

What is a Grounded Theory Approach?

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The focus of grounded theory

- Often used when little is known about a subject
- The researcher endeavours to conceptualise what is **'going on'** for those in the study, using empirical data
- Formulate hypothesis based on the conceptual idea
- Enables theory **generation through an inductive process**





Who developed Grounded Theory?

- 2 sociologists, Glaser and Strauss (1967), whilst researching dying patients
- Later they disagreed about how to do GT so began writing separately

Charmaz (2000) was the first researcher to describe her work explicitly as constructivist grounded theory.

Philosophical considerations

Areas of Differences	Glaser	Strauss and Corbin	Charmaz
Philosophical considerations	<p><u>Positivist perspective</u> implied. Believes in one reality.</p> <p><u>Researcher remains neutral</u> (objectivist) and let data speak for itself (passive approach).</p>	<p><u>Postpositivist perspective</u> implied. Acknowledge implausibility of seeing reality as it “really” is.</p> <p><u>Researcher controls personal influence</u> by using procedures to maximize objectivity.</p>	<p><u>Constructivist perspective</u>. Believes in multiple perspectives of reality.</p> <p><u>Researcher passionately engages</u> in interpretation.</p>
Useful perspective when—	<p>Researcher believes in one reality of a phenomenon of interest.</p> <p><u>Personal biases can contaminate data</u>, remaining uninformed about the phenomena is helpful for the inquiry.</p>	<p>Researcher is hesitant to apprehend reality as “really” is.</p> <p><u>Personal biases can contaminate data but are unavoidable</u>, however, could be minimized.</p>	<p>Researcher is aware of changing context or competing perspectives of reality.</p> <p><u>Personal knowledge and experience can aid knowing</u>.</p>

[Singh and Estafan 2018]

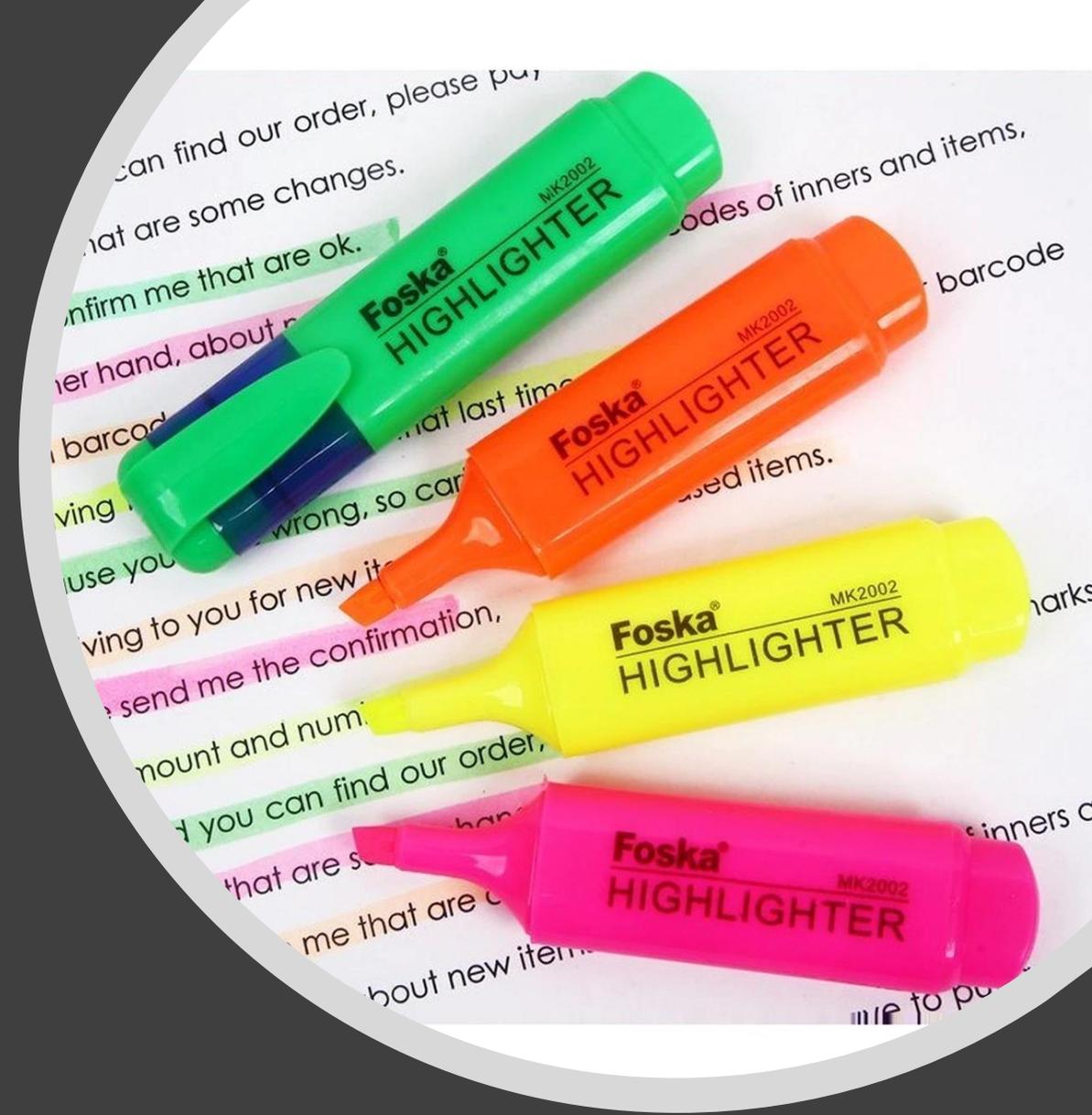
Data generation



- Grounded theory moves from specific facts to a more abstract or conceptual level (Crossley, 1999)
- It is a process which generates theory from the 'ground - up' (Glaser, 1978, Strauss & Corbin, 1990)
- Data (words) are collected from a variety of sources:
 - interviews, focus groups, observation episodes, field notes, case records, diaries, documents, letters, questionnaires (Glaser 2001)
- Constant comparison is a key feature

Field notes and memos

- Field notes
 - Used to help understanding data.
 - Map field notes against the transcripts.
 - Explain contextual or cultural factors
- Memos
 - Used during analysis
 - Notes of key decisions; e.g. where/why you combined codes and categories.
 - Provides an audit trail so others (and yourself!) can understand what you have done and why.



Analysis

Substantive and theoretical

- (Glaser & Strauss, 1967, Glaser, 1978 and 1992)

Open, axial, and selective

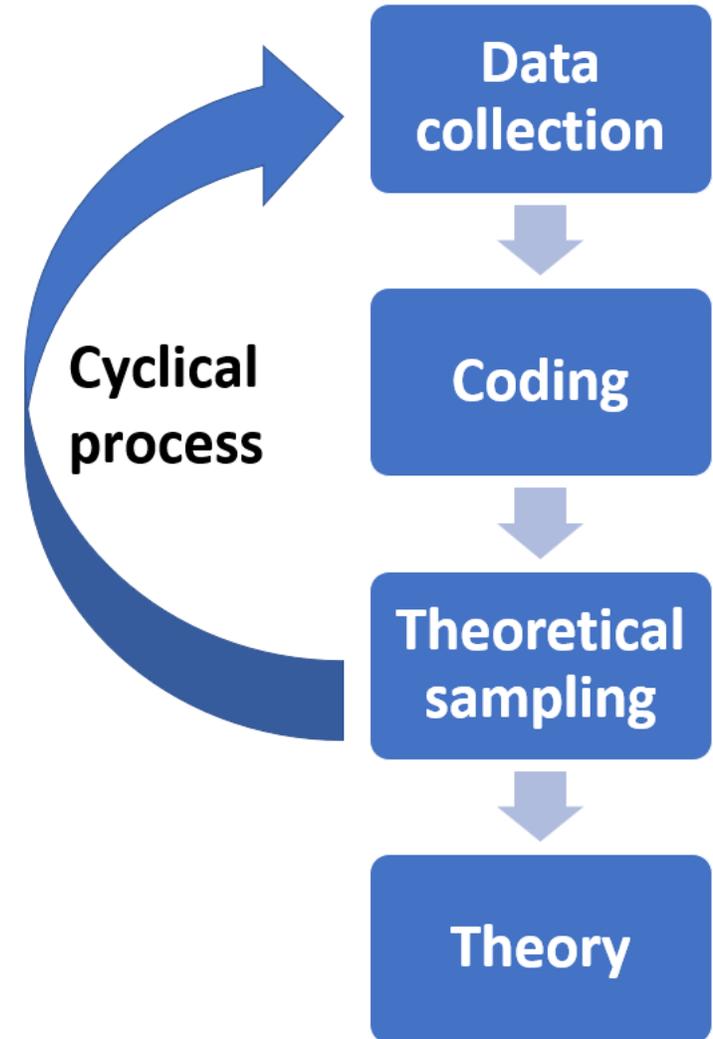
- (Strauss & Corbin, 1990; 1998)

Initial, focused and theoretical

- (Charmaz 2006)

Theoretical sampling

- Participants chosen NOT for their representativeness, but for *relevance*
- Initial sample determined in order to examine phenomena where it is found to exist
- Data collection and analysis occurs simultaneously
- As the study progresses, further sampling conducted on basis of need to examine categories



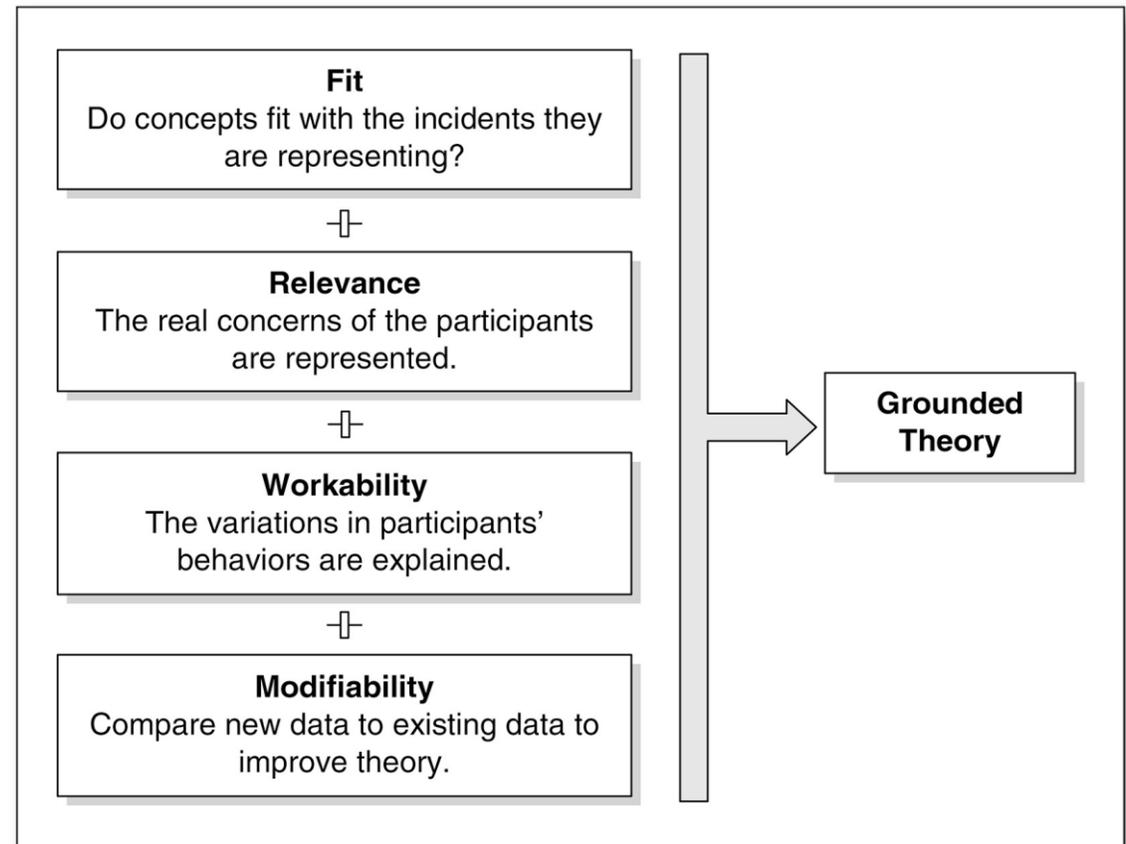
Managing codes

- Manual – Using print outs of transcripts, highlighters, index cards, notes and use of software programmes, such as Microsoft 'word'.
- Specific software – e.g. NVivo.



Maintaining rigour

- Grounded theory has its own criteria for assessing the rigour or quality of the study (Glaser 1978)



Grounded Theory Example



> [Midwifery](#). 2016 Nov;42:54-60. doi: 10.1016/j.midw.2016.10.001. Epub 2016 Oct 4.

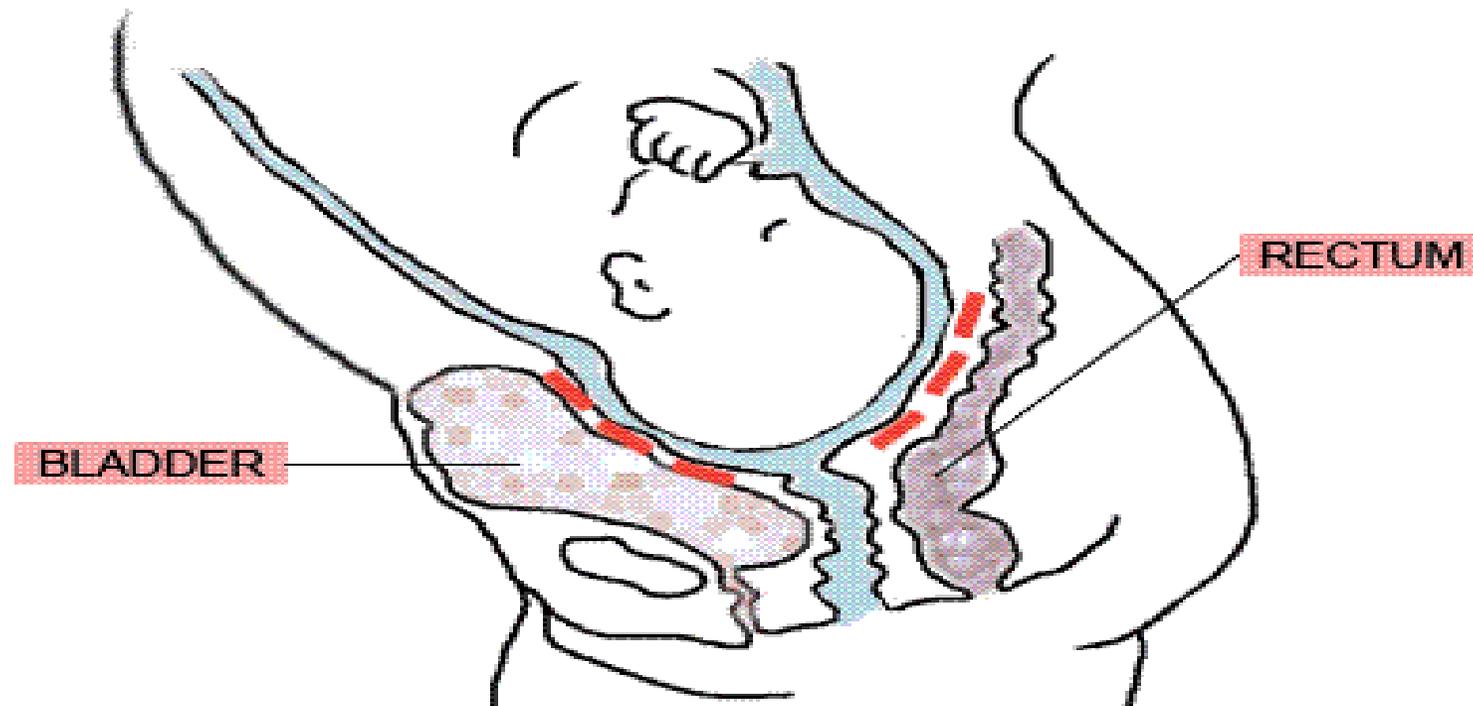
Secrecy inhibits support: A grounded theory of community perspectives of women suffering from obstetric fistula, in Kenya

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Affiliations [+](#) expand

PMID: 27769010 DOI: [10.1016/j.midw.2016.10.001](#)

Pathophysiology



During prolonged labour, the compression of soft tissues (as indicated by the red lines) between the baby's head and the woman's pelvis cuts off blood flow to the bladder or rectum. As a result, tissue dies, leaving a hole, or fistula.

Adapted from University of Nairobi teaching slides, 2014

Background: Obstetric Fistula

- WHO estimate that between 50,000 and 100,000 new cases each year
- 2 million women are living with untreated fistula
- 75% of women with Fistula have been in labour for >3days
- Often follows a fresh stillbirth



Why Grounded theory?

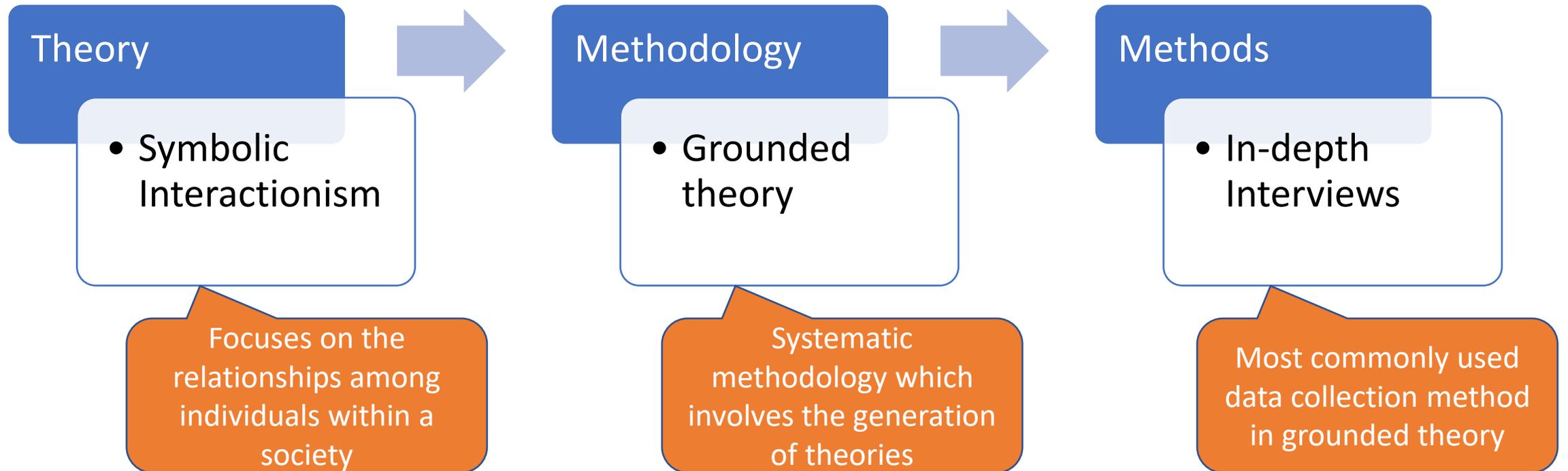
This methodology is appropriate when little is known about a phenomenon.

Although much is written about women's experiences of fistula, the social processes that impact on this experience have received less attention.

Aim

- To explore the meaning attributed to women with fistula by exploring the perceptions of key stakeholders and members of the communities where these women reside.

Design



Grounded theory approach



- The Straussian approach was used
 - [Strauss and Corbin 1998]
- Chosen because:
 - It adopts an iterative and inductive process.
 - Bracketing is not required.
 - Literature reviewed

Design and Methods

- A qualitative, grounded theory adopted.
- Participants were from communities served by two hospitals in Kenya.
- Interviews took place either in the home, place of work, or hospital.
- 45 community members.
- Constant comparison enabled generation of codes and subsequent conceptualisations, from the data.



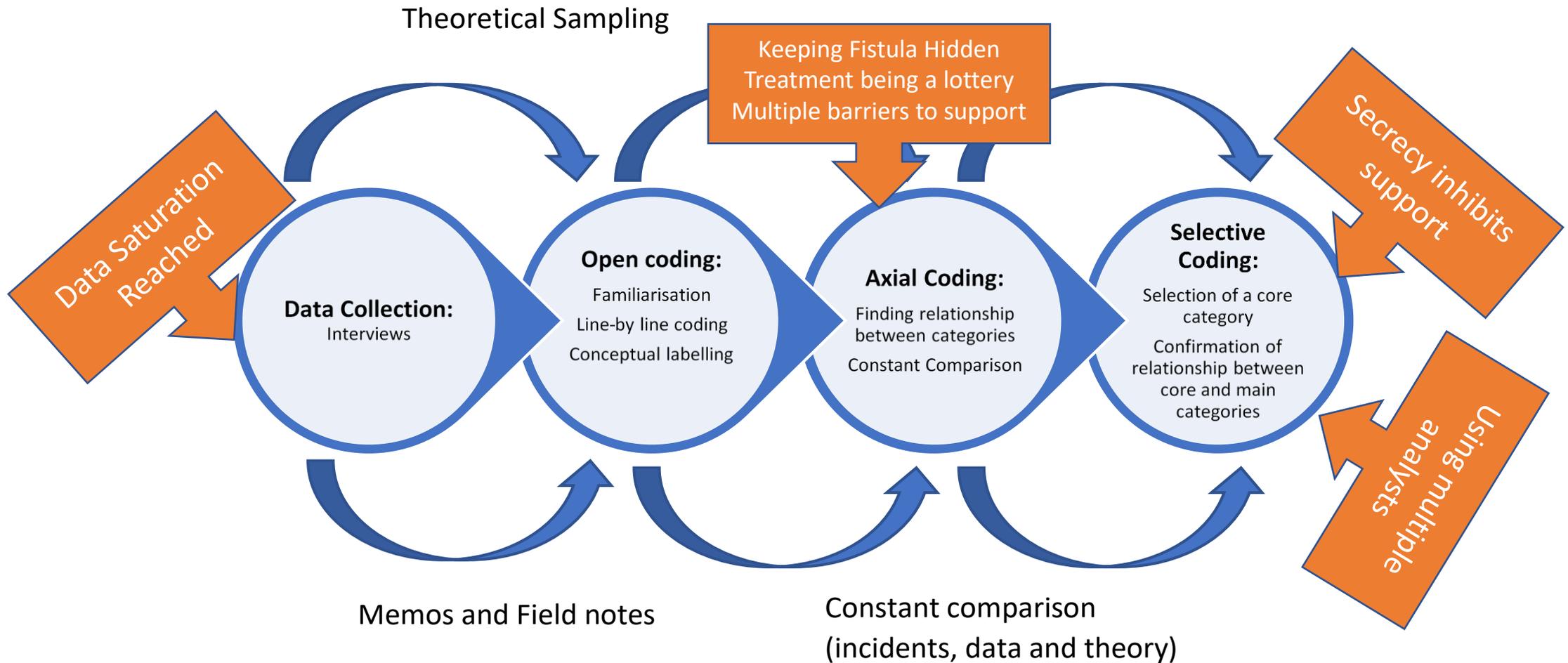
Sample

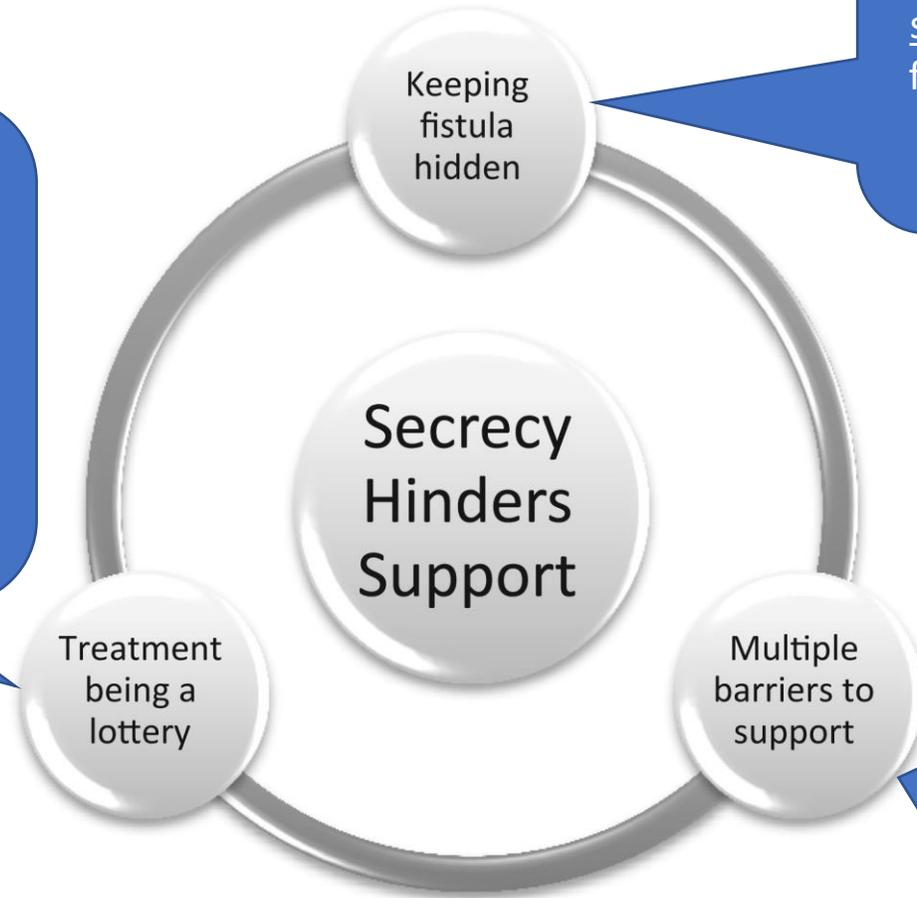
- A purposive theoretical sampling strategy was adopted.
- The initial purposive sample was drawn from 3 groups of participants:
 - male partners of women who had suffered with fistula, but now were repaired;
 - male members of the local community;
 - female members of the local community.
- Theoretical sampling:
 - Key stakeholders, which included health professionals, policy makers and other influential persons, were added, as directed by the initial data analysis.
- The sample size was determined by data saturation, which was reached.

Interviews

- In-depth participant-led interviews to increase data authenticity
 - Participants encouraged to provide their story, in their own way, without the influence of others.
 - The topic guide contained minimal questions to ensure respondent-led.
- Opening question: ‘Can you tell me what you know about fistula?’
- Then individualised questions introduced to explore unique accounts provided by participants.
- Relevant insights were followed up in subsequent interviews for confirmability.

Analysis





The community members should talk openly about it and supporting those with the fistula problem.....I wish I knew about it or my wife, we could have come much earlier so our daughter goes back to school without undue delays. But I thank God for the gift of the doctors.

Friends run away, husbands disappear because of bad smell....Very big [problem] but people don't talk, it is stigmatized....Poverty strikes the minute fistula develops since she can't work....It is big [problem] but women don't talk because of fear of stigma.

Most of them (community members) are not enlightened on what to do when such fistula problem occurs. For me, living upcountry adds to the problem because support it is very little because people associate fistula with evil spirits or witchcraft. They don't know what it's all about, its causes and treatment.

Findings

- The core category (central concept) is 'secrecy hinders support', reinforcing uncertainties around fistula, which fuels myths and ignorance regarding causes and treatments.
- Lack of openness, at an individual level, prevents support being sought or offered.
- Supported by 3 themes:
 - 'keeping fistula hidden'
 - 'treatment being a lottery'
 - 'multiple barriers to support.'



Conclusion

- A multi-layered strategy is required to support women with fistula.
 - **At a societal level**, the status of women in LMIC countries needs elevation to a level that provides equity in health services.
 - **At a national level**, laws need to protect vulnerable women from mistreatment as a direct result of fistula. Resources should be available to ensure provision of timely management, as part of routine services.
 - **At community level**, awareness and education is required to actively engage members to support women locally. Peer support before and after fistula repair may be beneficial but requires further research.

The Team



