Behaving Collaboratively & Getting Along: A Classical Grounded Theory of Certified Nurse Midwives Collaborating with Physicians In U.S. Hospitals

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A SPECIAL THANK YOU

SIGMA THETA TAU INTERNATIONAL

ALPHA DELTA CHAPTER
INTRODUCTION

Problem Statement
Research Purpose
Current Literature
The Gap In The Literature
Effective collaboration is seen as an essential element in good-quality, cost-effective healthcare (Downe, Finlayson, & Fleming, 2010, p. 250).

The literature is replete with definitions & concept analyses of collaboration (D’Amour, et al; Henneman, Lee, & Cohen, 1995; Miller, 1999; Kennedy & Lyndon, 2008; King, Miller, Lurie, & Choltz, 1997; Reiger, & Lane, 2009)

GAP IN THE LITERATURE

No research on how people who collaborate interact.

No research on the processes of behaving collaboratively.
To generate a classical grounded theory in the substantive area of collaboration, from the perspective of CNMs who work with physicians in hospitals in the U.S.

To address the research question:

“How does the CNM perceive her collaborative role with physicians in U.S. hospitals?”
METHODOLOGY

Classical Grounded Theory
Sampling & Selection Criteria
Recruitment
Data Collection
Data Management & Sorting
Data Analysis
Core Category
Basic Social Process
Substantive Theory
Scientific Rigor
METHODOLOGY

CLASSICAL GROUNDED THEORY (CGT)

- CGT methodology allows for an unbiased, preliminary, or exploratory look into a phenomenon about which little is known.
- Is a rigorous research methodology.
- Is for systematic collection and analysis of data.
- Is focused on the data.
- Is different from other qualitative methods in that it allows for the discovery of:
  - the participant’s main concern (which is the core category),
  - how the participants resolve their main concern (through a basic social process)
  - and a substantive grounded theory.

SAMPLE & RECRUITMENT

主张性采样的选择
- 选择参与者，因为他们是谁，以及他们知道什么，参与美国医院的CNMs。

样本选择标准
- 仅限英语
- 目前在医院工作
- 电脑和技能

招聘
- 通过ACNM会员名录向参与者发送电子邮件，共招募18名志愿者，有2人不符合标准，最终16名参与者成功注册。
## Demographic Comparison

<table>
<thead>
<tr>
<th>Demographic Measures</th>
<th>Participants</th>
<th>ACNM Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>100%</td>
<td>98.7%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>87.5%</td>
<td>91.9%</td>
</tr>
<tr>
<td>Age Range</td>
<td>27-59 years</td>
<td>23-85 years</td>
</tr>
<tr>
<td>Mean Age</td>
<td>50</td>
<td>53</td>
</tr>
<tr>
<td>Years of Experience</td>
<td>1--30 ($X = 14$)</td>
<td>1--60 (mean, not given)</td>
</tr>
<tr>
<td>Bachelors in Nursing</td>
<td>93.75%</td>
<td>51.6%</td>
</tr>
<tr>
<td>Masters in Nursing</td>
<td>100%</td>
<td>51%</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>6.2%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Hospital-Attended Birth</td>
<td>100%</td>
<td>“the majority”</td>
</tr>
</tbody>
</table>
DATA COLLECTION

Data Collection Method

- Informed Consent
- Synchronous online interviews by appointment.

Type of Data

- Demographic
- Semi-structured interview questions
DATA MANAGEMENT

☑ Original transcripts saved intact to password protected computer.

☑ Transcripts were then deidentified:
  ☑ demographics & all identifiers were removed,
  ☑ given a unique participant number,
  ☑ each line of the transcript was numbered,
  ☑ each page given space for memos, ideas & comments
  ☑ & saved as a different file.

☑ Hard copies were made of the deidentified transcripts for data analysis.
☑ All data will be destroyed at the conclusion of the study.
DATA ANALYSIS STRATEGIES

CONSTANT COMPARATIVE METHOD
SUBSTANTIVE & THEORETICAL CODING
THEORETICAL SAMPLING
THEORETICAL SATURATION
MEMOS
DATA SORTING
CONSTANT COMPARATIVE METHOD (CCM)

- CCM is iterative
  - compares data, first to itself,
  - then to other data (before collecting additional data)

- CCM purpose is to
  - identify patterns
  - create as many categories as possible in the initial phase of data analysis
  - group conceptually similar categories together later in data analysis

- CCM is used in all stages of data analysis

Substantive Coding & Theoretical Coding

- **Substantive Codes** are the “conceptualizing up” or labeling of categories.

- **Theoretical Codes** make links between categories forming the foundation for theory.

(B. Glaser, personal communication, May 18, 2012)
DATA ANALYSIS: THEORETICAL SAMPLING

- Allows the researcher to modify the interview questions to prevent the researcher from collecting the same data over & over

- Is the “where next” in collecting data, the “for what” in the codes (categories and properties), and the “why” from the data analysis

- Confirms categories and their properties as well as the emerging theory

(Glaser, 1978)
DATA ANALYSIS: THEORETICAL SATURATION

- No new codes, categories, or properties are identified.
- The same codes, categories, and properties recur.
- Not based on numbers or a representative sample.

(Glaser, 1998)
DATA ANALYSIS: MEMOS

- CGT does not subscribe to separate methodological and reflective journaling.
- Memos are on-going documentation of the researcher’s thoughts, questions, prejudices, & ideas about the data.
- Memos keep the researcher immersed or absorbed in the data.
- Memos freeze the thoughts & ideas of the moment.
- Memos also allow the researcher to distance herself from the data to allow for the unbiased analysis of the data.
- Memos also allow the researcher to abstractly conceptualize the data.

(Glaser, 1978)
DATA SORTING

- Each transcript was analyzed and substantively coded with notes and memos written on the transcripts.
- A second transcript was made for the purpose of cutting up the data and grouping similar incidents together.
- The groupings were placed in small clear plastic bags & given a conceptual label.
- Conceptually similar groupings were placed in bigger clear plastic bags.
Core categories are discovered by identifying the main concern or problematic behavior for people in a setting.

(Glaser, 1978)
BASIC SOCIAL PROCESS (BSP)

- BSPs are processes through which people in a setting resolve their main concern/problematic behavior.

- A BSP is a type of core category with:
  - Two or more phases
  - Conditions and consequences or outcomes
  - Movement over time

(Glaser, 1978)
SUBSTANTIVE THEORY

- Explains & predicts how
  - a specific group of people,
  - who share a problematic experience (core category),
  - in a particular setting,
  - deals with that problematic experience.

- Fits the “real world” or is relevant
  - To the people concerned.

- Is readily modifiable to
  - Conditions
  - Consequences

(Glaser, 1978)
GLASER’S CRITERIA FOR SCIENTIFIC RIGOR

≈ Fit
≈ Achieved through CCM
≈ Categories, properties, conditions & outcomes with fit the theory

≈ Workability
≈ Achieved through discovery of a BSP
≈ A conceptual hypothesis for how the main concern is resolved

≈ Relevance
≈ Achieved through grounded data
≈ An easily recognizable phenomenon by those who have experienced it.

≈ Modifiability
≈ Achieved through theory application in different substantive areas
≈ A substantive theory can be modified by new conditions, new subjects and new perspectives.

(Glaser, 1978)
Participant Presumptions
Three Subcategories
The Basic Social Process
The Core Category
The Substantive Theory
PARTICIPANT PRESUMPTIONS

≈ Collaborative Team Members
  ≈ Focused on CNM & Physician as the “decision-makers”
  ≈ Many other professionals comprise a collaborative maternity care team

≈ The Patients
  ≈ My patients
    ≈ The CNM cared for this patient independently
  ≈ Our patients
    ≈ The CNM & physician cared for this patient together
  ≈ Their patients
    ≈ The physician cared for this patient independently
    ≈ Based on CNM referral and patient condition
THE 3 SUBCATEGORIES

Subcategories are the conceptual names for phases and outcomes, sometimes referred to as categories.

- **Phases** indicate movement in the process of caring for maternity patients.
- **Outcomes** indicate the phase has ended.

HOLDING
ADJUSTING
RELEASING

- Patient’s laboring condition determines phase or outcome.
HOLDING: “MY PATIENT”

- One phase or outcome: Independent CNM Guardianship
- Care provider: CNM, “my patient”
- One necessary condition:
  - a physician resource
  - ready if needed
- Three expectations of the physician resource who is ready if needed:
  - Leave me alone
  - Don’t come [if I don’t call]
  - Come when I call
- Possible Consequence
  - Patient remains in Independent CNM Guardianship which becomes the outcome
  - Patient condition changes requiring movement to the next subcategory
ADJUSTING: “MY PATIENT VS. OUR PATIENT”

 './../../slides/ADJUSTING-MY-PATIENT-VS-OUR-PATIENT.txt' from 'slides/ADJUSTING-MY-PATIENT-VS-OUR-PATIENT.png'
RELEASING: “THEIR PATIENT”

- One outcome: patient care is assumed by the physician
- Care provider: the physician, “their patient”
- Possible Consequences
  - Patient remains in the releasing subcategory which becomes the **outcome**
  - Patient condition is reverts to a previous subcategory or **phase**
Behaving Collaboratively BSP

- Comprised of
  - Holding
  - Adjusting
  - Releasing

Holding, adjusting, and releasing are the processes through which the CNM resolves the problem of behaving collaboratively with physicians in U.S. hospitals.
The CNMs in the current study believed the most important thing about behaving collaboratively was *getting along* with their physician colleagues.

Getting along has the requisite characteristics of a core category:
- It was central
- It recurred frequently in all interviews
- It recurred frequently as a stable pattern, similarly described by all participants
- It related meaningfully to other subcategories, properties, phases or outcomes
- It accounted for variation in the problematic behavior
- It had “carry-over,” and
- It had clear, grabbing implications for formal theory

(Glaser, 1978)
THE SUBSTANTIVE THEORY

Substantive theory concerns:
- a specific group of people...CNMs working with physicians
- in a particular setting...U.S. hospitals
- who share a problematic experience...behaving collaboratively

The Getting Along Substantive Theory
- explains why the CNMs resolve behaving collaboratively
- the BSP predicts how CNMs, in the real world, resolve the problem of behaving collaboratively with physicians in U.S. hospitals.

(Glaser, 1978)
DISCUSSION

Study Results & the Extant Literature
Unexpected Findings
Study Strengths
Study Limitations
Implications
Future Research
STUDY RESULTS & THE EXTANT LITERATURE

According to the extant literature, collaboration should:

- involve a shared goal,
- impact healthcare economics,
- allow health care providers to function at the highest level of their training.
- involve mutual trust and respect between collaborators,
- be nonhierarchical.

No literature to date describes the processes of collaboration.

CNM participants in the current study revealed how behaving collaboratively works.

UNEXPECTED FINDINGS

≈ Holding Category
  ≈ Originally thought to have two possible phases
     ≈ Independent CNM guardianship
     ≈ Resourcing

≈ Collaboration is possible in a hierarchical system

≈ Trust & Respect

≈ Teachable *behaving collaboratively* process

≈ Methodological insights
  ≈ Glaser-Speak
  ≈ Glaser’s ”just do-it”

STUDY STRENGTHS

- Research Design
- Sample
  - Geographically diverse
  - Similar to national demographic data
- Data Collection Procedure
- Data Analysis Strategies
- Results
STUDY LIMITATIONS

- Sample Size & Characteristics: Generalizability
- Dissertation Requirements
- Inexperienced Researcher
- Pre-research Literature Review
IMPLICATIONS

- Behaving Collaboratively BSP & Substantive Theory of Getting Along
- Education of Future Healthcare Providers
- Improved Clinical Practice
FUTURE RESEARCH

- Investigation of Physicians’ Perceptions.
- Investigation of Nurses’ Perceptions.
- Other collaborative team members
- Other disciplines
QUESTIONS?