The Journal of Haemophilia Practice January 2014;1(1):8-9 doi: 10.17225/jhp.00004

RESEARCH TOOLS

An introduction to grounded theory

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Two articles in this launch issue of the journal explore the patient experience of haemophilia. To set the context, Martin Bedford explains the grounded theory method, and gives a brief overview of how and when it might be used in haemophilia research.

Grounded theory is a research methodology used in the social sciences developed by Glaser and Strauss in 1967 [1] and subsequently refined by Glaser and others. Its motive is clearly outlined in the two elements of its name – it is *grounded* in the sense that it starts with the phenomena selected for study, and it aims to produce *theory* that can explain this phenomena. As such, the method is appropriate for making sense of poorly or partly understood phenomena.

Although usually defined as a qualitative methodology, in 1998, Glaser wrote that: "*The distinction, and hence the wrestle, between qualitative and quantitative data is not relevant for grounded theory. If the reader can accept that all is data…[then] grounded theory is a general method that can be used on all data in whatever combination*." [2]

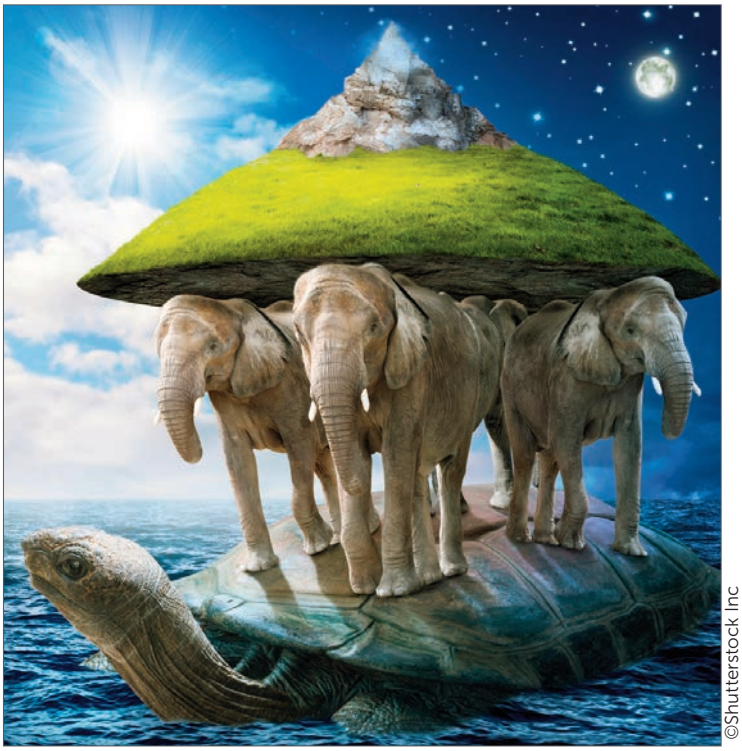
In essence the method may generate theory from data collected by any means, with theory emerging from the data.

Glaser (2005) goes further and indicates that grounded theory is a general inductive method possessed by no discipline or theoretical perspective [3]. Thus, it is a method that may be used by researchers from a wide range of differing perspectives and is more focused on the process by which theory is generated rather than any particular epistemological approaches.

Bryant and Charmaz note the confusion that has arisen between the use of the name Grounded Theory to both designate the research method and the resultant theory [4]. Following their lead grounded theory method (GTM) is used in relation to the process, and grounded theory to the product.

Examination of the origins of the GTM reveal an interesting parallel process, GTM emerged from the reflective study of the co-originators research decisions in relation to their study of death awareness among terminally ill patients. Just as GTM proposes that theory emerges from what is observed/experienced, so too does the actual structure and process of GTM.

Glaser and Strauss also represent the coming together of a number of research traditions. Barney Glaser's background was primarily quantitative, while Anselm Strauss was trained in the Chicago school of sociology



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with its ethnographic and social psychology roots and pragmatist philosophy. The combined the aspirations of natural science like rigour with a belief that theory should be active and problem solving, not merely descriptive. Both of them held the positivist belief that reality is out there and may be discovered.

Then as now the prevailing model of scientific enquiry for clinical science was to generate a hypothesis and then test it against reality. In contrast, as noted by Strauss and Corbin in 1990 [5], GTM is far more holistic and inductive in relation to its theory generation: "*Theory is inductively derived from the study of the phenomenon it represents. That is, discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory should stand in reciprocal relationship with each other. One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge.*"

GTM and nursing

Glaser and Strauss were employed by the University of California San Francisco (UCSF) School of Nursing. This had been founded by Edith Bryan, the first American nurse to gain her PhD. That Bryan's mantra was "proclaiming our work a science" indicates that their appointment and the

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support of their developing method was no coincidence [6]. Their method and its dictim of "all is data" gives legitimacy to a holistic consideration of data, while outlining a process of interpretation that is transparent and allows the tracking of theory generation from raw data to final and abstracted product. As such it was and is, ideally suited to the development of an emerging field of knowledge for instance nursing theory.

There is a broad literature explaining how to do GTM, which any aspiring grounded theory researcher would do well to consider in detail, much of it published by Sage [7,8]. In addition, Professor Jane Mills, a nurse and grounded theorist at James Cook University, has produced a useful video tutorial [9].

Although GTM may be phased as a progressive process, conventionally moving from data collection though to data analysis and thence theory construction, it should not be regarded as a simple linear movement. One of the key features of GTM is the requirement always to go back and re-examine prior insights/observations on the basis of emerging ones. Grounded theorists also put much store on the keeping of memos – informal dated notes indicating emerging analytical ideas. Memos encourage early theory construction from data, and also allow for transparency in charting theory development. Pieced together, memos will often indicate a complex and chaotic development of theory seemingly in contradiction of a simple evolutionary phased model of GTM.

With this caveat, GTM (as outlined by Strauss and Corbin 1998 [10]) may be summarised as a three-stage model:

Research Design Phase: The primary tasks of this phase are to determine the research question and its boundaries. Here as the emphasis is upon theory generation, rather than either hypothesis testing or description, such as in the article by Khair *et al* [11].

Stage 1 – Open coding: at this point the researcher is very open to different ideas that label different units of data. Using constant comparison these data unit/codes should be considered alongside other data unit/codes, to check for consistency and range. Ideally data should be collected until no further new data/codes emerge, i.e. there is theoretical saturation, and open coding may stop. These codes are then grouped into named categorises, which can be dimensionalized into spectrums of the properties being explored.

Stage 2 – Axial coding: now the key task is to examine the relationship between different categories, considering:

- Causal conditions
- Core phenomena
- Context
- Intervening conditions
- Strategies
- Consequences.

Stage 3 – Selective coding: These may be collated into a model around the central category, refining the developing model through the full integration of all of the categories, marking the transformation of data into theory proper.

The parents of grounded theory differed in their views about how the methodology should develop, which some argue has fractured the GTM movement and has affected its wider adoption. Nevertheless, the pair continued to maintain a relationship until Strauss died. In essence the disagreement was about the degree to which the researcher should expose themselves to existing theory about the topic prior to starting the research. Here both Glaser and Strauss thought existing theory might be utilised toward the end of the process.

Conclusion

There is much to recommend GTM to those researching aspects of haemophilia care and practice. For most, the points of difference between Glaser and Strauss may be pragmatically ignored and regarded as finer details of an otherwise valuable and systematic approach to generating useful theoretical insights into the issues that face people living with haemophilia, and those who care for them.

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