## Journal of Research in Nursing http://jrn.sagepub.com/

#### Exploring the influences and use of the literature during a grounded theory study

Journal of Research in Nursing 2006 11: 519 DOI: 10.1177/1744987106069338

The online version of this article can be found at: http://jrn.sagepub.com/content/11/6/519

### Published by: \$SAGE

http://www.sagepublications.com

Additional services and information for Journal of Research in Nursing can be found at:

Email Alerts: http://jrn.sagepub.com/cgi/alerts

Subscriptions: http://jrn.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

Citations: http://jrn.sagepub.com/content/11/6/519.refs.html

# Exploring the influences and use of the literature during a grounded theory study



Journal of Research in Nursing © 2006 SAGE PUBLICATIONS London, Thousand Oaks, New Delhi VOL 11(6) 519−528 DOI: 10.1177/ 1744987106069338

**Helen Heath** PhD, MSc, BSc(Hons), RNT, RM, RN Senior Lecturer HSHS (Anglia Ruskin University)

**Abstract** In a grounded theory study, the literature review is delayed until the theory begins to emerge, it is then used as data. This paper will utilise my own research, a grounded theory study of transition to staff nurse as a process of disrupted continuity, to explore some of the issues stemming from this maxim. It starts by considering the debate around the delayed literature review, before illustrating the use of literature as data. In relation to this process, I have coined the terms deductive and inductive theoretical sensitivity and explain these by example. The ongoing vigilance needed to prevent use of literature becoming a distorting influence will be examined by describing the emergence of my core category. Grounded theory has been criticised for ignoring existing theories and failure to integrate the emergent theory with existing knowledge. This criticism is addressed by use of a priori theory and paradigm cases from my data set. Finally, I reverse the first issue by discussing how knowledge of emergent theory can both legitimately shape and unavoidably bias the literature review.

**Key words** grounded theory, theoretical sensitivity, literature review, field of knowledge

#### Introduction

Hickey (1997) contrasts the conventional use of the literature to justify and structure quantitative research with its use in grounded theory. He provides a clear example of how the grounded theorist only consults the literature at a stage when it can be used to develop the theory. This paper takes that discussion further by examining existing debate, criticisms and the reality of conducting research.

#### When to review the literature

A fundamental principle of grounded theory, and indeed most qualitative approaches, is to avoid imposing predetermined understanding and existing frameworks on the investigation. This creates problems in relation to the stage at which existing literature should be consulted. The difficulty is very real for nurses and other professionals, who will almost certainly investigate a topic of relevance to their pro-

fessional lives. The maxim to delay consulting the literature does not negate the fact that they will enter the field with prior understandings that stem from experience, discipline and, most probably, some published literature (Morse, 1994).

The founders of grounded theory differ in their view of how the literature is used at the beginning of an enquiry. Strauss (1987) sees the literature as playing a key role in sensitising the researcher and, with Julie Corbin (1990, 1998), proposes techniques where prior understandings are deliberately used to question the data. Glaser (1998), however, rejects prior reading in the substantive area of interest and other areas that appear relevant, giving five reasons related to the distorting effects this may have on analysis. Furthermore he points out that, as discovery and emergence are at the heart of the grounded theory method, relevant literature cannot be known at this stage. Nevertheless, reading prior to and during the research should take place, being wide, vociferous and diverse, in order to sensitise the researcher to possibilities in the data. It should, however, be in areas that appear unrelated to the area of investigation in order to challenge preconceptions (Glaser 1978, 1998). Focused reading should only occur when the emergent theory is well formulated.

When conducting my first grounded theory, I was attracted to Glaser's (1978) reasoning and concerned that the Straussian approach, far from increasing theoretical sensitivity, would build barriers to insight. The result would be a constructed theory, supporting what was already known, rather than emergent theory providing new insights.

However, as an experienced sociologist, Glaser could draw on a wide range of social theory that may have an important contextual influence on the participant; although it should be noted that wide reading for Glaser includes that outside the researcher's discipline. Similarly, both May (1994) and Morse (2001) refer to the vast knowledge base of experienced researchers, with Morse (2001) suggesting that in-depth reading is required by the less- experienced to overcome this deficiency. In discussing the sociological knowledge base of the expert researcher, May (1994) makes reference to Benner's (1984) clinical expert with vast experience on which to draw in new cases. Transferring the concept of expert practitioner to the expert researcher's knowledge of both method and literature could potentially be challenged. However I believe it is legitimate to do so, as Benner (1984) herself adopted the concept of levels of development from Dreyfus and Dreyfus' studies of airline pilots and chess players; this suggests similar possibilities may exist for a diverse range of experiences.

In accepting this idea, I draw on Benner et al.'s (1996) investigation of all levels, starting with the advanced beginner, and it is this that leads me to question Morse's (2001) advice. The less experienced cannot see the big picture and focus more narrowly on the problem. Therefore, if the novice researcher starts their research endeavours with the literature, reading is likely to be narrowly focused on that preconceived as relevant. The concept of diverse reading may be difficult to grasp, especially when practicalities of part-time study while working full time exist. Furthermore, wide reading may be interpreted as the need to shape theory to sociological theories. For example, Purkis (1994) suggests power contexts should play a central constituting position in discussions about nursing practice (1994: 317), and my recent reading suggests that Foucault's perspective of power may be the current favourite. This use of 'pet' theories is precisely what Glaser repeatedly stresses can be problematic.

In my own study, I therefore decided to begin with a literature search in order to move beyond potentially limited awareness of what was known. However, reading

was confined to abstracts. In this way I confirmed a need for my study, but avoided the potential distortions stemming from detailed familiarity with the literature.

## Using the literature as data: inductive and deductive theories of sensitivity

Whatever dispute exists regarding early reading and the use of literature, it is agreed that once the theory begins to emerge, existing literature will be used as data. My research was concerned with the transition to staff nurse of adult nurses and, as the core process emerged and I was ready to develop and integrate categories, I began to read and use existing literature. Some of the literature used at this stage could be predicted, most notably descriptive research related to newly qualified British diplomates. However, other literature was less obvious, its importance only realised through the emergent theory. This sensitivity to the literature that stems from working with data contrasts with the reverse use of the literature to develop sensitivity to data advocated by Strauss and Corbin. The former may be classed as inductive sensitivity, the latter as deductive sensitivity (Figure 1). An example from my own research illustrates this point and supports Glaser's view that it may be impossible to review the literature prior to beginning a study as relevant literature cannot be known.

It is well documented in the literature that the period following registration is stressful, and I found that at this time nurses focused on knowledge regarding when to do things and how to do them rather than knowledge for understanding. However, as anxiety decreased, there was a growing awareness of, and attention to, learning that would develop a deeper understanding of their clients and the care they required. Emotion, rather than turning inward on self was directed outwards, thus contributing to learning rather than hindering it.

The data and its analysis had inductively increased my theoretical sensitivity, or the openness to relevant literature. As part of my work role as a nurse teacher, I was discussing theoretical assessment with students — this included explaining the meaning behind the terms within marking guides used by teaching staff to award grades. These guides were based on the work of Bloom et al. (1956) for assessing the cognitive level of students' work. I suddenly recalled that Bloom and his colleagues had developed an affective domain (Krathwohl et al., 1964), although I was unfamiliar with this work. The book proved its value as literature derived data to aid the development of theory; both aspects that matched my own findings and those that

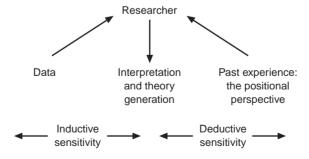


Figure 1 Sources of theoretical sensitivity

did not fit well, providing a stimulus for more detailed development of the theory. Research-derived theory had inductively increased theoretical sensitivity to enable insightful identification of relevant literature.

I believe this distinction between deductive and inductive sensitivity is important. It is now generally accepted, although Glaser (1998, 2001) disagrees, that the qualitative researcher brings themselves to their research, influencing both gathering and interpretation of data. Reflexivity is thus an essential part of the research process and a means of communicating self to the reader. Reference to inductive and deductive sensitivity is a useful way of examining the extent to which prior knowledge of the literature may have influenced both questions asked and the analysis of data, or analysis genuinely led to the identification of relevant literature.

In delaying close examination of the literature, I hoped to minimise deductive sensitivity and thus my influence on the research, and I have provided an example of inductive sensitivity, suggesting that this supports my claim to emergent theory. However, this implies that one's subjectivity can be objectively examined — a true paradox. Difficulty in categorising sensitivity alerts the researcher to the complexity and uncertainty that must always exist when reflecting on the influence of self on one's research.

As the participants developed their understanding, they became able to synthesise a growing repertoire of knowledge and several developed an ability to recognise problems before they were fully developed. I was very familiar with the literature on intuition (Pyles and Stern, 1983; Gerrity, 1987; Rew, 1990; McCormack, 1992; Kenny, 1994; King and Macleod Clarke, 2002) and the importance of knowing the patient (Jenny and Logan, 1992; Tanner et al., 1993; Radwin, 1995; Laschenko, 1997); this and other literature were consulted to understand how the reasoning of the nurses was developing at the end of the period of interest. The literature on knowledge is vast, but rather than conducting an extensive literature review, I had selected literature with which I was familiar, which appeared to have relevance. This therefore may be an area where my analysis was biased towards prior knowledge and an opportunity to uncover an interesting aspect of professional development was missed.

#### The ongoing influence of known literature on data analysis

The qualitative researcher who delays examination of the literature must remain aware of ongoing possibilities of forcing data to fit preconceptions (Glaser, 1992). Emergent theory will not be the only possible way of explaining experience, but it should have relevance to the lives of participants and others undergoing similar social process. The forced theory will introduce bias, potentially destroying relevance. The emergence of my core category will illustrate this potential pitfall.

In relation to the growing openness to wider learning and understanding as the nurses reached the end of transition, which was discussed in the previous section, one nurse in particular did not fit this pattern. She appeared to regard becoming a staff nurse as a simple consolidation of student learning rather than the beginning of professional development. A category of a continuum (Glaser, 1978) of consolidation—development appeared to cover these differences between nurses, and I believed was sufficiently important to become the core category; analysis continued with this in mind. It did not work! Loose ends remained and one important category in particular would not be integrated into my framework.

Meanwhile, theoretical sampling had resulted in interviewing about-to-qualify

students and data from interview after interview contained a paradox. When asked about their final practice placement, the participants started by noting how different it was from previous experience and likened it to being a staff nurse, saying how they were beginning to learn that role. However, towards the end of interviews they were asked what they thought it would be like to be a staff nurse. They now claimed that it would be completely different and began to give reasons. This became the concept of disrupted continuity, and once this was accepted as the core category, integration became easy.

Glaser and Strauss (1967) stress that inappropriate selection of the core process will result in an array of loosely related concepts rather than a theory. Differences between nurses are important, but the theory does not explain them; disrupted continuity, however, does explain transition and the ease of integration, following its identification as the core, enhances confidence in its relevance.

#### Using the literature to challenge emergent theory

To use existing theory as data implies, the grounded theorist selects literature to support their theory and ignores that which offers a genuine challenge. I decided to overcome this potential criticism and, using paradigm cases drawn from the data set, challenge as well as develop the emergent theory.

Existing literature on the transition of British diplomates had been used as data, but told only a small part of the transition experiences. Similarly, the concept of 'throwness' or the threatened self used by Mitchell (2002) in relation to student experience was useful, but only within a small part of the transition theory. Furthermore, both — but especially the former — had been developed within my own study.

Theories of power had been suggested as a constant influence by Lander (1993) and Purkis (1994), and this could be detected within the data, most notably in the ability of staff nurses to limit the experience of 'about-to-qualify' students in the team leader's role. However, the changing nature of felt responsibility as the nurses moved through transition and beyond offered a better explanation. Moreover, explicit evidence could be drawn from the data to support this idea, whereas the role of power was speculative and did not help with theory integration. The formal theory of status passage (Glaser and Strauss, 1995) was also considered as a challenge. However, while it could encompass and classify the nurses' experience, the richness of experience was lost. This too was therefore rejected.

Kramer's (1974) theory of reality shock, produced by the clash between the idealistic image of nursing fostered and developed in students by their teachers, and the reality of practice encountered as graduates, makes a seminal contribution to knowledge. It also fits with Lander's (1993) suggestion that professional values will always be relevant. This was therefore an ideal choice to challenge and locate my own research.

Dick (a pseudonym) was selected to examine idealism because he focused on idealistic nursing practice and a desire to nurse to these ideals to a greater extent than other participants. However, the idealism differed markedly from Kramer's (1974) graduates. Those nurses were protected from reality during training, with shock and role deprivation later resulting from finding themselves unable to devote endless time to one patient, giving perfect care and developing deep relationships. Dick was far more realistic, like other diplomates he was shocked and stressed by the multiplicity of demands on his time and by the impact of responsibility no longer

automatically shared with another. He did, however, know just how busy wards could be. He was not deprived by an ideal role he hoped to play as a staff nurse, but believed, as he developed within that role, greater involvement would be possible.

I'm involved emotionally. I feel difficult when I'm not involved emotionally. I probably struggle more now than I did when I first started (being a student). I'm under pressure in different ways than what, erm, really important ones, important to the job, but not important to nursing.

Eight months after qualifying, time constraints could still be problematic, but more efficient organisation allowed greater involvement when he felt it was needed. For example, washing a patient could take five minutes.

Unless there's a problem with that person and they wish to talk while you're washing, it will take me a whole lot longer.

He explained that while it might be difficult to find time to 'deal with patients and their families with a touch of subtlety and delicacy of approach / a lot if it is prioritising and using what you've got around you.' With regards to one patient, he spoke of the use of palliative care specialist nurses and, although he was denied involvement, satisfaction came from knowing the patient had received the care he needed.

I'd got the care I wanted for him, but it was just a shame I couldn't do it for myself. But I think that's partly your understanding of the job, doing your best for him.

Dick and other participants wanted to be good nurses, but understanding reality they focused on achieving the best for their patients without necessarily desiring to be the sole provider of care. Draper (1991) has suggested that, rather than developing unrealistic images, nurses should strive towards maintaining high standards. Dick clearly held this philosophy:

I think in your operation, in your attitude, you can work towards holistic care. You might not get the time to do everything, but if your attitude's right, you get damn close then.

The theory of reality shock (Kramer 1974) has less explanatory power than my theory of disrupted continuity to explain the experience of British diplomates. Its value when first published was demonstrated in the pre-registration preceptorship that became part of baccalaureate education in the USA. However, research using the same approach to measuring role deprivation (Taylor et al., 2001) supports the decline in relevance suggested here, and again illustrates that existing research, even seminal work, should not shape a developing theory.

## Using the literature to locate the theory within the current body of knowledge

While grounded theory moves beyond description to explain process and provide deep understanding, there is a danger that it will produce respected little islands of knowledge (Glaser, 1978; Lander, 1993) isolated from the general body of knowledge.

While the challenge described in the previous section added strength to the emergent theory, it could still be claimed that it remained isolated from the general body of knowledge. In locating the theory, its contribution would not be diminished; indeed it would be enhanced. Clearly the theory belongs with other literature on the neophyte staff nurse, but I wanted to move beyond this. The comparative analysis of

Benner et al. (1996) not only located the theory but, by the use of a paradigm case, suggested lines of further research to enrich our understanding of professional development.

Benner et al.'s (1996) research provided a detailed description of all levels of professional development, but did not explain the processes involved in development between levels; it is simply suggested that all advanced beginners will become competent with time and the proficient nurse will become an expert. However, a fundamental change is required for the competent nurse to become proficient, and not all nurses will achieve this. First, a comparison of nurses when they first qualified and at the end of transition allowed the claim that my research explained the transition for advanced beginner to competent nurse; however, the more fundamental change from competent to proficient practitioner remained unexplained. The use of a paradigm case from the grounded theory began to suggest possibilities.

As mentioned in the previous section, one nurse, given the pseudonym Amanda, did not develop an openness to wider learning at the end of transition. Instead, she appeared increasingly content with her growing ability to fill the role of team leader. She continued to value learning only where it had immediate practical utility. In explaining their progress and experience, other nurses began to increasingly refer to specific examples; Amanda continued to refer to generalised rules, even when asked about individual patients and care situations.

After five months, Amanda would shortly be moving to take up a position as staff nurse on a cardiology ward. She explained that this would mean she would need to learn about ECGs (electro cardiograms). Asked if patients on this ward ever had their cardiac rhythms monitored, she replied:

I mean it's the same old thing. The doctors say monitor them and it's fine. But it's only the senior nurses who know what's going on and like what's the point if no one can read them.

An earlier phase of the research had investigated nurses in a variety of grades (D to H) used at that time and this suggested that other nurses reached closure to all but the most essential learning and talked in a general rather than specific way about their patients. Together with a re-examination of aspects of the proficient nurse seen in some competent nurses (Benner et al., 1996) and the description of experienced non-expert nurses (Rubin, 1996), it was possible to suggest that openness to learning at the end of transition indicates the origin of potential for proficient and expert practice and a model for further investigation is proposed (Figure 2). The evidence for this proposed model will be explored in detail in a subsequent paper.

Finally, the abstract relevance of theoretical codes and the substantive core category can extend beyond a given study (Glaser, 2005) and thus link diverse studies with one another. This does not mean a direct generalisation, as formal theory development requires ongoing theoretical sampling but, for example, the core category of disrupted continuity and theoretical codes of role fragmentation and reintegration may help others to locate rather different transition experiences.

#### The literature review

While the researcher may delay their review of the literature, the report will require one in order to orientate the reader to the field of study. The content of the review is, as previously stated, emergent with the researcher discovering what literature is relevant as the study proceeds. An additional issue, probably well known to researchers

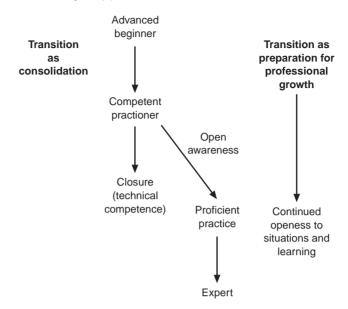


Figure 2 Variation in transition and development

but rarely acknowledged, should be considered. The researcher not only brings themselves to the research, but is influenced by knowledge gained from that research, and this will influence the review. In synthesising what is known, the analytic lens will be influenced by new insights. For example, I found that, for most diplomates, transition was one of conflicting aspects of the role, and it was difficult not to spot obscure examples in the literature, unrecognised by the author. Similarly the insights related to variation in an open perspective towards learning coloured my examination of ongoing professional development. The clear differentiation between what was known (the review) and how the reported study fits into the body of knowledge (the discussion) may not be that simple when literature is consulted towards the end or after the completion of a qualitative study.

#### Conclusion

Grounded theory involves both deduction and induction, but Glaser and Strauss differ in their beliefs about the role each should play (Heath and Cowley, 2004). This paper has illustrated how these concept relate to the use of the literature within a study. Indeed, it is suggested that the experience of inductive analysis during the research may influence the literature review.

While the theory is enriched by using the literature as data, it will gain credibility if data from the study is challenged by a priori research. Furthermore, using such a challenge as a two-way process between the emerged theory and existing research can integrate the theory tightly into existing knowledge, while retaining its unique contribution.

#### **Key points**

- Literature should not be reviewed prior to grounded theory study.
- Ongoing vigilance is required to limit the effects of known literature on analysis.
- Existing theory can be used to challenge emergent theory and locate the emergent theory within the current body of knowledge.
- Understandings stemming from data analysis will affect the researchers synthesis of existing literature.

#### References

- Benner, P. (1984) From novice to expert. Excellence and Power in Clinical Nursing Practice. California: Addison Wesley.
- Benner, P., Tanner, C., Chesla, C. (1996) Expertise in Nursing Practice: Caring, Clinical Judgement and Ethics. New York: Springer Publishing Company.
- Bloom, B., Engelhart, M., Furst, E., Hill, W., Krathwohl, D. (1956) Taxonomy and Educational Objectives. Handbook One: The Cognitive Domain. London: Longman.
- Draper, P. (1991) The ideal and the real: some thoughts on the theoretical developments in British nursing. Nurse Education Today 11: 292–294.
- Gerrity, P. (1987) Perceptions in nursing: the value of intuition. Holistic Nursing Practice 4:1, 30–36.
- Glaser, B. (1978) Theoretical Sensitivity. Mill Valley, California: Sociology Press.
- Glaser, B. (1992) Emergence v Forcing: Basics of Grounded Theory Analysis. Mill Valley, California: Sociology Press.
- Glaser, B. (1998) Doing Grounded Theory: Issues and Discussion. Mill Valley, California: Sociology Press.
- Glaser, B. (2001) The Grounded Theory Perspective: Conceptualisation Contrasted with Description. Mill Valley, California: Sociology Press.
- Glaser, B. (2005) The Grounded Theory Perspective 3: Theoretical Coding. Mill Valley, California: Sociology Press.
- Glaser, B., Strauss, A. (1967) The Discovery of Grounded Theory.
  Hawthorne, New York: Aldine Publishing Company.
- Glaser, B., Strauss, A. (1995) Status Passage: a Formal Theory. Mill Valley, California: Sociology Press.
- Heath, H., Cowley, S. (2004) Developing a grounded theory approach: a comparison of Glaser and Strauss. International Journal of Nursing Studies 41:2, 141-150.
- Hickey, G. (1997) The use of literature in grounded theory. NT Research 2:5, 371-378.
- Jenny, J., Logan, J. (1992) Knowing the patient: one aspect of clinical knowledge. Image 24:4, 254-259.
- Kenny, C. (1994) Nursing intuition, can it be resolved? British Journal of Nursing **5**:9, 976–986.
- King, L., Macleod Clark, J. (2002) Intuition and the development of expertise in surgical and intensive care nurses. Journal of Advanced Nursing 37:4, 322–329.
- Kramer, M. (1974) Reality Shock: Why Nurses Leave Nursing. St Louis: Moseby.
- Krathwohl, D., Bloom, B., Masia, B. (1964) Taxonomy of Educational Objectives: Handbook Two — the Affective Domain. London: Longman.
- Lander, D. (1993) New Strategies in Social Research. Cambridge: Polity Press.
- Laschenko, J. (1997) Knowing the patient. In: Thorne, S., Hayes, V. (eds) Nursing Praxis: Knowledge and Action. London: Sage Publications.

- McCormack, D. (1992) Concept analysis and curriculum development Part one: concept analysis. Journal of Clinical Nursing 1:6, 339–344.
- May, K. (1994) Abstract knowing: the case for magic in the method. In: Morse, J. (ed.) Critical Issus in Qualitative Research Methods. Thousand Oaks, London: Sage, pp. 10–21.
- Mitchell, T. (2002) Becoming a Nurse: a Hermeneutic Study of the Experiences of Student Nurses on a Project 2000 Course. Aldershot: Ashgate.
- Morse, J. (1994) Going in blind. Qualitative Health Research 4:1, 3-5.
- Morse, J. (2001) Situating grounded theory within qualitative inquiry. In: Schreiber, R., Stern, P.N. (eds) Using Grounded Theory in Nursing. New York: Springer Publishing Company, pp. 1–15.
- Purkis, M. (1994) Entering the field: intrusion of the social and its exclusion from studies of nursing practice. International Journal of Nursing Studies 31:4, 315–336.
- Pyles, S., Stern, P. (1983) Discovery of nursing gestalt in critical care nursing, the importance of the grey gorilla syndrome Image 15:2, 51-57.
- Radwin, L. (1995) Knowing the patient: a process model for individual interventions Nursing Research 44:6, 364-370.
- Rew, L. (1990) Intuition in critical care nursing practice.

  Dimensions in Critical Care Nursing 9:1, 30–37.
- Rubin, J. (1996) Impediments to the development of clinical knowledge and ethical judgement in critical care nursing. In: Benner, P., Tanner, C., Chesla, C. (eds) Expertise in Nursing Practice: Caring, Clinical Judgement and Ethics. New York: Springer Publishing Company, pp. 170–192.
- Strauss, A. (1987) Qualitative Analysis for Social Scientists.

  Cambridge, New York: Cambridge University Press.
- Strauss, A., Corbin, J. (1990) Basics of Qualitative Research: Grounded Theory Procedure and Techniques. Newbury Park, London: Sage Publications.
- Strauss, A., Corbin, J. (1998) Basics of Qualitative Research: Grounded Theory Procedures and Technique, Second Edition. Newbury Park, London: Sage Publications.
- Tanner, C., Benner, P., Chesla, C., Gordon, D. (1993) The phenomenology of knowing the patient. Image 25:4, 273-280.
- Taylor, H., Westcott, E., Bartlett, H. (2001) Measuring the socialisation of graduate and diploma nurses using the Corwin in Role Orientation Scale. Journal of Advanced Nursing 35:1, 20–28.

#### Journal of Research in Nursing 11(6)

**Correspondence** should be addressed to:

Helen Heath Homerton College Cambridge School of Health Studies Victoria House Capital Park Fulbourne Cambridge CB1 5XA

Tel.: 01223 885900

Email: heath@health-homerton.ac.uk