

A reflection on the application of grounded theory in the exploration of the experiences of informal carers

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The aim of this paper is to reflect on the application of a qualitative research method that presents novice researchers with a variety of challenges. It is suggested that prospective users of the grounded theory method should seek guidance from experts in the field. However, to find these experts has proved to be quite challenging. The research topic lends itself to a qualitative study in general using the grounded theory method in particular.

A qualitative approach was followed to describe the experiences of informal carers within their unique contexts. The guidelines of Strauss and Corbin (1990, 1998) formed the basis for the development of the grounded theory. The challenges that will be described in a fair amount of detail in this paper include: an understanding of interpretive research paradigms, the philosophical underpinning of the method; its focus on social context; the inductive data analysis processes that allows for the emergence of a substantive theory from empirical data. Prospective scholars should also recognize that grounded theorists follow different approaches to the application of the method. Some subscribe to the traditions of the founders (Glaser & Strauss, 1967), while others choose the analytical rules and procedures proposed by the followers of the method (Strauss & Corbin, 1990, 1998).

In this paper I reflect on the application of the grounded theory method to explore the experiences of informal carers during the transition of the elderly from hospital to home. The research outcomes showed that informal carers were *facilitating care* during the transition of the elderly from hospital to home by revealing the link between *facilitating care*, the basic social process, and other categories associated with informal health care. These categories include: the *prior relationship* between the carer and the elderly, the traumatic *incident*, the need for *role fitting*, *maintenance*- and *repair care*, as well as, the consequences of facilitating care, i.e. *connected* or *disconnected* care.

It is recommended that informal carers be recognized as essential community assets and that they are included in the health care system of the country; that they need information as well as financial and material resources and that they require the support of family, home-based workers and professionals alike.

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Introduction

The purpose of this article is to discuss qualitative research in general with a particular focus on the application of the grounded theory method. To place qualitative research in context a brief overview of research paradigms is presented.

A paradigm is defined as a basic set of beliefs that guide action (Denzin & Lincoln, 1998:185). Paradigms are human constructions and include three basic elements, i.e. ontology, epistemology and methodology. Ontology refers to the nature of social reality, that is, how humans view the world. Denzin and Lincoln (2008: 11; 1998: 185) question, whether humans see the world as a stable place driven by laws (positivist view) or as a fluid place, constituted of multiple social realities (interpretive view). They explain that epistemology gives an indication about the relationship between researcher and the researched. Positivists see this relationship as objective and one that is based on the precise observations of how things really work. While interpretives, hold the subjective view that during any investigation there is an interaction between the researcher and the researched (Denzin & Lincoln, 2008: 11).

Methodology refers to how the researchers would go about doing the research. The methodologies chosen by positivist researchers are experimental and manipulative and aimed at the verification of hypotheses. Interpretive methodologies are dialectical and aimed at the reconstruction of previously held constructions (Denzin & Lincoln, 1998:185).

It is clear that the choice of methodology would be based on the purpose of the research and the researcher's view of the nature of human beings and social reality.

Researchers who adopt a *positivist* approach deduce hypotheses from a general theory, gather data and use statistical means to test the theory's predictions (Neuman, 2003: 90). This approach implies the clinical observation of human behaviour that is predictable and guided by laws of cause and effect. Such an approach would not have

served the purpose of my research study that was exploratory in nature and aimed to describe human behaviour within a specific context. According to McCann and Clark (2003: 23) the classical grounded theory method described by Glaser and Strauss (1967) took more of a positivistic stance than that of Strauss and Corbin (1990, 1998).

Interpretive social scientists criticize positivists for not dealing with the meanings that real people attach to experiences; for not acknowledging that people have the capacity to think and reason and for ignoring that peoples' experiences are shaped by social context (Neuman, 2003:76).

Interpretive social science is associated with the philosophy of symbolic interactionism that embraces the concept of meaningful interaction (Neuman, 2003: 90). The interpretive paradigm is based on the premise that human beings create meaning in their worlds and that the meaning is constructed as a result of interaction with others. I used observation and dialogue to obtain research data in my study, which implied a subjectivist relationship between participants and myself.

From the above discussion of research paradigms, the approach that best suited my research study was an interpretive one. The interpretive paradigm assumes amongst others:

- that scientific inquiry is aimed at the reconstruction of previously held constructions
- that the world is fluid in nature and the result of multiple social realities
- that during any investigation there is an interaction between the researcher and the researched

The positivistic paradigm, best suited for quantitative research studies differ fundamentally from that of an interpretive paradigm used in qualitative studies. Qualitative researchers have described these differences (Denzin & Lincoln, 2008: 11; 1998: 185). The differences include the flexibility of the research design, which means that in the case of qualitative studies, the design unfolds as the fieldwork proceeds. This implies that the sample size is determined by research outcomes.

Qualitative research is mostly done in the field and the context in which the research is done is described in detail and constitutes important research data. In phenomenological approaches the emphasis is on language while in the grounded theory method the emphasis is on context (Charmaz, 2006: 180; Lowenberg, 1993: 57).

Patton (2002: 40) identifies various themes for qualitative enquiry, which include, naturalistic enquiry, purposive theoretical sampling, direct personal experience and engagement, empathetic neutrality, context sensitivity and triangulated enquiry. These themes served as a checklist to evaluate the appropriateness of the research method used in this study.

The origin of grounded theory

Glaser and Strauss developed the grounded theory method in 1967. The theoretical orientation they held was that theories should be grounded in field data to reflect the actions, interactions and social processes of people. They stated that grounded theory is derived from data and then illustrated by characteristic examples of data and that the usefulness of such a theory lies in, amongst others, how it was generated, its clarity, density, scope, integration and fit (Glaser & Strauss, 1967: 5).

Glaser and Strauss, both sociologists, but from different schools of thought, brought different perspectives to their publication *The discovery of Grounded theory* in 1967. In their book they presented qualitative researchers with an alternative approach to theory generation. A theory that would fit empirical situations and would be understood by academics and lay-people alike. Glaser & Strauss described grounded theory research as, *an initial, systematic discovery of the theory from the data of social research* (1967: 3).

In 1990 Strauss, joined forces with a nurse researcher, Corbin and wrote *Basics of Qualitative research*, aimed to provide prospective researchers with practical methodological guidelines. Some of the analytical tools suggested by them drew criticism from followers of what Annells (1997a: 122), referred to as classic grounded theory research-

ers. Glaser criticized Strauss and Corbin for proposing the paradigm model to establish links between categories, as a model could impact the emergence of grounded theory. A second critique was levelled at the use of the conditional matrix as an analytical tool. Classic grounded theory is underpinned by symbolic interactionism, which looks at the individual in society.

Strauss and Corbin (1990: 175) suggested that the conditional matrix allows the researcher to capture all the conditions and consequences that may impact the social interaction under investigation. The social interaction is explored beyond the individual in society. In the application of the grounded theory method, some of the conditions and consequences are related to issues, like, e.g. national politics, religion and culture.

McCann and Clark (2003: 23) describe epistemological and methodological differences between Glaser's (1967) and Strauss and Corbin's (1990, 1998) approaches to grounded theory. According to McCann and Clark, Glaser followed a more positivistic epistemology than Strauss and Corbin. Glaser also viewed the researcher's role as independent to that of the researched, whereas Strauss and Corbin suggested an active and dialectic interaction between the researcher and the researched. McCann and Clark further describe the methodological difference of, Glaser's unassisted emergence of theory during data analysis, to the analytical rules and procedures proposed by Strauss and Corbin.

These academic debates reinforced my decision to choose the approach described by Strauss and Corbin (1990, 1998). The decision to use classic literature on grounded theory research is based on the fact that in recent publications, authors choose to discuss certain aspects of the method, i.e. literature reviewing and reflexivity (McGhee, Marland & Arkinson, 2007: 334), constructing grounded theory (Charmaz, 2006: 180), rigor and grounded theory research (Chiovitti & Piran, 2003: 427) and grounded theory in discipline specific research (McCann & Clark, 2003: 23). The grounded theory research method as such, has not been significantly or fundamentally changed.

Grounded theory research – the method

Grounded theory research focuses on the generation of theory with the emphasis on inductive strategies of theory development. Inductive analysis involves the generation of categories and themes from research data. Findings emerge through the researcher's interaction with the data. Sampling, data collection and analysis occur simultaneously (Patton, 2002: 453). In contrast, by using deductive analysis the researcher uses an existing framework to analyze data.

Creswell (1998: 56) suggest that rigorous enquiry, systematic procedures and specific methods underlie the generation of grounded theory. He emphasizes that the theory should relate to the phenomenon (informal caring) being studied in its unique context, clarify the concepts or categories that emerge during the analysis of data and indicate the relationship between the concepts.

Annells (1997b: 176) describe the essential elements in any grounded theory study as amongst others, constant comparative data analysis, theoretical sampling and sensitivity, theoretical saturation and the identification of a core category. She traced these elements to the original work of Glaser and Strauss (1967) and Strauss and Corbin (1990).

The value of grounded theory lies in its contribution to areas in which little research has been done (Charmaz, 2006: 17; Chenitz & Swanson, 1986: 7). Much research has been published on the experiences, needs and interventions to support informal carers. However, a gap existed in literature regarding the involvement of informal carers in the rehabilitation of their dependants. Grounded theory therefore was a suitable method to use for my exploratory research study.

Stern, (1994) cautions that grounded theory should only be undertaken if a suitable mentor is able to guide the novice researcher. Fortunately for me, a researcher who had recently completed a grounded theory study in nursing science, herself having been mentored by an experienced grounded

theorist, was identified. Monthly mentoring meetings were scheduled with her during the data analysis phase of the research study. The mentoring entailed a discussion of the process of data analysis in grounded theory research, verification of the coding process, linking of emerging categories and developing a story-line memo.

Grounded theory – the method of choice

The grounded theory study that I have done at masters level entailed amongst others, purposive sampling, constant comparative data analysis but stopped short of theory generation. During the preparatory reading for my doctoral studies, I discovered that grounded theory presents the researcher with more of a challenge than an exploratory, descriptive qualitative study would. It challenged the researcher to move beyond the thematic analysis of qualitative research data, to a level of theory generation.

I have a fascination with the study of the individual in society. I wondered about the impact of prior experience on the burden of care in an informal caring situation. The grounded theory method matched my academic interest about the experiences of the individual in society and academic awareness of the value of inductive thinking processes.

I identified with the nurse researchers who expressed the value of theory generation of grounded theory research (McGhee *et al*, 2007; Chiovitti & Piran, 2003; Kendall, 1999; Annells, 1997b; Strauss & Corbin, 1990, 1998). I could also appreciate the analytical tools provided by Strauss and Corbin (1990) to facilitate the implementation of the method.

The grounded theory method provided the most appropriate way to explore *the experiences of informal home-based carers ... across different social groupings*. It allowed for the exploration of a research area in which little research has been done (Charmaz, 2006: 17; Chenitz & Swanson, 1986: 7). The grounded theory method uses an interpretive social research approach, which is generally used in exploratory social research.

The clear philosophical underpinning

and methodological guidelines proposed by the founders and followers of the grounded theory method provided much needed structure to a novice researcher. I did, however, have a few false starts but having had to redo much of the coding and conceptual analysis I had unwittingly strengthened my understanding of the research process.

Studies about caregivers, informal carers and family carers have used grounded theory as a research method (Robinson, Francis, James, Tindle, Greenwell & Rodgers, 2005: 560; Shyu, 2000: 619). To join the academic discussion about the experiences of these groups I decided to use similar methods of enquiry.

Philosophical underpinning

Symbolic interactionism is the philosophical underpinning of grounded theory research. Symbolic interactionism is both a theory about human behaviour and an approach to the investigation of human conduct and group behaviour (Charmaz, 2006: 7; Annells, 1996: 381).

George Herbert Mead, a social psychologist, postulated that it is in social interaction, that the individual achieves a sense of self (Mead, 1934). It is through interaction with others that one develops a sense of one's roles in society. Herbert Blumer, a scholar of Mead, elaborated on symbolic interactionism by identifying three basic premises to the philosophy. The first is that human beings act toward things on the basis of what the things mean to them. These things may be objects, symbols or the actions of other human beings. The second is that the meaning of such things is derived from social interaction with others. The last is that, following such an encounter, the person uses an interpretive process to modify the meaning of the things (Blumer, 1969: 2).

The application of the symbolic interactionist perspective was demonstrated throughout my study in reflective and analytical memos. The interpretation of the participants' interactions was based on their dialogue and the direct observation of their behav-

our within a specific context.

The application of grounded theory

The aim of the study was to explore the experiences of the informal carers of elderly dependants in the Metropolitan area of Cape Town, South Africa. Linked to the exploration was the development of grounded theory on informal care. The concept informal carer lacks a clear analytical definition. According to Dahlberg, Demark & Bamba (2007: 439) it centres on the care of the elderly, people with chronic illness and disability and implies elements of social or familial relationships. In this study, the informal carer is any person over the age of 18 who assumes the primary responsibility to care for an elderly person who, following hospital discharge, requires assistance with two or more activities of daily living. The elderly dependants had to be discharged to a private dwelling and not to a nursing home, frail-care centre, hospice or hospital.

Sampling, data collection and data analysis followed the tenets of qualitative enquiry. A small purposive sample of eighteen participants (informal carers) was selected. Brink (2001: 142) suggests a sample size of 20 – 30 subjects for a qualitative study since too many subjects could complicate the data analysis process. The sample size was determined by a cyclical process of data collection and data analysis and continued until the saturation of data was achieved with eighteen informal carers. Saturation is the point at which no new information emerges from the interviews (Chiovitti & Piran, 2003: 433).

Two tertiary hospitals in Cape Town were used as sites for data collection and potential carers were identified, using inclusive sampling criteria.

Questionnaires were used to collect demographic data from the informal carers and their elderly dependants, followed by interviews with the informal carers. The interviews, using open-ended questions, were scheduled as follows: prior to the discharge, within the first week of the discharge and one month later at the homes of the dependants.

The interview questions prior to hos-

pital discharge included, amongst others:

- Describe your feelings about the discharge of X?
- Why are you going to / have you chosen to take care of X?
- Describe your needs / concerns with regard the discharge of X?
- What changes have you made in preparation for the discharge?

The second and third interviews were scheduled at the home of the elderly and included the following questions:

- Describe your feelings about caring for X at home.
- What things are different from what you expected prior to the discharge
- Do you experience any difficulties in providing care for X? If any, what did you do about these difficulties?

The interviews at the home of the elderly were generally started with the question "describe a typical day in your life now that you are caring for X".

The demographic data showed that the male and female carers ranged in age from 32 – 75 years and that they represented all social groupings in the Western Cape. Their relationships with the elderly were, amongst others: daughters or sons, spouses or partners, grandchildren or siblings. Male and female dependants were 65 – 90 years old and they mostly suffered strokes, femur or hip fractures, and amputations. Field notes were used to capture additional contextual information about each informal carer.

In grounded theory research the challenge lies in the analysis of the research data to develop a theory that is grounded in the data. Creswell (1998: 57) and Strauss and Corbin (1990: 57; 1998: 101) suggest a standard, systematic format of data analysis in grounded theory research, i.e. open coding, axial coding and selective coding.

Open coding

Open coding means breaking down the data into smaller segments. It also involves labeling these segments (concepts), examining and comparing them and then grouping them under a more abstract concept (category). Catego-

ries are further analyzed by exploring their properties and dimensions (Strauss and Corbin 1998: 101).

The analytical tools which facilitate the process of open coding are *questioning* and *constant comparative* analysis. Concepts are examined by asking questions about them, e.g. when does it occur; why does it happen; what are the effects of it occurring. *Questions* may also be asked across cases, e.g. does it happen to all the carers, how does it affect different carers and to what degree are they affected? *Questioning*, allowed me to link categories, examine my biases and move from descriptive analysis to conceptual analysis.

It is also important to employ the *constant comparative* method of data analysis. This method allowed me to take the data collected and constantly compare it to existing categories. I then linked the data to emerging categories and compared the data at property and dimensional level (Strauss & Corbin, 1998: 85). At this level, I did not compare individual cases but compared the categories. I was not interested in how many cases displayed this particular category but how it presented itself under varying conditions (Strauss & Corbin, 1998: 95).

During the initial open coding of interview transcripts, before using the computer assisted data analysis software, the categories that emerged from the data related to choosing to care, preparing to care, helping with care activities, challenges relating to caring, i.e. accessing assistive devices and state pensions and the need for respite care.

I also became aware that in many instances the caring became a shared responsibility. This happened in particular where the primary carer was male. The assumption that females primarily accepted the role of carer was proved incorrect during the early phase of the data collection process. Despite having daughters, two elderly ladies were cared for by their sons.

Having had the experience of informal caring, I knew how it felt to be assigned to this role. The carer may choose to care or be chosen by others to provide informal home-based care to an elderly

person. During the data collection phase, I purposively included both options, to ascertain whether choosing or being chosen, impacted on the care and rehabilitation offered to the elderly dependant. I also became acutely aware of my strong opinions with regard to the *choosing to care* ... and captured these feelings in reflective notes.

The initial coding was followed by a more structured attempt to use computer software to assist with the process. After immersing myself in the data by reading and re-reading all the relevant documentation about a specific case I started open coding, using the N. VIVO programme. I consciously had to focus on the informal carers and their experiences and found the seemingly unstructured nature of open coding difficult at first. The code segments varied in length from a few words to a paragraph.

The N.VIVO software facilitated the process of open coding and tree coding. A line-by-line tree coding system was used and the software allowed for the retrieval of codes as well as the linking of codes in and across cases. The challenge was to name the categories that would accurately describe the perceptions, opinions or experiences of the carers. I found the similarities across cases interesting but also became aware of the variety of responses to the same interview questions. Field notes and memos were linked to documents and in-document annotations were created. The computer-assisted data analysis programme was useful during the open coding phase of data analysis. However, when conceptual linking of concepts and categories was done, I preferred to use traditional methods of data analysis and the computer-assisted programme was abandoned.

Glaser (in Melia 1996: 368) describes the process of segmenting the data as distracting. I agree to a certain extent, namely, that if too many small segments of data are explored, one may lose the sense of *what is really going on* in the data. I found that by constantly reflecting on the *experiences of the carers in a particular context* facilitated the process of open coding. My research mentor assisted with verification of the process of data analysis

. She expressed concern about assigning in-vivo codes to the feelings expressed by the participants. I had to account for these in-vivo codes by demonstrating how the code-category links were made, e.g. linking *everything was topsy-turvy* and *things were hectic* to the category *dis-connected care*.

The following serves as examples of open coding: (See Figure: 1)

Initial codes (6 of 113 codes)
Carer chooses to care Carer chosen
Carer experienced Carer novice
Carer shares caring Carer prepares for caring

These codes were grouped along with others into the category:
Role fitting (1 of 6 categories)

Categories (e.g. *Role fitting*) were explored in terms their properties, e.g. the goal and purpose of the category. Furthermore the processes within a category are discussed in terms of time-lines, e.g. when does it occur and does it change over a period of time.

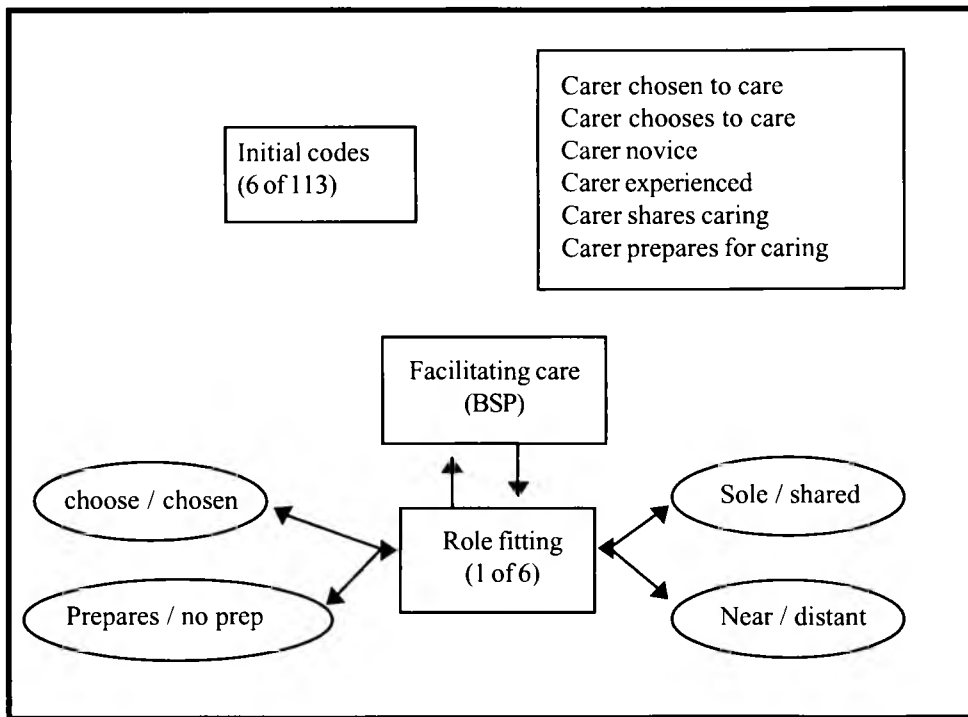
Strauss and Corbin (1998: 101) further suggest that the dimensions of the category (*Role fitting*) be explored, i.e. the variation within the properties of the specific category, i.e.
Carer prepares - carer unprepared
Carer experienced - carer novice

Axial Coding

The next stage of data analysis involved suggesting relationships amongst categories, i.e. axial coding. Creswell (1998: 57) and Strauss and Corbin (1998: 123) state that the data is now re-assembled in a conceptual way. Codes (nodes in the N.VIVO programme) were grouped together to form sub-categories. Sub-categories and categories were conceptualized in a lengthy constant comparison exercise. Sub-categories were linked to categories and eventually a basic social process emerged. The aim of axial coding is to identify a core category or basic social process – a central idea, event or happening in terms of the *paradigm model* (Strauss & Corbin, 1990: 110).

The *paradigm model* is an analytical tool used to facilitate the exploration of the core category or basic social process. By using the model I uncov-

Figure 1: Example of Open Coding



ered the core category namely, *facilitating care*. It is by *facilitating care* that informal home-based carers make sense of their world as they provide care and assist in the recovery of their elderly dependants. When carers are faced with the prospect of caring for elderly dependants, there are a number of conditions that will impact on this basic social process.

Strauss and Corbin (1990) suggest that causal, contextual and intervening conditions may influence the basic social process – BSP. They further suggest that the action and interaction strategies used by participants engaged in the BSP may lead to specific consequences.

Selective coding

Finally in selective coding the researcher identifies a “storyline” and writes a story that integrates the categories in the axial coding model (Creswell, 1998: 57). Strauss and Corbin (1998: 150) refer to a story line memo. They suggest that grounded theory could be presented as a theoretical discussion of the conceptual categories and their properties, but that it should ring true with great credibility, feel theoretically complete and be simple to apply (Glaser & Strauss, 1967: 31).

This story-line memo reads as follows: Informal carers are *facilitating care*

during the transition of the elderly from hospital to home...what happens is that ... an elderly person who has been in a relationship with others suddenly is involved in an *incident* and is admitted to hospital. It causes much distress and uncertainty within the family when the elderly dependants are discharged, because a carer has to be selected. Sometimes the designated carer would be one with whom the elderly have had an established *prior relationship*. At other times the elderly will decide who they would prefer to care for them.

These carers are face the prospect of *role fitting*, i.e. to accept and fit the new role into their existing roles. They think about the prospect of caring and *prepare for caring* with regard to the room, finance, emotional support, food, washing, dressing, shopping. They sometimes *share the caring* tasks with others. Occasionally, carers do not prepare but decide that the circumstance will dictate the type of care required.

Carers would generally focus on providing *maintenance care* to the elderly, i.e. care to maintain body and soul. They discover that they need people to assist with the caring, they lack information and skills and that the caring requires them to access resources.

They draw on intuition and previous *experience*. They elicit *support* from

family members, neighbours and other members of the community. Carers discover that the elderly may also require specialized *repair care* to ensure the recovery of some basic functions, for example, they may need special exercises and special diets.

Carers become aware that caring takes its toll. They are faced with physical, emotional and social *challenges*. They become tired and frustrated at the lack of *support*. Occasionally family members will offer *respite* for short periods of time. However support is *disconnected* and do not meet the needs of the carer at the time. In some cases the health services do not provide optimal support and they have to rely on the community to assist with informal home-based care.

Rigor and ethical consideration in grounded theory research

Chiovitti and Piran (2003: 430) suggest that grounded theory researchers employ practical procedures to enhance standards of rigor in their research. They define rigor as the credibility, auditability and fittingness of the research study. Credibility relates to the trustworthiness of the study; auditability to the ability of another researcher to follow the research process of the primary researcher and fittingness or transferability to the likelihood that the research findings will have meaning to others in the same situation.

According to Chiovitti and Piran (2003: 430) the credibility of the study is enhanced by letting the participants guide the research process and by using the actual words of the participants in the theory. Initial codes were used to adapt the interview questions in order to further explore these codes in subsequent interviews. During the second and third interview sessions, the researcher checked and verified the provisional coding data with the participants, to refine the analysis (member checking). Anecdotes from interview transcripts were used to substantiate the research outcomes. More than one source of evidence, i.e. questionnaires, inter-

views and field notes was used during the research study. Triangulation added to rigor and improved the credibility of the data and an independent grounded theory mentor verified the data analysis process.

To account for auditability of the research study as described by Chiovitti and Piran (2003: 430) the researcher should make an effort to present a clear audit trail throughout the analysis process. This was achieved by writing transparent analytical and conceptual reasoning notes relating to the initial coding, the grouping of codes into categories and the linking of emerging categories to the basic social process. These notes formed part of the research report.

To enhance fittingness in grounded theory research, it is important to identify the level of theory generated. This research study was aimed at developing substantive theory that evolved from the exploration of the phenomenon of informal caring within a specific situational context (Strauss and Corbin, 1990: 174).

The three ethical principles described by Brink (2001: 39), i.e. respect for persons, beneficence and justice, present researchers with clear guidelines to conduct and report the research study in an ethically sound way.

During the planning phase the proposal was presented and approved by the ethics committee of the University. I applied for and was given permission by the Medical Superintendents of the hospitals to conduct research within their health care facilities.

The potential carers were briefed about the aim of the research study and invited to ask questions for the purpose of clarity. After explaining their rights, participants were asked to sign the letter of consent. Participation was voluntary and uncoerced and only one carer refused to participate in the research study.

Permission was obtained to digitally record the interviews and the participants' names were used during these recordings. During the transcription of the interviews the names were replaced initials (Mrs H) and numbers (Resp: 09).

A master list that provided the link between the names of the participants and participant numbers was stored in a secure location.

It is important to maintain anonymity during the reporting phase. References to race and gender were only done when it impacted on the interpretation of the research outcomes. Participants were informed that the outcomes would be reported in, e.g. research publications and conference presentations.

Reporting grounded theory research

The biggest challenge in writing a grounded theory report lies in the presentation of a substantive theory that reflects inductive and deductive reasoning, relationships between codes, categories and the basic social process as well as the conditions that impact on the basic social process. To achieve this balance the report should include anecdotes, field notes and memos. An excerpt related to role fitting illustrates how the analysis process was captured in the research report:

Role fitting

Role fitting (see Figure: 2) represents the first strategy devised by the carer to manage and carry out the basic social process, i.e. facilitating care. Strauss and Corbin (1990: 97) state that action strategies occur under a certain set of perceived conditions. This implies that the more compromised the elderly, the more intensive, facilitating care becomes. They suggest that all action strategies should be discussed in terms of their properties namely process, purpose and goal. Process refers to a timeline, i.e. when does role fitting start? Researchers also have to specify the purpose and outcomes of fitting the role of facilitator of care into existing roles. The insertion of analytical notes makes the cognitive processes overt, e.g. Analytical notes: In grounded theory it is important to indicate the relationship between the categories and indicate the relationship between the different concepts. It is also important to discuss the variations within the category (Strauss & Corbin, 1990: 253). In the case of role fitting, there is a close interplay between prior relationship, the incident and the current roles of

the prospective carer.

The purpose of role fitting is analyzed, i.e. it allows prospective carers the time to make sense of the new role. The goal of role fitting is to accept the role, to explore the expectations of the role and possibly to prepare for the role. It allows the facilitator of care an opportunity to obtain information, develop skills and access appropriate assistive devices to perform the role.

The conditions that impact on the category *role fitting* are explored. In this study the success of role fitting depend on the following sets of perceived conditions:

- *the carer chooses to care*
- *the carer has experience*
- *the carer prepares for the role*
- *the carer is the sole provider of care*

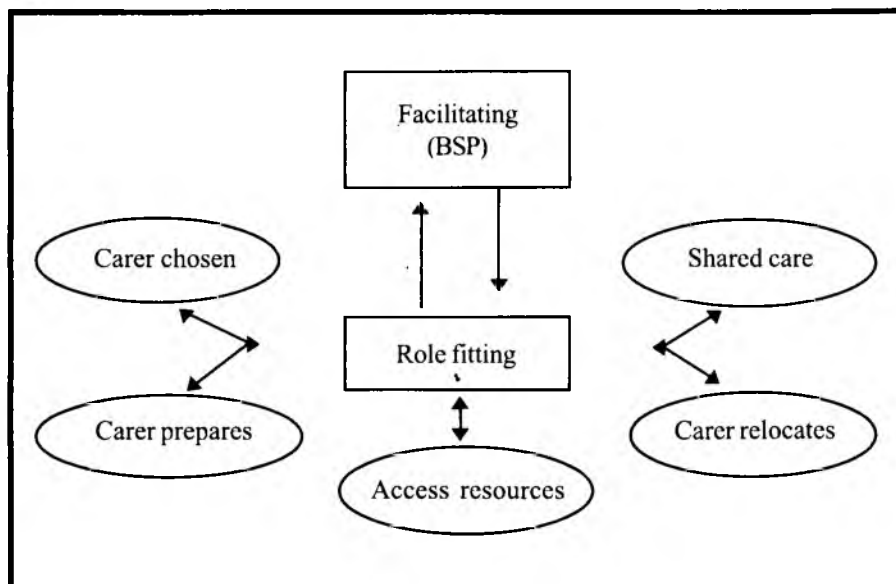
The *carer chooses to care* is analyzed in single cases and across cases. Most carers who chose to facilitate care had an established prior relationship with the elderly. A wife chose to care for her husband after fifty years of married life. A gentleman chose to care for a partner with whom he had an adulterous prior relationship. In the cases where the carer chose to care a conscious effort was made to fit the role into their existing roles. Role strain and role conflict developed when carers were chosen by others to facilitate care. A young mother was asked by her family to move back to her parent's house after her mother suffered a stroke. Carers chosen by others may experience difficulty (perceived or real) in fitting the role of facilitator of care into existing roles.

Reflective notes: Health care workers should become more sensitive to the concept of role fitting and how it impacts on facilitating care.

Analytical notes: Prior relationships clearly have an effect on role fitting. Carers are occasionally chosen on the basis of a prior parent-child relationship without taking the adult child's current portfolio of roles into account. A consequence could be disconnected care resulting in severed social relationships.

All the perceived conditions are explored in this fashion. This process

Figure: 2 - Role Fitting (Action and interaction strategies)



continues until all the categories reach saturation.

Discussion

Qualitative research in general and the grounded theory method in particular, presents novice researchers with a variety of challenges. It is therefore important to self-assess and to reflect on the appropriateness of the methodology. To this end I have used an evaluation checklist proposed by Patton (2002: 40). The evaluation is based on the following themes: naturalistic enquiry, purposive theoretical sampling, direct personal experience and engagement, empathetic neutrality, context sensitivity and triangulated enquiry.

Informal home-based caring occurs in the real world and was thus not manipulated or controlled for the purpose of the enquiry (*naturalistic enquiry*). Since observations of informal carers occurred in real-world settings, interviews were scheduled either in the hospital ward in the home where carers were *facilitating care*.

According to Patton (2002: 40) the qualitative researcher should be able to do purposive, *theoretical sampling*. It was, therefore, not important to control variables but rather to ensure that data was explored to its fullest. The qualitative data that I have gathered is thick in its description of the informal home-based carer, the elderly as well as the setting in which the caring occurred. When the category *prior rela-*

tionship was first coded I purposefully searched for data to explore its dimensions.

Direct contact was sought with informal home-based carers (*direct personal experience and engagement*) whose personal experiences and insights became part of, and critical to the understanding of the phenomenon of informal caring. During the interviews a conscious attempt was made to display *empathetic neutrality* (Patton, 2002: 40). This meant that informal carers were shown respect, responsiveness and understanding. Being non-judgmental facilitated an environment where participants were willing to share information that allowed an insider's perspective of their realities.

Informal caring is a dynamic process that may change during the period of enquiry. The strategies used during the data analysis process reflected this dynamism. Each carer's reality was different and the detail of each case was reviewed before cross case analysis was performed. Emerging categories were explored, themes identified and interrelationships confirmed by analytical principles rather than statistical rules.

For *context sensitivity*, Patton (2002: 41) suggests that research findings be placed in a socio-historical context. Because of the uniqueness of the enquiry, I knew that generalizations about informal caring across time and space

could not be made. It was more meaningful to identify patterns of behaviour during the enquiry for possible transferability to similar contexts. Field notes added substance to the data as it clarified the socio-cultural context in which the caring occurred.

Qualitative research requires of the researcher to reflect on the self (researcher), those studied (participants) and those receiving the study (audience). Patton (2002: 66) refers to the above processes as *triangulated enquiry*. My voice was an important part of the research process (*reflexivity*). I expressed opinions, interpretations and biases throughout the process of data analysis. Reflective and analytical notes became part of the research data and were exposed to the same rigorous enquiry by data analysis verifiers.

Limitations of the research study

A small-scale study has its limitations in that the sample size may limit the transferability of the outcomes. However, even though the sample size may be considered a limitation, the depth and insight gained from such a study cannot be replicated by using quantitative methods.

Another limitation is common to many qualitative studies. Qualitative studies are not aimed at presenting research outcomes that are generalizable but rather, outcomes that represent the realities of respondents who provide informal care within their own unique contexts.

The study focused on the period of transition of the elderly from hospital to home, and in particular during the first month following hospital discharge. Even though the study is limited to the early stages of caregiving important base-line information was collected. Ideally, a study that explores informal caring after a period of one year would be an appropriate follow-up study.

Research outcomes and recommendations

The research outcomes showed that informal carers were *facilitating care* during the transition of the elderly from hospital to home by revealing the link

between *facilitating care*, the basic social process, and other categories associated with informal health care. These categories include: the *prior relationship* between the carer and the elderly, the traumatic *incident*, the need for *role fitting*, *maintenance-* and *repair care*, as well as, the consequences of facilitating care, i.e. *connected* or *disconnected care*.

There is no official recognition of the value of informal carers within the health care structures in this country. The incorporation of carers into the District Health System would indirectly ease the burden of care from the formal health care services. It is recommended that policy documents be developed to address the rights of the carers and to recognize their value as facilitators of care within communities. In particular, the right to be adequately prepared to provide care and rehabilitation services within the home.

The shift in healthcare provision from curative, institutionalized services towards community- and home-based services required that additional resources be allocated to support these services. It is recommended that the re-allocation of resources be prioritized by the Department of Health.

There seem to be gaps in the referral system between the tertiary hospitals and community health care facilities. Research, to explore these gaps in the referral system within the health system in the Western Cape, needs to be done as a matter of urgency.

It is also recommended that a suitably trained person be appointed to act as liaison officer between the hospital staff, community-based personnel and home-based carers. Informal carers expressed the need for additional information about the dimensions of care and guidelines to access resources.

Conclusion

The grounded theory that emerged from the exploration of the experiences of informal carers during the transition of the elderly from hospital to home could be considered the theoretical foundation for many decisions about carers in this country. It gave a voice

to informal carers who are not recognized as essential community assets, are not included in the health care systems, need financial and material resources and need the support of family, home-based workers and professionals alike.

This reflective paper was aimed at sharing my experiences about grounded theory research. The experiences include, amongst others, the need to understand the concepts: ontology, epistemology and methodology when choosing an approach best suited for your research study. It is equally important to understand that, while grounded theorists subscribe to the basic tenets proposed by the founders of the methodology, they may engage with various aspects of the process differently. This is, in my opinion, what makes prospective scholars wary of using the grounded theory method.

The implementation phase was challenging at many levels. The process was daunting at first, with the labelling of codes and categories and uncovering the basic social process. However, this prolonged engagement with the research data allows for the development of a substantive theory that is truly grounded in the data.

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