

# Interview with Juliet M Corbin

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### Salford, Manchester, UK

Interview by:

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## **Abstract**

This face-to-face interview with Juliet Corbin was conducted on Sunday 29 April 2007. It begins by tracing Corbin's academic and nursing career. The interview then focuses on her life as a doctoral student, followed by her 15 year collaboration with Anselm Leonard Strauss<sup>1</sup> (18 December 1916 - 5 September 1996). As the interview progresses, Corbin reflects on the evolution of Grounded Theory (GT), including her seminars around the world. The interview ends by exploring Corbin's view of qualitative research in the UK as well as her experience of her visit to Manchester.

## **Biographical Profile**

Juliet Corbin is regarded as a highly respected and prominent figure on GT. With a background in nursing, Corbin is a lecturer at San Jose State University, School of Nursing, USA, and Adjunct Professor at the International Institute for Qualitative Research, University of Alberta, Canada. Her research interests lie in the fields of chronic illness, pain, maternity care, ageing and sociology of work.

Following her 15 year collaboration with Anselm Strauss<sup>1</sup>, this eminent name is strongly associated with GT and its contribution to knowledge. In collaboration with Strauss, Corbin is the author of many books, some of which include *Chronic illness*

*and the quality of life* (1984), *Shaping a new health care system: The explosion of chronic illness as a catalyst for change* (1988), *Unending work and care: Managing chronic illness at home* (1988), *Basics of qualitative research: Grounded theory, procedures and techniques* (1990), *Grounded theory in practice* (1997), *Basics of qualitative research: Techniques and procedures for developing grounded theory* (1998, 2005) and *Chronic illness: Research and theory for nursing practice* (2001). These books have been translated into various languages, ranging from Japanese, German, Arabic, Chinese, Russian to Korean.

<sup>1</sup>For more information on Anselm Leonard Strauss, a useful website maintained by Adele Clarke exists at: <http://www.ucsf.edu/anselmstrauss/about.html>

## **Background to the Interview**

I first met Juliet Corbin in the year 2003 at a conference hosted by the University of Guadalajara, Mexico, where she was conducting a 2-day workshop on GT. The workshop was supported by the International Institute for Qualitative Methodology (IIQM), located in Canada. The University of Guadalajara is one of its nine international sites. Other than being a reunion time for many delegates, the interactive workshop provided an opportunity for all present to learn more about GT and to have questions answered around this particular method. It came as no surprise that the workshop was a total success for throughout its duration the audience was in awe by the presence and teaching style projected by Juliet Corbin. It was after the workshop that I was privileged to spend some time with her in discussion about a possible visit to the University of Salford, UK, so we could benefit by learning more about this research tradition. A provisional agreement was reached.

In 2006, and following due discussion with the Director of Salford Centre for Nursing, Midwifery and Collaborative Research (SCNMCR), Juliet Corbin formally

accepted the invitation to come to the University of Salford for a period of one week commencing 22 April 2007. At the start of the week, she spent time advising post-graduate students undertaking the MA in Gerontology and MRes in Health & Social Care. On 26 April 2007, other post-graduate students had this unique opportunity to discuss their research ideas, and in the evening Juliet Corbin gave a mesmerising lecture on caring for older active people. On Friday 28 April, she conducted a one-day memorable Master class on GT which was attended by doctoral students, staff and colleagues from Scotland, Germany, Ireland and France. This visit further coincided with the Royal College of Nursing international research conference held in Dundee, where she was a keynote speaker and later conducted a workshop on GT.

Juliet Corbin's agreement to the interview was the result of two email exchanges prior to her arrival to the UK. She was very pleased when it was later explained that the *Journal of Advanced Nursing (JAN)* was interested in publishing the interview.

### **Reference:**

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## Interview Transcript

**DM = Danny Meetoo**

**JC = Juliet Corbin**

**DM** Julie, thank you for agreeing to this interview. I'd like to begin by asking you to give a sketch of your nursing career, how it all started.

**JC** I've always had an interest in medicine or I should say medical things. Even as a little girl I used to play doctor and nurse using my grandfather as a patient. I always knew that when I grew up I wanted to go into medicine. Going to medical school wasn't possible with my family finances, so I chose nursing. In high school I was planning to attend a three-year nursing school. However, in my senior year my parents and I went for a counselling session. The counsellor asked, "Why would you want to send your daughter to a three-year nursing school? Three year nursing schools are going to be phased out. You should send your daughter to the university for nursing." That's how I ended up in a four-year nursing programme even though some of my friends went to a hospital nursing school.

I was always very happy about that advice because when you think about the career path to a doctorate in nursing, you have to go back to take all the university courses if you begin with a three year nursing school. It would have made it much more difficult to be where I am today, so I am very thankful for that advice. Of course that was many years ago, when college nursing programmes were very new. The four-year programmes were somewhat different from US university programmes today. Now students do two years of college before entering the nursing programme. Then, the first year was classes at the university and the next three years were devoted to clinical work. We were expected to take our college classes during summer sessions and at night.

After graduation I worked in a hospital on a medical-surgical floor. However, I'd always been interested in public health and wanted to be a public health nurse. So after a couple of years of working in a hospital, I went to work at the Health Department in Arizona. I met my husband there, so it was a good move. As a public health nurse I covered a wide geographic area and carried a large maternal-child caseload. The clients that I served were mostly very poor Hispanic immigrants, migrant workers, and some American Indians. I did home visits, but in addition worked in the maternity and well-baby clinics.

After I married, I decided to go back to school and get a Master's in maternal child health nursing. I had just started the programme at Arizona State when my husband was transferred to California. I was living in San Jose, California. I had two young children; therefore I had to rethink what I was going to study. I didn't have my parents to help me with childcare like I had in Arizona so I chose to attend the Master's programme at San Jose State. I chose that school

because it was close to home and classes were held in the evening to accommodate working professionals. It meant my husband could take over the childcare when he came home from work. Though the Master's was in public health nursing, I was still able to keep my maternal-child health focus. After graduation with my Master's I started teaching at San Jose State, where I taught maternal-child health for several years.

When I decided to go back to school for the doctorate I was still a maternal-child health-oriented person. I applied to the Maternal Child Department at the University of California in San Francisco because by then my children were older and I could leave them for longer periods of time. I was able to make the hour-and-a-half commute back and forth. I went to UC San Francisco, did my doctorate in the maternal- child area and focussed my dissertation on chronic illness in pregnancy. I was interested in high-risk pregnancies. There were two factors that made pregnancies high risk; one was having obstetrical complications. The other high-risk causing factor was chronic illness. I chose to study women with chronic conditions because this was new to me. It was my introduction to chronic illness. I was fascinated by chronic illness because of the impact that it has on people's lives. I would go to do my interviews but the women didn't want to talk about the pregnancy as much as they were interested in talking about their chronic condition.

When I graduated with my doctorate I knew that my focus would be on chronic illness. Though chronic illness can be found in persons of all age categories, I was pretty much focussed on the older age group. I spent most of my teaching time at what we call a Nurse Managed Centre, which presented me with a very exciting and innovative approach to teaching. It was an independent practice within the limits of the Nurse Practice Act. We did assessments and monitoring of chronic conditions, providing holistic care and calling upon the client's own physicians if we noticed change.

While I was teaching at the Nurse Managed Centre I found that I needed better assessment skills, so I went back to school and completed a family nurse practitioner programme. The idea was that one day I would do something great and wonderful with it, like go to Africa and work in a clinic. It turns out that by the time I retired from teaching my husband wasn't ready to go to Africa for two years, so that part never materialised. Though I would still like to carry out that dream.

**DM** With regard to your Master's programme, may I ask if your background has always been qualitative (research) or did you start in quantitative and then move into qualitative?

**JC** When I was in the Master's programme, the research book we studied from was *Better Patient Care Through Nursing Research* and the emphasis of the research course was mostly quantitative. However, one of the little supplemental books that we used was Schatzman and Strauss' book on fieldwork. After I read that book I became excited about qualitative research and determined to attend the University of California, San Francisco sometime in the future and study with Anselm Strauss.

**DM** So that's how the collaboration began?

**JC** No, it didn't start then, no. I started taking classes with Strauss when I was in the doctoral programme. At that time, sociology [Strauss was a sociologist but part of the school of nursing] and nursing were kind of separate. I went there specifically to work with Strauss so I don't know why I applied to the school of nursing and not to sociology, but I guess I stayed in nursing because through and through I am a nurse. Being a nurse was and is still part of my core identity. I've never wanted to leave the clinical area or nursing behind.

During the period of time that I was attending UCSF doing qualitative research was considered to be "unscientific." However, as student I was free to take either the quantitative research series or the qualitative series and I went for the qualitative series, which was Strauss's courses.

I had a difficult time when I went back to the nursing department and had to take the doctoral research seminar. I continuously had to explain and justify what I was doing and why to my fellow students as well as to Faculty. In my cohort of students, there were probably two or three of us that did the qualitative series. Quantitative work never appealed much to me. Maybe it has to do with my personality, my years in public health nursing or maybe I'm just plain nose. I'd much rather listen to people's life stories than play with a list of figures. I'm very interested in people and I didn't want to put measurement tools between myself and people - I wanted to listen and to talk to them.

**DM** May I now ask about you and Anselm Strauss? What was it like to be a student of Anselm Strauss?

**JC** Ah, it was wonderful. It was wonderful to work with him but it was equally fascinating to be his student. I would just sit in his seminars and watch him work with data. I was amazed what he could do with two lines of data. He could spin it into gold. I didn't really understand much of what was going on at the time. Strauss would say to the class, "Do you see the linkages here and did you see this and did you see that and you know we're doing this and we're doing that", but it didn't really register. If you're not working on your own project at the time you take your research courses what is being demonstrated doesn't have a lot of meaning. Strauss would bring people to class that he was collaborating with, like Shiz Fagerhaugh and Carolyn Weiner, and I remember saying to a student that was there with me, Katherine May, "Katherine, wouldn't it be wonderful to be able to work with him?" At the time I never dreamt that some day I would work with Dr. Strauss. But I didn't really understand much when I took that first course.

After completing the required courses for the doctoral programme and I was ready to do my research I asked Dr. Strauss to be on my committee. Phyllis Stern, another qualitative person who had studied with Barney Glaser, was also on my committee. The third person on my committee was Ramona Mercer, but she was a quantitative person. I don't know the exact details, but Dr. Strauss became ill and was hospitalised during my dissertation process, so he was never really much help. Phyllis Stern was helpful but she too moved

on to another University before I had finished. Ramona Mercer tried to help me and was very supportive of my study. Somehow I got through the dissertation.

About the time I completed my doctorate Strauss was back at the University teaching, though on a limited basis. He had a couple of post-doctoral positions open so I applied and received one of those positions. I began the post-doc studying chronic illness and contraception. I did about five or six interviews and decided this topic was boring. I really wanted focus on chronic illness, so I asked Dr. Strauss if I could change the direction of my post-doc and he said, 'Yes'.

He knew some couples that would allow me to interview them, so I began a study of couples, one or both of whom had a chronic condition. I knew Dr. Strauss had no research project of his own going on at the time. One day after he had very enthusiastically been working on my data I said, "You know, it would be kind of nice if we worked on this project together." That's what began our 15 years of collaboration. We worked well together and did several studies. I am ashamed to say some of these we never wrote up. We became interested in writing the 'Basics' book instead.

Then I went into the nurse practitioner programme and that also took up my time. Despite the fact that I spent three years collecting data on nurse managers in hospitals and we wrote many memos and drafts of several chapters for a book, we never published the head nurse study. Another study we were working on had to do with body and there's a whole draft of a book on body. That book was never published either because by then it was time to write the second edition of 'Basics'.

Before the second edition was completed Anselm died. After Dr. Strauss died I kind of pulled back for a while. I always saw myself as part of a team and now I was on my own. I had to find my own professional identity. For a while after he died the incentive to write and do research just wasn't there. However, I did get connected with Jan Morse and the Qualitative Research Institute at the University of Alberta in Canada and did a lot of workshops on qualitative analysis for the Institute and wrote a few papers. The Canada thing was good for me as I needed to do something different for a while.

**DM** Do you feel you've recovered from the loss?

**JC** I think so. I think that doing the third edition of 'Basics' was very good for me. I realized that I had finally found my own identity. Before that the research and writing by Anselm and myself had become so inter-mingled that it was difficult to separate what was mine and what was his. I think that another thing that helped me find my own identity was doing all the workshops and methodological teaching. When I wasn't teaching clinical I was doing method workshops. There wasn't a lot of time to do anything until I finally retired from clinical teaching. Only since then have I thought about going back and finishing the research projects that we had begun much earlier.

**DM** Do you think you will, one day?

**JC** I don't know. You know, I keep looking at the stuff and I think, 'Do we need another book?' There has been a proliferation books in recent years. When we published the first edition of the 'Basics' book there were only a couple of books on analysis - our book and the Miles & Huberman book. There were other books about qualitative research but nothing that really detailed how to do analysis. And now there are many books on qualitative analysis. Plus there is an overwhelming amount of literature in other areas. I ask myself, 'Is other book necessary?' Though I feel a certain responsibility to people who participated in the research studies, I think the data is probably outdated and that I would need to collect more data. I guess the question is: 'Do I really want to put my energy and time into collecting new data, going with what I have or what?'

**DM** So do you feel that the quality of the books that abound in the bookstores are all of a high quality, or do you not feel there is a need to have books by people who have actually been in the field, done the work? There are a great many books out there, but it's the quality that's in question.

**JC** Well that's a good point. There's not a lot of very high quality material in journals. I find many articles boring to read because qualitative work has become formula-like. All of the writings seem to follow the same formula. I don't see much innovation or creativity or find much new. I keep thinking that every time I go to meetings, especially the meetings on qualitative research, there are so many young and eager individuals out there that maybe we have to give them a chance too, that perhaps the role of those of us who are now of retirement age is to let the younger generation take over. All of these young people are competing to publish. They need to do it for their academic career and I don't need that any more. I feel badly because I know the book we were doing on body was something that many people really wanted us to publish. Anselm too wanted it published, but I thought that it really needed a lot more work, especially in regards to the literature. We really hadn't done a good review of the literature. We needed to make the book more scholarly, so I held up the publication.

**DM** I would like to ask you further about Anselm Strauss because I'm fascinated about student-teacher relationships and then coming to the same level, teacher-teacher level. When you were studying with Anselm and when he was teaching, do you recall any amusing stories from the field that he brought into his teaching? Did he use his own experience from the field?

**JC** He used his own experience all the time. To Anselm everything was data. He was continuously using his own experiences and telling stories. In terms of funny stories, he wasn't a funny man. He was a very serious man. I always had the feeling he must have been a very serious child. I'm not sure he ever played. Yet it wasn't that he didn't have a sense of humour. He tried to tell jokes but his timing and presentation were so bad that the jokes always fell flat.

The one thing that was always funny about Anselm was that when he first started using computers he had so much trouble with them. In those early days

the programmes that we used were very different. In order to put a period (full stop) you had to hit like five different keys to even get a full stop in there, and even later, as programmes became more sophisticated and Microsoft Word came out, Anselm would still get his computer all hung up and have problems. He would call my house and my husband would talk to him on the phone. My husband would say, 'Anselm, what's your problem?' And my husband would say, 'Okay, to fix it you do exactly what I tell you to do. I want you to hit the shift alt keys.' Then on the other end of the phone you'd hear, clickety-clickety-clickety-click! He'd say, 'Anselm, what are you doing?' I said the shift alt keys'. Clickety-clickety-clickety-click! So God only knows what Anselm was doing on the other end of the phone, but he would never just hit one key - he would go crazy on the keyboard. In terms of the mechanics of computer use Anselm had a hard time, but on the other hand he didn't shy away from using them.

Though Anselm wasn't good with mechanical things and he wasn't athletic, he certainly made up for his inabilities with his mind and his intelligence. Just watching him work with data was a marvel. I worked with him for 15 years and they were the most fascinating years of my life.

We always worked in cafes. We would sit down, have cappuccino and get out our data. One of us would take notes and it was that person's responsibility to go home and type up the memos. We always worked with memos. At that time they didn't have laptops so we would take hand-written notes and then type the memos at home. We didn't have the Internet when we first started working together either. We'd just bring the memos to the next meeting.

We would work in the morning, go over the actual field notes and do the analysis. Then we might take a break and go for a walk if the weather was nice, have lunch some place. Anselm would sometimes sit on a bench and rest or sit in the car and rest, and then we'd work again in the afternoon, and then about 4 or 5 o' clock I would take him home. I always had an hour and a half drive home in very heavy traffic, but still it was always thrilling, always interesting. I always felt I was on a head trip when I was working with Anselm. I felt that I was in a different intellectual world.

**DM** May I ask what kind of collaborative work you have done with Anselm Strauss?

**JC** Collaborative work?

**DM** Yes, whether you have written books together, papers, presentations.

**JC** Of course we did the research projects. We did three major research projects and there was another one we started when he died, and I think there are about seven or eight interviews that I still have from that incomplete study. We did the study on chronic illness in couples, then we did the study on nurse managers and, like I said, that one went on for about three years. Then we were working on the body and self. The body and self was a study that went beyond chronic illness, though it began that way. It looked at different aspects of body, such as "shaping the body", "experiencing through body" and so on.

Anselm was very interested in immigrants and we started with some interviews on immigrants to the US, but we didn't get very far on that study. A lot of our writing was on chronic illness and we did quite a bit of writing on it. We would get together, talk about an article or a book, and then write something. Except for the Basics book, whoever did the major writing, put their name on the article or book first. It was only the Basics book that his name went first, even though I did most of the writing, because the method belonged to him. In addition to the research studies we did work on methodology, I would often sit in on his basic research courses. In addition he and I collaboratively conducted a seminar group, usually in the evening, for students who were working on their dissertations. That group started as a response to the fact that when students got to the point of writing their dissertations they didn't understand methodology any better than I had when I was coming through. It's one thing to study methodology and another to do research. So we started this seminar group and we ran that together - maybe four or five years. All during this time, however, Anselm continued to work with other people. I was not the only person he was working with.

**DM** Are any of those students that you can recall who moved on, having followed your work and that of Anselm? Is there anyone carrying on with grounded theory?

**JC** There are a lot of students of Anselm's that have carried on grounded theory. We didn't have a doctoral programme where I was teaching so I didn't have my own doctoral level students, as one does when a university has a doctoral programme. I served on committees at UC and other schools.

Most of the students that studied with Anselm and that have gone on and written about grounded theory were sociology students. Phyllis Stern and Holly Wilson who have written some studied with Barney Glaser. Kathy Charmaz was friendly with Anselm Strauss but I think she too studied with Barney Glaser, though I'm not certain about that. Adele Clarke studied with Anselm and so did Leigh Star. Barney Glaser taught the analysis course at UCSF (University College San Francisco) before Anselm took over the course. I was there when Anselm Strauss was teaching.

In my nursing cohort doing qualitative work, there were two other students that I recall, Kathryn May and Fred Bozette. Kathryn May wrote a few articles about grounded theory and did some research, but then moved into administrative work and wrote a book on maternal nursing. Though she was very much associated with grounded theory, I don't know if she followed through with doing more grounded theory studies. Fred Bozette unfortunately died early in his career. Shiz Fagerhaugh is a nurse and worked collaboratively with Anselm for quite a few years, even overlapping the years that I worked with him. She collaborated with him on the pain study and then worked with him again on the medical technology study as part of a group of sociologists working together with Anselm. But she didn't write much about methodology.

Now, in terms of students who have really followed through with grounded theory, a Japanese ex-student, Shigeko Saiki-Craighill, wrote a book about grounded theory in Japanese and she has come to the US and studied with me over several summers. I've worked with a lot of students independently. Somehow they find their way to my door and I never turn one away. I learned that from Anselm - always be gracious to students. I don't know how many students do grounded theory studies again after completing their doctorates. The students who have gone on to write books on grounded theory, like Kathy Charmaz and Adele Clarke, and were all sociology students.

**DM** During the time you have been involved in research, have your views on grounded theory remained the same or have they changed over a period of time?

**JC** From the time that I was introduced to grounded theory I was very enthusiastic about it and I've never lost the enthusiasm. I think it's really enhanced my clinical ability, because it enabled me to enter into the world of the chronically ill and see illness from their perspective. In other words, when you go into the field and you observe and you listen and you talk to people you change. The process that you undergo when doing qualitative work brings you out of your medical orientation to a more patient-centred orientation. As for my approach to method itself, I've changed considerably. Early on I was much more dogmatic in my approach, more concerned with being scientific. Now I am much more relaxed and I trust myself and the data more.

**DM** Which brings me to my next question - about objectivity. There seems to be a school of thought that field researchers should distance themselves, not just from the participant but also from the data analysis. What are your views on that?

**JC** Well, I've come to the conclusion that as much as we think we're unbiased, we're biased. We look at the world, we look at our field notes, we look at everything through the lenses we're wearing and it's very difficult to step outside of that. So you try as an analyst to do the best that you can to represent your participants, knowing that you are part of the analysis as well. I think that techniques like asking questions of the data and making comparisons help you to get outside of yourself to some degree, but never completely. I think that you can't be an effective qualitative researcher unless you have an open mind.

On the other hand, no matter how experienced a qualitative researcher is, he or she always brings to the research his or her own perspectives and visions. How a nurse analyses data is going to be very different from how a sociologist or a psychologist or somebody from business management does. Anselm compared doing analysis to examining a finely-cut diamond. You turn the data this way and that way and examine it from many different angles, trying to make sense out of it and remain true to the meaning of participants. If we didn't ask questions, if we didn't make comparisons, if we didn't look at things in different ways or use metaphors or different things to try to get into our data, the chances are we would be looking at data with blinders on. Even at that, the findings we construct from data include a part of us.

**DM** This may be a sensitive question but I can't resist but ask. As you were talking, I reflected on Becker's paper about whose side the researcher should be taking - the oppressor or the oppressed. This is something that students always tend to ask, especially into today's era of research, economically, sociologically... (interrupted).

**JC** Oh, right, the feminist position and the idea of power, is that what you're getting at? My feeling about interviews is that the participants have a tremendous amount of power. First of all, they don't have to talk to you if they don't want to. My experience with this is that if people don't want to participate, they'll tell you. And if a participant wants to hide something from you, they'll say, 'I'd prefer not to answer that question'. The withholding of information a person does not want to share is especially likely to happen if you do unstructured interviews and you let the participant direct the interview. They take it where they want it to go. I'm sure it happens where you get an interviewer and an interviewee who feel in a power differential, but I always found that you go into people's homes and in a sense that gives them control and power, because it's their home.

The other thing I've noticed is that they always offer me something to drink or to eat, and an interview usually begins with the interviewee talking about him or her self in a general sense. Participants take you around the house and show you pictures, and by the time you've had tea and cookies you've already established some degree of intimacy. Then, once you get down to the interview, I find that people often find it very cathartic, especially if you're talking about chronic illness and they want to talk.

Many times the interviewer is more nervous than the participant, and that - I don't know, I just don't feel uncomfortable doing interviews. I've been interviewed myself and I know that if I don't want to say something, I don't have to say it. When other people have done studies - I remember some people from UC were doing a study on decision making in families, around chronic illness. We didn't have a chronic illness in our family but they wanted to do a pilot, and so they came to our house and asked us to tell them about a problem and how we resolved it or something like that. I didn't feel it was problematic and so - maybe there are people who do, but I've never encountered a situation where I think people really felt uncomfortable. I find that people cry, they get distressed, they sometimes pull back, they sometimes have to stop and recollect themselves and you may have to terminate an interview early because it brings up a lot of stuff that people have problems with, but mostly people want to talk and are happy to be given the opportunity.

One of the things human subjects committees always ask us for is to provide the number of the crisis hotline in case persons become disturbed. Well, as far as I know nobody's ever had to call the crisis hotline and no one ever really called me back either. In fact, Jan Morse and I wrote an article about interviewing. The idea behind it was to present an argument in favour of a short review of interview studies by human subjects committees because mostly interviews are positive experiences.

As far as what to study, I don't think that we all have to study oppressed persons, though there is some trend towards studying social issues and taking up a cause. I suppose the role of researcher is to enlighten, bring about change, generate new knowledge, and make the world a better place. And researchers should always look at a problem from multiple perspectives and examine all sides of an issue. But we don't always have to study oppressed people. We shouldn't always have to study ourselves either, that is study nurses.

**DM** Yes, it can end up being very therapeutic for the interviewee, can't it?

**JC** Exactly.

**DM** Many people talk about grounded theory. In your extensive experience, do you think that everyone who claims to do grounded theory actually lives up to that claim?

**JC** What I've noticed is that very few people really develop theory. Doing a grounded theory implies developing a theory from data. At the end of the study, there is more than a set of findings. There is a theoretical explanation about something, a series of well-integrated concepts around a theoretical scheme. What Glaser and Strauss were doing when they wrote that first book about grounded theory was presenting an argument against armchair theorizing and for going out into the field to find data to develop theory. On the basis of that book, grounded theory evolved as a method and took off and grew.

People have tended to use certain techniques, like constant comparisons, and throw around words like saturation and theoretical sensitivity or theoretical sampling, very often without understanding what the terms mean or using them in the wrong way. Often people don't develop theory either. They do descriptive studies, and by descriptive I mean they come up with five themes and just list the five themes and talk about the five themes with no integration or no scheme that pulls the themes together. There is no integrative theoretical formulation that could be called theory. That's why there is a lot of variation in what you see in the literature calling itself grounded theory. Most of it is grounded description, which in its own way is good too.

**DM** Do you wonder, then, in view of the fact that there is so much variation, what will happen to grounded theory in the future?

**JC** Well, you see, I think that grounded theory has long been a methodology that people take and use it in their own way. Adele Clarke has her version of grounded theory and so does Kathy Charmaz. Barney Glaser has his books and there's Anselm's way of doing grounded theory. I think there are almost as many types of grounded theory as there are people doing it. Grounded theory has proliferated into many different things. The only criteria (sic) I would have is that if you call it grounded theory, you have a theory. Otherwise, call it grounded description. There's nothing wrong with grounded description - it's very helpful, it gives tremendous insight, it adds to the body of knowledge - but we shouldn't confuse building theory with doing

description. Both have their value and both are valuable and make a contribution to knowledge and science.

**DM** So, may I ask, what would you say are the philosophical underpinnings of grounded theory?

**JC** Well, I can only talk from Anselm's perspective and he comes from a Meadian symbolic interactionist and Dewey pragmatist philosophical perspective. I spell this all out clearly in the 3<sup>rd</sup> edition of Basics. My chapter was based on a chapter that Anselm and I had written for the second edition of Basics, but the publisher removed because he said the book was too long and the material was too sophisticated for a basic text. I feel that was a big mistake and the philosophic underpinnings should have been there. I made up my mind that the material was going to be in the third edition. Looking for process and action/interaction in data, looking at the world from the perspective of participants, and bringing context into the analysis - all ideas so important to Anselm's approach to analysis - were derived from symbolic interactionism and pragmatism.

**DM** So essentially, then, one could argue that because of what you have said so far and what grounded theory is meant to do and the philosophical underpinnings, grounded theory is very critical in the context of health care, is it not?

**JC** Yes, because it helps you to understand patients' perspectives. For example, a nurse can't expect to talk about health promotion and bringing about life changes, or dealing with death and dying and deteriorating conditions without understanding the patients' perspective.

**DM** So, in the context of the UK then, would you say that we do a dis-service to students who are following a nursing pathway because we don't talk enough about, say grounded theory, or any research theories that relate to patient care?

**JC** I think that there are many good qualitative methods, including ethnography and phenomenology. I think that nursing schools do a dis-satisfaction to students by mandating that students do quantitative research. Students should be given a choice about method and chose the method to fit the problem. I believe that some people are more quantitatively-oriented and some are more qualitatively-oriented. Of course, now there's a trend towards mixing methods, but to me, to do a real grounded theory study - that is, develop a really dense well-integrated study in which you actually develop theory - you don't really have time to run around administering a lot of quantitative instruments.

A good quantitative study takes a lot of time and energy and so does a qualitative study. There are no short cuts for either and you can't expect a doctoral student to do an excellent job with both. Either a student does some sort of mixed methods where it's primarily quantitative with a little bit of qualitative to try to explain some of their quantitative findings, or a student does basically a qualitative study where maybe they do use a demographic questionnaire. But to try to do a really good quantitative study or a really

good qualitative study, to me is too much to ask any doctoral student. They have to graduate some day!

But I think that nursing still feels that qualitative work isn't quite scientific enough, and I think a lot of that is due to the fact that nurses are so hung up on being equal to doctors or being respected by physicians and other researchers that they don't value what they do. Nurses should be more concerned about improving patient care and choosing a method that will let them handle the problems at hand. I think that in our desire to be seen as professionals we have moved more toward a quantitative way of doing research. Yet we know that qualitative research has a tremendous amount to offer both nursing and certainly to improving patient care. I mean, I look at my husband, who was in the business world, and I know that he would go stark raving mad trying to do interviews. He's just not interested. You know, give him some sort of measurement tool and he wants to quantify everything! But, you know, he was an engineer and they quantify everything.

But numbers don't interest me that much. I am far more interested in going into a person's home to see their problems with managing illness or going into a hospital to find out how it works. I can't see how measuring three of four variables are going to help me to understand people. Perhaps it's a basic curiosity that some people have that brings them to qualitative work. Some people when they travel stay in the best hotels and never get outside of the hotel, whereas I like to go and get an apartment in an area where everybody lives and live there like the rest of the people do. Maybe I won't be able to completely enter into society but at least I have a much better picture of it. It's the same with research. I don't have a chronic illness, but I have a pretty good understanding of what it means to live with one after having interviewed and observed so many people.

**DM** The next three questions are about you personally. Having followed some of your work, I know that you have travelled extensively. Where grounded theory is concerned, are there any parts of the world where it's easier to appreciate grounded theory and anywhere where it's hard to accept grounded theory in the way that it is?

**JC** Yes. It's hard to know, of course, when you leave some place... I think Asian countries tend to be interested in qualitative work. I'm talking mainly about Korea and Japan. I've been to Korea four times. In Japan people seem very interested in qualitative work and their work is respected. In Mexico and in Brazil there is a lot of qualitative work being done. I've never gone to Australia but there is qualitative work being done there too. There are qualitative people here in the UK. I don't know so much about Germany. I think they tend to come at research from a more phenomenological perspective, but they do grounded theory too.

The US, I find the US going over the edge in terms of qualitative work, or at least pushing it to the outer limits. You know, when I went to the last few qualitative meetings in Canada, I just lost interest because I found so many of the methods too far out for me - interesting but more artsy than science. Writing poems and writing novels just don't fit with nursing. While these art

forms certainly have a place in literature, I'm not sure they are going to contribute much to the evolution of nursing knowledge.

**DM** Yes, like citing a chunk of stories and saying this is what they've come up with, without any meaning as to how it can be applied?

**JC** Yes. Right. There are no concepts to hold on to or to work with. And so I think that I don't know what direction qualitative work is going in, but I find that I often get very discouraged, especially in the US, with the notion that it seems to be so loose. In sociology it doesn't matter. But in disciplines like nursing it matters because you're working with people and you are ultimately responsible for their lives, their psyches and their wellbeing and you can't go too far over the top. There has to be some structure to what you do and some validity to what you're finding - otherwise, what's the point of doing it?

**DM** This leads me to the next question. When we were in Guadalajara in 2002 I was fascinated by some of the people that had returned from exile, and how some of the keynote speakers were talking about positivism and Marxism. Although there is a connection between Marxism and qualitative research, there seemed to be very little said about qualitative research and yet we were there for a qualitative research... (interrupted)

**JC** I know, I know!

**DM** So how does qualitative research survive in a predominantly Marxist principle?

**JC** It's hard, you know. It's a very difficult situation because... that's one of the concerns I have for Central America and South America and even Mexico. If researchers become too dogmatic in their perspective, there's no more open mind. They are looking at the world through only one possible lens and the worldview becomes too narrow. And you can't do qualitative work unless you have an open mind, unless you're willing to look at situations from many different angles. What's important to me is obtaining multiple perspectives and looking at the same problem from many different angles always trying to get a broader view of life. It's so easy to get caught up in your own world. When I'm living in my house in the countryside it's almost like no other place in the world exists, you know, "this is my reality". But that is such a narrow view of the world. And I think that if you get caught up in Marxism or any theoretical perspective without considering other options, especially if you are caught up in a victim-oppressor type of philosophy, you are going to lose your ability to obtain a broader understanding, which to me is the whole purpose of doing qualitative work.

**DM** Yes indeed. And this was one of my concerns, because it was very much to do with them and us.

**JC** Yes.

**DM** So the question that arises (is), 'Where does it place the average person in the context of care?'

JC Exactly.

DM Do you put them against the powers that be or in favour of them? Or are you supposed to work together?

JC Patients to some degree are at the mercy of their healthcare systems. On the other hand, there are some patients who have a lot of power. If you just look at situations from the perspective of 'them' and 'us', then you immediately set up an adversarial situation. In research we have to look at all perspectives, the workers and the managers, if you know what I mean. Each group has its own set of problems. People have avenues to talk to each other and negotiate. We have to get away from fault-finding and assigning blame. We have to be able to look at systems and determine what is there about the system that allows certain situations to exist, and then work together to resolve problems. Even when it comes down to nursing care plans. We should never impose a care plan on a 'patient' or 'service user', as you like to call them here in the UK, and say, 'This is my plan for you' unless the person is too ill to participate or the tasks in the plan are purely technical and to be done by nurses. Even nursing care plans should be worked out collaboratively between nurses and patients. Nursing is not about power, or at least it shouldn't be. The nurse-patient relationship is about humaneness and caring. We are there to help persons get well and stay well.

Getting on with the answer to your question, nurses should listen to patients, give them the right to participate in their care, give them decision-making power, and provide them with the information and knowledge that they need to make sound decisions. Nurses should negotiate on what the plan of care should be and not impose a plan of care. I come from a symbolic interactionist perspective and believe that people are active participants in shaping and managing their lives and health care. I don't necessarily know what's best for other persons. As you can see, symbolic interactionism isn't against looking at power issues. It just approaches them from a different way. The nurse presents alternatives based on professional knowledge and lets persons choose among these what they believe is best for them, unless of course there is an emergency or crisis situation. And sometimes persons choose not to do something or something that is not medically sound and nurses have to give persons that right also.

DM There is a need, I guess, therefore, for nurse educators in this country to perhaps review the curriculum that they plan in order to embrace these philosophies that we are talking about. Because I personally don't believe that we do.

JC Well no, you almost never see this more egalitarian approach even in the US. Sometimes in a hospital when a patient is very ill you have to do things to and for them. But when you're trying to get them ready for discharge and certainly when you work with them in their homes, you've got to bring them to a point of understanding and negotiate with them, and bring them along at their own pace. That's where education and counselling come in. These are the very special skills that *only* Registered Nurses can bring to the bedside. If

persons don't want to take a medication or don't want a procedure, the nurse should find out what the problem is and then work with a person to find solutions. I think that's where we need to move with health care. I guess that is what the whole movement toward patient-centred care is going.

**DM** So, in respect of building theories, what would you say are the goals of social science? Does it help researchers to bring about change or empower people to bring about change, or do they act like catalysts for patients to be change agents?

**JC** I think that nurses should be catalysts, should be change agents. But I also think nurses should empower patients to take responsibility for their care. With the internet today, persons often know more about a specific condition than healthcare personnel do. But I think we have to be really careful about going too far and not "dumping" too much responsibility for care on persons or putting responsibility on them too quickly. This is where nursing judgement comes in - again a reason to put more nurses at the bedside. Nurses must assess when persons are ready to start taking over some of their care, and then empower them through knowledge to do so.

To me empowering is something only nurses can do. It's not something a nursing aide or another trained worker can do. The role of nurses is not to be junior doctors - that is diagnosing and prescribing. That's why physicians go to medical school. The role of nurses is to be there. To help individuals move from being very sick to a state of health and well-being, but only after having given them the psychological, the physical, the social and knowledge support needed to move to that point. The social sciences fit in by providing nurses with knowledge about the social structures of the institutions they work in, about the environmental, political, and economic systems that frame patient care and that try to dictate nursing practice. Additionally, the social sciences provide nurses with the psychological knowledge needed to understand persons' behaviours. It's up to nurses to put all of this knowledge together, along with their medical and physiological backgrounds, to provide high level care that brings persons from illness to health and helps them stay that way. That's what nursing practice is.

**DM** Going back to the generating of theories from data: this is one of the objectives of grounded theory and you were mentioning novels and movies, how the director has the ability to change things, whereas in research we can't. But at the end of the day people could also say, then, that there are theories in novels as there are in research and grounded theory, but no doubt there are variations?

**JC** Well, you have to tell me what you mean by theory. I can have a theory that the sun is going to come up every day, you know. I don't know if novelists have a theory as much as they have a story to tell. And a story is different than a theory. A theory is a set of concepts that are inter-related. Not only they give insight and understanding, but also to help us predict and to plan. Novels can have purpose, they tell a story, and they can bring about social change. But a novelist can also consciously stretch, exaggerate, and slant the facts to make a point in a way that researchers can't. I would hate to base my

nursing practice on a novel. Though a novel may give me insight into human behaviour it's too loose scientifically to direct practice. I see theory grounded in data providing the ability to come up with an assessment tool. With theory, you can say, 'Under these conditions, this is what's likely to happen. Therefore if I intervene at this point...I can most likely bring about these results.' I don't think a novel is sufficiently specific.

**DM** Now, regarding quantitative and qualitative research: there are some schools of thought that say we have to bridge this traditional division that's been going on for years. So, at a personal level, what do you think should be the role of qualitative research, because some researchers continue to position qualitative research as the 'junior partner'?

**JC** Well, I think it gets back to question of: 'Is qualitative research science?' And you either accept that it's science or you don't. If you don't accept that it's science then you'll always see it as the junior partner. You have to have multiple perspectives and understanding of what research is. Research can be a variety of different things. And to me, if there's a problem in need of researching a researcher should use the best approach to find solutions to the questions raised by that problem. If it's quantitative then you use quantitative, and if it's qualitative you use qualitative. It's that simple. A researcher chooses the method that most enables him or her to answer the question.

**DM** Yes, but one of the major problems I see in the UK is that because of the long hours that junior doctors work, the Government has decided that in order to reduce the hours, we are going to have another breed of nurses known as advanced practitioners. And the advanced practitioners, who in my opinion should essentially be the future leaders of nurses and nursing and help other colleagues to look at patients as patients, are moving very much into the quantitative paradigm.

**JC** Right. But, you see, I think you need to make a distinction. The fact is that the US is beginning to use more and more nurse practitioners, but they're more clinically-oriented than, say, academics who I see... if you were to put categorise nurses in terms of research... I would think that nurse practitioners would more likely do quantitative work because they're more interested in problems such as: 'Does this intervention work better than that intervention?' They are working from a medical paradigm, whereas I see nursing academics as more interested broader questions and in building theory. Both groups, of course, should be interested in understanding the whole range of human behaviour from the standpoint of health and illness, coming at research from different perspectives, and letting the question dictate the method. I see advanced practitioners using the information generated by other researchers.

**DM** So, in your opinion then, what views do you hold about the nature of the state of qualitative research in the UK?

**JC** Well, I don't have a very good feel for it. I see interest, I see a lot of interest, and I would hope that it would continue to have a strong influence on nursing research. I don't know how well it's accepted, but there certainly seem to be people who want to do qualitative work and hopefully they won't be

discouraged from doing it because of the potential it has to contribute to nursing practice. It's not a sociological method. Rather, it's a research method that provides understanding about the human condition, and the knowledge generated by it is just as valid as knowledge derived from any quantitative study - and for some research questions is probably a more valid approach to knowledge generation.

**DM** May I ask you what plans you have for the future? Travelling, writing novels?

**JC** I'm not going to write any novels! I suppose I'll never really give up work entirely, but I'm really enjoying life. I've always been a happy person who's enjoyed life and made the most of it. I can find enjoyment no matter where I am or what I'm doing. So I'm sure I will continue to be interested in nursing and in research. I've always been a curious person. I'm curious about people and cultures and language. I'm interested in learning languages and travelling. I'm interested in what goes on under the sea, what goes on up in the sky. I'm retired, but not yet ready to die!

**DM** Indeed. I would now like to ask you about Barney Glaser. I feel it might be interesting to know, in your opinion, how Barney Glaser's views on grounded theory differed from those of Anselm Strauss and, of course, your own.

**JC** You know, Barney and Anselm worked together; in fact Anselm hired Barney to work on a research project with him. They did the project and remained friends for many years. It wasn't until Anselm and I published the first edition of Basics that the problems started, and it was never our intention to upset Barney. We thought he'd be happy about what we were doing.

I think that the two men have always approached analysis differently. Anselm had his own way of doing things, certainly after Barney left. He continued to do research with other people and he certainly had a lot of contact with Europeans.

Barney's reaction to our book was a shock to us, let's put it that way. And in fact we dedicated that first edition of Basics to Barney. We had his daughter read it. She was a student of Anselm's at the time. She certainly didn't say anything, so Barney's reaction came as a complete shock. But Anselm has always brainstormed when he worked with data, made comparisons, but he never forced data, as Barney implied.

We've never had an argument with Barney. It's always been his argument with us. I've never had any contact with him. I don't know the man and I think he'd be rude to me if I met him. I would never be rude to him. I respect him for his contribution and what he has given all of us, and I don't have anything bad to say about him. I think he's entitled to his opinion.

**DM** Finally then, Juliet, how would you describe your visit to Manchester?

**JC** I've been very happy with Manchester. When I told people I was coming to Manchester, they kind of implied there wasn't much to do here, not like London anyway. But I've really enjoyed being here a lot. I've met many

wonderful people. Everyone was kind and thoughtful. I made new friends and saw some interesting and lovely places. I've come at a beautiful time of the year. I've certainly have had a lot to do and see since I've been here. I think Anselm was here in Manchester many years ago. I remember him telling me how beautiful it was in the springtime and so I'm happy to have had this opportunity.

**DM** Well, it's been an honour for me to meet you. Thank you.

**JC** Thank you.