Introduction

- A qualitative methods novice with extensive substantive nursing experience utilizes grounded theory method (GTM) with a nursing focus of health decision engagement
- GTM is the study of how people resolve a problem (Charmaz, 2014)
- The GTM of coding and theoretical modeling becomes invaluable to transcend the empirical data and develop conceptual ideas, a model, and major categories

Abstract

- The research question: How do adult children who are surrogate decision makers engage in care and decision making with and for a parent with advanced cancer?
- The practices of coding in gerunds, memoing, constant comparison and identifying an in vivo code, “Proceed with Life”, uncover conceptual codes and three major categories (see Results)

Results: Conceptual model

- Committing to the Parent
  - Respecting
  - Caring
  - Protecting

- Balancing Relationships & Self
  - Dealing with conflict
  - Supporting self

- Coordinating Dynamic Conditions
  - Communicating with Family
  - Understanding Health Services

Table: Analysis of Data

<table>
<thead>
<tr>
<th>Major Categories</th>
<th>Subcategories</th>
<th>Codes</th>
<th>Exemplar data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committing to the parent</td>
<td>Respecting</td>
<td>Choosing</td>
<td>“but that’s her choice you know and I can’t, she doesn’t want a health care proxy”</td>
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<td></td>
<td>Social Support</td>
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<td>“It was more important for her friends to have her old phone number”</td>
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<td></td>
<td>Caring</td>
<td>Deciding</td>
<td>“we made a family decision on his course of treatment”</td>
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<td></td>
<td>Planning</td>
<td></td>
<td>“I will come over and evaluate it and go from there”</td>
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<td></td>
<td>Acting</td>
<td></td>
<td>“I talk things over with him and I force him to answer”</td>
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<td></td>
<td>Protecting</td>
<td>Physically</td>
<td>“there is no reason for him to suffer”</td>
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<td></td>
<td>Financially</td>
<td>“but as far as not letting her go broke I need to be… oversee that for her so it works out well”</td>
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<tr>
<td>Balancing relationships &amp; self</td>
<td>Dealing with Conflict</td>
<td>Being angry</td>
<td>“that irritates me… the fact that she’s alive… enjoy her while she’s warm”</td>
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<td></td>
<td>Supporting self</td>
<td>Well-being</td>
<td>“Sometimes I have a glass of wine”</td>
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<td>Coordinating dynamic conditions</td>
<td>Communicating with family</td>
<td>Updating</td>
<td>“We usually do phone calls after the appointments and let everyone know what’s going on”</td>
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<td></td>
<td>Understanding health services</td>
<td>Discussing options</td>
<td>“We was very supportive of our decision not to pursue the chemo”</td>
</tr>
</tbody>
</table>

Discussion

- The analysis evolved conceptually through constant comparison of the data
- The first code to emerge was “choosing”. Parents’ making choices and the SDM’s choosing to honor those choices
- A major development in the relationship of the SDM and the parent is the commitment to respect, care for, and protect the parent. A concept shared among all was the in vivo code, “Proceed with Life”
- The in vivo code was spoken by a SDM relaying a unified decision among the parent, other family and SDM on a choice for no treatment. Conceptually this encompasses what the SDM needs to do to engage successfully with the commitment for care and decision-making

Conclusion

The limitations of this analysis includes this researcher’s first venture into the GTM. One of my memo’s (November 15, 2018) during the GTM process describes my journey:

- How am I going to do this? Coordinate all these codes from five interviews. It seemed like chaos! Then it came to me to just get on with it and try. At first very slow like I expected then I picked up speed as I did more constant comparison.

References


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