Grounded Theory Thesis
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This is THE most important chapter in your thesis, as you must demonstrate a clear trail as to what you did and why you did it. You will need to identify how you, as the researcher, may have influenced the emergent grounded theory through both your data collection and analysis. This chapter will likely (not exhaustively) need to cover:

1. The grounded theory design (that is, the process you followed)
2. Ethical considerations
3. Sampling/recruitment
4. Method of data collection
5. Sampling (different types of in accordance with progress of data collection)
6. Open/selective/theoretical Coding
7. Constant comparison, memoing
8. Methodological rigor
9. Reflexivity

CHAPTER 4: DATA COLLECTION AND ANALYSIS

INTRODUCTION

The overall aim in grounded theory is to generate theory by gathering data about a phenomenon, identifying the key elements and explaining the relationships of those elements to each other. Grounded theory is practical in its focus, in that it seeks to explain the main concerns of people and how they go about resolving those concerns. To do this, grounded theory provides rules for each stage: data collection and interviewing, coding, memoing, sorting and the write-up process (Glaser, 2005). Glaser (1998) warns that if the grounded theory researcher skips any of these stages, the resulting theory will not be as grounded. This chapter details the grounded theory methodology used in this research, firstly, the ethical aspects of research, followed by sampling and data collection and simultaneous data collection and analysis.

To demonstrate the grounded theory process, theoretical guidelines and their practical applications are interwoven. This means that there is a mix of the first and third person used in this chapter. Here, the first person refers to the practical application, while the third person refers to the theoretical doctrine. An advantage of using the first person is that it provides clarity about my role as the researcher and the choices I made. This will in turn improve the auditability of the grounded theory research, but also calls for me to justify my choices made as a researcher. To develop this practical application, working examples are presented to describe the process.

THE GROUNDED THEORY STUDY DESIGN

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The following diagram provides a visual description of the grounded theory process. Each stage is explained in detail in this chapter.

**FIGURE 1: GROUNDED THEORY DESIGN**

1. An open beginning and research  
2. Ethics approval

3. Initial Purposive sampling

   Interviews: 12 academics in Pre and Post 1992 University settings  
   Field notes post interview

4. Data Analysis: Open Coding, Case Memoing

5. Theoretical sampling

   Interviews: 10 academics in pre and post 1992 University settings and established postgraduate providers of ethics education  
   Field notes post interview and memo writing

6. Selective Coding, Mid Memoing and Concept Memoing

   Saturation of core concept  
   Identification of basic social process  
   3 interviews and field notes

   Theoretical coding:  
   - Sorting  
   - Writing/theorising  
   - Cross referencing with literature  
   - Refining of concepts

7. Theoretical Model
ETHICAL CONSIDERATIONS

Prior to any data collection, an application for ethical permission was made to the university ethics review panel at the examining organisation. Seeking ethical approval requires the researcher to conscientiously think ahead about any potential harm the research could cause the participants and the researcher. For that reason, application for ethical permission requires the researcher to specify what they intend to do in the field. This includes justification concerning the purpose of the research, the theoretical frames and data collection templates of the research, such as interview schedules, consent forms and time schedules.

To think about potential ethical issues, the principles of informed consent, beneficence and nonmaleficence, withdrawal, anonymity and confidentiality were considered in detail. This approach allows anticipatory and emerging issues from the research design and research implementation to be addressed before and during the study. The principles are used as sub-headings to present the ethical considerations, however in terms of solutions to issues raised through the research design, the principles are not mutually exclusive, but rather they inform each other. Each was addressed as follows.

Informed consent: the concept of informed consent is embedded in assumptions about the concept of autonomy and put into operation through the practice of informed consent, one of the three principles articulated in The Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, 1979), which underpins the subsequent development of committees dealing with research ethics. The principles of justice and beneficence are equally relevant and may, in some instances, compete with the principle of autonomy (Wolpe, 1998). The principle of informed consent means that participants decide to take part based on enough information to make an informed decision. Prior to commencing the inquiry, the following steps were taken: prior to the study, interested potential participants were e-mailed participant information sheets (Appendix 2) which explained the purpose of the research and methods being used. Interested participants were then contacted by telephone to verbally discuss the purpose and process of the research, and, if they agreed to participate, to arrange an interview date and time. Once participants agreed, they were invited to sign a consent form (Appendix 3). One copy was kept by the participant and another by the researcher. Prior to interviewing, permission to record the interviews was requested, and this was clarified in the consent form. It was made clear that the recording could be stopped at any point and that content relating to the interviewee and the institution would be anonymous. Transcriptions of the individual interviews were also offered.
Beneficence and nonmaleficence; talking about ethics can be emotive and differing views of values may present as conflict and cause distress. Interviews could detail ineffective and bad practice that could imply actual or perceived harm of patients and fellow professionals or students. It was not envisaged that incidents of dangerous or illegal practice would be presented. If, however, this occurred, the content may have needed to be referred to the relevant professional or regulatory bodies. These details were identified in the participant information form and the consent form.

Withdrawal; prior to interviews, the purpose of the study was reiterated and the opportunity to withdraw was given. All participants were informed of their right to withdraw at any point during the research process. If the participant were to withdraw pre- or intra-interview, any data obtained from the interview up to that point would not be removed and would be used for analysis. All data resulting from the interviews would be coded and pseudonyms given to individuals and institutions to ensure anonymity. This was detailed on the consent form.

Anonymity and confidentiality; informed consent based on sufficient information is also conditional on the confidentiality of the information and anonymity in order to uphold the participant’s right to privacy. In social science research, the most common guarantee for the protection of identity of participants is through anonymity. This goes beyond pseudonyms and includes withholding all information that could lead to identification of individuals. In this study, the data and findings are made anonymous through the use of pseudonyms, as well as disguising other distinguishing features, for example, details such as university of employment, places of education, or qualifications were not disclosed. For reasons of privacy and anonymity, it is also important that participants are unidentifiable in this thesis, subsequent journal articles and presentations. Distinguishing information such as names and place names were altered or deleted from the text. Specific personal details would not be asked of the participants, however if they were volunteered, the details would be made anonymous during transcription (by the researcher) in order to protect the participants' identities.

In addition to the above ethical principles, I considered how to protect the collected data to ensure confidentiality. The hard copies of data were stored in a locked office and filing cabinet in the researcher's workplace premises. Electronic data was stored on a password-protected laptop, and information stored on a USB device was password-protected and stored within a locked office and filing cabinet in the researcher's workplace premises, in accordance with the Data Protection Act (1998) and university guidelines. Collected data has been shared with research supervisors, as explained in the participant information form.
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By following the above principles, ethical permission was requested and successfully gained from the University Research Ethics Committee (Appendix 4). During the recruitment phase of participants, two universities requested that I apply for further ethical approval through their respective university ethical review panels, therefore two further ethical approval applications were requested and granted. In total, three ethical applications across three differing review panels accepted my application without the need for further amendment or additional detail.

SAMPLING AND RECRUITMENT

Sampling in grounded theory is sequential, beginning with initial purposive sampling and moving towards theoretical sampling. The aim of purposive sampling in grounded theory is to gain greater insight into the phenomena of investigation. Glaser (1978; 2001) suggests that initial data should be gathered from individuals who are the best informants in the area. In this research, participants sampled were academics of health care ethics in health professional education in the higher education context. This inquiry therefore started with purposive sampling of participants based on their insight into the research area, rather than characteristics such as age, gender, geographical location or educational levels. Purposive sampling can be criticised for not being representative of a whole population, which may lead to a sampling bias in that not every element of a population has a chance of sample inclusion. However, if the group being sampled is considered as homogenous, or a subgroup of people, or as having similar characteristics, this potentially limits the potential for sampling bias (Morse, 1991).

To recruit potential participants after successful ethical approval, I contacted the Higher Education Academy Ethics Special Interest Group, who agreed to circulate a summary of the research to its members. Interested individuals could then contact me directly for further information about the research. This enabled recruitment across a wide geographical area of the UK. Once interest was expressed, a participant information sheet and consent form was e-mailed to the participant, followed by a telephone conversation about the scope of the study and to discuss possible interview dates. Interested participants also forwarded me relevant contact details of people, such as Heads of Departments, in order to gain permission to visit interested participants to collect data on-site. This information included details of the proposed research and evidence of ethical approval. Over a period of three months, a total of three institutions invited me to interview 13 academics in health care ethics in the health professional education context. Following this, theoretical sampling was led by the findings in the purposive sampling data collection and simultaneous analysis. Theoretical sampling occurred over a period of three months, with a total of three universities and twelve
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participants. Figure 4 below details the sampling episodes which are further explained in the following Data Collection and Analysis Episodes section of this chapter.

FIGURE 2: SAMPLING STAGES AND DATA COLLECTION

<table>
<thead>
<tr>
<th>Data Collection Episodes</th>
<th>Analysis Stage</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purposive Sampling</td>
<td>Open Coding</td>
<td>To look at what is in the data, to see what patterns are in the data in transcripts and across transcripts. To see if there are any links between patterns in and across transcripts.</td>
</tr>
<tr>
<td>Participants: 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 hours interview data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 pages field notes/memos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theoretical Sampling</td>
<td>Selective Coding</td>
<td>To further explore patterns in the data. To probe into the emergent relationships that explains social phenomena. To see if there is an overarching emergent concept that explains the phenomena.</td>
</tr>
<tr>
<td>Participants: 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 hours interview data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 pages field notes/memos</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Organisation of interviewing was based on the mutual setting of interview times between the participant and the researcher and, when possible, I tried to interview participants from the same organisation over a two day period. This meant that the participants were interviewed in terms of availability rather than other factors, such as type of organisation or seniority of the participant.

CHARACTERISTICS OF THE SAMPLE

The total recruited sample was 25 participants across six universities. The university settings included pre- and post-1992 university organisations involved in the education of health care professionals at undergraduate and postgraduate level. The characteristics of the sample consisted of five professors in ethics, eight PhD holders in the subject of ethics, nine MA qualifications in Medical Ethics, two currently studying at Masters level at the time of interviewing and one had no postgraduate qualification. Collectively, the sample had written over 81 peer-reviewed papers and eleven books, and three participants were editors of high-impact journals about ethics at the time of interviewing. Three participants had lead responsibility for ethics in their organisation at the time of interviewing. All participants were involved in a structured course of teaching health care ethics across the health and social care professions. This included general nurses, paediatric nurses, mental health and
learning disability nurses in hospital and community settings, hospital-based doctors, primary care doctors, social workers and radiographers. Two participants taught mainly post-graduate courses (Masters, PhD and Prof Doc), with the remaining teaching at both undergraduate and post-graduate level. Seven of the sample were male, three of whom held professorships. In line with purposive sampling, the sample represents participants who are involved in the education of health care ethics in health professional education only. This sample is not however seen to be representative of all persons who are engaged in the education of health care ethics in health professional education.

DATA COLLECTION METHOD

A grounded theory study begins with a general interest in the subject area. Grounded theory research was originally experiential, using both observational and interview data (Benoliel, 1996). Observation only, however, is problematic in that it can only provide a snapshot of observed action in a social context at any one time, as it does not explain action, and does not provide the retrospective and reflective data needed to identify and understand relationships in and between phenomena, a central requirement of grounded theory. Benoliel (1996) observes a trend away from observational data towards a reliance on unstructured interviews in grounded theory research. Glaser (1998) supports the use of unstructured interviews as they allow participants to tell their stories about the social phenomena of interest, through which constant comparison of data builds the foundations of social processes. Chinn (1986) supports the use of unstructured interviews as appropriate for qualitative research carried out for the purpose of developing theory about a concept for which little is known. As there is little that specifically explores how academics know and convey an understanding of health care ethics, I started using unstructured open interviews as the main source of data. As the data collection progressed, more structured interviews were used to explore emergent concepts in the data.

UNSTRUCTURED INTERVIEWS:

In order to explore the research purpose, it was important to collect data that gave the first-hand accounts of phenomena, but also one that enabled a critical perspective of the phenomena in question to emerge, the primary concern being to elicit authentic accounts of subjective experience of the phenomena of interest. Interviews are a means to collect such information, usually using a question and answer approach. To achieve this, questions were formulated to provide an atmosphere that was conducive to open communication (Holstein and Gubrium, 2000) the aim being to develop a rapport with participants. Grounded theory

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methodology is particularly suited to unstructured interviewing in the early stages because the purpose of grounded theory is to explore what is important to participants in a social context in relation to the research purpose. Using interviews in grounded theory therefore provides a means to ask broad questions that enables interviewees to discuss matters that are important to them. In this research, the opening questions were broad (“how do you know about health care ethics” and “how do you use that knowledge”) to enable the interviewee to respond as they felt relevant. The interview questions then followed the aspects that were of relevance to the individual interviewee. This is discussed in further detail in the following section. Along with interview data, other artefacts were also collected during the data collection process. For example, one participant referred specifically to a module guide she had used in the 1980s to demonstrate that the purpose of health care ethics teaching had not significantly changed over a period of time. This, therefore, was collected as an artefact and was used within the early stages of open coding.

PURPOSIVE SAMPLING

The first data collection episode sampled 12 participants across three universities and generated twelve hours of interview data and six pages of field notes and memos. The interviews were conducted in the interviewee’s workplace, in office or classroom spaces. If I was interviewing more than one person from one department, times were arranged over two days, and each person was aware that colleagues agreed to participate. Prior to interviewing, I checked the interviewee was feeling comfortable to continue, and at any time the interview could be stopped. Grounded theory studies begin with open questions, and researchers presume that they may know little about the meanings that drive the actions of their participants. Grounded theory therefore collects data by listening to the concerns of the participants and how they overcome these concerns (Glaser, 1992). The premise is that participants are given space to provide accounts of their experiences of social phenomena. Questions are therefore used in an exploratory manner to investigate subjective interpretations of phenomena by the interviewees, and the aim is to understand how, why and what informs these interpretations. The starting questions should be general and initial interviews should start with general ‘grand tour’ type questions, which are non-leading (Christianson, 2008). I therefore asked research questions that were open and focused on social processes. My initial open research questions were:

- How do you know about health care ethics?
- How do you use this knowledge?
In the unstructured interview process, the role the researcher plays in hearing and interpreting the data is important. Lieblich, Tuval-Mashiach and Zilber (1998) ask whether the researcher can be a naïve listener focusing on the narrative descriptions of the teller, or whether the aim is to investigate implicit issues by looking for gaps, silences and contradictions in the story, or whether the researcher can take a middle course between these two ends, or do both at the same time is important (Lieblich, Tuval-Mashiach and Zilber, 1998). In this research, I aimed to take the middle course. This is because the purpose of a grounded theory study is to explore aspects of social phenomena that are of concern to the social participants. This requires the researcher to explore the narrative of the participants, and to look for similarities, contradictions and gaps in and between the narratives. This is essential to the conceptual nature of grounded theory that moves the research from anecdotal description to explanation of what is occurring in the data. If I was to present a narrative account only, I would not be doing grounded theory research, and whilst narrative accounts are essential for some frames of inquiry, it would not be the best means to inquire into potential relationships between how academics know and convey their knowledge. I therefore used unstructured interviews to enable participants to discuss what was of importance and relevance to them, with the aim of looking for similarities and differences in and across the data in order to explain how academics know about and convey their understandings of health care ethics.

In the interviews, I was also mindful that interviews may be a form of social control which shapes what people say. My role during the interviews was to listen, reflect back on information given, and ask relevant questions without being directive of the content. I was aware that if maintained a minimal presence and asked too few questions, the interviewee may lack an understanding about the purpose of the interview, creating a constraint on the interviewee to talk (Perakyla, 1995). Mindful of this, I spent time prior to the interviews communicating with participants in order to establish a rapport. To establish rapport (and alongside the written recruitment literature), I engaged in telephone conversations with participants to verbally explain the purpose of the research and to negotiate times and venues of the interviews. This preparation time spent prior to interviewing establishing rapport with participants prior to interviewing established a professional familiarity between myself as the interviewer and the participant as interviewee, an understanding about the purpose of the interviews and expectations of the interviews. At the beginning of the interviews, I reviewed the purpose of the interviews with time for questioning from the participants.
On the corollary, I recognised that I could dominate the interview by asking too many questions, or provide unintentional verbal signals as to how I felt the interviews were progressing. To check this, I audio recorded the interviews (with interviewees permission) and listened to the recorded interviews to check that I was asking questions appropriately, responding appropriately and not leading the interviews. This was also checked by the supervisory team to ensure that the interviews were sufficiently focused but broad in scope to enable the participants to discuss the aspects that were of importance to them. A number of clues in the interviews suggested that the interviews were appropriately pitched. For example, interviewees felt comfortable to make statements such as “what do you think” and “how is it in your place [of work]” indicating that the participants felt comfortable to engage with me as the interviewer. The length of the interviews lasted one to two hours, suggesting that the participants were comfortable to stay in the interview situation for a significant length of time. Quotations in the transcripts such as “I’ve never really thought about this before, it’s been good to do so” and “I’ve really enjoyed this, we don’t often talk about this too much” indicate the interviews were of relevance to the interviewees. Participants expressed thanks for providing time to think about what they do, and they expressed value in talking about how they know and convey their understandings of health care ethics.

During the interviews, I worked to check meaning in the interviews. To do this, I regularly reflected back possible meaning of the dialogue with the interviewees. The following excerpt provides an example as to how I reflected my understanding during the interview. To provide the context to demonstrate how I reflected back, the following excerpt provides a section of dialogue, with the example of reflecting my back to check understanding at the end:

Interviewer (I). So you’re saying loads of experience teaching ethics and law, so what kinds of things did you talk about back then?

Participant (P). Well I think we’re teaching the same. If you look in my old module handbooks up there you’ll find the titles are still the same, so we still teach them theory. You see I’m an analytical philosopher so I come at it very much from the philosophy angle, as does my team. Broadly, they teach as I delegate. We’ve been teaching the same things for many years, and it tends to work. No one has told me otherwise anyway. You know it’ll be interesting - they may say something different, I don’t know, they don’t say anything to me, they may wish to tell you they don’t want to do that, so it’ll be interesting to hear what they want to say (laugh). But the sessions are very much informed consent, beginnings of life, ends of life, so those titles have never changed, but what we do with those sessions has changed a lot.
I. You say you come from a philosophy angle, so how do you use philosophy?

Yes the 1st session is what is ethics, or isn’t really. The main aim of the module is to get people to think that’s what it’s about, so if the students are more confused at the end than when they came in I’m quite happy about that ‘cos for the undergrads, you can give them a hugely complex case and they’ve solved it in 3 minutes flat, so we do a lot of what if. So the 1st session is getting them to think about what ethical issues are what they might do in their essays. I come at it for the Rafael’s point of view that when faced with an ethical dilemma you have to ask 2 questions, firstly, what have I got reasons for accepting this belief and secondly, what are good reasons? Well people don’t go round talking like that, like if you say abortion is morally wrong, is an example I’ll give, and what’s the natural response, eventually someone will say why, and it’s not about saying well ‘cos I think it is, ‘cos if someone just says abortion is morally wrong your natural instinct is to say why. Whereas if I say the ink in this pen is black no one really cares and it can be seen as factual. So we try to identify fact from values, and that value statements are sometimes dressed to sound factual. And then we look at, it’s about looking at the reasons why people hold beliefs rather than the beliefs themselves, and then to develop skills and reasoning and arguments, so it’s a very good transferable skill. If we can help them to develop skills in reasoning and argument, these are good skills for practice.

I. So the reason you teach ethics is to develop student reasoning ability?

P. Yes

I. Formulate argument?

P. Yes

I. Based more on rational thought than emotional?

P. Totally, totally. That’s the approach we take but as I say I’m an analytical philosopher. I’m a product of my environment (laugh)

I. So you say what you do with the content has changed. Can you tell me more about what has changed?

[The interview continues]

This example demonstrates my reflecting back on what the interviewee was saying in the context of the interview, in order to check that my understanding as the interviewer was in accordance with what the interviewee was saying and meaning. I practised reflecting back in
all the interviews in order to demonstrate that the collected data were representative of the interviewees and to reduce the potential impact of my interpretation of the data.

Alongside being a means of checking my role as the interviewer, audio-recording the interviews had a number of advantages: firstly, the interviews were complex and lengthy, therefore it would have been difficult to remember the questions asked and the responses given in any detail; secondly, through the transcription and reading of the transcripts, data analysis was able to commence immediately, which informed subsequent interviews; and thirdly, audio-recording allowed the checking and re-checking of perceptions and interpretations of the interviews, and to contextualise the content of the data. Glaser (1998) however, warns that audio-recording allows investigators to be less attentive to events as they happen and less able to remember details, thus losing the original experience. Glaser also writes that participants tend to be more open during casual conversations and more likely to ‘spill’ details when not being recorded. Participants may shape their responses according to preconceived conceptions of how they would like to be viewed, or what they feel ought to be said. Glaser (1998) termed this properline data. The following quote demonstrates an incidence of properline data:

“For the record, if I move away from what is the party line from the [organisation name] and give my personal views ‘cos obviously some things might not be representative of the [organisation name], so if I do, I’ll try to differentiate it”.

This quote highlights that the participant felt some constraint being interviewed in his organisational environment and that he needed to clarify his perspective as an individual, as well as an employee of the organisation. It is not clear if this statement would have been made if the interview had not been recorded, but it does highlight a difference between the personal perceptions of the participant and perceptions as an employee of an organisation. This led me to ask participants interviewed later if there was a difference between their personal perceptions about ethics and the organisational perceptions of ethics.

Properline data can also reveal aspects in the data that might not be otherwise noted, such as concealment, non-disclosure or hidden agendas (Glaser, 2007). Although Glaser warns that recording interviews can impose a restraint on the data collection, in this case audio-recording provided important data that said something about how ethics is identified and how it is conveyed. For example, from the prior quotation, the subject leader in ethics said:

“You see I’m an analytical philosopher so I come at it very much from the philosophy angle, as does my team”
“Broadly, they teach as I delegate”

“No one has told me otherwise anyway. You know it’ll be interesting - they may say something different, I don’t know, they don’t say anything to me, they may wish to tell you they don’t want to do that, so it’ll be interesting to hear what they want to say (laugh)”

The following quotes are from two academics on that ethics team:

“We also use deontology and utilitarian theories, and I give a key lecture on ethics of care. I sometimes feel I’ve been given it because, erm, I hope this is OK to say this but [name] is very pure” (laugh)

“Sometimes there are meetings and lectures and virtue ethics comes up, but I’m afraid I don’t know much about it. I don’t think we’re overly encouraged to know much about it really (laugh). We’re comfortable with what we do”

This example of spill indicates a hierarchical structure in the team as the subject lead sets the focus of the teaching. On the other hand, a team member suggests they are not encouraged to teach something different, but also that the team is comfortable with what they teach. These quotes do however indicate that the interviewees felt able to identify their perspective in relation to their position within an organisation, and suggests that they did not necessarily feel constrained in discussing their thoughts by being interviewed in that organisation.

During the data collection process, I also made field notes, which were either written or recorded verbally using a digital audio recorder, which were also used in conjunction with the transcripts of the interviews for coding and constant comparison. In relation to the prior examples, I noted a field note I made post-interview with the subject lead,

[name] was very welcoming. We met in the main reception of an old and grand foyer in the building where her office is. She welcomed me by name, holding her hand out to shake mine. I was impressed, considering we had not met before and there were others in the foyer – I wondered how she knew I was me? When we reached her office, her door was open. She said she has an open door policy and only shuts if meeting people and she likes to keep in contact with what is going on outside and for anyone to come in……. [Name] said she sets the content to be taught, and that her team is happy with it. This was because none of the team has approached her to say they want to teach something else so she assumes all is OK.
Using the field note and the data together, I noted an ‘open door’ style of leadership, a hierarchy in a team in that the teaching is set by the lead, a focus toward philosophy, and a status quo that the team are happy teaching what they teach. This play of events between transcripts and field note was coded as ‘type of leadership’ and ‘maintaining the status quo’ and ‘disciplinary focus’ This early connection across data (transcripts and field note) provides an example of how data was used to illuminate patterns within and across data sets, provides a detailed trail of audibility to check rigour within the analysis process and demonstrates early coding of the data which is reflective of what is occurring in the data. Importantly, the data is rooted in the narrative of the individuals and is looking for similarities and differences in the narratives in order to explain what is occurring in the data. The use of narrative in grounded theory is however to not only describe and infer meaning, but to locate patterns in and across narrative in order to explain emergent concepts that explains what is happening in that social context. This makes the grounded theory process rigorous in that all codes must be located in data and robust in that there must be multiple examples of data that explain that code. This is important to demonstrate the credibility and trustworthiness of the research. During the simultaneous data collection and analysis process therefore I compared and contrasted data to identify similarities and differences in and across data. The similarities and differences were developed through open coding.

**OPEN CODING**

Importantly, the grounded theory process requires the parallel task of data collection and coding to be synchronous in order to ensure a structured approach and to enable emergent themes to be explored in subsequent interviews. Charmaz (2006) emphasises the need to code quickly and keep the codes as similar to the data as possible. Therefore, after interviewing, I listened to the audio-recordings and began open coding. Open coding therefore began after the first day of interviewing three academics of health care ethics in one organisation.

Coding refers to categorising the data in order to reflect the content of the data. According to Charmaz (2006, p. 46), ‘coding is the pivotal link between collecting data and developing an emergent theory to explain these data. Through coding, you define what is happening in the data and begin to grapple with what it means’. Coding occurs in three stages: firstly, open coding is used to generate as many ideas as possible inductively from early data. Secondly, with continuous data collection and simultaneous analysis, coding becomes increasingly more selective, or focused, in that the researcher pursues a set of central reoccurring codes prevalent throughout the entire data set. This requires decisions about which of the open codes are most prevalent or important, and which contribute most to the analysis. Thirdly,
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this leads to theoretical coding, where the researcher refines the final concepts in his theory and relates them to one another. Both Glaser and Charmaz recommend capturing the social actions or processes described in the data by using gerunds as codes (verbs ending in 'ing'). Gerunds therefore emphasise actions and processes, which explains how participants manage their central concerns in relation to the research question.

Coding at first seemed a simple exercise, however, I found that I was paraphrasing or using quotations from the data, rather than explaining the data. This resulted in a description of the data, rather than looking for common concepts that said something about the research purpose. Glaser (1992) describes this as micro-analysing, which leads to over-description. This over-description aspect risks preconceived ideas being imposed onto the data. At this point, I returned to the raw data which I fractured into threads of datum. These data were then collated and accrued to form explanatory codes of similar phenomena. This stage provided codes that explained what was in the data, rather than describing the data (Glaser, 1992). Figure 5 below provides a worked example of coding.

**FIGURE 3: CODING AND CONCEPT DEVELOPMENT**

<table>
<thead>
<tr>
<th>Data Across Transcripts</th>
<th>Code Properties</th>
<th>Open (explanatory) Code</th>
</tr>
</thead>
</table>
| *I set the plan and then we divvy it out between us*  
*I’m not aware of any plan you know a master plan as to how we teach ethics across the 3 yrs so we just get on with it*  
*There is no lead. It’s mapped to the modules, but no one really takes charge of it*  
*It’s one of those subjects, people are assumed to know it so it’s just meant to happen. Anyone appears to be able to teach it. No there’s none.*  
*For me, it’s philosophy. That’s where my understandings come from. Well it’s from when I was in practice. Probably more so than what I was taught I think. I start from when I was there.*  
| Team organisation.  
Explanation:  
- Hierarchical  
- Flat  
- None  
| Organising ethics?  
Integrating ethics - visibility of ethics/invisible ethics? |
| *Knowing about ethics*  
Explanation:  
Knowing based in another discipline - philosophy and health professions |
| Disciplinary informed understandings about ethics? |
During this process, I was cautious to report only what is in the data to reduce my interpretation of the data. Riessman, (2002) writes and that there are differing levels of representation of the primary experiences under study: The first level of representation is about the telling of a story, and in the telling process there is a difference between experience as lived and the communication made about it. To try to bridge the difference between experience as lived and experience as told, I encouraged interviewees to explain their meaning by giving examples, and these examples were transcribed verbatim. Whilst there will always be a difference between experience as lived and experience as told, the telling of examples helped to provide some link between the meanings of what is experienced and the telling of that experience. As previously discussed, I also regularly reflected back on the content to check understanding. The second stage of representation is when spoken language is transformed into a script (Riessman, 2002). I therefore considered how detailed the transcription should be, what to include and how to arrange the text which affected how the text would be understood. To do this, I transcribed the interviews word for word, and no spoken detail from the audio recordings was omitted. I did not record non verbal communication, unless it was part of the conversation, for example, if someone laughed, or rolled their eyes. This was important to capture the essence of what was being said in the data. This also allowed the written transcript could be checked alongside the audio recordings to enhance the auditability of the analysis as I was able to check and re check my understandings both within the written text and within the unique dialogue of each interview. This also meant that the developing analysis could be checked with the supervisory team to reduce potential bias or reinterpretation by myself. This second member checking of the on-going data analysis further developed rigour within the study.

CONSTANT COMPARISON

The constant comparison is a data analysis technique common to research designs, including Lincoln and Guba’s Naturalistic Inquiry (1985) and Glaser and Strauss’s grounded theory. Constant comparison is the simultaneous and concurrent process of coding and analysis. The goal of constant comparison was to compare and contrast the data in order to
gauge similarity and dissimilarity, and to compare and contrast codes together. This makes the researcher reflect on the data and begin the development of conceptualisation. This process of taking the analysis from explanation to conceptualisation uses memos to record the researcher's thinking about the data.

**MEMOING**

During this process of coding and constant comparison, memos were written to identify possible patterns in and between the codes. The function of memos in grounded theory is to organise thinking about how the data fits together and to help in the articulation of patterns and emerging possible links between codes (Glaser and Strauss, 1967). Consequently, memos act as notes about the data in order to enable patterns and relationships in the data to emerge (Glaser, 2004). The process of memoing has four purposes: firstly, the ideas expressed in memos raise the data to a conceptual level; secondly, memoing encourages the sorting and reworking of ideas; thirdly, a catalogue of memos is created which serves as the source for writing up the theory; and fourthly, memos are written to be easily organised.

At this stage of the research, I used two types of memos. Memos were used to arrange similarities and differences in the data, and to represent cases of developing themes and patterns in the data. Figure 6 presents a memo made to sort similarities and differences in and across data, while Figure 7 demonstrates case-based memos.

**Figure 4: Memos to Sort Similarities and Differences In and Across the Data**

<table>
<thead>
<tr>
<th>The most cited content was described as:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>standard medical ethics</em></td>
</tr>
<tr>
<td><em>I think we’re teaching the same. If you look in my old module handbooks up there you’ll find the titles are still the same</em></td>
</tr>
</tbody>
</table>

All participants cited:

Consequentialism/

- Consequentialism/ utilitarianism and deontology
- Beauchamp and Childress’ four principles
- life and death issues
- consent
- truth telling
- dignity
Few participants cited:

- professional issues, such as character development, value clarification - emphasised in all post-1992 universities and not in pre-1992 universities
- justice - cited by two participants from pre- and post-1992 universities
- power and powerlessness - cited by two participants in one new university
- virtue ethics - cited in all post-1992 universities
- ethics of care - cited in all post-1992 universities
- feminist ethics - cited by two participants in pre- and post-1992 universities

This supports the results of a survey nurse educators by Holt (2006) and indicates that this sample may be representative of ethics teaching in UK universities... what is routinely taught in pre- and post-1992 universities is similar to that of ‘standard medical ethics course’.

Points to consider: Vocabulary of medical ethics? Teaching the same as before?

Figure 7 demonstrates two case-based memos I made during the coding and constant comparison process and demonstrates how I began to refine the analysis from description to a more conceptual level. To do this, I asked ‘what is the participant's concern?’ and ‘what is this memo about?’ in order to see what patterns were in the data.

**Figure 5: Case-Based Memos**

Memo written after interviewing academics in a pre-1992 university setting

There is a named ethics leader who structures the content to be taught (structured organisation). Organization is led by one person (top down leading?). Academics in the team are comfortable with this, there is no need to change, they are comfortable with the content they teach. The ethics leader has a publication record and has a developed academic profile in the field of health care ethics. The team members have developed profiles in aspects of ethics, such as end of life, political philosophy. These participants were from a philosophy background (disciplinary background). The concepts focused on are philosophically driven. This is because the purpose of health care ethics is to develop critical thinking about ethics in relation to health care. This was in a pre-1992 university setting (type of university).

**What is the main concern?** Developing critical thinking

**What is this memo about?**

1) Leading/organising health care ethics in a pre 1992 university setting (are there differences between university types?)

2) The academic profile of the academics (developed)
3) The disciplinary base of the academic?

How is this managed?

- Individual Structure is acceptable – it enables individual focus on disciplinary knowledge?
- Structure is accepted in relation to disciplinary background and ideas about purpose of health care ethics?

Memo written after interviewing academics in a post-1992 university setting

Flat styles were found in post-1992 university settings (type of university). There is no identified lead and no identified structure “I don’t think there is a plan?” The participants described themselves as “jobbing lecturers” – they teach what is required across the courses. These participants all come from a health professional background (disciplinary background) with a developing profile. The content of ethics is mapped across to generic modules but there is no specific content to be covered (unstructured content/preset? embedded outcomes), what might interest the student (student interest) and what the academic sees the purpose of the content to be (individual preference). That’s Ok though because the purpose is to get students to think about their experiences of ethics and what it is to be a professional (purpose of health care ethics).

What is the main concern? Developing thinking about health care.

What is this memo about?

1) Leading/organising health care ethics in a post-1992 university?

2) The developing academic profile of the academics (developed/developing)?

3) The disciplinary base of the academic? – Past? Previous? Prior?

4) The purpose of health care ethics?

How is this managed?

Structure is accepted in relation to disciplinary background and ideas about purpose of health care ethics?

Open coding aims to identify different patterns in the data. The example in Figure 7 above demonstrates a group of codes that captured disciplinary differences in how health care ethics is recognised (disciplinary background) and how health care ethics is organised in the university (type of university; structured/unstructured content; preset outcomes; individual preference). Because this was a recurring theme in and across the transcription of data sets, ‘disciplinary informed differences of health care ethics’ and ‘how ethics is organised’ become selective, or focused, codes. These codes were beginning to capture social processes that explained something about how academics know about and convey understanding about health care ethics. The comparing of codes enables relationships between the codes to be
considered and grouped and this grouping forms a concept. A concept is the naming of an emergent social pattern grounded in the research data, discovered through the constant comparative process and forming the building blocks of the grounded theory.

THEORETICAL SAMPLING

Purposive sampling and open coding are used to inform the next sampling and coding stage. Theoretical sampling refers to data collection guided by the findings from the previous stage. The aim is to systematically select new participants to explore the emergent focused codes (Sarantakos, 2005). Within this stage, ten interviews with academics in health care ethics at four different universities. In particular, I wanted to explore the emergent differences between:

- The type of organizational setting
- The disciplinary backgrounds of the academics and understanding about ethics
- How academics learnt about ethics, in particular, the link between academic or formalised learning of ethics and notions about the purpose of ethics
- How academics use the content of ethics in organisations
- Ideas about the purpose of ethics
- Differences between the organisation of ethics in the health professional curricula.

The questions asked at this data collection stage were designed in order to drill down to the emerging relationships in the data, as presented in Figure 8. Importantly, at this stage, new data is used to confirm, add, or challenge the emergent patterns in the data. The challenging of emergent patterns in the research process requires the researcher to actively seek negative or deviant cases in order to refine the grounded theory in development. In grounded theory, the process of constant comparison looks for gaps in data analysis to be further explored. This is labelled as theoretical sampling by Glaser and Strauss (1967; 2006) and variations include Negative Case Analysis (Lincoln and Guba, 1985) or Deviant Case Analysis (Silverman, 2005). Silverman (2005) writes that the use of constant comparison, comprehensive data collection, data analysis and deviant case analysis develops a more robust means to convince that the findings are based on critical investigation of all the data (Silverman, 2005: 211). Deviant case analysis refers to finding cases which test emergent
Grounded Theory Thesis
Data Collection

theory and ensures that theory is grounded in the data collection. In constant comparison methods, it is the simultaneous data collection, analysis and comparison in and across the data that forms a ‘comprehensive data treatment’ (Silverman, 2011: 379). I checked for deviant case/s in this research during the simultaneous data collection and analysis, especially in the theoretical sampling part of this grounded theory study. A possible example of a deviant case in this research was the influence of differing university types as being of relevance. Continual sampling of academics from differing university settings and constant comparison however found that it is not the type of university that is of greatest relevance, but it is rather the prior academic or disciplinary background of the academic that is of more relevance. Theoretical sampling continued to explore the role of academic/disciplinary background further and the role of university type in order to test the emergent concepts that explain what is occurring in relation to the research process.

FIGURE 6: DATA COLLECTION QUESTIONS EPISODES 3 AND 4

What do you do?

a) Some participants have referred to what they teach/write about as ‘standard medical ethics’. What do you think they mean by this?

b) What do you think is the underpinning rationale for this way of thinking about ethics in health care?

c) Is this what you do? If so, why or why not? Or do you do it differently? If different, what is it that you do? How do you conceptualise ethics in health care? What do you call it?

What do you think?

a) Is there any particular thinking about ethics to which you ascribe? Why?

b) What has informed you about this way of thinking?
   □ What knowledge base informs your thinking? Can you provide examples?
   □ What experiences have informed your thinking? Can you provide examples?

c) (Specific to one participant) When we were having dinner at the [name removed] conference, you inferred that you might be having second thoughts about your ideas relating to ethics in health care. Can you elaborate on what you meant by this and why you might be reconsidering these ideas.

How do you know?

a) How did you come to be interested in ethics in health care?

b) How did you learn about the discipline?

c) What motivated you to make this discipline your career?

d) How do you keep up to date?
   □ What sources do you use?
   □ What do you know about where this information comes from?
SELECTIVE CODING

Selective coding looks for emergent similarities and differences in the data. The aim is to identify concepts that can be applied to similar people and contexts through data collection and constant comparison, which explains behaviour patterns in a substantive area. This is an important distinction, because it is behaviour that is conceptualised, rather than people. This contrasts with deductive methods, in which the investigator attempts to fit the data to a conjectured theory (Glaser, 2002). At this point, there is little guidance on how to develop the analysis from description to conceptualisation. To aid this development, I continued to use memos, which I have termed mid-memos. Figure 9 demonstrates a mid-memo that developed a code from description of conceptualisation.

FIGURE 7: MID-MEMO: MOVING FROM DESCRIPTION TO CONCEPTUALISATION

<table>
<thead>
<tr>
<th>Relationship between being up to date and a disciplinary knowledge base</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is impossible to keep up to date because “knowledge is slippery”. The transient nature of knowing is problematic. To manage this:</td>
</tr>
<tr>
<td>Participants with a developed academic profile keep up to date with specific issues in which they are interested. This is informed by academic interest. The foundational issues of healthcare ethics stay the same; therefore these are applied in line with changes in the contemporary. Because the foundation principles of healthcare ethics remain the same, and the academic keeps up to date with current developments in the healthcare context. This was the perspective of participants whose disciplinary knowledge base is philosophy.</td>
</tr>
<tr>
<td>Participants with a less-developed academic profile were generic and guided by current affairs or general interest. The practice context was described as static and similar to when they were in practice. Because practice is seen to be similar, academics keep up to date with ethical theory. This was the perspective of participants whose disciplinary knowledge was in the health professions.</td>
</tr>
</tbody>
</table>

What is this memo about? This memo is about managing knowledge and disciplinary focus. This is managed in accordance with or through:
This memo is about understandings being based in a prior disciplinary base onto which participants reflect back. It is a prior knowledge base that forms a point of reference, from which ideas about the purpose of ethics are understood. Understandings are reflected back onto – a retrospective knowledge base.

This memo demonstrates how analysis using memoing developed from a knowledge base to a retrospective knowledge base. The term retrospective is important because the participants are referring back to a previous knowledge base to inform their current understandings. The concept of retrospective disciplinary knowledge therefore explains how academics know about health care ethics.

This process continues until a core category emerges. A core category explains the participant's main concern and focuses on the basic social processes. Sampling finishes when no new data adds anything to the overarching category. When this occurs, the concepts and core category become saturated, that is, the data collected yields no additional insight.

During this process, conceptual memos were written that explain the concepts and the relationships between them. The core category should be significant in the conceptual memos because it explains the social processes, or how participants manage their main concerns. Figure 10 shows the emergent core concept through the memoing process.

**FIGURE 8: CONCEPTUAL MEMO ABOUT THE MAIN CONCERN**

<table>
<thead>
<tr>
<th>Main concern: How to convey the purpose of health care ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts: retrospective disciplinary knowledge + personalising/depersonalising + negotiating ethics in organisations = core category - selecting for the purpose of health care ethics</td>
</tr>
<tr>
<td>The main concern of the participants was how to develop the purpose of health care ethics. To address this, academics select content in relation to ideas about what the purpose of health care ethics ought to be. The purpose of health care ethics is to develop critical thinking and/or to develop professionalism. In order to develop critical thinking and/or professionalism, academic actively select content about health care ethics in relation to ideas about the purpose. The process of selecting is informed by the academics' retrospective disciplinary knowledge. Retrospective disciplinary knowledge refers to how academic know about the discipline of health care ethics: it is through a prior disciplinary knowledge base that understandings about the purpose of health care ethics are known. Two retrospective disciplinary knowledge bases were identified: a philosophical knowledge base and a health professional knowledge base. Academics from a philosophical knowledge base use the tools of philosophy to develop critical thinking and reasoned decision-making.</td>
</tr>
</tbody>
</table>
Academics from a health professional background use their previous situated experiences of being a health professional to develop critical thinking and to develop professionalism.

The process of selecting the purpose of health care ethics in relation to a retrospective disciplinary knowledge is conveyed through the personalisation or de-personalisation of content. Personalisation of health care ethics refers to how academics use personal insight and experience to develop understandings about the purpose of health care ethics, and has both empowering and regulatory concerns. De-personalisation refers to how academics use theory objectively to develop objective understandings about health care ethics in order to facilitate critical thinking and reasoned decision-making. It is through the personalisation and de-personalisation of health care ethics that implicit and explicit ideas about the purposes of health care ethics are conveyed.

The selecting of content in relation to ideas about the purpose of health care ethics occurs within organisational settings. Organisational settings present sets of conditions within which the academic negotiates content in relation to ideas about the purpose of health care ethics. Whilst the organisational conditions are important, they do not change how the individual selects the content of health care ethics in order to develop ideas about the purpose of health care ethics.

This process of reducing the theory involved discovering underlying similarities and making connections and formulating or reformulating the theory with a smaller set of higher level concepts. Reduction helped to delimit the theory to concepts that have generalisability and application across contexts. The analysis therefore started with multiple substantive codes that, with reduction, collapse into fewer conceptual dimensions.

**THEORETICAL CODING**

Theoretical coding is the final stage. Theoretical coding occurs when the core category becomes saturated and it examines the relationships between saturated concepts and core category in relation to the literature (Glaser, 2005). To test the core category and emergent grounded theory, I conducted three interviews with academics. In these interviews I asked specific questions about the concepts and core category:

1) Can you explain how your knowledge base of philosophy/health professions informs how you know about health care ethics? (retrospective knowledge base)

2) Does this knowledge inform how you talk about health care ethics with students? Can you give any examples/counter examples? (personalisation/depersonalisation)

3) Does the organisation you work in affect how ethics is conveyed? (negotiation in organisations)

Figure 11 presents memos I made following these interviews.
1. Philosophy provides a base from which critical thinking can best be developed. It provides underpinning concepts to consider/discuss and argue a case about ethics in relation to health care practice.

2. The content is depersonalised because it leads to better abstract thinking. A case to case approach is used.

3. The organisation does not impact on how ethics is organised or conveyed.
   - The benefits of this are that philosophy provides a stable base which can track changes in line with contemporary development. Academics research/write/teach their specialism.
   - The consequences of this are that students are not invited to personalise/contextualise content. This means the content is teacher led/ top down/ outside in ethics. This could lead to a thin ethics?

1. The health professions provide a base from which situational and experiential experiences of ethics can be explored. This is important to explore how students experience ethics and to make the content relevant.

2. The content is personalised to make ethics relevant and real to the students. A person to case is used.

3. The organisation does impact on how the education of ethics organised, but not how it is conveyed. The academics negotiate within organisational conditions to convey the purpose.
   - The benefits of this is that health care ethics is informed by a professional knowledgebase. This makes the content real/accessible/usable?
   - The consequences of this are that students are invited to personalise/contextualise content. This means the content is student led/ bottom up/ inside out ethics. This could lead to a thicker ethics, one that is more descriptive. Examples of evaluation given – how students ought to be in terms of professionalism, but not in term of ethics.

Theoretical coding formalises links between the concepts and the overarching main category. These relationships enable benefits and consequences of actions to be seen that might not otherwise be apparent. These links form the writing of the grounded theory because they explain emergent relationships in relation to the core category which explains how participants manage their main concerns. This stage also requires the researcher to visit the literature in relation to the emergent concepts, core category and grounded theory. Figure 12, below, presents the relationship between the core category and relationships between the concepts, which are discussed in detail in Chapter 6.

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Developing the emergent theory therefore consisted of combining the sorted memos and emergent theoretical outline into a cohesive and accessible working theory. The outline and the memos formed the backbone for the writing, from which examples from data are integrated and literature is used to support, illustrate, and/or expand the theory.

**FIGURE 10: CODES, CONCEPTS AND OVERARCHING CATEGORIES**

Main concern: How best to convey the purpose of health care ethics?

<table>
<thead>
<tr>
<th>Explanatory Open Codes (substantive)</th>
<th>Concept that explains the coding groups</th>
<th>Overarching category: How participants manage their main concern.</th>
<th>Literature referents to emergent category (Chapter 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio cultural experiences; informal experiences; falling into; fitting into ethics/employment/gap; formal teaching of ethics; uncertainty about ethics; disciplinary identity; professional identity; academic profile; transient knowledge; currency of knowledge</td>
<td>Retrospective disciplinary knowledge:</td>
<td>Selecting to meet the purpose of health care ethics. Explanation: Understandings about health care ethics are based in a prior discipline.</td>
<td>Chambers, T. (2003 and 2005) Davis (2004) Finlay (2002)</td>
</tr>
<tr>
<td>University type; hierarchy; variables in the teaching; type of curriculum; assessment of ethics; tension, organisational and disciplinary interests; policy/agendas;</td>
<td>Negotiating pedagogy in organisations</td>
<td>Selecting to meet the purpose of health care ethics. Explanation: The purpose of health care ethics is negotiated within</td>
<td>Barnett, R. (2005) Becher and Trowler (2001)</td>
</tr>
</tbody>
</table>
METHODOLOGICAL RIGOUR

The aim of qualitative research is to provide depth in order to make the essence of phenomena understandable through the exploration of patterns. To ensure that the research is representative of the research content, and relevant to the understanding of the phenomena, trustworthiness of the research needs to be established. In this research, the concepts of credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985) are used rather than the concepts of validity and reliability accepted in quantitative research.

Credibility relates to the truth value of the findings (Lincoln and Guba, 1985) and the adequate representation of the realities of the informants. Glaser (2001) calls this conceptual grab, where grounded theory is more likely to produce credible findings because of the constant comparative method and when descriptions or interpretations of a person’s experience are easily recognisable to the people who have had that experience, and must have multiple examples that are abstract of time, place and people (Glaser, 1978). To be abstract of time, place and people means that grounded theory should be ground in the data rather than the people, places or time of data collection. This is important because it addresses the sometimes descriptive nature of qualitative data analysis as being reflective of the content and the participants in the study at that time. Concepts developed through grounded theory, however, should be timeless because they are grounded in data and not the participants. However, to further develop credibility, or the element of grab, in this research, I also used respondent validation. Respondent validation, or “member checking,” includes techniques in which the researchers account is compared with those of the research participants to establish the level of correspondence between the two sets. I used respondent validation in two ways. Firstly during the interviews, I regularly reflected back during the interviews to check understanding. Secondly, post interviews and during the concurrent analysis and data collection, each participant was provided with a transcript of their interview with the ongoing synthesis of the data. This provided participants with the opportunity to check that what they said was what was accurate. Returned responses (n = 15) stated that the transcript and emergent analysis of their interview was in accordance with what they remembered they said, and no participants identified that their contribution had been misrepresented. However, although some researchers view this as the strongest
available check on the credibility of a research project (Lincoln and Guba 1985) it has its limitations. For example, the account produced by the researcher is designed for a purpose, which may be different from the account of an individual informant simply because of their different roles in the research process, as identified in the prior discussion on interview work. As a result, it is useful to think of respondent validation as part of a process of error reduction (Bloor, 1997, cited in Millar and Dingwall, 1997, pp. 37-50).

The aim of qualitative research is to provide depth to make the essence of the phenomena understandable through the exploration of possible perceptions and experiences of the participants. Lincoln and Guba (1985) suggest the use of thick description when communicating the results of the study, which offers rich and detailed information that implies a level of trustworthiness. The staged process of grounded theory methodology ensures that this thick description of the data is achieved because of the constant comparative process. To illustrate rich description in this research, the findings in Chapter 5 present excerpts of interview narrative. This, along with member checking, provides some evidence of transferability.

Lincoln and Guba (1985) write that dependability is enhanced through improved credibility. Enhancing dependability in this research was difficult, in that replication requiring at least two researchers was not possible. However, the data collection and simultaneous analysis was checked within the doctoral supervisory process. This involved demonstration of how the data analysis was being conducted with explanations as to the decisions I was making. This adds to the auditability of the research, and enhances rigour in the research process.

REFLEXIVITY IN THE RESEARCH PROCESS

Grounded theory methods consist of flexible strategies for collecting and analysing data to develop astute analysis that explains what is occurring in a social context, however there are three points that need additional consideration: 1) data does not stand alone; 2) apparent disclosures might not reflect the participants crucial concerns; and 3) an emergent analysis can take varied forms, which may or may not be dependent upon what the researchers considers as creditable data. This is important, because these points indicate that the understanding of data is not uni-dimensional. If the researchers agree what is in the data, agreement flows from shared presuppositions about the world, and what the researcher brings places a silent frame on what is heard and seen. To consider silent frames in this research, I used Alvesson and Skoldberg (2009: 273) four levels of reflexivity that ought to be considered to be demonstrated in a research project. These
considerations are set out as follows, as adapted from Alvesson and Skoldberg (2009: 273) four levels of reflexivity.


<table>
<thead>
<tr>
<th>Aspect/level</th>
<th>Reflexive actions taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interaction with empirical material: Accounts in interviews, field notes and memos</td>
<td>I used broad questioning in first interviews: how do you know? how do you use? I checked my understanding during interviews by reflecting back/checking understanding to clarify content or to gain further explanation. Audio recordings used to check meaning and understanding, interview style, questions asked and how they were asked. Memos and field notes written/audio recorded immediately after data collection. Questioning was refined and more direct during in line with emergent codes and concepts (selective coding). Transcriptions and analysis sent to participants for respondent validation. Second checking occurred within the supervisory team.</td>
</tr>
<tr>
<td>Interpretations/Analysis: Underlying meanings</td>
<td>Open coding: asking what does this data indicate? What is the property of this incident in this data? Asking: What is the participant’s main concern (Glaser, 1998: 140). Coding used to stay close to the data – all codes must have multiple examples across data sets. If it is not in the data, it cannot be used. Selective coding/theoretical sampling: Data collection used to test emergent theory, including deviant case. Data collection continues until categories are saturated and a core category emerges that integrates the categories. In this research, saturation was noted at approximately interviews thirteen to fifteen. To check this, further interviews were conducted with academics from differing academic and professional backgrounds. Decisions about what to include/exclude are based on how substantive codes relate to each other that accounts for the participant’s main concern (Glaser, 2005: pp. 10-11). This ‘fit’ means that the theory fits the situation from which is generated. Data that does not address the participant’s main concern is left aside for further exploration in future studies.</td>
</tr>
</tbody>
</table>
### Critical interpretation:
**Ideology, power, social reproduction**

Professional insight is important in leading me to the research purpose, and as such this provided insight into the research purpose and reasons as to how I came to do this research are reflected in the epilogue to the thesis. Participants were my peer group although I had no prior relationship with the participants prior to this research. I checked my insight from professional experience was not dominant in the research and interview process through the supervisory process and the audit trail provided in grounded theory methodology. Interviews lasted for one to two hours, indicating the participants did not feel undue pressure to engage in the interview processes. Transcripts demonstrate lengthy prose of participant's narrative expressing their thoughts. Member checking post interviews enabled participants to check my meaning was considered to be similar to the participants. Final reading of the analysis provided means for participants to check that meaning had not been misinterpreted or misrepresented.

### Reflection on text production and language use:
**Own text, claims to authority, selectivity of the voices represented in the text.**

Decisions about what to include/exclude are based on how substantive codes relate to each other that accounts for the participant’s main concern (Glaser, 2005: pp. 10-11). This ‘fit’ indicates theory fits the situation from which is generated. Data that does not address the participant’s main concern is left aside for further exploration in future studies. During this process, my interpretations of the empirical material collected and emergent research narrative was checked through member checking and second checking in the supervisory team. This includes identifying and explaining what data has been included in the research. The role of field notes and memos (written and audio) assisted this process.

Being reflexive in the research process provided opportunity for me to think about how I was engaging and being influential within the research process. However, there are also important considerations to be aware of in relation to the writing of the research project. How writers present their material reflects their approach and the purpose of the report. The purpose of writing a grounded theory account varies depending on the research objectives,

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reporting style and potential audiences. For example, ethnographic accounts present descriptive accounts of their findings to express experiential form and process of what is seen to be occurring in a social context. The risk here is that the ethnographic repertoire can range from impressionistic stories of the field to objectified reports (Van Mannion, 1988). In grounded theory writing, the analytic treatment of theoretical concepts that takes precedence over narrative. The centre staging of the conceptual development means that individual accounts are used to illustrate concepts, which generally includes fragments of experience rather than entire narratives. This can feel as if grounded theory reporting reduces subtlety and nuance in favour of explicit conditions, discrete boundaries and crisp comparisons that moves grounded theory works to establishing observable patterns in the data. This in turn leads to the impression that grounded theory writing as being overly objective or reductionist in the sense that the messiness of the social context is not always displayed. However in order to present discernable patterns within a collected sample of data, grounded theory reporting describes the conceptual patterns to explain a research question in a particular context. It does not seek to describe or explain the whole of the social phenomena, and as such presents a snippet of what can be seen at a particular time only. The consequence of this may be a feeling that the subtlety of social experience is missing, however this is somewhat compensated for by a clear exposition of possible patterns of explanation that attempts to explain a research question.

**CONCLUSION**

This chapter has detailed the data collection and analysis used to investigate the research area, the application of ethical considerations, recruitment and the data collection process.

Empiricism holds that research is confined to relationships between observable social phenomena, which aim to provide objective knowledge that claims as far as possible to be value free. Empiricism therefore holds that the most valid source of knowledge is that based on experience and grounded in concrete evidence that can be verified. Grounded theory provides a methodology that is grounded in data, its purpose being to discover generic processes, structures and conditions that explain patterns in a substantive area. To do this, grounded theory places the data as the central unit of analysis, which is analysed in accordance with the specific grounded theory process. It is through this systematic process that a grounded abstract overarching concept develops that explains the issue in question. Grounded theory differs from other qualitative methodologies (such as phenomenology which offers descriptive accounts of phenomena) because the key patterns of behaviour are grounded in the data, therefore all concepts must be demonstrably linked in the data. These concepts are subject to further sampling to affirm/refute the accuracy of concepts and the
overarching theory. This ensures the criteria for credibility and trustworthiness of the emergent theory are met. In addition, the grounded theory process provides a familiarity that can be understood by others and enhances intelligibility (this is further discussed in chapter four). The use of grounded theory allows the exploration and analysis of concepts that might provide some insight into how academics convey their understandings of health care ethics. At this point it is important to clarify that grounded theory methodology is being used in order to understand how discourses of ethics might be conveyed in a substantive area, and not to state this is how they are known about and/or conveyed.

Following Glaser’s grounded theory process, I simultaneously interviewed and coded with constant comparison until an emergent core category was saturated. Repetition in content started to emerge in the first ten interviews, with further sampling being used to explore the emerging concepts in more detail, using a more refined and pointed interview schedule. Through the process of constant comparison, patterns of behaviour became apparent in all the data which give information about how academics know about and translate their understandings of health care ethics. The next chapter explains my findings and emergent theory.
Grounded Theory Thesis
Data Collection

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