized “the process hospitalized pa-

tients go through to find balance in their sense of self, oscillating between personhood and patienthood in the unfamiliar hospital environment” (Abstract).

We are equally pleased to offer a number of methodological papers. The first article is by Reay and entitled *Initiating a grounded theory study: Scoping the area of interest, overcoming hurdles in the ethics review, and initial data collection*. The author presented valuable information that every doctoral candidate interested in using classic grounded theory as a research design must know and address. This article is an excellent addition to the journal and will be respected by many novice and experienced researchers.

Another article, *Aligning crucial realism and classic grounded theory* by Carless-Kane and Nowell is presented here. In this paper, the authors examined classic grounded theory through “a critical realist lens” (Abstract). Such an examination allows readers and scholars to gain a more nuanced perspective about classic grounded theory to understand any “causal mechanisms that [might] underpin them” (Abstract). Various challenges and benefits are presented in this rather interesting paper.

In our third article, Chametzky presented procedural and methodological rigor in classic grounded theory. One broad objective of this paper—which was originally the aforementioned keynote talk—is to help novice and experienced classic grounded theory scholars “truly appreciate its beauty, acquire valuable information about the design, and discover how beneficial the design might be to them” (Abstract).

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We are retracting "Routine dentaling and the six monthly check-up: towards a grounded theory of Dentistry" by BJ Gibson, J Drennan, S Hanna, R Freeman due to previous publication outside of the *Grounded Theory Review*. Such publication was unknown to the editorial team at the time of publication.

Quality of life to people with advanced HIV/AIDS in Norway

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This article reports findings from phase one of a replicated study conducted in Norway.

The study is part of a cross-national study developing an ethnically sensitive instrument to assess quality of life for people with advanced HIV/AIDS (Holzemer, 1994). Interpretive data generated from interviews with 10 men and 3 significant, a total of 19 interviews, seems to show that they learn to live with the virus but that after crossing over, the time when AIDS was diagnosed, there was no turning around. Useful strategies were controlling, hoping, talking and reminiscing. Reminiscing was like a sentimental journey into the past, not looking to the future, letting go while planning and preparing to die. Comparing findings from the two sets of data find similar themes that were played out differently. Since the backgrounds of the two samples are different comparisons are difficult.

Key words: quality of life, advanced HIV/AIDS, grounded theory, cross-national

QUALITY OF LIFE TO PEOPLE WITH ADVANCED HIV/AIDS IN NORWAY

BACKGROUND

The literature on the measurement of quality life is extensive, though little work has focused upon defining and measuring the dimensions of quality of life for persons with advanced HIV

infection. There is a need to understand the palliative and supportive dimensions of quality life from the patients' perspective (Holzemer, 1994).

Quality life is a concept without universally accepted definitions. Definitions have included subjective and objective indicators of both physical and psychological phenomena (Oleson, 1990, p.187).

The goal of this two phase study is to develop an ethnically sensitive instrument to assess HIV/AIDS patients quality of life (Holzemer, 1994). Phase one is based on HIV/AIDS patients' experiences and perceptions of their quality life collated through interviews.

Concepts generated from interpretive data will be used in phase two as items in a quality life instrument (Holzemer, 1994). This article will report on findings from phase one in a replicated study conducted in Norway based on interviews with 10 HIV patients and 3 significant others. Findings from this study will be compared to findings from the main study «Salvaging Quality of Life» (Wilson, Hutchinson and Holzemer, 1996, in press).

While the number of HIV positive people in Norway are as dramatic as for instance the US, the 1432 people diagnosed as carriers of the HIV virus represent prevalence rates comparable to the other Nordic countries. Thus, 354 of the 443 diagnosed with AIDS had died by the end of 1995 (Folkehelsa, 1996). From a European perspective, Norway is in the middle of the range of in terms of prevalence rates.

As elsewhere in the western world, Norwegian HIV/AIDS patients seem to live longer.

New drugs and drug combinations help prolong their life expectancy. For instance, of the 10 men interviewed, 3 said they thought they got the virus in the early eighties and had lived with the virus more than 10 years. This fact is important in terms of their quality of life. As the effectiveness of treatment improves in terms of prolonging their lives, their quality of life becomes highly relevant (Holzemer, 1994, s.22).

Norway's comprehensive health care services are available to all citizens and expenses related to care and treatment are covered by the services. Sick leave compensation and disability for people in need, are also part of this service (NOU:23/87). Upon request a special home nursing team is available for HIV/AIDS people as well as home help (Bunch, 1996).

DESIGN/METHOD

Phase 1 of this instrument development study will report findings from qualitative comparative knowledge generated from 19 interviews made with a Norwegian population. The interpretive method «grounded theory» as described by Glaser and Strauss (1967) and Glaser's «Theoretical Sensitivity» from 1978 and 1992 were used. The theoretical basis for this sociological method is Blumer's (1967) symbolic interactionism.

Sample

Inclusion criteria to phase 1 were women or men above 18 years of age who had been HIV positive more than 5 years and were Norwegian citizens. From December 1994 to February 1996, 10 men consented to be interviewed. Three significant others identified by the patients also consented to be interviewed. One of the ten, consented to participate in 6 follow

up interviews. In all, 19 interviews were made with 10 male patients and three significant others. The ten patients and I significant other were interviewed in the hospital while interviews with 2 significant others were made outside the hospital.

The ten men were from 29 to 54 years old, six had an academic education, 5 lived alone, 2 were married and 3 lived with partners. Of the 10, 6 were on extended sick leave, 2 worked and 2 were on disability. They were all diagnosed as having AIDS at the time of the interview.

One person did not know he was HIV positive until after a severe episode of pneumonia when he nearly died. One had a cardiac condition when his positive status was confirmed. Once registered as HIV positive they were offered regular follow-up services at the hospital out patient clinic, a service they all used. For the 10 persons interviewed and their significant others, housing was not a problem and they were either home owners or lived in rented apartments.

Ethical considerations

The research protocol was reviewed by REK I (regional review board, health region I). Permission to carry out the study was granted by the Director of Nursing Services at one of Norway's 5 university hospitals. The chief medical officer and the nurse supervisor for the infectious disease division, and nurses on one unit granted their permissions for the study to be undertaken.

The head nurse on one infectious disease unit approached patients to obtain their consent to be interviewed. She tried to recruit women but for some reason they declined. Several substance abusers also declined participation. One of the ten also consented to 6 follow-up interviews by telephone. Written informed consent was obtained from 13 participants.

Data collection

Semi-structured interview guides constructed by the original investigators (Holzemer, 1994) were translated to Norwegian and used. Each in depth interview lasted a minimum of 2 hours, were tape recorded, and translated to English before being analyzed.

The patient's medical charts were examined and number of hospitalizations and CD cell counts were recorded. The nurse's records were also checked for identification of nursing problems.

For the 6 follow up telephone interviews a semi-structured interview guide was used and each interview lasted from 20 to 30 minutes. Notes were taken during the interview and later transcribed and translated. Some of the subtleties and semantics of a language are often lost when data is translated. However, the investigator tried to capture it as accurately as possible.

A text analysis software program called Nudist was used to keep track of the coded text.

Nudist was especially helpful in the «cutting and sorting» process. The software does not do the coding. «Relying too heavily on the machine can curb the creative process», Glaser says (1996, personal communication).

FINDINGS

Data analysis

Each transcribed page of data was analyzed sentence by sentence and coded, according to Glaser's scheme of open coding (1978, p. 56, 1992, p. 38). Each code was constantly compared and contrasted and empirically grounded. Codes were conceptualized to categories in search of basic social processes and core variables in the coded texts. The purpose of the analyses was to generate a theory explaining the empirical reality as described in the interviews (Glaser, 1992, p38).

The open coding was a line by line analysis to look for meanings and processes in the data. «Open coding is the initial stage of constant comparative analysis» (1992, p.38). Open coding was done by hand. The recorded data were read and re-coded many times before codes were transcribed to the software. The open coding initially yielded more than 300 codes.

Examples of open codes were; dying, reading, enjoying small things, feeling safe, money and fighting. Dying was a frequent code and there was a great deal of material related to dying; dying at home, dying with loved ones around, dying with a smile on my mouth.

All codes related to dying and death were later identified as properties of letting go, and were labeled planning and preparing for dying and death. Planning and preparing included psychological as well as physical planning and preparing.

((When I die I think I just vanish, I kind of just slip away, I just fall asleep and will not remember» (interview 7) or like interview 3 said;

«I'm not afraid of dying, but on the other hand I don't want to lose my life. That is a myth want to live».

Both men in the interviews were mentally preparing themselves for dying and shows how the segments were openly coded.

Money, salary, benefits, spending money, inheriting money were codes that later were abstracted to finances. It is easy to «fall in love with your data» Glaser says (1992). Even though finances and money issues are part of the data, they were not included in the theoretical coding, as they did not add further understanding to the core categories.

Living with the virus and no turning around after crossing over

The major categories or variables that emerged from the data are; living with the virus which covers the period from when they tested positive, how their lives continued much as before while living with the virus. No turning around after crossing over covered the period from when the AIDS diagnosis was made until they died (fig.1)

When they tested HIV positive, some were relieved, some just could not believe their bad luck while for some the confirmation came as a tremendous shock. <4 was madly in love and was entering a new relationship. The 3 of us tested just to be on the safe side, and ! tested

positive, bad luck» (interview 6). One person said that for the first two years he had anxiety attacks every time he heard or read the words HIV or AIDS.

Once over the initial shock of testing HIV positive, the majority seemingly learned to live with the virus and continued their lives as if nothing had happened. During this period, which lasted many years, they had few if any symptoms. The only reminder that they had a deadly virus was visits to the out patient clinic for regular check-ups. All 10 patients visited the out patient clinic on a regular basis once their HIV status was confirmed.

Through the visits emerged a need to be in **control**. Being in control could mean acquiring in depth knowledge about the illness and treatments, investigating the latest research findings, or requesting to be seen by the same doctor and nurse to secure continuity and a trusting relationship at the out patient clinic.

As one said: I have friends who are MD's and I want them and my clinic doctor to tell me everything, explain to me and not hide anything» (interview 7).

Controlling symptoms was also important. 4 listen more to my body now» (interview 5).

Strategies used when controlling were, changing diets, seeking alternative treatments, exercise more and engage in healthier lifestyles. Some reduced their alcohol intake and smoking as strategies for >.-controlling their lives.

An important sub-process as they adjusted to living with the virus was how they chose **disclosing or concealing** their status. One felt it was absolutely impossible to disclose his status while the rest told most family members, friends and/or colleagues. Mothers were especially included in the disclosing process. One who wanted complete disclosure found to his disappointment that the stigma attached to an HIV positive colleague was more than he had bargained for. He changed his strategy and concealed his status while working.

Some became active in AIDS work and went very public about their status. The activist life gave them a new identity and they took this with great pride. The new identity seemed to make them feel important, gave their lives a purpose. It was as if they were rescuing themselves through contributing to the future. This new life and job provided «the very best years of my life», as they said.

Consequences of the public strategy and new identity was as one said;

«I must admit that I kind of like the attention I am getting. The public aspects of my new job and the pay, has, I must admit, provided me with the best years of my life. I wish I could live longer» (interview 4)

Another said;

«I like to be very direct, especially when I talk with the medical students. I love watching their faces (for reactions), I like to perform and inform» (interview 1).

A third person said;

«They asked if they could interview me for one of the national newspapers to make an article for December 1 (international AIDS day). They wanted to portray my work with one of the voluntary agencies. I decided against it. I was concerned for my mother. She lives in a very small community and it might embarrass her» (interview 7).

Thus, living with the virus continued for many years without overt manifestations of being ill. Controlling was used as a purposeful strategy. One of the ten interviewed «stopped living», experimented with drugs and quit his job. «I was dying, so why bother to work», he said (interview 5). His life style normalized later. Another interviewee reported a similar lifestyle and he became an AIDS activist. While living with the virus, a high degree of disclosing seemed to provide their lives with increasing purposes. Thus the AIDS activists said their «lives had never been better».

No turning around after crossing over emerged as another core variable. When the AIDS diagnosis was confirmed, several said they felt they had crossed over a major hurdle, that now there was no turning around. They were dying. This waiting space was where the interviews with the ten men were made. At the time of the interviews they had all been diagnosed as having AIDS and were in various stages of realizing they had «crossed over» a phrase several used and that now there was «no turning around», yes. They were dying.

Crossing over was very painful and for many quite devastating. «I just cannot believe it, here I was super active and OK yesterday and today I am nothing, it is like falling into a black hole» (interview 8).

«To go from being a healthy, well functioning HIV person and into this new landscape called AIDS, I certainly enter a new place where I have never been before, I do not know so much about this landscape» (interview 8).

A property of crossing over was hoping «If I give up hoping I will die» (interview 3), or as another one said; «don't ever give up hoping, find people-you---can talk with (interview 1)» although another person said; «hope decreases as time goes by (interview 7).

Hoping and holding on were important properties of crossing over. When they felt good, were in control, holding on or felt hopeful, their quality life was good. «Today I feel good, I must look at the bright side, you cannot ever give up hope» (interview 7).

One said the following about hoping:

«The margins are so small, I must set small goals, I don't think too far ahead» (interview 9).

Taking each. Setting small goals, getting a puppy to occupy thoughts, were useful strategies for holding on and hoping even after crossing over. When they felt successful in holding on and never giving. Up hoping, a consequence was that of feeling good. «I am pleased as long as I am doing as well as I am now, I'm holding on, I do have an appetite» (interview 7). Or,

like interview 8 said; «Never give up, it is most crucial not to give up. you never know» (what treatments might be available).

A very useful strategy used after crossing over was **reminiscing**. Reminiscing about their lives, what they had accomplished what they used to do and how much fun they had. It was like a sentimental journey into the past, a way of legitimizing living in the present by living in the past.

Reminiscing gave life a purpose, was a way of maintaining an identity by living in the present through the past. Their lives as reminisced were truly interesting. Some were very public figures through their jobs and others lived more anonymously but none the less had lived meaningful lives as reminisced through the interviews.

After crossing over, accepting there was no turning around, **controlling** continued to be an important strategy. Controlling in terms of symptom management and treatment management and managing life at home. For many this was a time for their first hospitalization and the introduction to new and complex medication regimes that must be continued after discharge and included in their daily schedules.

Controlling in this context meant requesting detailed information about their treatment regimes; some were discharged home with complicated intravenous drips they were forced to learn how to administer. Several contracted with the home nursing team for regular visits. Asking for help never came easy, yet being in control managing complex treatment regimes provided life with a purpose.

Talking to friends, therapist, health providers, was also a helpful strategy. «it is important to talk, but I cannot stand talking about AIDS all the time, I want normal talking», one said (interview 3).

A sub-process after crossing over and realizing there was no turning around seemed to be.

Letting go. Properties of letting go were **preparing and planning** for dying and death.

They all knew there was no turning around after they had crossed over. Dying itself was not problematic. Leaving family and loved ones behind was, especially leaving children was traumatic. «I always wanted to watch my child grow up», (interview 1 and2).

One significant other said; «I asked him about dying and he said he was not afraid. It is the time period before he dies he is terrified of. He hopes that will go fast, but how do you know when that time is here? (interview 9b)».

Preparing and planning involved planning the funeral, what music would signify him as a person, or, where to be buried and imagining talking with his spouse «I wish to be buried close to a tree and then she can come and sit under the tree and talk with me» (interview 1).

Setting their house in order was a helpful planning strategy. This included legal issues like «he has made sure the apartment is in my name» (interview 9b). Other planning strategies were discussing inheritance, «I want my mother to inherit all I have», (interview 6 and 7), settling debts, or making sure that work projects would continue despite his absence, sick leave and death.

For those who had been with lovers or friends through the AIDS trajectory, planning and preparing seemed easier. For the two that did not have this experience, every new symptom was a mystery and surprise that became increasingly difficult to handle. Complete closure isolated them from available resources and yet this was a strategy they chose.

DISCUSSION

The study is part of a cross-national study developing an ethnically sensitive instrument to assess quality life for people with advanced HIV (Holzemer, 1994). Helpful strategies used by the participants to improve their quality life were becoming active in AIDS work, talking with family and friends, taking control, never give up hoping, reminiscing as a sentimental journey into the past, not looking to the future, planning and preparing for dying and death.

Comparing findings from Norway and San Francisco

The research team at UCSF interviewed a purposive sample of 38 patients of Hispanic, Anglo-American and African American background and 10 family/significant other -caregivers. Data analysis identified three stages patients go through, 1) preserving, 2) sustaining and 3) redeeming while living with the virus and salvaging quality of life from remnants.

Quality of life as described in the Norwegian study was dominated by two stages, living with the virus which covered the time from when the HIV

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Protecting Personhood: A Classic Grounded Theory

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Abstract

The importance of perceiving and considering patients as healthcare partners has been increasingly promoted. Healthcare systems around the world are now highly interested in pa-

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tient engagement, participation, collaboration, and partnership. Healthcare professionals are advised that patients, as autonomous beings, should be active in and responsible for a portion of their own care. The study presented here focused on patients' perceptions of interprofessional collaboration. It was conducted using the classic grounded theory methodology. The theory of protecting personhood emerged as the core concept of hospitalized patients, cared for by interprofessional healthcare teams. This theory encapsulates the process hospitalized patients go through to find balance in their sense of self, oscillating between personhood and patienthood in the unfamiliar hospital environment. The process consists of four stages: the stage of introspection, during which hospitalized patients become aware of their self as a person and as a patient; the stage of preservation, when patients find a balance between the sense of personhood and patienthood; the stage of rupture, wherein patients experience an imbalance between their sense of personhood and patienthood; and the stage of reconciliation, in which personhood is restored. The theory of protecting personhood offers insights into a better understanding of hospitalized patients' experiences and strategies, revealing the importance of relationships, and the driving force of empowerment. This study is about patients' perspectives of interprofessional healthcare teams. A grounded theory process allowed the emergence of patients' concerns and expectations, leading to a substantive theory grounded in the patients' data.

Keywords: behavior, communication, trust, doctor–patient, nurse–patient, lived experience, health, users' experiences, healthcare, holistic care, experiences, illness and disease, theory development, methodology

Background

Patients value as healthcare partners has been recognized and promoted during this last decade. According to a patient-centered model and definition of interprofessional collaboration, patients have the potential to act on each level of care; on a direct level (Gausvik et al., 2015), on an organizational and on a policy level of care (Institute for Patient- and Family-Centered Care [IPFCC], 2017; Ocloo & Matthews, 2016). The concepts of patient engagement, partnership and participation are of high interest in current healthcare systems, around the world (IPFCC, 2017; WHO, 2017; Wilcox et al., 2003) and in Switzerland (Swiss Medical Sciences Association, 2020). Patients, as autonomous beings, are encouraged to participate in decision making, to be active in and responsible for their own care and safety in healthcare (Holmström & Röing, 2010; IPFCC, 2017; Hôpitaux Universitaires Genève [HUG], 2019). The World Health Organization (WHO, 2017) recommends that healthcare professionals include patients as active participants in monitoring their care and improving their healthcare outcomes. In the UK, patient partnership and engagement were integrated into the National Health Service (NHS) more than two decades ago and form part of the professional standards (WHO, 2013). In Switzerland, interest in person-centeredness and partnership is increasing. In fact, the Swiss Medical Sciences Association (2020) insists on the importance and value of patients as partners in its revised Interprofessional Charter.

Engagement, partnership, collaboration, and patient-centeredness differ in gradation and meaning, which affects the roles assigned to patients. The differences in meaning also influence the definition that professionals or patients assign to the concept of patient inclusion or patient-centeredness in healthcare (Canadian Interprofessional Health Collaborative, 2010; Karazivan et al., 2015; Ocloo & Matthews, 2016) or the way these concepts are implemented in practice (Phillips & Scheffmann-Petersen, 2020). Engagement is defined as a

continuum, spanning from consultation through involvement to partnership. Participation means taking part in, for example, the care process or decision-making (Arnetz, Zhdanova & Arnetz, 2016; Thórarinsdóttir & Kristjánsson, 2014); whereas partnership is the highest level of patient engagement in the process, whether at the level of direct care, organization or policy (Ocloo & Mathews, 2016). Similarly, the person-centered and/or patient partnership models encourage patient involvement at micro, meso and macro levels of the system: in policymaking, in clinical decision-making processes, or in educational programs for healthcare professionals (McCormack & McCance 2016; HUG, 2019; Karazivan et al., 2015, Thórarinsdóttir & Kristjánsson, 2014). Models of patient- or person-centeredness (McCormack & McCance, 2016; Kitwood, 2011, Langberg, 2019), and respective organizations or institutes such as the “Institute for Patient and Family-Centered Care”, have emerged in the last decades, promoting partnership with patients and persons and their families to ensure their empowerment in care, research, and education and to improve patient outcomes. In some contexts, partnership, participation, person-centered care, communication, and collaborative practices are claimed as the standards of care and are encouraged. However, they remain difficult to implement because of patients’ and/or healthcare professionals’ beliefs about the patients’ roles, power issues, relationships between healthcare professionals and patients (Larsson et al., 2007; Phillips & Scheffmann, 2020), and “gaps between policy and practice” (Phillips & Scheffmann-Petersen, 2020, p. 1420; Zoffmann et al, 2008). In addition, neither patients nor healthcare professionals always know how to deal with those standards in practice (Martin & Finn, 2011; Phillips & Scheffmann-Petersen, 2020). Both patients and healthcare professionals need guidance on how to live patient-centeredness (Phillips & Scheffmann-Petersen, 2020) and collaborative practices (Phillips et al., 2018). However,

there are indications that differences exist concerning the respective roles and the reinforcement of patients' healthcare competencies, such as healthcare literacy and knowledge of healthcare issues (Author et al., 2020). Care of persons with chronic illness, for example, relies on self-management and assessment of symptoms and treatments, as well as on shared decision-making between patients and healthcare professionals (Friesen-Storms et al., 2015, Thórarinsdóttir et al., 2019). Nevertheless, healthcare environments are still strongly influenced by issues like economic levers, which may cement patients' passive roles. This perceived passive role may further be affected by health literacy. In Switzerland and in other countries, patient literacy remains low (N'Goran et al., 2019), curtailing confidence and the intention to participate in interprofessional discussions and decisions (Author, 2020). In such environments, patients await education and healthcare instead of actively requesting them (Crisp, 2012). On the one hand, patient engagement, participation and collaboration are promoted under these circumstances, but on the other hand, patients do not always feel authorized to act (Author, 2020), nor do they know how to act (Phillips & Scheffmann-Petersen, 2020). Patients' perspectives and experiences of patient-centeredness and interprofessional collaboration have been studied in some areas such as intensive care (Gausvik et al., 2015), and rehabilitation (Zimmermann et al., 2014), as well as in the community (Giusti et al., 2022; Phillips et al., 2015) and in oncology (Giusti et al., 2022). The flow and coherence of communication among various health care providers has often emerged as being problematic and provoking uncertainties as well as negative patient experiences (Gausvik et al., 2015). Interprofessional care provision involves acknowledgment of the various health care providers' backgrounds and educations and finding ways to communicate with one another to provide coherent and tailored information to patients (Gausvik et al., 2015). In order to find ways

to overcome these challenges, it is important to determine patients' experience of interprofessional collaboration and to ascertain the best way for patients to join in their care as part of a collaborative process. To our knowledge, despite a large body of evidence concerning patients' involvement in care and healthcare communication, little evidence exists regarding patients' perspectives of their experiences of interprofessional collaboration or of collaborative practices in the hospital environment. Except in decision-making (Gulbrandsen et al., 2016), some evidence exists respecting patients' readiness to partner or participate in, collaborate on, or actively engage in collaborative processes such as interprofessional collaboration in hospitals. There is also some evidence as to healthcare professionals' prerequisites for enabling such processes.

This study was part of a larger research project on interprofessional collaboration. The aim of the larger project was to explore the collaborative process between healthcare professionals at a managerial level. The purpose of this portion of the larger project was to examine patients' perspectives on interprofessional collaboration within multidisciplinary or interprofessional healthcare teams. Thus, the original research question for this study was, "what are patients' perspectives of interprofessional collaboration?" The literature highlights that patients and interprofessional collaboration, participation, or engagement go beyond a question of perspective. It includes patients' views, experiences, emotional responses to relationships with healthcare professionals, and the human connection between them and the healthcare professionals (Larsson et al., 2007; Thórarinsdóttir & Kristjánsson, 2014). Therefore, classic grounded theory was chosen as the most appropriate research method for this investigation. After data collection and analysis began, the research question evolved, as is common with

inductive grounded theory research. The question was, “what is going on with patients when they are cared for by interprofessional teams?”

In addition, grounded theory answers the following questions: what is the main concern of this group of people? How is this main concern continually resolved? Grounded theory was well-suited to this study because its methodology allows for an in-depth understanding of processes, actions, and interactions that participants go through, allowing for a grasp of how they view and experience these processes.

Methods

Design

A qualitative study design was selected for this study to allow patients to openly express their concerns during their hospitalization under an interdisciplinary healthcare team. This research was based on the classic grounded theory (GT) research method. As such, participants’ genuine concerns, strategies, actions, and interactions were elicited step-by-step based on the classic GT process. The classic GT research method requires the analyst to remain close to the data and to limit interpretation to determine the patterns in the data. Conceptualization was achieved through the GT process of constant comparison of coded data, from which concepts emerged. Further relationships between concepts were identified through a theoretical coding process.

Participants/Sampling Methods

This study was conducted in two adult surgery departments (neurosurgery and ear-nose and throat surgery) in a university hospital in the German-speaking part of Switzerland between July 2016 and June 2017. The sample consisted of 32 adult patients, comprising 15 women and 17 men, with a mean age of 54 years. The majority of the patients were Swiss;

only three patients originated from Southern or Eastern Europe, and two patients were from Western Europe. The patients' levels of education varied between the secondary level, i.e., compulsory and apprenticeship (n=25), and the tertiary level (n=7). Three of the patients in the secondary level category had businesses of their own. The patients were undergoing elective (n=17) as well as emergency (n=15) procedures. The average length of stay was 5.2 days, with a minimum stay of one day and a maximum stay of 12 days. The length of stay for each patient tended to be longer in the neurosurgical service than in the ear nose and throat service.

Participants were hospitalized for at least one day and cared for by interdisciplinary healthcare teams which included physicians, nurses, nursing assistants, physiotherapists, occupational therapists, dieticians, and chaplains, among others.

Data Collection and Analysis

Data was collected through face-to-face interviews. These exchanges commenced with a general question about patients' experiences with the service: "How was your experience in the interprofessional care environment?" Follow-up questions to probe and clarify issues raised by participants allowed for their perspectives to be more thoroughly explored. The different steps of classic GT were followed, including simultaneous data collection and analysis, interview transcription, substantive coding (open and selective coding), constant comparison, theoretical sampling, memoing, and sorting. These steps facilitated the emergence of participants' main concerns and the core category of this substantive theory. The core category is of central importance in GT because it "accounts for most of the variation in the pattern of the participants' behavior" (Glaser, 1978, p. 93). As such, the core category

constitutes the fundamental pattern of a phenomenon; it has explanatory power, and all other concepts are linked to it (Glaser, 1978).

Rigor of the study

A classic GT is considered sound when it is relevant, it works, it fits to the data, and it is modifiable (Glaser, 1978). As suggested by both Glaser and Charmaz, constant comparison and memoing assured fit with the data (Charmaz, 2014; Glaser, 1978). Also as suggested by Glaser (1978), Charmaz (2014), and Birks and Mills (2022), discussions and debates between the researcher and the supervisor, and subsequently with patients and healthcare professionals confirmed that the words and language in the theory reflected the participants' experiences and that emergent categories were grounded in the data. The need to translate the incidents and concepts from German to English posed a challenge that was overcome through in-depth discussions and debates between the researcher and the supervisor, who is a native German and English speaker, and subsequently with the GT mentor, who is a native English speaker. Participant quotations are included in the following sections to illustrate a basis for the construction of the categories and provide context.

Ethical Considerations

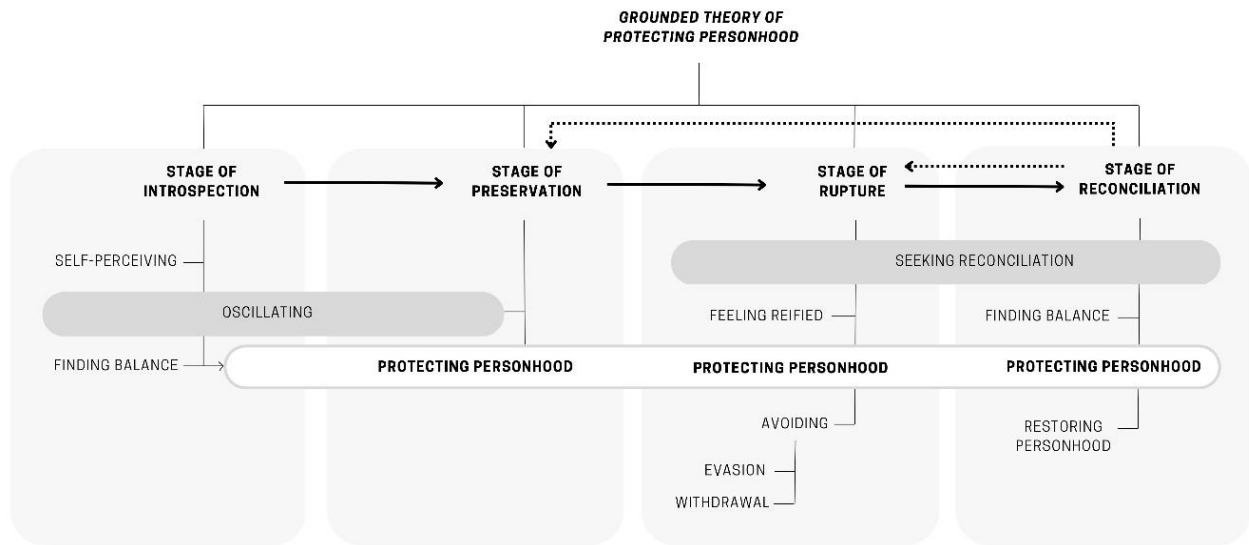
In Switzerland the processing of personal and sensitive data is protected by the Federal Data Protection Act and the Cantonal Data Protection Act. The study protocol was submitted to the local cantonal ethics committee and to the institutional pediatric ethics committee. The data presented did not fall under the Human Research Legislation (Swiss Confederation, 2014) as the data collected did not include health-related data specifically. However, each participant received written information on the study, had time for reflection, and returned a signed consent form. All data was deidentified and confidentiality is guaranteed to study participants.

Results: The Theory of *Protecting Personhood*

Theories include inherent assumptions, conditions, and some level of context. This theory posits that (a) hospitals are neither a natural nor a familiar environment for people who have rarely or never had health issues, and that (b) hospitals' structural functioning is unknown to healthy people who have no interaction with the healthcare system. Hospitalization can be a hugely disruptive life event. Becoming a healthcare patient and learning to interact with healthcare professionals are adaptive and sometimes challenging processes. Once admitted to hospitals, patients enter a dynamic process and adopt strategies, attitudes and behaviors to secure the care they want to receive. This substantive theory explains how patients activate processes to protect and maximize their personhood to receive optimal care.

The grounded theory of *protecting personhood* thus encapsulates the process that hospitalized individuals go through to find balance in their senses of self, oscillating between personhood and patienthood in unfamiliar hospital environments. The process consists of 4 stages: introspection (when hospitalized individuals become aware of their self as a person and as a patient); preservation (when individuals find a balance between the sense of personhood and patienthood and personhood is protected); rupture (imbalance between the senses of personhood and patienthood, wrecked personhood); and reconciliation (when personhood is restored) as illustrated in Figure 1.

Figure 1. Grounded theory of protecting personhood.



Originally written and conceptualized in German, the process of protecting personhood was encapsulated in a German term, *Aufgehobenheit*, with no absolute English equivalent. The term used by the patients when they were receiving safe and protective care was feeling “aufgehoben.” *Aufgehoben* started to emerge as an umbrella term in the memos and field notes, with the power of summarizing an optimal care moment during the interactions and relationships between the patients and the healthcare professionals. Feeling “aufgehoben” during care moments with healthcare professionals had the power to transform any encounter with the healthcare professionals into a positive, special, and dynamic experience. The adjective “aufgehoben” was transformed into the noun “*Aufgehobenheit*” to stress its potential as a process and core concept. Constant comparison ensured the concept’s fit with the patients’ data.

After careful consideration, protecting personhood was chosen as the nearest English term to represent the concept of *Aufgehobenheit*. Protecting personhood was identified

through the GT analytical procedures of selectively coding the fieldnotes, conducting constant comparison, and writing memos. Analysis revealed that patients not only seek to receive good care and feel safe and protected, but are also concerned with their relationships and interactions with healthcare professionals, how those interactions unfold, and how to provoke a change when needed. Protecting personhood was retained as the core category because it had the most explanatory power in the theory and explained how participants continually resolved their main concerns.

Stage 1: Introspection

The first stage of the theory of protecting personhood is *introspection*. This stage highlights the process the hospitalized individuals pass through as they perceive a change in their condition: they notice that they move from the person they are to being the patient. The person becomes aware of this change due to the diagnosis and/or future hospitalization. Awareness of this change triggers the process of introspection, which in turn leads to the concept of self-perception. It is a kind of transition in the mind. Every time the patients talk about entering the hospital environment, they begin a phase of introspection on their conditions. The following comment made by Olivia (a patient) illustrates one patient's stage of introspection, which allowed for the emergence of the concept of self-perceiving: "...when you are at home, and you know you need to be hospitalized, you feel up and down. And as soon as you are here [hospital], you close the door behind you, you wear your [patient] gown, you are like...not yourself anymore. You are in others' hands..."

Introspection includes the properties of self-perceiving, oscillating, and finding balance.

Self-perceiving

Prior to the first hospitalization, and before any encounter with healthcare professionals, persons are more or less healthy, are more or less autonomous, have their own habits and ways of being, are part of a family and of specific organizations, retain their senses of dignity, and hold their own opinions. At hospital admission, patients enter an unfamiliar environment and put their lives into the hands of unfamiliar persons, healthcare professionals. When entering the unfamiliarity of the hospital, the individuals undergo changes which can provoke a variation in their perception of themselves. Individuals start perceiving themselves as patients: they perceive that they are the same person with a specific condition, a medical condition. The awareness of themselves with a medical condition provokes introspection with a slight change in their perception of themselves and their identity as a person. The concepts of personhood and patienthood as a state start to emerge more or less consciously. Still, the state of personhood is not to be considered the opposite of patienthood. Rather, personhood and patienthood constitute two dimensions of the hospitalized individual, which are strongly intertwined. In this stage of introspection, however, the individuals are in a state of oscillation. They are both the one and the other.

Oscillating and Finding Balance

The hospitalized individuals are oscillating between the state of person and patient; thus they are constantly driven by their desire and need to remain connected to their personhood.

This process is conceptualized as “oscillating” because of the movement the patients undergo from the state of person to the state of the patient, and back. The concept of patient does not exclude the concept of person. Both must cohabitate in harmony. The questions triggered during this process are: “Am I considered a person? Am I feeling myself to be a

person?” If the interactions and relationships with healthcare professionals are optimal, the response in that process will be “I am a patient right now, but I feel like a person.” Once that balance is found, the hospitalized individuals enter into a stage of preservation. For example, Olivia (a patient) who perceived the change between her personhood before entering the hospital and the transition to patient condition, stated: “I need to feel that I am considered as a patient. Yes. To know that I matter to them [the health professionals], that there is a person.”

Another patient, Jürgen, helps to understand the emergence of the need to be considered as a person: “[...] and not just having the nurse asking only about my pain and leave.” Jürgen maintains the need to be listened to, to be seen, and to be understood in full as a person. He needs to find a balance between his condition as a patient and his personhood.

As long as the state of “person” is not obtained, the patient is oscillating in between.

The consequence of oscillation is finding a balance. This means being a patient and still feeling like a person, that is how persons protect their personhood and remain connected to their own sense of personhood. Moments of care may reinforce or jeopardize the process of oscillation. The interactions and relationships between individuals and healthcare professionals will affect individuals’ self-perception.

Stage 2: Preservation

The second stage of protecting personhood is *preservation*. Preservation concerns the process patients undergo in an unfamiliar environment. In these circumstances, the patients do not know much about the environment, the actors (i.e., the healthcare professionals), or the type of interactions patients will face or witness. The patients will do their best, or transmit signs, to indicate to healthcare professionals ways to help preserve the feeling of person-

hood, while being in a potentially “debilitating” environment. This stage is tenuous because it can easily vary according to patients’ expectations and experiences of care, their interactions and relationships with healthcare professionals, and the context and atmosphere of the care environment.

Protecting personhood

During the process of protecting personhood, the aim of the hospitalized individuals is to remain connected to their personhood and continue to feel themselves to be a person no matter the circumstances of care, relationships, or interactions. At this time, patients aim to limit uncertainty and discomfort due to the environment and/or relationships they may feel during care. Protecting personhood is a positive feeling that must be echoed by the behavior of healthcare professionals. Both healthcare professionals and patients must make efforts to protecting personhood. Care moments are experienced as “protective” of personhood when individuals seek a sense of consideration and feel respected in their dignity and autonomy, and feel heard and understood. They need to feel they are in safe hands and provided with consistent information when they ask for it. The question at this stage might be: “Am I heard about the issues I address? Is the healthcare professional comforting, caring? Do the healthcare professionals consider me a person?”

Healthcare professionals’ behavior and attitudes and their interactions and relationships with patients have the power to generate feelings and atmospheres of safety, respect, consideration, and dignity. The quotes below help to define the concept of protecting personhood.

Tina said: “It has something to do with the state of mind, the feelings, the presence... You are given something, you are not just a number. They talk to you, they call you by

your name, and they even remember what you said the next morning ...” Susanna remarked: “Well, this time I think, I was taken seriously. I had privacy; I was allowed to shower by myself, and so on. Well, the first time I was washed in the recovery ward, but even that was really done in such a way that I felt respected in my privacy. It was not like that before [previous hospital stay]. I was just put in the shower and scrubbed.”

Thus, patients recognize that healthcare professionals’ behavior and attitudes either generate or inhibit feelings of safety, respect, consideration, and dignity.

Stage 3: Rupture

The stage of *rupture* is a consequence of non-preservation of personhood. Rupture includes the properties of *feeling reified* and *avoiding*. Early in this stage, individuals seek to protect their personhood in relationships and interactions with healthcare professionals. A rupture in the process of protecting personhood occurs when they fail to do so. The balance reached through oscillation and maintained in the preservation stage is wrecked because healthcare procedures and/or the behavior of healthcare professionals do not meet patient expectations and needs to be provided with consistent information, and with safe and protective care. In this case, the individuals as patients feel disconnected from their personhood. The individuals no longer perceive themselves as respected and considered as persons in their patient-condition.

The conditions leading to the disconnection and rupture in the process of protecting personhood, with individuals’ distortion of self, are a perception of negative and suboptimal care moments and interactions. The less the patients feel protected in their personhood, the closer they come to feeling disconnected and reified.

When healthcare professionals do not engage in *protecting-personhood-generating* behaviors that provide or restore a sense of safety and protection, the distortion of patients' personhood can continue, reinforcing anxiety and mistrust towards the care environment. As a result, the person feels helpless.

Feeling Reified

Feeling reified is an important concept in the rupture stage. When both healthcare professionals and patients fail to protect personhood, to maintain the balance between personhood and patienthood, patients start feeling dehumanized and their sense of patienthood dominates negatively, with a focus on disease, on their dependence on healthcare professionals, and on their potential limitations. Feeling reified occurs when they start perceiving themselves as objects. This process happens when patients experience a distortion of their self-perception, caused by a profound feeling of being disrespected or discarded. They feel like an object, a number, an animal. The following incident, for example, is one of those which shaped the concept of reification. Justin said: "On Friday, I was waiting to leave the hospital, and the nurse came in and told me: 'We need your bed. We are waiting...' ...And I replied that I was not aware that I could leave. It had only been suggested that morning. She countered saying: 'Yes, you are leaving, your bed is already assigned to someone else.'... For a moment, I felt that I was expendable." [patient laughs] ..."

Thus, Justin felt disrespected and discarded.

The process of reification is not irreversible. Patients are still striving to activate the process of protecting personhood. However, ongoing or non-resolved disruptive verbal or procedural interactions lead to changes in individuals' attitudes and behaviors towards the

healthcare environment and professionals. The individuals start mistrusting healthcare professionals.

Avoiding

An ongoing feeling of reification can lead to an avoidance strategy. This strategy encompasses evasion or withdrawal. Evasion leads to the person's decision to leave or not return to the environment where the rupture occurred. Long-term evasion may not be possible. In some cases, alternative options to obtain treatment at a distance from the source of rupture and reification may not be feasible for patients. In such circumstances, when they must return to the source of rupture, patients may engage in care moments with an attitude of withdrawal, withdrawing from relationships with healthcare professionals.

In these cases, patients no longer make any requests, as they have lost their trust in healthcare professionals. Patients may then act on their own. These are two examples of incidents that led to the concept of withdrawal. Ingrid explained: “Well, the level of trust has dropped, because I had no answers. That is why I decided not to go to those physicians anymore.” Another patient, Tina, said: “[I want] nothing [to do] with her [nurse] anymore. I did not say a thing. [...] I thought, what for? It is no use; I will be home again soon.”

Stage 4: Reconciliation

The key strategy to reconnect with personhood lies in activating the process of protecting personhood during care moments. The process of protecting personhood enables patients to adapt to their environments and patient condition without losing their sense of being a person. Despite the patients' strategies, rupture may occur. However, the patients are constantly on the lookout for ways to adapt and remain connected to their personhood. They

strive for the sense of personhood, trying to move away from the perspective of themselves as patient-object.

Seeking reconciliation

The rupture and *reconciliation* stages are closely intertwined. Patients do not wait for rupture to be complete to activate the reconciliation process. In the early stage of rupture, the process of protecting personhood is still triggered, aiming to reconcile very promptly with their personhood, before switching to avoidance. When the process of protecting personhood is compromised, patients seek to repair the moment by reactivating optimal care and thus generate the process of protecting personhood. Seeking reconciliation means that patients do try to restore their self-perceptions of themselves as persons.

The reconciliation stage is obvious when the individuals start asking numerous questions, taking measures, and making suggestions to the healthcare professionals. These actions may be perceived as complaints, but they are alerts. Patients do not intend to complain, nor are they searching for errors or inconsistencies in the care they receive. Quite the contrary, in the process of protecting personhood to find a new balance, patients aim to counterbalance the rupture. No matter the reason for rupture and reification, patients do not necessarily blame the healthcare professionals. Patients are conscious of the organizational aspects behind healthcare professionals' attitudes and behaviors which lead to rupture. They understand that disruption in the care moment and environment, in interactions, or in relationships with healthcare professionals are not always due to a lack of respect or consideration of their person. Patients perceive and observe the various influences on healthcare professionals' attitudes and behaviors, such as time constraints, work overload, or lack of role clarity. The adopted strategies are intended to provoke a change in the healthcare professionals' behaviors

and procedures. To achieve reconciliation, patients ask, react, or complain. Patients seek to be heard, to be reassured, or to feel safe. Some patients may be assertive. They have developed ways to obtain the information they need. For example, Gert explains: “[...] And then I also spoke up to the doctor: The first antibiotic had not been ordered correctly in my opinion, it had not been of any use. And then he told me: Yes, it was actually not suitable, the antibiotic. Do you understand? That's what I mean when I refer to my critical attitude.”

Others explain how they get to grips with disruptive situations, such as Olivia: “[...] I have to get rid of such things [negative experiences] ...and it has been cleared up immediately...yes...I do not carry that all along and hold a grudge...it is best for everyone...”

Patients’ reactions are variable: the following incident, experienced by Esther, helps to give an idea of other ways in which patients try to trigger the reconciliation process, to elicit a reaction from healthcare professionals and thus the lever for reconciliation: “[...] And I am very aware of that [other priorities, emergencies that healthcare professionals need to address], maybe others [other patients] are not, and they start yelling. I do not do that. I was sitting here and crying on Wednesday.”

For the process of reconciliation to be achieved, patients need to be reassured and sense that they can feel safe, protected, listened to, and considered again. During that process, a good way to allow reconciliation is to show willingness to listen, to be caring and to integrate the patient into the care coordination, and to discuss and provide consistent information on care procedures and results in an understandable way, quickly and in time. If the reconciliation stage is achieved, the person finds balance between the state of personhood and patienthood and can return to preservation, as Gert did, for example: “I was relieved because I

told him, and he did not deny it. He admitted diplomatically that it [the treatment] was not adapted.” Protecting personhood is ensured, but it remains a dynamic and mutual process.

Reconciliation can occur at different times, in different spaces, or in other interactions with other healthcare professionals. Reconciliation can be delayed and occur at another moment entirely. A previous disruption can be repaired through a protective attitude/behavior/atmosphere in a new but corresponding environment with different healthcare professionals, even long after the initial rupture. Such reconciliation is illustrated by Tina, who has had a bad experience in the past but has reconciled with the care environment and her sense of personhood: “...nowadays, the person is surely more central [...] now I am here, and everything is perfect!”

With every new care moment comes a new opportunity to activate the process of protecting personhood and achieving reconciliation between personhood and patienthood. When healthcare professionals engage in the process, they respond with their behaviors to patients’ intentions to restore personhood and optimal care. Such moments are like turning on a switch, as illustrated by Tina.

Discussion

Substantive grounded theories are explanatory, yet modifiable as new information is gained and extant literature is explored. The following discussion positions the contribution of the theory of protecting personhood in relation to extant literature, offers implications for practice, and suggests avenues of possible further research.

Integration with Extant Literature

This GT supports the preexisting knowledge that patients need to feel confident and empowered within the healthcare system. They need to experience a humanized care context

(Authors, 2020; Larsson, 2007, Thórarinsdóttir & Kristjánsson, 2014). Our findings fit into these previous studies' results, but also point out the fragile dynamics of the care process. Patient participation is also influenced by internal factors such as the patients' own views of participation and emotional responses concerning the relationship between patients and health care professionals (Larsson et al., 2007). Thus, the aim of the literature review was to deepen our understanding of and expand the core concept (Glaser, 2012). The substantive theory of protecting personhood explains what matters to hospitalized patients and how patients resolve their main concerns of securing optimal care and preserving their personhood within an interdisciplinary healthcare team. This theory also highlights that patients' initial concerns are less about interprofessional collaboration itself than about the importance of their relationships with healthcare professionals and the interactions experienced during care moments; this, in turn, influences their attitudes and behavior towards their interdisciplinary healthcare teams. The relationships and interactions between healthcare professionals and patients constitute a key factor in this theory and can drive patients' experiences in a positive direction or its polar opposite, depending on how the process of protecting personhood evolves. Overall, this theory supports previous findings on the importance of relationships in nursing and healthcare (Kitwood, 2011; Kitson et al., 2021; Peplau, 1992; Phillips & Scheffmann-Petersen, 2020; Thórarinsdóttir & Kristjánsson, 2014; Thórarinsdóttir et al., 2019; Watson, 2018).

Returning to the original German concept of *Aufgehobenheit*, which encapsulates the process of protecting personhood, it was necessary to review the concept in the German literature before reviewing the larger healthcare literature. *Aufgehobenheit* is defined as a theoretical anthropological term which refers to a person's inner state, a condition of "being" (*das Sein*) (Knapp, 1988). The concept of *Aufgehobenheit* can be found in the writings of a Ger-

man psychologist, Gunthram Knapp (1988). Individuals live in the world alongside other human beings; indeed, their interactions with others play a significant role in their own life experiences. The interdependence between the person and others is developed in the early mother-child relationship (called *Primärbeziehung*). In this early mother-child relationship, *Aufgehobenheit* is a psychoanalytic term used to refer to the person's developing response to unfamiliar and stressful life moments (Knapp, 1988). *Aufgehobenheit*, revealed as the process of protecting personhood by the participants of this study, is a feeling, an inner state, and a response developed by contact with other human beings, the healthcare professionals in the healthcare environment during the first interactions. These first interactions will shape future, unfamiliar and/or stressful experiences such as hospitalization.

Aufgehobenheit has also been refined through the lens of existing concepts in the German healthcare literature. Verres (1999), a German physician and psychologist, has stressed a key concept close to the term of *Aufgehobenheit* intended for patients with cancer to attain a state of well-being: the concept of *Aufgehobensein* that refers to a feeling of protection, safety, and care. Through *Aufgehobensein* patients feel recognized as persons and can accept their condition and/or recover more rapidly (Verres, 1999). In the international healthcare and nursing literature, the nature and importance of relationships during the care moments have been captured in humanistic theories of caring (Watson, 2018), interpersonal relationships (Peplau, 1992), and person-centered care and frameworks (McCormack & McCance, 2016; Kitson, 2018; Kitwood, 2011; Phillips & Scheffmann-Peterson, 2020). The relationship has the power to influence patients' experiences (Kitson, 2018; Kitwood, 2011; Peplau, 1992; Phillips & Scheffmann-Peterson, 2020; Zderad & Paterson, 1988). The importance of care relationships, particularly the nurse-patient relationship, has been described

as essential in previous GT studies (Cheraghi et al., 2017; Larsson et al., 2007), and is supported by organizations such as the IPFCC (2017), the NHS (Wilcock et al., 2003) and the Beryl Institute (Wolf, 2018). For Kitson (2018) the relationship with patients constitutes one of the “bedrocks” of nursing care. However, neither the relationship nor the process leading to person-centered care is a state. They are not straightforward processes (Gulbrandsen et al., 2016). There are issues of empowerment versus power relations (Calvès, 2009; Phillips & Scheffmann-Peterson, 2020, Gulbrandsen et al., 2016). The focus on the relationship allows for the recognition of the person in the patient (Berntsen et al., 2022, Langberg et al., 2019). The rupture that follows the failure of patients’ strategies to protect their personhood reveals a latent, well-known problem in the current healthcare system, i.e., the potential dehumanization of the person, the patient, and the care environment (Fasanelli et al., 2017; Verres, 1999), and the standardization, bracketing and, ultimately, loss of personhood (Berntsen et al., 2022). According to the theory and the healthcare literature, the person should come first (Kitwood, 2011). However, the preservation of patients as persons, as human beings, can be challenged by factors related to the evolution of the care system and the care environment, leading to a process of dehumanization. The patient did not express the term dehumanization, but they have felt themselves reified, and their perception of their personhood distorted.

This substantive theory offers the potential of a lever capable of reversing the process of dehumanization caused by a rupture in the relationship, and in the patient’s perception of themselves as persons. However, there is also a need to recognize the potential power relations between healthcare professionals and patients. Phillips & Scheffmann-Petersen (2020) have suggested a mutual and collaborative reflexivity to allow collaborative engagement between patients and healthcare professionals.

Only in this way can reification or dehumanization be repaired. A positive cycle can be created to reduce mistrust, enhance humanized self-perception, and positively influence patients. The higher the level of protecting personhood, the greater the feeling of optimal care, of humanized care.

The innovative aspect of this current substantive theory is, however, that patients activate the process of protecting personhood. During hospitalization, patients do not passively endure the absence of protecting personhood or wait for that process to happen. Contrary to the findings of Oxelmark et al. (2018), who found that patients become more passive in specific conditions, e.g. in cases of nurses' work overloads, this theory shows that patients are always active, no matter the environment or healthcare professionals' approaches. The patients have empowered themselves to ensure and restore their personhood. Interestingly some authors have traced the concept of empowerment back to "Freire's pedagogy of the oppressed" (Calvès, 2009; Holmström & Röing, 2010), from a societal movement not circumscribed in healthcare policy. Passivity may be a strategy, a reaction for alerting health care professionals that the environment and/or relationships are disrupted. The other strategies may be visible in the patients' complaints (Scott and Grant, 2018). As protecting personhood illustrates, humanization is the mandate of each and every healthcare professional, not just nurses or physicians. In that sense it is an interprofessional mandate. Medical academics who previously have questioned the concept of establishing therapeutic relationships are coming to recognize its importance (Thibault, 2019). They stress the need to integrate models of humanization into patient care (Thibault, 2019) because healthcare should not only be driven by biopolitical values. Patients are persons because of their interactions with others who recognize and respect their personhood (Kitwood, 2011) but also because of their agency and their

autonomy (Gulbrandsen et al., 2016). Respecting patients' autonomy and agency is also a relational process (Gulbrandsen et al., 2016) in which healthcare professionals need to recognize the power-relationships inherent in their positions. Brentsen et al. (2022) have stated that depersonalization occurs due to four factors: confusing the patient's role with the person's identity, de-individuation, dissimilarity, and denial of agency. They further explain that patients whose agency is reduced are less able to assert themselves. The first step to patient participation is human connection (Thórarinsdóttir & Kristjánsson, 2015). The theory of protecting personhood confirms the importance of human connection and relationship and shows how patients manage to create and maintain it with the collaboration of healthcare professionals.

Implications for Practice

This substantive theory has pragmatic and important implications for nursing and any healthcare professionals' practice. Healthcare professionals need to be aware of patients' expectations and experiences. Future interventions should focus on healthcare professionals' readiness to empower patients and ways to achieve that empowerment by learning how to share power with the patients. In this study, on the contrary, the patients have empowered themselves to remain persons in an environment in which their personhood was challenged. In a person-centered approach, considering the patient and the healthcare professionals as persons is important because the values, the beliefs, and the reflexivity of the healthcare professionals may influence the ways they interact with the patients they care for, and the ways they integrate or empower the patients (Langberg et al., 2019, McCormack & McCance, 2016; Phillips & Scheffmann-Petersen, 2020). The patients need to be reassured and sense that they can feel safe, protected, and considered again. Healthcare professionals may do so

by showing their willingness to listen and be caring, integrating patients into care coordination, and providing consistent information on and discussing care procedures and results in an understandable way.

Systematically integrating these aspects into daily practice can help patients protect and restore their personhood, feel human connection, and avoid feeling reified no matter the environment and healthcare professionals' workloads.

Implications for Future Research

Considering the implications for practice, future interventional studies should focus on the healthcare professionals' own sense of protecting personhood, Future research should identify a) how healthcare professionals develop that sense of protecting personhood for themselves and for their patients and facilities; b) what prevents them from doing so; c) which barriers prevent them or facilitators from promoting protective and respectful care; and d) which are the indicators for implementing interprofessional-based practices that develop professional healthcare attitudes and behaviors to support protective care, regardless of environment and workload.

Conclusion

This theory is important because it is grounded in patients' experiences. The current healthcare system is sensitive to patient-centeredness, collaboration, and partnership. However, the stakeholders in the healthcare system need to be aware of existing power relations and the importance of relationships in guiding healthcare professionals to meet patients' expectations and needs for agency (Gulbrandsen et al., 2016). The patients in this study have described how they function and what they long for in the middle of an unfamiliar environment with multiple healthcare professionals. Interprofessional collaboration did not emerge

as a core concept for patients. Despite this, seeking and activating the process of protecting personhood has major implications in a person-centered collaborative process. As suggested by Larsson et al. (2007) participation is influenced not only by external factors related to institutions or healthcare professionals, but also by internal factors such as the patients' own views of participation as well as emotional responses to the relationship between them and healthcare professionals. This theory of protecting personhood stresses the importance of the relationship (Kitson, 2018; Phillips & Scheffmann-Petersen, 2020) and the human connection with the person and may guide interprofessional healthcare teams to identify and understand patient strategies. To involve patients as partners in healthcare teams, we need first to be aware of and understand the patients' strategies and focus on their expectations. The recognition that patients strive to protect their health as well as their personhood can make it more likely that healthcare professionals will empower patients to join in interprofessional discussions and decision-making processes.

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Initiating a Grounded Theory Study: Scoping the Area of Interest, Overcoming Hurdles in the Ethics Review, and Initial Data Collection

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Abstract

A well-executed grounded theory study requires thoughtful planning coupled with an awareness that grounded theory research rests on a foundation of emergence and openness to where the data leads the investigator. Grounded theory allows for multiple sources of data that offer insight into the topic and aid in theory development. Scoping the area of interest offers an opportunity to explore diverse sources where data can be found and lays the foundation for writing a successful ethics application. Writing a grounded theory ethics application entails overcoming hurdles such as, navigating how to formulate the research question so it is sufficiently open to allow for what emerges during the study as important to the participants, estimating sample size when this cannot be known beforehand in grounded theory, and providing a list of and rationale for data sources. This article offers insights into how to scope the area of interest, guidance on how to complete an ethics application, and advice on how to initiate data collection with special attention given to conducting interviews and observations.

Key words: grounded theory, data sources, ethics application, research question, interviews, observations.

Undertaking a grounded theory study is exciting. At the end you will have discovered a theory that is grounded in the data, meaning that as you conducted the study you were open to what the data were telling you; the data collection and the questions you asked were always guided by the emerging concepts (Glaser, 1978; Glaser & Strauss, 1967). To accomplish this, you have to enter your field of study with an open mind. Entering the field with an open mind, trying to discern patterns that explain what is transpiring and how individuals resolve issues they identify as important, is foundational to grounded theory research. The open stance offers a unique opportunity for discovery versus imposing our own ideas and entrenched perspectives on social contexts and individuals.

It can be intimidating to embark on a grounded theory study. Regardless of whether you are a faculty member or a student who has decided to use the grounded theory method, your colleagues may well ask how you will be able to write a grant application when you are not supposed to conduct a literature review, or how you will obtain ethics approval when you are not sure how many participants will be in your study, or for that matter, exactly which groups they will come from, and maybe the most common question of all, how you will be able to conduct a study without preconceptions if you have worked in, or are quite familiar with the area you are planning to study. Questions like these can be difficult for a researcher who is new to grounded theory to answer. Fear of not being able to fulfill requirements to receive ethics approval, to obtain an academic degree, or secure funding to conduct the study may cause researchers to steer away from using grounded theory, or even more concerning, alter the method to something that resembles grounded theory, but is in fact, not grounded theory.

In this article we will discuss how to scope the area of interest staying true to grounded theory while at the same time fulfilling academic, grant, and ethics requirements, how to overcome hurdles in the ethics review, and how to begin initial data collection.

Scoping the Area of Interest

In my experience, it is not uncommon for graduate students to say: “I know too much about the area I want to research. I have worked in the area for years and know so much about it. How can I use grounded theory when I am not supposed to have preconceptions?” On the other hand, although this is less common, you may come to your research topic with limited pre-existing knowledge. In either case it is necessary to start thinking about where you can find data and how the study will be conducted. Keeping in mind that emergence is a key concept in grounded theory will help you remain true to grounded theory during this process.

Emergence means staying open to what is going on in the area you are about to study (Glaser & Strauss, 1967; Holton & Walsh, 2017). It means that you enter your field of research with an open mind suspending what you think you know and, instead, approach the area with “wonder and curiosity” (Nathaniel, 2021, p.4). Emergence is a stance that is maintained throughout the entire research process. In fact, one could argue that grounded theory rests on the concept of emergence. In the first book describing the grounded theory method, Glaser and Strauss (1967) argued that existing sociological theories of the day did not reflect what was occurring in the social world. They maintained that entering the field of study with a pre-existing theoretical framework blocks genuine discovery of patterns of social interaction and the ways in which individuals tackle issues that are important to them. The word discovery in the title reflects the notion of exploring, finding out, and seeking to understand

without imposing the researcher's pre-existing ideas on what might be found. Adopting a humble attitude of wonder and curiosity, keeping in mind that even as you scope the area of interest you might discover the unexpected, will guard against seeing only what you want to see, or expect to find.

A grounded theory researcher ideally starts the research with no preconceptions; however, this does not mean that you cannot study a life-cycle interest or professional interest (Glaser, 1998). The dictum in grounded theory is against trying to make data fit into preconceived frameworks, which is not the same as not being able to study something that you have a keen interest in and some experience with. Glaser (1978) wrote that research should be fun and that studying a life cycle or professional interest injects energy into the project. Research can be tedious, but if you study a topic, you are genuinely interested in, it will help keep the momentum going to completion. The issue with studying an area in which the researcher has pre-existing knowledge arises when the researcher preconceives the problem instead of approaching the topic from a standpoint of discovery and curiosity with a true desire to put aside what ought to be found for what is actually revealed (Glaser, 2013). When Glaser and Strauss (1965) studied death and dying in American hospitals in the 1960s, they had both had recent experiences with close relatives dying. The outcome of their study was a grounded theory with a core category of awareness contexts that has applicability to settings beyond the hospital environment. Keep in mind that studying an area of interest is not the same as preconceiving the problem, you are studying the area, not a specific preidentified problem (Glaser, 1998). Therefore, if you know a lot about a topic, it does not mean that you cannot study it, what you need to do is remain vigilant in guarding against assuming that you know what the problem is and where you will find data. If you have limited knowledge of the topic,

you still must be mindful that you do not make the mistake of anticipating what you are going to find.

As you scope the area of interest remember that in grounded theory “all is data” (Glaser, 1998, p. 8). The conventional way of conducting research is to carry out an in-depth review of literature published in academic journals to determine what is already known about the topic, identify gaps in existing knowledge, and then position the research in the context of what is known and what is yet to be known. In grounded theory, as you start thinking about your study, you are not limited to a conventional literature review, in fact Glaser (1978, 1998) advised against a literature review. Knowing that all is considered data, meaning that the world is full of data that can help you understand a topic, provides great freedom when you set out to explore the area you intend to study. Any and all types of data can be used in grounded theory, such as, books, magazines, interviews, informal conversations, institutional documents, quantitative data from surveys, secondary data etc. (Glaser, 1998; Glaser & Strauss, 1967; Holton & Walsh, 2017). Later, as you immerse yourself in data analysis, different types of data will help you understand the categories that are emerging from different perspectives. These different perspectives, or views, are called slices of data (Glaser & Strauss, 1967).

It is naïve to think that we can start a study with the mind being a “blank slate.” We come to our research with a worldview and pre-existing ideas. Glaser (2013) recognized this, what we are being asked to do is to try and put our preconceptions aside as much as possible and, instead, look at the data with a mind that is open to what is transpiring in the context we are studying. As you think about your study consider where you will be able to find information about the topic. Data from diverse sources will provide different views, slices of data,

of what is occurring, however, at this early stage you have to guard against privileging, or letting certain sources overshadow what is truly occurring. In other words, guard against forming early preconceptions. Instead, as you scope the area, consider a wide variety of sources, read widely, and write some initial memos on what you are finding. Later, during data analysis, these memos can be compared with the emerging categories and incorporated in your theory if they have relevance to the patterns you are starting to discern.

For example, you may be a nurse researcher who wants to study how nurses navigated working in the emergency department during the COVID-19 pandemic. When you start thinking about the topic informal conversations you have had with other healthcare professionals (i.e., nurses, physicians, respiratory therapists) come to mind, write some memos on these conversations, and keep them for later use. Next, as you scope out the area, consider where else you might find data for your study. There are likely Facebook groups you can join where nurses share their experiences. Interviews with healthcare professionals on television and radio can provide you with valuable information. Television footage showing nurses helping patients about to be intubated call their family for maybe the last time can tell you something about the topic. Think about whether there are policy documents that outline ethical responsibilities in a pandemic. Perhaps there are even books or songs written from an “insider” perspective about working in the emergency department during COVID-19. Information can be found in numerous areas and will serve to sensitize you to the topic. Becoming sensitive to the topic means being able to discern what is taking place without imposing your own ideas.

At this point you have formed an idea about where you can find data, however, whether you are a graduate student writing your research proposal or a faculty member writ-

ing a grant application, you will need to conduct a literature review to fulfill institutional and/or grant agency requirements. The advice for the grounded theory researcher is not to conduct a literature review in order to stay open to what emerges from the data (Glaser, 1998). Reading the existing literature in the field can predispose the researcher to adopt pre-conceived professional problems, as opposed to truly discerning what participants deem to be the concern. For instance, in a study of emergency department triage nurses' decision-making, findings from the literature review showed that a portion of nurses do not assign the correct patient acuity score indicated by existing triage acuity scales (Reay et al., 2016). Based on the results of the literature review, the researchers could easily have formed the idea that triage nurses are poor decision makers and decided to research factors that contribute to incorrect decisions; instead, they approached the topic area with a broad problem statement and explored how triage nurses make decisions. The main concern that emerged from interviews and observations of nurses conducting triage was how to obtain fit between the resources required to treat patients, the resources available, and time to treatment for individual patients in relation to the acuity of other patients waiting, and the overall capacity of the emergency department. This was conceptualized as *momentary fitting in a fluid environment*. As a result, it became a study of the concept, momentary fitting, which can be conceptually generalized to similar contexts, as opposed to a study of incorrect decision making by triage nurses, which would have been limited to one subject area.

The literature review, although necessary in most instances, should be treated with an understanding that grounded theory is explicitly about emergence of what is transpiring in the field, not validating pre-existing problems or theories (Glaser & Strauss, 1967; Holton & Walsh, 2017). Glaser (1998), however, was pragmatic and recognized that there are instances

when a literature review is required, such as for graduate research proposals and grant applications. In those cases, his advice was to conduct a literature review but guard against forming preconceptions about the topic. Once the review is completed, put it aside until it is time to write the theory.

Overcoming Hurdles in Ethics Review

The ethics review is often viewed by researchers and students alike as a complicated, time-consuming process. It need not be, if you take the time to address potential sticky points carefully as you complete the ethics application, instead of waiting for the reviewers to raise questions, which they will. In this section we will discuss potential obstacles including the literature review, problem statement versus a specific research question, number of participants, and data sources.

Purpose of the Ethics Review

The purpose of an ethics review is to ensure that your study is conducted in an ethical manner. For example, in Canada the mandate for research ethics boards is to balance the importance of research with the need to conduct ethical research that respects human dignity (Government of Canada, 2018). The core principle is respect for human dignity which includes respect for persons, concern for their welfare, and justice. The ethics board will consider if the researcher upholds the participants' autonomy and whether the participants can freely choose to be part of the study or not. Secondly, the board will note if participants are provided with enough information about the risks versus the benefits of being in the study to make an informed decision. Finally, the board will look at whether participants will be treated fairly and equitably, and if the inclusion criteria are reasonable given the research question. Alt-

though this is a Canadian example, the above principles are foundational for conducting ethical research.

You may be thinking, overarching principles are fine but I need guidance on how to navigate all the nitty gritty details of the ethics review. After all, the ethics review is the point where you need to provide very specific information about how you will conduct your study. As you complete the application, keep in mind that the aim of the ethics board is not to make the process complicated for you, the board's mandate is to balance the need for research with the above principles to ensure that all participants are treated with respect for human dignity. Your responsibility is to answer the questions clearly with as much detail as is needed to show how your research will respect the dignity and autonomy of the participants and their confidentiality.

General Points

In Table 1 you can find some general points for how to complete an ethics review. The points may seem like self-explanatory advice for good writing, however, as a member of a research ethics board who frequently reviews ethics applications, I can assure you that the points I have addressed below are often ignored. Before you puzzle about how to answer questions about, for instance, sample size, you need to ensure that you provide a well written ethics application that reflects favourably on you as a rigorous researcher.

Table 1

General Points for Ethics Review

Point	Rationale
Keep the overall purpose of the ethics review in mind	This will help you to consider your answers from the reviewers' perspective
Answer questions clearly. Do not obfuscate	Reviewers will see through this and ask for

your answers.

Take time to read each question carefully and answer *the question*.

Answer the questions succinctly with pertinent details.

Do not copy and paste large sections from your proposal in lieu of providing a succinct answer to the question asked.

Provide enough detail about the research method for reviewers to make an informed decision.

Do not assume that reviewers are as familiar with your topic as you are. Explain key concepts clearly and succinctly.

Provide a clear rationale for why your study is needed.

Ensure correct spelling and grammar.

Ensure that all abbreviations are explained the first time they are appear.

clarification.

There are sections in the application for different topics. Reviewers will be looking for specific information and will expect to find it in the correct place.

Long answers with excessive detail make it difficult for reviewers to locate the pertinent information and are time consuming to read. As above.

Reviewers may not be experts in your research method.

Reviewers may not be experts in your topic area. Clear explanations will save time and make it easier for reviewers to make informed decisions.

Reviewers will question the purpose of the study if you cannot provide a rationale. Grammatical mistakes and spelling errors give a poor impression and will make reviewers question whether you pay sufficient attention to detail to conduct rigorous research.

Not explaining abbreviations makes it difficult for reviewers to understand your answers.

Literature Review

As a grounded theory researcher, you have some specific hurdles to overcome, the first one being the literature review. Ethics boards typically require submission of a research proposal along with completion of the ethics application form. Include enough evidence-based literature in your proposal to demonstrate that you are knowledgeable in your research area and to show that there is a clear rationale for why your research is needed. You

may even want to include a statement to the effect that the advice for grounded theorists is to not conduct an in-depth literature review prior to the study as this may interfere with the researcher's ability to truly see what emerges from the data, however, you have conducted the review to fulfill academic/grant application requirements. Qualify this statement by saying that there is allowance for this in GROUNDED THEORY (Glaser, 1998). This will demonstrate that you have a clear understanding of both the research method and ethical requirements.

Research Question versus Problem Area

The next sticky point will be the research question. As you may recall, ideally the grounded theory researcher enters the field with as few preconceived ideas as possible about what the problem is letting the research question emerge (Glaser, 1992; Nathaniel, 2021). This is because grounded theory is inherently emergent and the problem, as described by the participants, might not be the same problem as that which the researcher anticipated finding (Glaser, 1978; Schreiber, 2001). The ethics board, however, will ask for a specific research questions or research objective. Try stating this as a general objective about the area you are exploring. For example, you may be studying coping strategies in people with chronic pain. You could formulate this as “the objective of this study is to explore how individuals with chronic pain manage everyday life.” It is a fairly general statement that leaves lots of room for discovery and emergence of what participants consider important, while at the same time providing direction for your study. If the ethics board still requests a specific research question you could word your question something like “what are the processes and strategies individuals with chronic pain use to conduct everyday life?” A question like this will provide you with leeway for discovery. Provide a statement to the effect that grounded theory is about

emergence and that the specific research problem will emerge from the participants during the research. Include a reference to some of Glaser's work (e.g., Glaser, 1992).

Sample Size

The ethics board will want to know the number of participants in your study. Continuing with the example of individuals with chronic pain, let us say you have decided the best way to collect data is to conduct interviews. It is not possible to know beforehand how many people you will need to interview to reach theoretical saturation. The best way to approach questions about sample size is to provide a range of how many participants you anticipate to interview. Be realistic, if you are a graduate student, it is probably not feasible to include more than 15 – 20 individuals. State that in grounded theory data collection ceases when theoretical saturation is reached, explain what theoretical saturation is, and then state that it is not possible to know beforehand how many participants you will need since this is determined by the point at which theoretical saturation is reached.

You may be asked for a sample size calculation or rationale for your sample size. In this case it might be helpful to say that sample size is not predetermined in grounded theory, however, some authors have suggested that sample sizes in grounded theory can vary from 10 – 40 participants (Wuest, 2012). Again, provide a realistic range for the sample size, say that the number of participants is in keeping with what has been suggested for grounded theory, and that data collection will cease once theoretical saturation is reached.

Conducting interviews is only one of the many data collection methods that are available to grounded theory researchers. Another common method is to carry out field observations. For the purposes of the ethics review, give a rationale for why it is necessary to conduct observations, state how long each observation will last, and estimate how many ob-

servations you will need to complete. For example, if you are studying how paramedics manage trauma patients in the field you could write: “The best way to understand how paramedics manage trauma patients is to conduct direct observations of paramedics at work. Observations will provide firsthand data that would not be available through interviews alone. Each observation will last for 12 hours (the duration of a shift) for a total of 10 - 15 observations.”

Data Sources

In grounded theory multiple data sources can be used and although you may have an idea where to find data, it is not possible to know exactly where all your data will come from as your data collection will be guided by the emerging theory (Glaser, 1978; Glaser & Strauss, 1967). This can be a challenging point to overcome in an ethics application. The best approach, as always, is to be transparent and truthful.

You will have an idea of where to start collecting data. For example, say that you are interested in how combat veterans transition to civilian life, you will most likely start by interviewing veterans. In the ethics application you would state that you will conduct interviews but given the nature of grounded theory, it is possible that you will have to use other data sources, and, in that case, you will request a modification to your application. A modification is typically a minor change to an approved study that does not significantly change the aim or design (e.g., broadening inclusion criteria). As you begin to interview the veterans, you notice that they are talking about how their transition to civilian life has affected their families. You realize that to saturate the emerging categories, you will need to theoretically sample by conducting interviews with family members. In this case, you will need to request a modification to your study from the ethics board.

Of course, there are instances when you can theoretically sample without needing to request a modification, such as publicly available material, however, keep in mind that theoretical sampling is always guided by the emerging theory (Glaser, 1978). In the beginning of this article, we talked about the multiple data sources that are available to grounded theory researchers. Many of these sources can be used without ethics approval. Just state in your application that in addition to interviews and observations, you will use publicly available material as data.

What has been offered in the preceding sections are general suggestions for how to complete an ethics application. We have addressed questions you can typically expect to find in an ethics application form that can prove particularly challenging to address for grounded theory researchers. Requirements and questions will vary depending on country and academic institution. Make sure that you understand the information that your ethics board requires. Finally, remember, the ethics board is not your enemy, the board's mandate is to ensure that your research is conducted with respect for human dignity and that the participants' integrity is protected.

Initial Data Collection

The most common methods of data collection in grounded theory are interviews and observations. This does not exclude other sources such as books, magazines, interviews, informal conversations, institutional documents, quantitative data from surveys, secondary data etc. (Glaser, 1998; Glaser & Strauss, 1967; Holton & Walsh, 2017). Here we will discuss initial data collection with a focus on interviews and observations. As you start collecting data, remember that one of the most important aspects of grounded theory is to keep an open mind (Glaser, 2013). Be willing to set aside what you expect to find and listen to what participants

have to say with a keen interest and a willingness to learn. The results will, more often than not, surprise you.

Interviews

The best way to explore the participants' concerns is to follow Glaser and Strauss' (1967) advice and conduct the first few interviews as open-ended conversations. Simply sit down and chat about the area you are studying. Let the participant lead the conversation. Simmons (2010) advised grounded theory researchers to start with a "grand tour" question to open up the conversation. In my experience, it is helpful to start an interview with general small talk for a few minutes to put the participant at ease, for example, "I hope you didn't have any trouble getting here today. I know the traffic can be bad this time of the day." Ice-breaker conversations like this will help both you and the other person relax.

Once you have created a comfortable atmosphere, you are ready to segue into the interview. For instance, if you are studying how emergency triage nurses make decisions, you could start with a grand tour question like "Tell me about your work at triage?" This will allow the participant to talk about what is important to them in their work. The goal when conducting interviews is to elicit what Glaser (1998) called, "instill a spill" (p. 111). You know that you have instilled a spill when the participant starts talking freely without hesitancy, becomes engaged, and elaborates on examples. At this point, listen intently for what they are saying and jot down some notes. You can add prompting questions as needed.

Come prepared to the interview with some general open-ended questions about the topic but be willing to follow the participant's lead if you instill a spill. The open-ended questions will help keep the interview moving forward if a participant is hesitant, however, avoid making the interview into a question-and-answer exercise where you simply read questions

from your notes, instead, stay sensitive to what is important to the participant and go where they go. There are of course instances when participants do not start talking as freely. There are several reasons for this, the topic may simply not engage them, they may be shy, or it may be a sensitive topic and they may not trust that their identity will be protected. If after several interviews you notice that you are not able to instill a spill, you probably need to re-examine how you are approaching the topic or it may be that it is a sensitive area and you are getting either “properline” data or “vaguing out” data (Glaser, 1998, p. 9). Properline means that the participant is telling you what they think they are supposed to say, and vaguing out means that they think it is simply none of your business or there may be legal ramifications of telling the truth.

During the interview, write down brief notes of key points that are emerging taking care to maintain a conversational atmosphere. After the interview is completed, find somewhere as soon as possible where you can sit down and write your field notes. This may be a nearby coffee shop, hospital cafeteria, or even your car. Our memory is fickle, and you will soon forget many parts of the interview if you do not write down, at the first opportunity, what you remember. Glaser (1998) advised against recording interviews as this can bog the researcher down with substantial amounts of unnecessary data, however, you may be required to record the interviews by your supervisor or a granting agency. This does not preclude taking fieldnotes. Your fieldnotes will offer important insights that you may miss if you depend on transcripts alone.

As we have previously discussed, emergence is a foundational concept in grounded theory (Glaser, 1978, 1998; Glaser & Strauss, 1967; Holton & Walsh, 2017). Holton and Walsh (2017) wrote “we offer three components of grounded theory as foundational and es-

sential to its application: emergence, constant comparative analysis, and theoretical sampling” (p. 29/30). As grounded theory researchers collect and analyze data, they seek to discover and make visible latent patterns that explain what is occurring in an area. To accomplish this, researchers need to stay open to what participants are saying and where the data are taking them. Keep this in mind as you are collecting and analyzing data, and grounded theory will come alive and make sense instead of seeming like a set of required steps. Of course, there are steps to follow in grounded theory, but it is first and foremost an iterative process where you are constantly moving between the field and data analysis. In summary, the way interviews are conducted in grounded theory is founded on an understanding of and adherence to the concepts: emergence, constant comparative analysis, and theoretical sampling.

The constant comparative method consists of simultaneous data collection, comparison of data, and analysis (Glaser & Strauss, 1967). In contrast to research methods in which data collection, analysis, and writing occur sequentially, the grounded theory researcher simultaneously collects, codes, compares, and analyzes data. The data are coded into various incidents, which are constantly compared and organized into conceptual properties that eventually form categories. Emergence is the notion that the data speaks for itself, and that the researcher needs to let the categories emerge during the research process, rather than trying to force the data into categories pre-determined by an existing hypothesis (Glaser & Strauss, 1967). Theoretical sampling is a form of sampling in which the ongoing analysis and emerging categories guide further data collection.

In practical terms, adhering to the principles of emergence, constant comparative analysis, and theoretical sampling means that you will be coding each interview before proceeding to the next interview. Of course, this is not always possible but ideally, start with

open coding after the first interview. Read through your notes and transcript, name each incident as it occurs, and compare incident with incident for conceptual meaning (Glaser, 1978; Glaser & Strauss, 1967). Put aside what you expect to find and let what is in the data emerge. Consider what property an incident may belong to and compare it with other incidents that indicate the same property. Let what emerges from your first interview guide the questions you ask in the next interview and so forth. Questions are in service to the emerging theory; that is why an interview guide with a set of the same predetermined questions for all interviews are not used in grounded theory. Adhering to a rigid interview protocol would violate the principle of emergence.

As you continue to interview participants interspersed with coding the interviews, you will find that some tentative conceptual categories start to emerge that indicate patterns of behaviour. In subsequent interviews you can theoretically sample by asking questions about those categories. To recap, constant comparative analysis means that you are constantly moving back and forth from data collection to data analysis guided by what emerges from the data and theoretically sampling for additional data to further elaborate on the conceptual patterns (categories) that are emerging. After a number of interviews, when you start getting a sense of what the core category might be, you start to selectively code for the core and the categories that relate to it (Glaser, 1978; Glaser & Strauss, 1967).

Observations

Another common form of data collection in grounded theory is observations. Observations can yield valuable data that is not available through other sources of data such as interviews, document analysis, secondary data etc. Conducting observations provides the researcher with an opportunity to gain direct insight into the context in a way that interviews

and reading documents cannot. The same principles of constant comparison, emergence, and theoretical sampling apply to observations as to all other forms of data collection. Not all topics lend themselves to observations; for instance, studying how combat veterans adjust to civilian life would require many observations over a long period of time, whereas observing how paramedics make decisions in the field could be accomplished by accompanying different ambulance crews for a number of shifts. Be aware of what type of observations you need ethics approval for and always err on the side of caution. If something is publicly available, for instance, via news broadcasts, ethics approval is not necessary, however, as soon you enter into a context that is not publicly available and you will be using the data in your research, you will need ethics approval.

Explain to the participants that you are interested in finding out more about the area they are in, that you want them to go about their work as usual, and that you will be taking notes for the purposes of your research. If you are studying their workplace as in the example with paramedics, it is important to make it clear that you are not evaluating them, you are simply observing what occurs in the area to understand it better. Take fieldnotes as you conduct the observation, noting key processes, describe what is happening, and include reminders to yourself about questions you want to ask in subsequent interviews. However, avoid appearing like you are following individuals around with a notebook or tablet intently writing each and every action and word down. You may find that the opportunity arises for informal conversation as participants go about their duties. Capitalize on these opportunities without interfering with what is happening in the area. Often these impromptu conversations yield great data. As soon as possible after the observation, find a quiet place to write out your fieldnotes in full and then code them before you conduct the next interview or observation.

Skillfully conducted observations can provide data that would otherwise not be available and can deepen your understanding of the topic. They are also a wonderful opportunity for theoretical sampling as your theory starts taking shape.

Conclusion

What has been offered in this article is advice on how to initiate a grounded theory study, not a recipe or set of rules to follow. As a researcher you will have to adapt to the context you are working in and the area you are studying always keeping the core principles of grounded theory: emergence, constant comparative analysis, and theoretical sampling foremost in your mind. Understanding foundational concepts of grounded theory and adhering to them will help guide your decision-making throughout the study.

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Aligning Critical Realism and Classic Grounded Theory

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Abstract

Viewing research designs from a methodological standpoint and a philosophical lens or worldview can amplify how the *doing* of research may elicit meaning from people's experiences. Notably, doing research is more than a stepped approach or formal plan, as research questions are invariably tied to various philosophical perspectives and their underlying assumptions. For researchers looking to utilize classic grounded theory methodology, a critical realist lens offers a useful perspective to understand experiences in the social world and gain a more comprehensive understanding of the complexities and dynamics at play. This approach allows researchers to move beyond simply describing the observed social experiences and delve into the causal mechanisms that underpin them. As a result, the theories developed may be more robust and insightful in explaining the social experiences being investigated. To achieve robust theory development, it is important to consider the alignment between the philosophical perspective and the research methodology. Critical realism and classic grounded theory complement each other in the following ways: 1) seeking a clear understanding of reality, 2) appreciating the subjective experience of individuals and the objective reality of the world around them, 3) developing insight into underlying causal mechanisms and processes, and 4) using multiple perspectives to shape a

comprehensive understanding of reality. In this paper we highlight challenges and benefits that are inherent within this philosophical-methodological complement as a helpful guide for researchers conducting classic grounded theory research underpinned by a critical realism lens.

Keywords: Classic Grounded Theory, Critical Realism, Research Paradigms, Worldview

In this article, we explore the relationship between the principles that underline critical realism and those that underscore classic grounded theory methodology. The interdependence among philosophical worldviews and research designs helps create a framework researchers can utilize to shape their research approach. By examining the correlation between critical realist philosophical perspectives and classic grounded theory research methodology, researchers can envision the applicability of this philosophical-methodological complement. In the upcoming sections, we will describe ontology and epistemology and their relationship to research. We will then describe the classic grounded theory methodology and its openness to varying philosophical perspectives. Next, we will discuss critical realism from a philosophical perspective and its related ontological and epistemological foundations. With an understanding of the methodology and philosophical perspective, we describe four areas of alignment between critical realism and classic grounded theory. Throughout, we offer guiding points for researchers to demonstrate the connections mentioned above.

The Relationship Between Ontology and Epistemology

The fundamental principles of ontological and epistemological considerations are rooted in how we perceive and comprehend reality and decide on the most effective means to study

it. Ontology refers to the branch of philosophy that deals with the nature of existence and the interpretation of reality (Davies & Fisher, 2018; Hathcoat et al., 2019). The idea of reality can exist in one of two ways: *independent of* human experience or *dependent on* human experience. Thus, how humans view reality shapes their understanding of it. If reality is viewed as independent of human experience, then it can be studied through objective observation and experimentation, where researchers can gain a more accurate understanding of reality by removing personal biases and subjective interpretations. However, if reality is viewed as dependent on human experience it may be examined by exploring different cultural perspectives, historical contexts, and individual experiences that shape our understanding of reality (Hathcoat et al., 2019). Researchers can also examine the ways in which our beliefs and biases may influence our perceptions of the world where subjective experiences and interpretations become an important part of the research (Davies & Fisher, 2018; Rawnsley, 1998).

Conversely, epistemology is concerned with studying reality and how we learn about the world around us (Davies & Fisher, 2018; Hathcoat et al., 2019). Epistemology refers to the methods and processes used to acquire knowledge, the nature of truth, and the limits of knowledge (Hathcoat et al., 2019). Thus, knowledge acquisition can be achieved through objective or subjective means or a combination of both (Davies & Fisher, 2018). Acquiring knowledge through objective means involves gathering information that is based on facts, evidence, and logic through scientific research, experimentation, observation, and analysis (Creswell & Creswell, 2018). Additionally, knowledge acquired through subjective means involves relying on personal experiences, emotions, and perspectives through intuition, personal reflection, and introspection (Creswell & Creswell, 2018). Subjective knowledge

varies from person to person based on social, cultural, and historical contexts, thus combining objective and subjective knowledge can help researchers gain a more complete understanding of the world around them.

Classic Grounded Theory Methodology

In the 1960s, in direct response to the positivist perspective of reality and the deductive methods to explore it, sociologists Glaser and Strauss (2011) developed a grounded theory research methodology focused on theory generation rather than theory verification.

Glaser and Strauss (2011) claimed that the positivist aspects of modern science were preoccupied with proving the existence of reality rather than allowing a theory to explain the nature of reality. Thus, their grounded theory research methodology aimed to discover a core concept within the research data that explains how individuals in certain social situations resolve what they perceive to be their main concern (Glaser & Strauss, 2011; Holton & Walsh, 2017). This core concept is the central idea around which other categories of data pivot. Grounded theory research aims to develop an explanatory theory *grounded in* people's perspectives within social situations. The systematic research approach of the methodology offers individuals a clear and well-grounded explanation of their main concern rather than merely describing it (Holton & Walsh, 2017). Thus, the nature of a grounded theory is that it emerges from the data rather than being validated by it (Glaser, 1998).

Classic grounded theorists use an inductive approach to understand people's behaviour in social situations where they derive an overarching theory from real-world data (Glaser & Strauss, 2011). The inductive approach is a reasoning process that starts with specific observations or evidence and uses them to develop general conclusions or theories (Glaser & Strauss, 2011). The specific observations or evidence are represented by the

participants' observations and interpretations, which are privileged above those of the researchers (Glaser, 1978; Glaser & Strauss, 2011). Thus, researchers need to adopt an “abstract wonderment” stance toward the social issue and how it is handled (Glaser, 1992, p. 22). Researchers collect and analyze data systematically and iteratively to identify patterns and relationships within the data that lead to eventual theory development (Glaser & Strauss, 2011). Ultimately, the resultant grounded theory offers an explanation rather than validating or verifying assumptions about what is happening for people within the substantive area.

Classic Grounded Theory Methodology and Philosophical Perspectives

Classic grounded theory methodology is a research approach that focuses on developing theories based on empirical data. As such, any philosophical perspective that provides a framework for understanding how social experiences are shaped by broader social, political, and economic factors can be used to underpin grounded theory methodology (Birks & Mills, 2015). Further, it is essential to note that philosophical perspectives that emphasize the importance of understanding the subjective and contextual nature of human experience while accounting for broader structures and mechanisms that shape social experiences are particularly useful in grounded theory methodology (Birks & Mills, 2015). Other philosophical perspectives, such as symbolic interactionism and pragmatism, are also commonly used in grounded theory methodology because they provide frameworks for understanding how individuals create meaning and interpret the world (Birks & Mills, 2015; Holton & Walsh, 2017). Ultimately, the choice of philosophical perspective in classic grounded theory methodology depends on the researcher's understanding of the phenomenon being studied, the research question, and the approach that best allows for the development of a theory that is grounded in the data and the experiences of the individuals being studied.

Key Methodological Features of Classic Grounded Theory

Classic grounded theory methodology is a research approach that emphasizes discovering new theories or concepts through a robust and systematic approach. The systematic and iterative approach to a classic grounded theory involves the following general methods: coding processes, constant comparative analysis of codes and categories to identify a core category and related categories, theoretical sampling, and memoing to capture insights and ideas about the nature of the relationships, connections, and patterns within the data (Holton & Walsh, 2017).

Coding involves systematically breaking down and analyzing the data to identify patterns and relationships, which helps develop categories and the eventual theory (Glaser & Strauss, 2011; Holton & Walsh, 2017). Open coding is conducted on initial data collection to identify commonalities and differences in the data. The patterns and relationships in these codes lead to category formation and an eventual identification of a core category. The core category represents the central idea that emerges from data analysis (Holton & Walsh, 2017). Selective coding requires a cessation of open coding and delimit coding – it focuses only on identifying patterns and relationships in the data that relate to the core category and related categories (Glaser, 1992).

Theoretical sampling is a critical method that permits robust theory development (Alvesson & Sköldberg, 2018). It guides researchers to collect data through intentionally selecting participants or data sources based on their potential to advance the theory developed by saturating the core category and related categories (Glaser, 1992; Holton & Walsh, 2017). Theoretical saturation occurs when new data no longer adds to or changes the emerging theory. Without conducting theoretical sampling, researchers may struggle to identify when

theoretical saturation has been reached or may overlook important data, thereby producing a thin and insignificant theory that does not adequately represent the data.

Another crucial feature of classic grounded theory methodology is memo writing in which ideas and insights that occur to researchers during the data analysis process are memoed (Glaser, 1992). These memo entries provide the collected body of evidence related to idea and insight developments. Further, they serve as a way for researchers to reflect on the data and make connections between different pieces of information, and identify patterns in the data (Alvesson & Sköldberg, 2018; Holton & Walsh, 2017). These key features of classic grounded theory help ensure researchers remain grounded in the data and that their ideas and insights are based on the evidence that has been collected. In this way, the emerging theory holds practical relevance and applicability to real-world problems and social experiences (Birks & Mills, 2015; Glaser & Strauss, 2011).

Critical Realism

Critical realism, as a philosophical worldview, seeks to understand the social structures and underlying forces or mechanisms that shape social experiences (Alvesson & Sköldberg, 2018). Critical realists recognize that reality is always subject to social and cultural contexts that are constantly in a state of change. Thus, it is essential to acknowledge that people experience subjective interpretations of the objective world (Ackroyd & Karlsson, 2014; Khanna, 2019). Critical realists also understand that social experiences are shaped by both physical and social realities, which are interdependent and interactional (Bhaskar, 1998a). For example, money and wealth shape how people see the world. The two are interdependent in that they are different in their representation. Money may represent power, freedom, and opportunity. Whereas wealth may be represented financially, socially, or as a *wealth of*

knowledge. However, when money and wealth interact, those representations can mean different things for different people. From this example, we can appreciate that our experiences and perceptions of reality are inevitably biased and shaped by the constant interchange between the physical and the social realities. Additionally, our subjective interpretations and cultural contexts limit our understanding of reality because of the narrow perspective through which we can view it (Bhaskar, 1998a).

Ontologically, critical realism posits a stratified reality consisting of three layers: the empirical, the actual, and the real. Together, these layers are referred to as domains (Bhaskar, 2008). Epistemologically, critical realism acknowledges that people's knowledge of reality is always partially mediated by social and cultural contexts (Alvesson & Sköldberg, 2018; Khanna, 2019). Our experiences and perspectives can influence our perception, potentially leading to a narrowed view. However, researchers can gain knowledge of the underlying mechanisms and structures that produce observable phenomena through a combination of empirical observation, theoretical analysis, and critical reflection (O'Mahoney & Vincent, 2014). Through these research approaches, a more comprehensive perspective of reality can help to broaden our understanding of the world around us.

Critical Realism and Its Place in Contemporary Research

To describe critical realism, it is essential to outline where it is situated as a philosophical paradigm. O'Mahoney and Vincent (2014) defined a philosophical paradigm as how people view the world and experience reality. The authors detailed the three main philosophical paradigms: positivism, constructivism, and critical realism. As they explained, positivism holds that the world exists independent of people and that reality is separate from our awareness. From a positivistic perspective, the way to understand reality is to study it

using an objective and neutral stance to observe how events are related. In positivist research, using an objective stance means that the *reality* of something is established by accepted measurement tools and observation methods, not by researchers' interpretations or involvement (Alvesson & Sköldberg, 2018).

In contrast, the constructivist paradigm suggests that the meaning of life is rooted in people's experiences and beliefs. Davies and Fisher (2018) stated that through lived experiences and the language and dialogue encompassing them, people can appreciate the varied meanings of reality. In this paradigm, knowledge production is based on an interpretation of the world as it is experienced. Thus, it is far from perfect but accepted as plausible. The meaning of the world is open to error as it is derived from social trends in thinking, such as attitudes towards health, lifestyles, and several other examples. Lastly, in the constructivist paradigm, the meaning of the world is susceptible to peoples' changing attitudes, views, values, beliefs, and perceptions (Alvesson & Sköldberg, 2018) and may undergo several transformations over time.

So, where does critical realism fit? Critical realism emerged as a response to the limitations of both positivism and constructivism (Buch-Hansen & Nielsen, 2020). It acknowledges the importance of observation and interpretation in generating knowledge about the world. Further, critical realism acknowledges that reality exists independent of our perceptions but recognizes that our social and cultural contexts shape our understanding of reality. In this sense, critical realism can be seen as occupying a middle ground between positivism and constructivism, balancing the need for empirical observation with recognizing the role of interpretation in knowledge generation (Alvesson & Sköldberg, 2018; Porter, 2017). As such, critical realism builds off the positivist and constructivist views and strives to

dig under the surface to explore the reasons for events that are ongoing at the surface (Alvesson & Sköldberg, 2018; Porter, 2017; Ryan, 2019). Ackroyd and Karlsson (2014) and Khanna (2019) further described critical realism as a philosophical framework to guide researchers to seek out and investigate the causal mechanisms at work in any given social situation. Sayer (1999) stated that using a critical realist paradigm, researchers can provide contextual explanations of the social experience being investigated rather than merely describing it. To build on Sayer's point, Buch-Hansen and Nielsen (2020) affirmed that critical realists aim to produce research findings that reflect a deep and broad explanation of any social experience. Thus, incorporating a critical realist perspective may help researchers better illustrate causal mechanisms that might otherwise not be considered.

Understanding the origins of various philosophical perspectives is important for researchers as they reflect on the alignment between their worldview, research topic, research question, and methodological design. To add context to the philosophical perspective, critical realism emerged in the United Kingdom with the work of English philosopher Roy Bhaskar. Bhaskar's critical realism emerged from a time when researchers relied heavily on the natural sciences to represent reality (Alvesson & Sköldberg, 2018; Bhaskar, 1998a). Although social science research was not deemed wrong, the natural science community felt it added little meaning to the overall understanding of reality. Thus, in the mid-1960s and 1970s, Bhaskar challenged pervasive positivist thinking, arguing that scientific inquiry was insufficient to clearly understand people's everyday lived experiences (Alvesson & Sköldberg, 2018; Bhaskar, 1998a; Khanna, 2019). Bhaskar claimed that critical realism comprises two main components: 1) human agents and their choices and intentions (agency), and 2) social structures, which reflect various contexts, including the cultural, historical, and political

(Bhaskar, 2008). It is also argued that the effect of structures on human agency, and vice-versa, played a significant role in how people understood and responded to the world (Buch-Hansen & Nielsen, 2020; Porter, 2017). The natural sciences' focus on the effect of one event on another produces a limited understanding since it overlooks humans, their agency, and structures. Without understanding the building and transformation of social structures and how they influence human reasoning and planning, the ability for people to improve their world would be challenging (Bhaskar, 1998a).

Critical Realist Ontology

Critical realism is based on an ontological understanding that the social world exists independent of our perceptions and understandings (Alvesson & Sköldbberg, 2018). This means that reality exists beyond our individual experiences and that underlying mechanisms or causal forces structure this reality. Critical realists believe that these causal forces are responsible for producing the observable events and phenomena that we encounter in the world (Bhaskar & Lawson, 1998). Along with this understanding of reality, our knowledge of the world is always partial and situated within particular social, cultural, and historical contexts (Ackroyd & Karlsson, 2014; Bhaskar & Lawson, 1998). This means that our values and beliefs always influence our understanding of reality.

The Domains

Appreciating the holistic view of reality through understanding the three domains (real, actual, and empirical) can help researchers better understand the complex interplay of factors that contribute to people's behaviour and experiences (Ackroyd & Karlsson, 2014). This holistic approach can lead to more nuanced and accurate research findings to demonstrate the interconnectedness of all things.

The Real Domain

The real domain contains human agents, social structures, and causal mechanisms (Alvesson & Sköldbberg, 2018; Bhaskar, 2008). Social structures and causal mechanisms are not always visible to the naked eye, yet they play a crucial role in shaping events and phenomena (Bhaskar & Lawson, 1998). The interplay between social structures and causal mechanisms is powerful and significantly impacts our understanding of the world. By considering the relationship between underlying social structures and causal mechanisms, we can better understand the observable events generated in the actual domain (Bhaskar & Lawson, 1998; Buch-Hansen & Nielsen, 2020).

Social structures refer to things not necessarily apparent to humans, such as social systems and institutions (Bhaskar, 2008). More specifically, these systems and institutions can include the economy, government, and culture, among others. These social structures can shape our lives and understanding of reality (Alvesson & Sköldbberg, 2018). Social structures can also refer to things visible to humans (Buch-Hansen & Nielsen, 2020), such as job roles, communities, families, and education programs, to list a few. These social structures have the same ability to change and shape our lives and views of reality (Buch-Hansen & Nielsen, 2020).

The interaction between human agency and social structures results in social movements or trends often driven by the desire for change (Sayer, 1999). Thus, the intertwining of various social structures and human agency can have a profound impact on shaping our values and beliefs. Within social structures are contributing factors called *properties*. Properties help to define the unique features and characteristics of social structures (Kozhevnikov & Vincent, 2019). These properties remain consistent regardless of

the interaction between human agency and causal mechanisms. For example, the property of *freedom of speech* allows individuals to express their opinions freely without fear of persecution, such as during student elections on university campuses that provide students the freedom to express their views and act as a collective body to influence change in their academic lives. The election process represents the social structure, while the freedom to express viewpoints represents one of the properties inherent within the social structure. By considering how properties define social structures, we can more fully appreciate the function and purpose of social structures (Buch-Hansen & Nielsen, 2020; Kozhevnikov & Vincent, 2019).

Causal mechanisms are those forces that interact with human agents and social structures to give rise to observable events in the actual domain (Bhaskar, 2008; Bhaskar & Lawson, 1998). For example, the overt force of social influence and its effect on people and social structures is known as a causal mechanism (Alvesson & Sköldbberg, 2018). Social influence can include everything from peer pressure to conformity to social norms. Therefore, human agency, social structures and causal mechanisms are necessary preconditions for the events that occur (Alvesson & Sköldbberg, 2018; Bhaskar, 1998b). Understanding the underlying causal forces can enhance our understanding of the world as we gain a broader perspective and identify patterns and relationships among causal mechanisms or forces that may have otherwise gone unnoticed.

The Actual Domain

The actual domain contains events generated by the interaction between human agents/agency, social structures, and causal mechanisms (Alvesson & Sköldbberg, 2018; Bhaskar, 2008). Under the right circumstances, countless events and phenomena occur at any

given moment, some of which we may be aware of and others that may go unnoticed (Buch-Hansen & Nielsen, 2020). Examples of events include a sports game, a theatre production, an instructor teaching students, nurses providing patient care, a baby being born, a wedding, and birthday celebrations, to name a few. Thinking of events, one cannot help but think about the interaction between human agency, social structures, and possible causal mechanisms that are all in place to permit the event to occur. Thus, considering the interaction between these three factors, researchers can gain a much more nuanced and complex understanding of the social phenomena as opposed to viewing individuals and social structures in isolation (Alvesson & Sköldberg, 2018; Buch-Hansen & Nielsen, 2020). Therefore, conducting interviews and observing people in social situations are valuable methods for gaining a deeper understanding of real-world experiences (Creswell & Creswell, 2018). Through these techniques, researchers can learn about people's behaviours, motivations, and challenges in specific contexts, circumstances, and environments. In response, research findings can be instrumental in developing more effective solutions and strategies to address people's needs better (Ryan, 2019).

The Empirical Domain

The empirical domain is epistemological in nature, meaning that the concept of reality can be observed, measured, and tested (Alvesson & Sköldberg, 2018; Bhaskar & Lawson, 1998). Empirical evidence includes but is not limited to, data collected from surveys, polls or interviews, observations made by researchers in the field, demographic statistics, and medical test results. Researchers view empirical data as a critical component of research, forming the basis for investigation (Ackroyd & Karlsson, 2014; Danermark, 2019). As researchers interact with empirical data, they bring along certain human qualities that are inherent to their

nature—in particular, preconceptions, biases, and expectations. These attributes significantly shape how research evidence is interpreted and ultimately understood (Buch-Hansen & Nielsen, 2020). However, the argument among critical realists is that empirical data is often limited because it only provides a snapshot of events and outcomes without a deeper understanding of the underlying causal mechanisms that drive them (Bhaskar & Lawson, 1998). Because several causal mechanisms can occur in any given situation, in any random order or configuration, what is observed in the empirical domain cannot provide the complete story (Danermark, 2019).

Ontological Emergence

Ontological emergence is a concept that suggests that phenomena exhibit properties that cannot be explained or predicted by examining their individual components alone (Buch-Hansen & Nielsen, 2020; Clark et al., 2008), where the whole is greater than the sum of its parts. Reductionism is the assumption that complex systems can be understood by breaking them down into their constituent parts (Buch-Hansen & Nielsen, 2020), and critical realists caution that this reductionist thinking limits the potential for a comprehensive understanding of phenomena (Archer, 1998). Just as each of the three domains of reality helps researchers achieve a deeper, more contextualized understanding of what is happening within a substantive area, ontological emergence suggests that social experiences are not reducible to their components (Buch-Hansen & Nielsen, 2020; Clark et al., 2008). Instead, social interactions are complex and emerge from the interplay between various factors, such as social structures, groups, and individuals. Therefore, it is difficult to explain social phenomena by focusing on only one aspect of an individual, group, or community (Archer, 1998). Ontological emergence is an important concept in critical realist philosophy because it

challenges reductionist thinking and encourages a more holistic approach to understanding the complexities of social phenomena (Buch-Hansen & Nielsen, 2020; Clark et al., 2008).

Critical Realist Epistemology

Critical realists acknowledge that exploring reality through different perspectives is the key to explaining how knowledge is produced and validated (Buch-Hansen & Nielsen, 2020). This epistemological perspective is based on the idea that an objective reality exists independent of human perception but that our knowledge of reality is always limited and incomplete (Alvesson & Sköldberg, 2018; Buch-Hansen & Nielsen, 2020; Kozhevnikov & Vincent, 2019). This means that people's interpretation of reality is continually evolving and shaped by social, historical, and cultural contexts (DeForge & Shaw, 2012). In contrast to positivism, which holds that knowledge can be attained through direct observation and measurement (Alvesson & Sköldberg, 2018), critical realism acknowledges the role of theory as a framework for interpreting and making sense of empirical data (Ackroyd & Karlsson, 2014; Alvesson & Sköldberg, 2018). Critical realists believe that theory can help to reveal the underlying structures and mechanisms that give rise to observable phenomena (Bhaskar, 1998a; Kozhevnikov & Vincent, 2019). By developing and refining theories, researchers can gain a deeper understanding of the causal mechanisms that drive the phenomena being investigated. Furthermore, as theory is always provisional and subject to modification and revision as new evidence and insights are gained, knowledge is accepted as a perpetual state of change (Ackroyd & Karlsson, 2014). This is of particular importance for researchers because it challenges them to remain open-minded and adaptable. Researchers who are committed to the idea that knowledge is always evolving are better equipped to handle the uncertainties and complexities of their work.

Alignment Between the Philosophical and Methodological Principles

Critical realism is built upon principles that differentiate it from other philosophical perspectives. Similarly, the guiding principles of classic grounded theory demarcate it from other research designs. The following sections will discuss the alignment between the principles of critical realism and classic grounded theory methodology.

A Quest for Clarity: Understanding Reality

Critical realists recognize that an understanding of the world is shaped by people's experiences and perceptions of it and that it is impossible to attain a completely objective and unbiased perspective (Kempster & Parry, 2014). Therefore, how people perceive the world plays a significant role in shaping their understanding of reality. People's perceptions and interpretations help them make sense of their world; thus, reality is constructed through social structures, human agency, and causal mechanisms (Buch-Hansen & Nielsen, 2020; Clark et al., 2008). This social construction of reality purports that we can only know what we have experienced or what has been presented to us. However, we must recognize that our current understanding of the world is always subject to revision and refinement. Thus, we cannot assume that the knowledge we gain through research is all there is to know. Many aspects remain beyond our current understanding or ability to observe (Buch-Hansen & Nielsen, 2020). Critical realists understand that our knowledge and understanding of the world constantly evolve. As such, we must remain open-minded and receptive to new ideas that provide new insights and concepts. The real world and all the causal mechanisms that interact to create the events we may or may not experience will always be much larger than we can grasp (Clark et al., 2008; Schiller, 2016).

In the classic grounded theory methodology, preconceptions are those beliefs and attitudes that researchers hold, which can act like blinders and influence researchers' abilities to see the data for what it is (Glaser, 2013; Reay et al., 2016). Such preconceptions can be detrimental as researchers may inadvertently analyze the data through these lenses.

Consequently, researchers are challenged to build a theory that relates well to the participants' main concern. When conducting classic grounded theory research, suspending any preconceived notions or biases about what may be happening in the data is essential (Reay et al., 2016). When researchers collect and analyze data with an open mindset with as few preconceived ideas as possible, the opportunity to gain new insights into the reality that exists beyond their understanding can foster a more robust theory (Glaser, 2013). By setting aside these views, researchers can immerse themselves in the data and observe patterns and relationships tightly connected to the participants' voices.

Critical realism and classic grounded theory methodology share a common interest in gaining a deep understanding of reality. Both approaches aim to go beyond surface-level descriptions and explanations to uncover the underlying structures and mechanisms that shape social experiences (Kempster & Parry, 2014). Critical realism agrees that an objective world exists independent of people's perceptions; thus, it warrants a level of investigation beyond the empirical surface to better understand reality (Kempster & Parry, 2011).

Comparably speaking, classic grounded theory methodology emphasizes a systematic approach to help unveil the structures and mechanisms that shape social reality (Oliver, 2012).

Gaining Insight: Balancing Subjective Experience with Objective Reality

Critical realism seeks to balance the subjective experience with the objective reality (Alvesson & Sköldberg, 2018; Kozhevnikov & Vincent, 2019). Further, it acknowledges that our perceptions and interpretations of reality are subjective and influenced by our experiences, beliefs, and biases (Ackroyd & Karlsson, 2014). However, it also recognizes that an objective reality exists independent of our perceptions and interpretations. To reconcile the subjective experience with the objective reality, critical realism holds that we can gain knowledge and understanding of the objective reality through empirical observation and critical reflection (Alvesson & Sköldberg, 2018; Kozhevnikov & Vincent, 2019). It emphasizes the importance of using scientific methods to study the world around us and develop theories grounded in empirical evidence. At the same time, it recognizes that our understanding of reality is limited and that there is always room for revision and refinement based on new evidence and insights (Kozhevnikov & Vincent, 2019).

Classic grounded theorists seek to gain a deeper understanding of people's lived experiences by using rigorous research methodology involving constant data comparison and analysis (Holton & Walsh, 2017). They acknowledge that their biases and assumptions may influence their interpretation of the data and take steps to reduce this influence by using a systematic approach to analysis and theory development (Glaser, 1978). This includes coding the data to identify patterns and themes, memoing to capture insights and ideas, and constantly comparing and revising their analysis to ensure that it accurately reflects the data (Glaser & Strauss, 2011). This approach helps create a more comprehensive understanding of people's subjective experiences within the objective reality of the world around them.

Critical realism and classic grounded theory share a common purpose: both approaches recognize that people's subjective experiences can influence their perceptions of reality (Oliver, 2012). Additionally, both philosophical perspectives and research methodology acknowledge that objective reality exists independent of these perceptions (Kempster & Parry, 2014). With these shared perspectives, research findings are grounded in empirical evidence and sensitive to individuals' subjective experiences.

Unveiling the Root Cause: A Journey into Causal Mechanisms

For critical realists, causation is a fundamental concept that focuses on the relationship between social structures, human agents, and underlying forces that manifest as events (Buch-Hansen & Nielsen, 2020; Sayer, 1999). Events are caused by mechanisms or processes that operate within a particular context. These mechanisms and processes are often hidden and may not be directly observable, but they can be inferred through their effects on observable events (Bhaskar & Lawson, 1998). Critical realists argue that causation does not imply a linear relationship between two events (Buch-Hansen & Nielsen, 2020). Rather, a somewhat complex process of causation produces events (Bhaskar & Lawson, 1998). However, although the same mechanisms can be at play for the event, there is no guarantee that they will occur with any degree of regularity or predictability (Ackroyd & Karlsson, 2014; Clark et al., 2008).

We provide an everyday example to illustrate the concept of causation. When an individual hits their thumb with the hammer instead of the intended nail head, there is no guarantee that the causal mechanisms that came into play for that event will play out the same way the next time. This is because the individual involved in this event experienced pain, gained insight into the effects of gravity and eye-hand coordination, and used reflection to interpret the event. These human experiences produced their own set of causal mechanisms.

The individual's response to the event will influence the arrangement and timing of the underlying causal mechanisms for the next hammer swing. Although the event of hammering a nail head is the same, the next time the event occurs, the underlying causal mechanisms or processes have changed and, therefore, do not necessarily take on a linear or predictable pattern. The ability of the individual to produce an exact replica of the initial event is no longer possible; however, some causal mechanisms are in place to allow for another hammer swing to occur. This example illustrates that by better understanding the nature of these underlying causal mechanisms, we can better appreciate the nature of events and, thus, people's subjective experiences (Ackroyd & Karlsson, 2014).

Classic grounded theorists seek to understand the root causal mechanisms for how individuals behave in certain social situations and how they perceive the main concern (Kempster & Parry, 2014). Through a rigorous and systematic process of data collection, coding and analysis, researchers identify patterns, trends, and categories within the data (Holton & Walsh, 2017). From there, they look for relationships between categories and patterns within the data, which can help identify the underlying causal mechanisms or processes (Kempster & Parry, 2014). Through this iterative process of analysis and refinement, grounded theorists can generate a comprehensive theory that identifies root causal mechanisms driving it.

Both critical realism and classic grounded theory methodology share complementary approaches to understanding the social world. In practice, critical realism can inform the initial stages of a grounded theory study by helping researchers think about possible underlying structures and mechanisms likely to be the driving factors for the research area of interest (Kempster & Parry, 2014; Oliver, 2012). This can provide a useful starting point for research

question development and the focus of data collection and analysis. As the classic grounded theory study progresses, the systematic and iterative approach can further develop an understanding of the underlying processes or mechanisms, thereby driving theory development (Kempster & Parry, 2014).

The Whole Picture: Multiple Perspectives for a Comprehensive Understanding of Reality

Methodological eclecticism is an approach in research where multiple methods are used to arrive at a more comprehensive understanding of complex social experiences (Kroos, 2012). The idea involves researchers selecting the most appropriate methods and techniques to yield the greatest possible understanding of complex social experiences (Clark et al., 2008; Kroos, 2012). Methodologies may include qualitative, quantitative, or mixed methods designs that can be adapted to the needs of the study (Ackroyd & Karlsson, 2014; Kroos, 2012). For example, surveys, interviews, case studies, historical analysis, and comparative analysis are just a few approaches that yield different perspectives (Creswell & Creswell, 2018). Used in combination or in addition to other approaches, these perspectives help to provide a more complete and nuanced understanding of complex social experiences (Oliver, 2012). Critical realism permits the openness of methodological eclecticism to use multiple perspectives to gain a broader and deeper appreciation of the interplay between humans, social structures, and mechanisms to produce observable events (Clark et al., 2008).

Classic grounded theory methodology emphasizes the importance of gaining a comprehensive understanding of reality by using multiple perspectives. This is achieved through constant comparison of data, which involves comparing codes and categories across different data sources such as interviews, observations, and documents. These sources may

include conference presentations, newspapers, field observations, social media groups, and other pertinent sources (Holton & Walsh, 2017). Additionally, grounded theorists use theoretical sampling to seek out participants to obtain differing perspectives and experiences. More specifically, researchers use this sampling technique to obtain data for further coding to fill gaps and saturate the core category and related categories (Glaser 1992, 1998). The value of theoretical sampling and the constant comparative method is that they enrich data analysis and contribute to robust theory development.

Critical realism and classic grounded theory methodology share similarities in their quest to gain a comprehensive understanding of reality. Critical realism purports that there are multiple layers of reality and that these layers can only be accessed through a combination of approaches to yield different perspectives (Oliver, 2012). Similarly, classic grounded theory emphasizes the importance of using multiple perspectives to generate a comprehensive understanding of human experiences (Holton & Walsh, 2017; Kempster & Parry, 2014).

Discussion

The Challenges of Critical Realism

Critical realism is a complex philosophical perspective that can pose several challenges for researchers. One of the main challenges is understanding ontology, where critical realism assumes that reality exists independent of our perception. However, our knowledge of it is only partially understood because of the changing social, cultural, and historical contexts through which we view it (Alvesson & Sköldberg, 2018; Kempster & Parry, 2011, 2014). Critical realism requires researchers to move beyond the surface-level observations, consider that there are hidden mechanisms or processes at work beneath the surface, and be willing to explore these causal mechanisms and their interaction with social structures to produce observed

phenomena (Bhaskar & Lawson, 1998; Sayer, 1999). It requires researchers to be open to the social and historical contexts of the area being researched. This can be challenging for researchers who may not clearly understand the implications of their research in the broader context. While critical realism can be a complex and challenging philosophical perspective to navigate, taking time to reflect on assumptions, biases, and perspectives can help researchers approach their research in a more informed way (Kempster & Parry, 2011).

Why Consider Critical Realism as a Classic Grounded Theorist?

The critical realist lens is a suitable philosophical lens to explore the complex nature of human experiences. Critical realism allows researchers to delve into the underlying structures and mechanisms that shape our world by acknowledging the subjectivity and context of human experiences (Alvesson & Sköldberg, 2018; Sayer, 1999). The basis of critical realism lies in the understanding that reality exists independent of our knowledge and perception, and that we can only know and understand it through our experiences and perceptions (Archer, 1998; Kozhevnikov & Vincent, 2019). Researchers using a critical realist lens to guide their classic grounded theory study have the power to identify and address various social, historical, and cultural contexts and underlying causal mechanisms that underpin the social experience (Kempster & Parry, 2011; Oliver, 2012). Using a critical realist lens and a classic grounded theory methodology, researchers can feel confident in producing a theory that reflects the realities of people in social encounters.

The Benefits of Critical Realism for Grounded Theorists

Critical realism offers a useful lens for researchers to situate their research study in human experiences. Moreover, it seeks to understand the structures and causal mechanisms that manifest in observable social experiences (Alvesson & Sköldberg, 2018; Bhaskar & Lawson,

1998). The critical realist lens helps researchers focus on identifying and addressing the nuanced contexts inherent in social experiences (Kempster & Parry, 2011; Oliver, 2012). By gaining a better understanding of the contextualized aspects of social experiences, researchers can begin to explore the underlying causal mechanisms and, through theory development, provide a well-grounded theoretical explanation for the human experience being studied (Alvesson & Sköldberg, 2018; Oliver, 2012; Sayer, 1999). Critical realism bridges the gap between theory and practice by providing a way to understand how several contexts and perceptions shape social experiences and how classic grounded theory methodology allows researchers to uncover theoretical explanations for these experiences (Alvesson & Sköldberg, 2018; Oliver, 2012). Using a critical realist lens to conduct classic grounded theory methodology, researchers can feel assured of providing a nuanced and holistic explanation of people's social experiences.

Conclusion

Combining classic grounded theory methodology with a critical realist lens provides a comprehensive approach to exploring people's social experiences. Through this philosophical-methodological complement, researchers can better understand the complexities of people's lived experiences, resulting in useful theoretical representations of those experiences. Recognizing the alignment between the foundational principles of classic grounded theory and critical realism may help researchers feel assured in their choice of methodology and philosophical perspective to produce relevant and highly valuable research findings. By gaining an understanding of the challenges and benefits associated with the incorporation of a critical realist lens into classic grounded theory methodology, researchers can be better informed about the choices they make as they embark on their research journey.

Understanding the relationship between critical realism and classic grounded theory methodology can provide a foundation for further research and study. Researchers can use this understanding to develop more rigorous, informed research studies grounded in a solid theoretical foundation while remaining open to new insights and perspectives that may emerge through the research process. These new insights can help researchers identify areas for further investigation, thereby advancing knowledge in their respective fields.

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Procedural and Methodological Rigor in Classic Grounded Theory

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Abstract

Though well-respected within its community, classic grounded theory is not as widely known as some other qualitative and quantitative research designs. Just as the other research designs have inherently rigorous principles, so too does classic grounded theory. The purpose of this talk is to explain several of these rigors by way of the tenets of the design. Only through a discussion of how rigorous this research design is, can novice and more experienced researchers truly appreciate its beauty, acquire valuable information about the design, and discover how beneficial the design might be to them. More specifically, there will be a detailed discussion on the following elements of rigor: (a) remaining true to and not manipulating the data; (b) using a grand tour question with no other questions; (c) using the Constant Comparison Method; (d) developing conceptualized rather than descriptive concepts; and, (e) ensuring the five pillars of classic grounded theory are present.

Keywords: classic grounded theory, rigor, procedures, methodology, qualitative research, multivariate theory development, multidimensional theory development

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Esteemed colleagues, learners, friends, and listeners. Welcome. My name is Dr. Barry Chametzky. I am a senior core faculty member at American College of Education in the United States. I am also the new editor of the *Grounded Theory Review*, an international, peer-reviewed journal specializing in classic grounded theory. Additionally, I am also a fellow at the international Grounded Theory Institute. I am honored and humbled to be here today and would like to thank the Sport Sciences Research Institute for the opportunity to offer this talk. The topic of my talk today is Procedural and Methodological Rigor in Classic Grounded Theory.

Up until the 1950s, sociological researchers conducted quantitative research as a way to verify or support (Glaser, 1965) theories developed by what may be termed “great” theorists like Weber, Durkheim, or Max (Glaser, 1967). Starting in the early-to-mid 1960s though, Barney Glaser and Anselm Strauss believed that qualitative research can be used in an equally valuable manner. According to Glaser in 1965, “qualitative research is [more than] a preliminary, exploratory effort” (p. 1). Today, I hope to show—and subsequent to his 1965 article, Glaser would have agreed—that qualitative research, and more specifically, classic grounded theory, indeed has earned a solid place in the world of academia for novice and experienced scholars alike because of its procedural and methodological rigor.

The first step, though, is to provide a simple definition of what classic grounded theory is. In 1967, Glaser and Strauss defined the term *grounded theory* as “the discovery of theory from data” (p. 1). The definition may seem rather simple but as I will explain, there are critical nuances to be understood. With classic grounded theory, the days of verifying theories from those great scholars is gone. Now, any researcher is able to develop a rich, multidimensional theory that has a solid foundation in data. The generation of theory is not de-

pendent on the type of data collected, according to Glaser and Strauss in 1967. All data—qualitative and quantitative—can help develop a rich, multidimensional and multivariate theory to explain how people behave in given situations.

In this talk, I would like to provide an extremely short history of classic grounded theory. It will be abundantly evident that the educational training of the researchers plays an important role in classic grounded theory. Then, quickly thereafter, I will offer a rather detailed discussion about various procedural and methodological rigors in this research design.

History

Barney Glaser came from a mathematics background at Columbia University and had some training in French literary analysis. With mathematics, Glaser had, in a sense, a positivistic perspective because math proves things. Somewhat diametrically opposed to that perspective, Glaser also had some training in French literary analysis while he studied at the Sorbonne in Paris, France. Based on a suggestion made by Lazarsfeld (Glaser, 2008), who was Glaser's mentor at Columbia, this well-established type of literary analysis, known as an *explication de texte* or textual explication, became a vital and core component, though in a modified form, in classic grounded theory. Briefly explained, an *explication de texte* is a type of analysis dating back to the 19th century, according to Perret in 2020, and is still used in French high schools and colleges where learners attempt to understand an extract of text—poetry or prose—in a highly nuanced manner through a line-by-line, detailed, yet distant examination of word choice, sound, rhythm, prosody, and cultural connections.

From a classic grounded theory perspective, the roots of the *explication de texte* can be seen as early as the mid-1960s in the constant comparison method where data are analyzed in a line-by-line or idea-by-idea manner and where codes and their associated memos are an-

alyzed in a more nuanced and myopic way. Specifically, the associated codes are compared in connection one with each other. I will discuss the constant comparison method in greater detail later in this talk.

Anselm Strauss had a background in symbolic interactionism at the University of Chicago. Strauss learned that each of us is able to have a different perspective of the same event. I will give you an example. Consider three possibly different perspectives of this talk. Some of you might view this talk as the most interesting topic in the world. While others of you might be wondering when I will finish talking so you could get back to a previous task. I, on the other hand, am nervous and trying to remain composed and professional in my talk. These are three separate perspectives of the same event and demonstrate, however simplistically, the fundamental issue of symbolic interaction. Each person views the world and given events in a slightly different but equally acceptable manner. Such perspectives are vital in classic grounded theory as they can help the researcher develop a multifaceted and multidimensional theory. Without such comparison and analysis, such a rich theory cannot be formed.

Several Examples of Procedural and Methodological Rigor in Classic Grounded Theory

I would now like to demonstrate through detailed explanations how procedural and methodological rigor in classic grounded theory is demonstrated. Each of these examples is highly integrated—procedurally or methodologically—one with another to create a rich foundation for the research design. As a way to start this important discussion, I will mention how the schism between Glaser and Strauss occurred. The cause of this rift between these two colleagues points to an important element of procedural rigor in data analysis.

Glaser and Strauss researched and worked together for a number of years on different projects such as *Awareness of Dying* in 1967 in which they explored the concept of death in hospitals from the perspectives of doctors, nurses, patients, and family members. Also in 1967, they wrote the seminal work *The Discovery of Grounded Theory*. These two co-authors and colleagues wrote other works well until approximately 1990 when a schism developed because of Strauss' beliefs in his *Basics of Qualitative Research* book. In the book, Strauss believed that in grounded theory a researcher needs to interact actively with data, and, as such, modify it. No doubt, this was a subtle nod toward his training in symbolic interaction. But that belief bothered Glaser greatly.

In 1967 in *The Discovery of Grounded Theory*, Glaser and Strauss wrote that forcing “‘round data’ into ‘square categories’” (p. 37) does not allow a researcher to remain true to the data. This statement was certainly in Glaser's mind when, in starting in 1991 (Glaser, 1992), he responded to Strauss' 1988 book entitled the *Basics of Qualitative Research* where grounded theory was discussed by stating that

. . . the work is not based on emergent relevance with categories that fit and work, and the product is not grounded theory. Again, it is preconceived, forced, conceptual description, which can be very significant in its own right, but again it is not emergent grounded theory. (p. 4)

Glaser felt that such interaction destroys and misconceives the data, as he wrote in 1992. Strauss refused to honor Glaser's wish that the book be corrected to reflect what grounded theory was. And so, with those two sentences, the professional relationship between Barney Glaser and Anselm Strauss ended.

I would venture to say that any researcher would agree that data must not be manipulated and altered during the process of analysis. To do so would result in unreliable findings and unethical research. Yet, we have evidence, based on what we know from subsequent versions of grounded theory that data are indeed manipulated and forced however subtle it may be. Glaser (2002a) referred to these versions as “remodeled” (p. 5); in his eyes, these modifications cause the new research design to stray away from the true nature of classic grounded theory as he and Strauss defined it in 1967 and must not be called grounded theory.

I will offer two brief examples. If we look, for example, at constructivist version of grounded theory developed by Kathy Charmaz, then we see an interactive relationship—a give-and-take if you will—between the researcher and the participant in terms of data analysis. To have such a relationship, according to Glaser, would damage the data.

Similarly, if we look at the design developed by Anselm Strauss and Juliet Corbin, we see the use of axial coding where data are to be manipulated and contorted into predetermined patterns. Such manipulations would, most assuredly, result in modified data and potentially inaccurate findings. Through these modifications, the pure, orthodox form of grounded theory gets “totally contaminated,” as Glaser wrote in 2022 (p. 3). And decontamination is extremely difficult, if not impossible, to overcome.

With classic grounded theory, data are not manipulated or contaminated at all. There are no contortions through which data are put. There are no researcher-based modifications of the data. If a participant stated something, that idea was accepted without change because, according to Glaser in 1996, we researchers must follow Max Weber’s idea of “*verstehen*, whereby the investigator understands a group’s behavior by viewing their action through their eyes” (p. 47). Thus, we can understand a bit more clearly how the schism between Glaser and

Strauss allowed Glaser to remain unwaveringly true to classic grounded theory and, at least implicitly, show how rigorous and ethical the research design is.

I want to make it clear, though, that Glaser did not have issues with the other designs as such; they were and are fine research designs. His lifelong concern was that they were incorrectly called *grounded theory*.

Implied in the aforementioned discussion is the concept of a *tabula rasa*—a clean slate—in which a researcher must not enter the data collection process as he or she might with other research designs—with some preconceived idea about what will be discovered. To begin to discover the behaviors of participants as they address whatever their main concern might be, a researcher must not add any external perspectives. In classic grounded theory, the researcher must not paraphrase or re-explain in their own words what participants meant to say. To do so would result in manipulated and forced data. The role of the researcher is strictly a hands-off observer, so to speak, who is only collects and analyzes data without re-interpretation. Through a *tabula rasa* perspective rigor in the research design is maintained. However, the *tabula rasa* expression needs further explanation.

As scholars, we know that it is impossible to enter any situation with a *tabula rasa*. We are trained to think critically and make researched connections between things. We are trained to wonder and explore potential connections. It would be completely impossible for us to maintain a sterile perspective when gathering data. What we can do, however, and what is meant by a *tabula rasa* perspective, is not let our thoughts, connections, and beliefs about what we think we think we hear in the data to interfere with the pristine data we are collecting. We are mandated by the tenets of classic grounded theory to set aside all of our ideas as we listen to what our participants are telling us to understand their *verstehen*.

A second way to maintain rigor in classic grounded theory is not to have an instrument protocol where the researcher has a list of predetermined questions to ask. As I state this sentence, I can almost expect to see a cautious glare and perhaps a surreptitious comment from my colleagues because it sounds patently contrary to many qualitative research practices regarding reliability and transferability. After all, a colleague might ask, “How could a research design not have predetermined questions and an established protocol? Wouldn’t those two elements demonstrate reliability?” To those questions, I would respectfully request that my colleague allow me to address their concerns with the following rather detailed points.

As I mentioned before, the researcher aims to understand the behavior of participants “by viewing their action through their eyes” (p. 47) according to Glaser in 1996. To that end, in classic grounded theory, a broad question—known as a grand tour question originally taken from ethnography (Fetterman, 2010)—is asked. The purpose of this question is to allow the participant to talk at length about whatever is of concern to him or her. In classic grounded theory terms, according to Glaser in 2009, the objective is to “instill a spill” (p. 22) and get participants speaking in detail about whatever might be important to them vis-à-vis the given topic.

Holton and Walsh in 2017 came up with an excellent grand tour question. They stated:

For example, if you were interested in exploring the impending status passage (Glaser & Strauss, 1971) of university students in their final year of study, you might open the discussion by saying, ‘I am supposed to be studying how students in their final year of study prepare for what’s next, but I don’t know what to ask you. What do you think we should talk about?’ (p. 60)

“Tell me about. . .” or “What is it like to . . .” are also excellent grand tour questions. And, these question openers could also be used to probe for additional information.

The researcher, do not know what the participant will say; each participant may have different, varying, and hopefully extended ideas about the topic at hand because each person may address his or her main concerns in different ways. So, the grand tour question is open-ended and intentionally vague. We cannot have predetermined questions because we cannot know beforehand what to ask and what the participants will say. Without this information, any detailed and predefined questions become valueless and greatly muddy up the waters; they are preconceived and violate the tenets of classic grounded theory. As such, a grand tour question has the important role of allowing the researcher to hear what is important to the participant. Additionally, the question allows the participant to speak freely about whatever is of concern to him or her. Because the same grand tour question is used for all participants, methodological rigor in the form of reliability exists as consistency is maintained throughout data collection. process.

There is value, now, in looping back to an idea I mentioned earlier: the constant comparison method first mentioned and explained by Glaser in 1965. I will explain how the constant comparison method is done and will show how transferability, another element of rigor, is demonstrated. In his seminal 1965 article, Glaser offered to the world a skeletal version of classic grounded theory in which four stages were discussed: (a) comparing the elements, (b) integrating those elements into broader categories along with their associated properties, (c) delimiting the theory, and finally (d) writing the theory (Chametzky, 2023). The first two steps are the most valuable in this discussion of constant comparison.

In classic grounded theory, when a researcher has some interview data before him or her, a code or short phrase—generally a gerund because that works well for behaviors of people—is used to identify the idea presented in that data. So far, this process is similar to what a researcher might do in any another qualitative research design. The classic grounded theorist now needs to do two important things with that code or short phrase. First, he or she needs to write memos to explain the code or phrase—no more and no less. They can be any length from a sentence to several paragraphs. Based on a comment Glaser made in 1998, “memos are the conscious manifestation of the preconscious thought” (Section 5). As such, the format of writing a memo is freeform and completely up to the researcher.

The second thing that needs to happen—and here is where the constant comparison method is truly evident—is that the researcher will compare one code and its associated memo with another to uncover any potential heretofore unknown connections. With two codes and memos, things are rather simple but data are rarely only two codes and memos. Each code and its associated memo are compared with previous ones. Through this constant comparison method, the researcher aims to see how memos fit together one with another, how individual codes and memos can be grouped together to form larger units called categories, and how the categories can be fully explained to develop the core variable—the heart of the theory. The process of constantly comparing one memo with another can take time because with each comparison, one or more memos are written to explain the possible connection. I assure you that though this process seems never-ending, it does end and works quite successfully. But it is a difficult and time-consuming process that requires diligence on the part of the researcher as well as the ability to tolerate repeated uncertainty and confusion as the theory slowly—sometimes very slowly—takes shape.

And it might happen that one or more memos would get set aside because they do not fit in a given category or property; they might fit in elsewhere. But if they do not fit in at all, that is acceptable too. There is value in restating that the theory will only be a slice of data, to explain the main concerns of the participants as they address the issue, according to Glaser in 2012. If there is some code or memo that does not fit in with the data, as with other qualitative research designs, it is perfectly acceptable to set that data aside.

I would like to continue my discussion about memos but from a slightly different perspective. As is often common with early memos, they are highly descriptive in nature. Having descriptive memos, because a researcher is initially learning about the data, is perfectly normal, acceptable, and accepted. However, as the researcher compares the memos one with another—through the constant comparison method—the researcher will hopefully notice a few things happening. First, some memos *will* get collapsed and combined with other memos because of repeated ideas or the discovery of broader components or categories into which several codes and memos might fit.

Second, the quality of the memos becomes less descriptive and increasingly conceptual. Moving from description to conceptualization is difficult for some scholars. The quality of the memos begins with the chosen codes as they need to be as conceptual as possible. Here is a simple but clear example of description and conceptualization that I used in one of my published papers regarding codes. The same rules would apply with memo writing.

While I was in graduate school learning about classic grounded theory, we were to work in groups on mock data and codes. The grand tour question was “Tell me about an ‘aha’ moment—a moment when you discovered and realized something important and valuable. One small bit of data was this idea from one of my articles in 2022: “I'd have to say that an

'aha' moment for me was the time I spoke with a mentor at my school and asked for advice on a particular topic” (Section 5). The associated codes were “being unsure and reaching out” and “testing one’s viewpoint.” From an initial perspective either gerund phrase would work as both were conceptual. If I were writing memos now, I would ask myself what does “being unsure and reaching out” mean? How might that idea be demonstrated and why? What is involved in that idea? The same for testing one’s viewpoint. Then, I would compare the two memos to see if there were any overlapping concepts. Again, description in initial memos is tolerated. But, as the researcher gains greater familiarity with memo writing and the data, conceptualization will start to occur.

One way to help a researcher think conceptually rather than descriptively is to ask these three questions that Glaser presented in 1978: “What is the main concern of the participant? What is this data a study of [and] What is actually happening in the data” (p. 57)? With these questions, the researcher is almost assuredly guaranteed to stay on topic, not to interpret, and to develop the needed conceptualization.

Such a shift from description to conceptualization is desirable and needed for only through the conceptual nature of codes and memos can an emergent theory be transferable and generalizable to other populations. The researcher needs to keep in mind that the goal of a classic grounded theory researcher is to develop a theory that, according to Glaser in 2009, is abstract of “time, place, and people” (p. 24). In 1978, Glaser stated that “[T]he successive raising of the description through conceptual abstraction to categories and then theory is explicitly developed in memos” (p. 84).

The pull of description that we all feel is strong. In several articles, Glaser stated that description runs the world (2002a) and there is no way to stop it because we all do it all the

time. And as researchers, we believe that description is vitally important to help our readers, our listeners, and our doctoral students and candidates understand the data better. We cannot stop description. A great example of description would be obtaining demographic details of participants. From a practical perspective, unless there is an explicit need to gather such data, and that information is vitally germane to understanding and explaining the theory, then knowing and obtaining such descriptive details is not valuable. We as classic grounded theorists must understand quite clearly how bad description can be because it inextricably constrains us to a specific period of time, to a specific location, and to a specific group of people (Glaser, 2009). At times, we must fight with ourselves to avoid what Glaser in 2009 described as “worrisome accuracy” (p. 45)—the need to present overly detailed information for that is not the nature of classic grounded theory.

I will explain the need for abstraction in a slightly different way—by way of a theory that I developed in 2013. This theory was about how foreign language learners deal with their stressful online foreign language class environments. In my research, it was easy to explain how foreign language learners deal with their online language classes through a number of behaviors. Some stressed learners might scream, cry, and quit the course. Other learners might vent to family and friends or push ahead breaking the course into very small, micro-sized units so the feeling of overwhelm is greatly reduced. Others might even take numerous breaks to clear their minds. Regardless of how these learners might attempt to survive their online foreign language class, there is one broad thing that they all do. They attempt to balance or, to use a more specific term, offset their affective filter—the psychological wall preventing them from acquiring the needed the material and information (Chametzky,

2013a). Such a statement may seem rather specific to a foreign language environment but it is not; we can say the same thing in other situations.

Here is a clear example. Currently, I am not a foreign language learner and this environment is not an online foreign language class. As I prepared for this talk—no doubt vastly different from an online foreign language class—I told myself that I can accomplish this task; I cried a bit (because of the excitement and honor you have bestowed upon me by allowing me to give this talk today); I talked to myself and reflected when I hit a mental roadblock. I took breaks to clear my head when necessary. In short, I did what some foreign language learners do; I offset my affective filter through various behaviors with the objective of writing and giving this talk. Clearly, then, the behaviors that foreign language learners exhibited in the study from 2013 are easily transferable to other stressful situations. Such transferability—an important element of methodological rigor—would not have been possible if the theory was not conceptual in nature. As appealing and easy as description might be, it limits the researcher to one time, person, and event rather than to a much broader perspective (Glaser, 2009).

If you were to read research conducted using classic grounded theory, you would discover that transferability is evident, though such qualitative terminology is not used. Similarly, dependability, credibility, and other qualitative methodological terms are equally applicable to classic grounded theory. I will explain this point further. But at this point in the talk, I would like and need to apologize for I have muddied up the waters substantially by using terms such as instrument, dependability, credibility, reliability, and transferability. Such qualitative terms, while vital in other research designs are not and must not be used in connection

with classic grounded theory. The use of these terms detracts from the research design and the emergent theory.

In 2009, Glaser explained the use of qualitative methodological terms in classic grounded theory as Qualitative Data Analysis—“QDA” (p. 1) and is something to be avoided. In fact, to use such terminology, modifies the very nature of classic grounded theory. In terms of assisting novice and experienced qualitative and quantitative researchers to understand the classic grounded theory research design, though, I believe that using the various aforementioned terms is valuable for they can form a proverbial bridge between what is already known and what has yet to be understood.

To that end, then, I see value and a need, to turn our attention in this discussion of procedural and methodological rigor to what I have termed in 2013(b) as the five pillars of classic grounded theory: fit, grab, work, relevance, and modifiability. These classic grounded theory terms are common and Glaser used them in many of his writings such as *Theoretical sensitivity* in 1978, *Basics of grounded theory analysis* in 1992, and *Doing grounded theory: Issues and discussions* in 1998. Though those terms may be unknown to many of you, they connect easily to some accepted and commonly used methodological terms with which we all are undoubtedly familiar. Additionally, each term demonstrates further procedural and methodological rigor in classic grounded theory so they bear discussing in turn. To that end, let us start with the first term, *fit*.

We all know that in language, words matter. To use an incorrect or imprecise word in a given context could potentially change the meaning of the intent and result in great misunderstanding. If we were to look up the word *rigor* on the synonyms.com website, we would see possible synonyms such as hardness, harshness, and vengeance. If we are talking about

research, while we can state the research was done with rigor, we could and would most certainly not state that the research was done with vengeance if we want the same connotation to be evident. In the first case, rigor means extremely thorough; in the second, it implies some sort of punishment. While both elements might be true, the nuance is vitally and significantly important if we are to convey the correct meaning of the word. Such nuance is critical in classic grounded theory as well. This criticality is perhaps more evident and mandatory in classic grounded theory because, according to Glaser in 1998, a given word or code needs to express in an adequate and exact matter “the pattern in the data which it purports to conceptualize” (p. 18).

If a clear and exact relationship exists between the chosen word or words and concept presented in the data, then there is *fit*. In some respect, fit could be connected with the well-accepted and understood methodological term *validity* because the word or concept truly and accurately represents what is in the data. And, because there is no modification of the data in classic grounded theory, the procedural and methodological element of fit and validity is present.

The second pillar is grab. In classic grounded theory terminology, grab is when an idea gets the attention of a person rather quickly (Glaser, 1978). When a researcher or reader understands the idea in question and what is happening in the data (Glaser, 2002b), grab exists. When grab is present, people feel as if they understand the concept, according to Glaser in 2002b. A good example is the theory about which I spoke about earlier—offsetting the affective filter. As a theory, it may be solid but as a gerund phrase, there is minimal grab for it is not easily understandable and relatable. On the other hand, the idea of how people get

through stressful situations is highly relatable with strong grab as we have all experienced such situations.

From a qualitative perspective, grab and generalizability are connected because one cannot exist without the other. A generalized concept allows more people to relate to it—with higher grab—than one that is highly or overly descriptive. Such a connection leads to greater believability and increased credibility.

Work is the third pillar in classic grounded theory. One objective a researcher has, when developing a theory with this research design, is to ensure that it is multivariate and multidimensional. Having a theory with three to five categories each with several properties is ideal. A rich, well-developed theory that explains, as Glaser wrote in 1992, “the major variations in behavior in the area with respect to the processing of the main concerns of the subjects” (p. 15) is the ultimate objective all theorists wish to attain. In this case, if a theory is indeed multidimensional and can explain the different variations that might take place in a given substantive area, then the theory is said to work. And, when a theory works, generalizability becomes easier (Chametzky, 2013b) because it is highly conceptualized. On the other hand, having a one-dimensional theory—perhaps with only one category and one or two properties is not valuable; it is and would feel incomplete to a reader. Such a theory may very well also not work; it would be rather weak.

Relevance is the fourth pillar. Admittedly, this pillar may be viewed as potentially highly personal as relevance and importance are synonyms. A person might argue that a given idea might be important or concerning to one researcher might not be equally important or concerning to another. I would agree with that comment to a point. However, given the natural curiosity of people, according to Gazzaniga in 2009, it would be very reasonable to be-

lieve that some other people would find the topic of equal interest. Additionally, when the substantive theory appears with its conceptualized categories and rich properties, it stands to reason that because of grab, relevance increases.

The final pillar in classic grounded theory is modifiability. I mentioned earlier in this talk that the emergent theory is a slice of data to explain how the participants address their main concern. Presuming that this theory is well-developed and multidimensional, then if another researcher finds a different heretofore undiscovered property that might slide into the theory in question, then that theory must be sufficiently flexible to be modifiable (Chametzky, 2013b).

One way, and certainly not the only way, that modifiability can occur is in the development of a formal theory. In such an example, a researcher would, as Glaser explained in 2007a, “[extend] the general implications of a core variable by sampling wider in the original substantive area and in other substantive areas and then constantly comparing with the purpose to conceptualize the general implications” (p. 5).

And conversely, if a theory is highly relatable and has great grab, some of its elements may be applicable in other situations and may connect to other theories thereby demonstrating modifiability. A great example of this idea is how the term supernormalizing used by Glaser in 1998 and 2014 gained entry into a theory I developed in 2015. Supernormalizing explains how people try to be normal after serious medical ailments. In my 2015 theory on surviving situational suffering, I used the term superadjuncting, as a nod to supernormalizing, to explain the behavior of non-full-time adjunct educators as they try to do “more than what [they’re] doing now” (Section 4) so they might be deemed indispensable. In this brief example, we can see how modifiability, along with all five pillars come into play.

As a researcher develops his or her theory using classic grounded theory, the five aforementioned pillars must all come into play to achieve the level of rigor needed. As with other qualitative and quantitative research designs, if an element of methodological rigor were missing, the end product might be rather good but would not be as strong as it could have been. Imagine, for example, conducting a qualitative case study without data triangulation. The end result might be extremely good but would not be as rich as it could have been if triangulation were employed during the data analysis process. The same is true with classic grounded theory. If any of the five pillars are not present, the resultant theory might not be adequately or sufficiently strong. Perhaps, too, it might not be worthy of being called a substantive theory developed using classic grounded theory.

In this talk, I addressed a fair number of procedural and methodological ideas which demonstrate rigor in classic grounded theory. As a brief synopsis, I specifically explained how data modification and manipulation must not exist so a researcher can remain true to the data and maintain reliable data in an ethical manner. Additionally, in classic grounded theory, though a grand tour question is used, there are no other questions asked in a study using classic grounded theory; there is no instrument protocol. With one repeated grand tour question, reliability is established. Another way to achieve reliability is through the constant comparison method. To achieve maximum generalizability, conceptualization and abstraction is required instead of description. Finally, I spoke about the five pillars of classic grounded theory: fit, grab, work, relevance, and modifiability.

Conclusion

The French people have an expression, *à quoi bon*, which literally means *to what good*. In the context of this talk, I ask: *à quoi bon?* What will all the information I presented

here do for you as researchers, scholars, and educators? As I mentioned earlier, one of my objectives was to show how procedurally and methodologically rigorous classic grounded theory is. I believe I have accomplished that task through my various explanations and examples. Classic grounded theory can stand up to any other qualitative or quantitative research design and hold its own. Classic grounded theory is perhaps more rigorous than one might have previously imagined.

But another equally important, tangential objective is to help you understand the research design, at least on a broad level, so that if you are mentoring learners for whom classic grounded theory could be a valuable research design, you have the opportunity to speak briefly and intelligently on the subject. For a scholar who may be well experienced in qualitative analysis but less so in classic grounded theory, you might believe the research design is off-limits because you are not as qualified as you would like to be. Or, perhaps that it is too difficult to do. Hopefully now, through my talk, at least some of that unknown and that fear have been allayed. And if you are a student or doctoral candidate, you can now have a greater and deeper appreciation for the research design. Perhaps you might even decide that doing a dissertation or thesis using classic grounded theory is appropriate. You now have some procedural and methodological backbone to make your case to your advisor.

At this point, I would like to leave you with this final thought. In 2022a, I wrote that “the beauty of classic grounded theory is that it is all around us. We just need to be open to seeing and experiencing it” (p. 44) and that idea is still very true. I would challenge each of you to view the world with wondering eyes; ask yourselves “what is going on in a given situation?” Such a question will allow you to see the world in a new light. Such a question, too, is

the beginning of a potentially rich and multivariate, multidimensional theory using classic grounded theory. Good luck and I will be excited to hear what you discover. Thank you.

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