Chapter 3: Exploring Nursing and Patient Experiences in Homecare SMOs in India using Constructivist Grounded Theory (CGT)

One of the key takeaways from our SLR was the unexplored space of home healthcare managed through SMOs. Also, much of the literature suggested a need to understand the home care space and the SMOs. In order to properly investigate it was important to capture finer aspects of agile practices at homecare SMOs that would present nuanced understanding of behavioral parameters.

The qualitative approach to research is helpful in exploring patient and nursing experiences in self-managed homecare organizations in the Indian context. It is because one of its primary strengths lies in providing a rich contextual understanding of the subject matter. Through qualitative methods, researchers can gain an in-depth comprehension of the unique setting of self-managed homecare organizations, capturing the intricacies that define patient and nursing experiences (Mobasseri et al., 2024).This approach allows for a holistic examination, shedding light on the participants' perspectives, challenges, and satisfactions within the self-managed homecare environment (Malik & Shankar, 2023). The complexity of interactions between patients and healthcare providers in this context is better elucidated through qualitative approaches as none other. The qualitative approach provides valuable insights into communication dynamics, trust-building, and collaboration within self-managed homecare organizations (Holmberg et al., 2012). Qualitative research emerges as a powerful tool, providing a comprehensive and contextual understanding of patient and nursing experiences in self-managed homecare organizations in India. Its ability to capture the intricacies and qualitative aspects adds depth to the exploration, complementing quantitative methods for a more holistic perspective.

Denzin & Lincoln (2008) describe qualitative research as fundamentally interpretive and concerned with understanding the experiences and perspectives of research subjects. According to them, qualitative research encompasses the following key characteristics:

1. *Naturalistic inquiry:* They advocate for qualitative research to be conducted in natural settings where phenomena occur, enabling a more authentic understanding of the subjects and contexts under research.
2. *Researcher as instrument:* The researcher is seen as a key instrument in the research process, actively involved in data collection and analysis. This personal involvement

is crucial as it acknowledges the influence of the researcher's perspective on the interpretation of data.

3. *Holistic approach:* They emphasize a comprehensive approach that considers the complexity and interconnectedness of social phenomena. This perspective helps in understanding the full context rather than isolating variables.
4. *Focus on meaning and process:* Rather than concentrating solely on outcomes or effects, qualitative research is concerned with understanding how people construct meaning in their lives and how these meanings influence their actions.
5. *Reflexivity:* An essential part of qualitative research, as seen by Denzin and Lincoln (2008), is reflexivity—where researchers continually reflect on their biases and how these influence the research process. This introspection helps maintain the integrity of the research process.
6. *Emergent design:* The research design can evolve as new insights are gained. This flexible approach allows the research to adapt and change direction based on what is learned during the research.
7. *Critical involvement:* Denzin and Lincoln (2008) point out that qualitative researchers should critically engage with the social issues they are studying, aiming to contribute to social change. This involvement often includes challenging existing power structures and advocating for the marginalized.

1. Constructivist Grounded Theory for the authentic inquiry into the phenomenon of interest

In exploring the dynamics of nursing and patient experiences within the Indian self-managed homecare sector, this qualitative research was designed through a Constructivist Grounded Theory (CGT) lens (Charmaz, 2008; Glaser & Strauss, 2017). CGT is relevant when the research is needed to explain the actions and processes of a specific situation in a given context (Dearnley, 2005; Hallberg, 2006). Diverging from classical grounded theory, which seeks a singular objective truth, CGT appreciates the subjective nature of reality. Therefore, it allows the researchers to accommodate more than one core category or theme as they emerge in data analysis, and researchers do not need to limit or shrink their findings to a single insufficient theme (Cheek et al., 2004). Constructivist Grounded Theory (CGT) reflects a constructivist ontology, emphasizing the co-construction of reality between the researcher and participants that also accommodates the inescapable subjectivity in the findings as the

researchers' and participants' perspectives necessarily influence the findings. Unlike the classical grounded theory, CGT denies the existence of an objective reality.

While traditional Grounded Theory emphasizes discovering patterns and concepts emerging directly from the data, CGT incorporates a constructivist perspective, introduced and developed by Charmaz (1983, 1990). This variant recognizes the socially constructed nature of reality, highlighting the role of the researcher in shaping the research process and acknowledging the influence of social constructs and interpretations in knowledge generation (Charmaz, 2000). In CGT, the researcher actively engages with both the data and the participants and, therefore, is an active participant in the research, departing from the more detached stance as a neutral observer in classical grounded theory (Charmaz, 2006). The constructivist approach encourages ongoing reflexivity, where researchers reflect on their assumptions, biases, and preconceptions throughout the research process (Charmaz, 2000). This self-awareness is critical in understanding how the researcher's background and perspectives may influence data interpretation and theory development.

The iterative nature of data analysis is a central feature of CGT. Researchers continuously move back and forth between data collection and analysis, allowing for the development of more nuanced and contextually rich theories (Charmaz, 2006). Coding plays a crucial role in CGT, identifying concepts and sub-themes and capturing the researcher's interpretations and the meanings attributed by participants. Sub-themes are not predetermined; they emerge organically from the data and the researcher's engagement (Charmaz, 2014). The ultimate goal of CGT is to build theories that capture the complexity and richness of the studied phenomenon. These theories are context-dependent and may vary based on the social and cultural context of the research, aligning with the constructivist perspective (Charmaz, 2000). CGT is particularly suited for exploring dynamic and complex social phenomena, providing a flexible framework that allows for a deep exploration of meanings and social constructions within a given context.

Therefore, CGT exhibits distinctive features, beginning with its inductive approach—forging multiple findings organically from data rather than relying on preconceived notions, and proposing a theory is not mandatory. Therefore, it gives the researchers much-needed flexibility to accommodate and present the research findings as they are (Charmaz, 2008).

2. Research question and objectives

2.1 Research question:

1. What are the specific challenges individuals (nurses/family members) face managing their health at home?
2. What are the Qualitative Nursing Experience Enhancers (QNEEs) of self-managed homecare organizations in the Indian context?
3. What are the Qualitative Patient Experience Enhancers (QPEEs) of self-managed homecare organizations in the Indian context?
4. How can these Qualitative Success Enablers (QSEs: QNEEs and QPEEs) lead to the overall success of self-managed homecare organizations in the Indian context?

2.2 Research objectives:

1. To examine the impact of horizontal organizational designs, particularly self-managed organizations (SMOs), on homecare arrangements in India.

   Rationale: Horizontal organizational structures in homecare have been found to work in European countries such as the Netherlands. Whether they can work in India is not known. With India's fragmented homecare system, it is important to know if SMOs can enhance care delivery and management.

2. To discover nursing experiences (QNEEs) in SMOs and how they help in effective patient care.

   Rationale: Nurses are key frontline care providers in homecare settings, yet their experiences within self-managing organizations are largely unexplored in India. Their contributions and challenges shape the feasibility of SMOs for improving healthcare provision.

3. In order to explore patient experiences (QPEEs) in SMOs, focusing on factors that result in good healthcare outcomes.

Rationale: Patient satisfaction and well-being are valuable indicators of healthcare effectiveness. The assessment of patient perspectives in SMOs ascertains whether such models enhance accessibility, continuity of care, and overall health outcomes.

4. To assess the effectiveness of self-managed organizational models to minimize management discrepancies in the Indian homecare system.

   Rationale: India's homecare sector is faced with issues of inadequate coordination and inconsistent quality of care. An exploration of how self-managed arrangements address these challenges provides valuable lessons for healthcare policy and organizational transformation.

5. To explore patient experiences in the COVID-19 pandemic in self-managed homecare environments, focusing on continuity of care and the reduction of anxiety.

   Rationale: The COVID-19 Delta wave revealed India's healthcare system weaknesses and home-based care became even more essential. Patient experiences during the pandemic give insight into the workings of SMOs in the context of crisis.

6. In order to provide policy recommendations for the optimization of home-based healthcare services based on the results regarding QSEs.

   Rationale: Empirical data are necessary for informed policy-making. By ascertaining the determinants of successful SMOs, this research offers practical recommendations to improve homecare service models and inform future healthcare policy-making in India

In European nations like the Netherlands, where homecare is integrated into public healthcare services, horizontal organizational structures are regarded as one of the most successful organizational structures for homecare setup. With a particular focus on the QSEs (QNEEs and QPEEs), that is, exploring QNEEs through researching nursing experiences and QPEEs through researching patient experiences at SMOs, this research investigated the effects of implementing horizontal organizational structures on homecare setups in India. The goal is to determine whether self-managed organizational structures in particular and horizontal organizational structures in general can address management inconsistencies in the homecare system in India. This is especially important now that the recent public healthcare emergency

posed by the COVID-19 Delta wave has exposed the country's inadequate healthcare system, with collapsing supplies and insufficient beds compared to its population size. The intricacies and subtleties that affect organizational results are elucidated through interview analysis.

Another important aim of this research was to investigate and understand the patient experiences within self-managed homecare organizations in India during the COVID-19 pandemic from the patient's perspective; the research focuses on several key factors. These factors include identifying elements that contribute to positive experiences, ensuring continuous care delivery, and reducing anxiety related to virus exposure. By delving into the nuanced aspects of patient care at home during the pandemic, the research aims to shed light on the challenges faced and successes achieved by individuals managing their health in the home setting. This research aims to provide valuable insights for policymakers and homecare providers. These insights will be centered on optimizing home-based healthcare services based on the identified QSEs. Such optimization is expected to enhance the patient experience, by overall improvement in homecare delivery amid the ongoing challenges posed by the pandemic. This research initiative aligns with the broader objective of refining homecare strategies to better address the evolving needs of patients as well as nurses in the context of public healthcare emergencies that are a current reality.

3. Data collection

3.1 Sampling technique and strategy

Theoretical sampling was used in this research, a key concept in CGT methodology. In this sampling technique, the analyst collects, codes, and analyzes data concurrently while making decisions on what data to collect next and where to find them in order to enhance the development of the theory (Draucker et al., 2007). This sampling technique is justified by its focus on targeting individuals with specialized knowledge relevant to the research topic, ensuring that the data collected is rich and insightful. The focus is on individuals who can provide valuable insights and perspectives about the research topic (Breckenridge & Jones, 2009). By engaging with experts in the field, such as experienced nurses, patients, and management members, the researcher can gather detailed and nuanced information that contributes to a deeper understanding of the phenomenon under study. Theoretical sampling involves concurrent data collection and analysis, allowing the researcher to adjust the direction of data collection based on emerging insights. This iterative process ensures that theory development is closely aligned with the data, leading to a more robust and

comprehensive theoretical framework. Another critical aspect of this method is reaching saturation. The research achieves completeness by continuing to interview participants until no new information or themes emerge, ensuring the findings are thorough and well-supported.

Additionally, including diverse perspectives from nurses, patients, and management members provides a holistic view of the homecare sector. This diversity in informants facilitates a comprehensive understanding of self-management in the Indian context, capturing the multifaceted experiences and challenges different stakeholders face in the homecare system. Theoretical sampling systematically enriches the research process and supports the development of a well-rounded and empirically grounded theory. The researcher conducted theoretical sampling in the exploration of self-management research in India, particularly in the homecare sector, and took the case of Buurtzorg Edugreen, specifically focusing on nurses, patients, and management members. The researcher interviewed nurses with three years of experience in India because they possess specialized knowledge relevant to the research topic since the inauguration of Buurtzorg India in 2018.

Similarly, clients from Buurtzorg India were interviewed until the saturation point was reached. Their experiences and perspectives provided valuable data for the theory development process. The saturation point here refers to the stage where collecting additional data does not yield new information or insights. The researcher gathered management member data to enrich the understanding of self-management. Their experiences and perspectives provided valuable data for the research. Management members at Buurtzorg India were also interviewed until the saturation point (Aldiabat & Le Navenec, 2018) was reached. These interviews helped gather insights into the organizational and managerial aspects of Buurtzorg India, contributing to a comprehensive understanding of self-management in the Indian context.

By conducting theoretical sampling with these different groups of informants, the researcher could systematically gather diverse perspectives and expert knowledge to develop a comprehensive theory that reflects the empirical data collected.

3.2 Research setting and target population description

The researcher intended to study nursing experience at the self-managed homecare organizations in India. Buurtzorg Edugreen is the first self-managed homecare organization

functioning in India (Buurtzorg India, 2019). The gatekeepers at Buurtzorg Edugreen agreed to provide the researchers with organizational data access and arranged the interviews with the interviewees. Therefore, the researcher selected 'Buurtzorg Edugreen' for this research to understand and explicate the nursing experience at SMOs in the Indian context. Buurtzorg Edugreen is a joint venture between Buurtzorg Asia, Edugreen India, and other shareholders (Malik, 2023). It is a patient-centric, self-managed homecare organization, and the profit element is kept in mind just to keep the operations going (Nandram, 2021). A total of 7 nurses, 15 patients, and 12 management members of Buurtzorg Edugreen were interviewed. The research was conducted in this organization during COVID times and post-COVID period, where participants were very skeptical about meeting the interviewer due to the risk of cross infections. Even during the post-COVID period, maintaining a safe distance and providing limited access to the interviewers became a norm for preventing any kind of infection. The organization was inaugurated only in 2018 and had limited operations during and post-COVID (Nandram, 2021; Malik, 2023). Therefore, the researchers ensured comprehensive and detailed interviews with each participant, thus making data rich with a sample size of thirty-four; each interview lasted 1 hour on average, and the transcripts yielded very detailed data.

The sample size included clients aged between seventy-eight and ninety-one years, with a mean age of 85.6 years. Rapport with key organizational members such as the CEO, Directors, and Operations Head was built over three years through email communications and virtual meetings, fostering mutual trust and ensuring comprehensive data collection. The interviewed nurses had prior nursing experience before joining Buurtzorg Edugreen. Their ages ranged from twenty-one to thirty-four years, with a mean age of 26.8. Management members interviewed had five to twenty-five years of experience in the healthcare and training sector, with ages ranging from thirty-three to fifty-three years and a mean age of 41.3 years. This diverse sample provided a holistic understanding of self-management in the Indian homecare sector.

3.3 Data collection tool (Interview guide)

A semi-structured interview protocol (Galletta & Cross, 2013) was developed based on the review of relevant literature on self-management, flat organizational structures, the status of homecare in India, and self-managed homecare organizations. Since the research's main objective was to understand the qualitative success enablers of self-managed organizations in

India, the nurses, clients, and management members were interviewed with structured and unstructured questions in the interview protocol to better understand self-managed care in India. Nurses were interviewed about their experience working (from employees' perspective) at Buurtzorg Edugreen. The clients were interviewed for a semi-structured group of questions on Buurtzorg Edugreen, Kolkata, regarding their opinions on the quality of service provided by the given self-managed organization. The employees involved in the organization's management, the management members, were interviewed for a semi-structured group of questions. They were probed into motivation for bringing the concept of self-managed homecare in India, functioning, and related challenges pertaining to the organization's working in India. A typical would last between 35 minutes to 1.5 hours.

Some of the sample questions included in the interview protocol are: (a) Do you feel greater independence at Buurtzorg? If yes, how? (b) If you could tell me something about the coordination among the nurses, do you find a great deal of coordination among nurses? In unforeseen circumstances, how does the coordination among nurses play a role? (c) Is being directed by management better, or is being autonomous more conducive to your job delivery? How is it so? (d) What changes can Buurtzorg India make to ease care delivery and even improve the quality of care provided? (e) What drove you to the nursing profession? Reflect on your value system. (f) Do you feel trusted at Buurtzorg? If yes, how does it help in enhancing job performance? If not, why? (g) Do you see Buurtzorg as a living entity with its own evolutionary purpose? If yes, how does Buurtzorg's organizational structure serve this purpose? (h) What are the criteria for the dismissal of nurses during the conflict resolution process? Are there any precedents? (i) What is your current experience of running Buurtzorg in India? Do you see any impending changes required in Buurtzorg's organizational structure?

Semi-structured interviews in this research allowed the researcher to pursue issues of particular significance related to the research question, enabling exploration and clarification of respondents' comments. This flexibility accommodates emerging concepts and enhances the depth of investigation (Rose, 1994; Conlon et al., 2015). The use of semi-structured interviews was congruent with CGT as it allows the researcher to ask critical questions, provides flexibility in the sequencing of questions, and allows for in-depth exploration (Fielding, 1994; Bluff, 2005). The researcher could leverage her prior knowledge about self-management and the homecare sector in India during the interview process, resulting in more informed and relevant questioning. This contributed to a richer understanding of the

topic at hand. Semi-structured interviews aligned well with the CGT used in this research by allowing consistent questioning while permitting flexibility in question sequencing and depth of exploration.

Comprehensive data collection: By designing the interview protocol based on a review of relevant literature, the researcher could ensure that the questions cover a wide range of topics and dimensions related to the qualitative success enablers of self-management in the homecare sector. The protocol included questions about organizational structures, coordination, autonomy, quality of care, challenges, and potential improvements. This comprehensive coverage enhanced the researchers' ability to gather diverse insights and perspectives from participants regarding the implementation and efficacy of self-management practices in this Indian context.

Standardization: It also ensured a certain level of standardization in data collection. The predetermined questions in the protocol helped ensure that all participants were asked about the key concepts of interest. This standardization allowed for consistency across interviews and facilitated data analysis by enabling comparisons between participants' responses.

Flexibility: It provided flexibility in gathering data. It allowed the interviewer to have a set of predetermined questions while also having the freedom to ask follow-up or probing questions based on the participant's responses. This flexibility ensured that the interviews captured rich and detailed information, allowing for a deeper exploration of the research topic at hand.

In-depth exploration of key concepts: It enabled the researcher to delve deeply into the qualitative success enablers of self-management. The protocol included open-ended questions that allowed participants to provide comprehensive and detailed responses, offering insights into their experiences, perspectives, and challenges related to self-management in the homecare sector. This depth of exploration facilitated a better understanding of the topic and the factors influencing its application and success.

Comprehensive coverage: By designing the interview protocol based on a review of relevant literature, the researcher ensured that the questions covered a wide range of topics and dimensions related to the qualitative success enablers of self-management in the homecare sector. The protocol included questions about organizational structures, coordination, autonomy, quality of care, challenges, and potential improvements. This comprehensive

coverage enhanced the researchers' ability to gather diverse insights and perspectives from participants.

Participant engagement: It encouraged active engagement from participants by including open-ended questions and providing opportunities for participants to share their thoughts, experiences, and suggestions. This engagement led to the emergence of new ideas, perspectives, and insights that might not have been anticipated in a fully structured interview.

Contextual relevance: In the specific context of investigating self-management in the homecare sector in India, a semi-structured interview protocol allowed the researcher to adapt the questions and probe deeper into the unique aspects of the Indian context. The protocol included questions that were tailored to the local healthcare system, cultural factors, and challenges specific to India, ensuring that the data collected is contextually relevant and provides a nuanced understanding of the topic.

3.4 Data collection process

Keeping the COVID guidelines as well as patient and employee saftey in mind, the CEO, Buurtzorg Edugreen, created the daily interview schedule. It was to be strictly followed with some dates and times of meeting the clients being non-negotiable, keeping in view the clients' health condition and comfort. The clients' families were ensured that the interviews would not interrupt patient care, and whenever the client or the client's family felt uncomfortable, the interview would be stopped. The clients' families were ensured that patients' confidentiality and dignity would be maintained throughout the interview and post-interview. The nurses were ensured anonymity and that the information they provided in the interview would not disrupt their careers. The clients and nurses were interviewed at the clients' homes in different parts of Kolkata, India. As the clients may feel uncomfortable meeting an outsider, Buurtzorg Edugreen sent a staff member with the researcher to develop rapport with the clients and maintain confidence in the researcher. Even though the recorded interviews were of time duration between thirty-five minutes to one and a half hours, at each home, the researcher spent about three to five hours because the patient's lunchtime, dinner time, medication time, and vital nursing activities were to be taken care of and nurses had to leave for caregiving mid-interview.

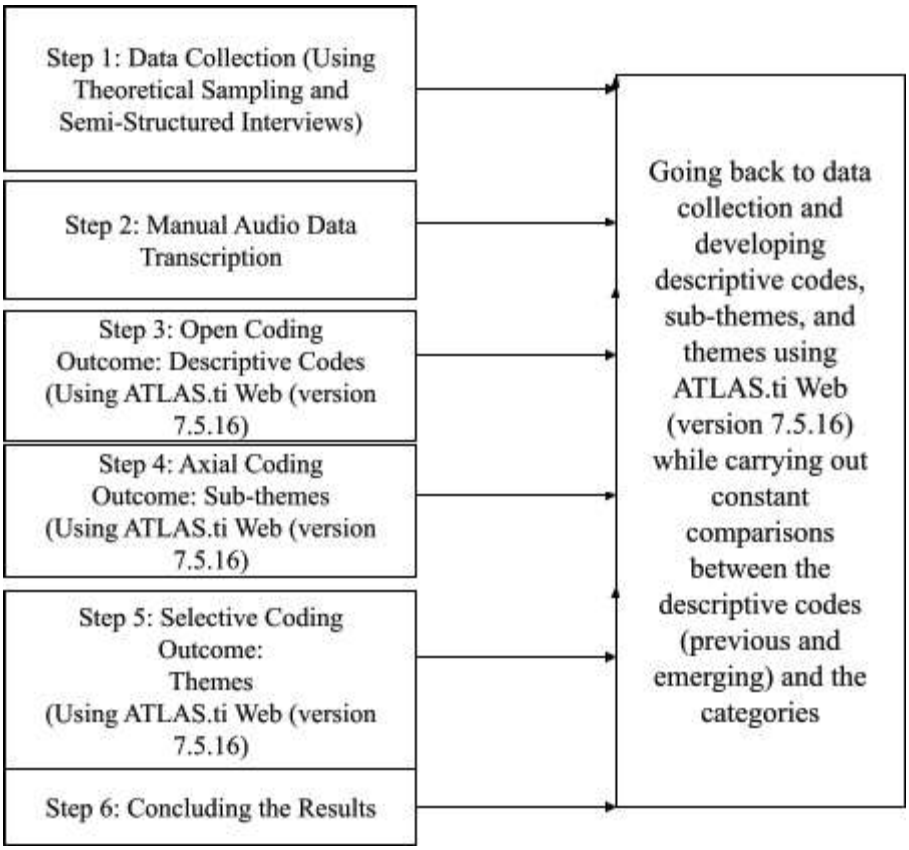
All interviews were recorded using a voice recorder. When the patients or nurses needed a break, the recorder was paused, and then the recordings were resumed after the interviewees

returned for the interview. Immediately after the recording was stopped, the audio file was automatically saved anonymously in the recorder's memory. The management members were interviewed at Buurtzorg Edugreen's head office in Rajarhat, Kolkata, India. Their consent for voice recording was obtained in person before the interview. Usually, the interviews with management members were conducted after returning from the patients' homes after interviewing patients and nurses as per the interview schedule fixed with clients and nurses. The interview timings with the management members were flexible, as per their availability.

4. Data analysis

Figure 3.1 below gives an overview of the data analysis process adopted in this research following CGT. ATLAS.ti Web (version 7.5.16) was used to code the transcripts and generated all 23 different sub-themes from coding in Analysis I, Analysis II, and Analysis III.

Figure 3.1 Diagrammatic representation of the constant comparative data analysis process as per CGT (Adapted from Malik and Shankar (2023))



The coding process was based on theoretical sampling, coding, constant comparison, and data saturation (Chen & Boore, 2009; Peters, 2023) in line with the CGT approach, which

includes a reflexive, repetitive involvement with the dataset to produce a solid analysis till the point when no new information emerges from further data collection. The data was simultaneously collected and analyzed over two years till the saturation point in this concurrent data collection and analysis process. The analysis process started by reading the transcription openly several times to become familiar with the dataset. The researcher then re-read the transcription with the aim in mind and started the coding process, where they focussed on organizing data meaningfully and systematically, marking the descriptive codes that emerged through initial open coding (Charmaz, 2014; Rieger, 2019). The researcher then examined the descriptive codes and performed axial coding by developing and reviewing the code data and the dataset, checking whether the codes fit together and whether they answered the research questions. The axial coding yielded broader sub-themes by establishing relationships and connections between descriptive codes. Axial coding involves grouping similar codes together and creating broader sub-themes (Kendall, 1999; Thornberg & Charmaz, 2014). In the final data analysis stage, the researcher performed selective coding to identify core categories or themes that integrated and explained the relationships between the related sub-themes (Kendall, 1999). The sub-themes identified during axial coding were grouped into relevant themes. In the CGT methodology, data analysis does not necessarily lead to the emergence of a theory; it can lead to the emergence of important factors that affect the research phenomenon (Thornberg & Charmaz, 2014).

As mentioned above, the data analysis process involved several iterative steps, including open, axial, and selective coding. Here is the description of each step:

4.1 Open coding

Open coding is the initial data analysis stage, where the researcher examines the data (e.g., interview transcripts, field notes) line by line and identifies concepts. During this process, the researcher labels the data with descriptive codes that capture the meaning of the text (Glaser, 2016; Charmaz, 2008). The goal is to generate a wide range of initial codes representing different data aspects (Thornberg & Charmaz, 2014).

Examples of open codes

Open coding will be apparent from the following excerpts and descriptive codes that emerged from these excerpts from interview transcripts:

"We deliver all the jobs as long as they are related to the client, let it be feeding the client, giving sponge baths, bed sore management, light cooking for making the patient feel better, keeping the patient's ambiance clean and aesthetically appealing. We even take care of the patient's temple by lighting the lamps and incense sticks in the temple for the patient, taking them to the events in the locality they wish to join. We even understand what the patient wants, even their subtlest needs like having food by their son's hand. We bridge that communication gap between the patient and the family members when the patients are unable to speak." (N-7-F-27)

Descriptive code - Expertise in handling clients passionately

"I am a healthy 85-year-old, and my wife had been ill post-cancer treatment. She is obese, which further adds to the difficulties in caregiving and health management post-cancer treatment. I had to bring her back to India from the U.S., where I did the job for almost thirty years as the cost of caregiving was too high, and even after paying dearly, my wife was not properly taken care of by homecare agencies in the United States. Though I am quite healthy to care for her, I cannot provide all medical interventions myself. Besides, I am too soft-hearted to see a human in pain, so I do not want to get involved in her care delivery." (C-1-F-80)

Descriptive code - Relying on the professional expertise of the employees

"Buurtzorg Edugreen is a people-centric organization. The people are at the forefront, okay, and just because your decision-making system is not too bureaucratic over there, each one of the organization members sorts of participates in the decision-making process. Okay, so be it the operations, be it physiotherapy, marketing, each one has some role to play in terms of, you know, the decision-making process. We care for all aspects of the client's existence, be it physical, emotional, mental, or psychic." (MM-2-M-53)

Descriptive code - Involving all the key stakeholders in the decision-making process

"I see the clients through all aspects of their existence. I do not see the client as a mere ill body but a soul that needs care and love. I see a client as my mother and father. I can read through their mind and needs. I take care of their spiritual pursuits, too. Like if aunty wants to attend Durga puja, despite her disability, we make it possible for her. If uncle needs my support in gardening, as he is a gardening lover, I am more than happy to participate. I provide my clients with all the mental and emotional support they need in all possible ways

from my end. I derive satisfaction from their happiness and comfort. Blessings are everything to me." (N-6-F-21)

Descriptive code - Holistic care of the clients

4.2 Axial coding

Once a significant number of initial codes have been identified, the next step is establishing relationships and connections between these codes. Axial coding involves grouping similar codes together and creating broader sub-themes (Kendall, 1999). The researcher examines how codes relate to one another and looks for patterns and connections within the data. This process helps in developing a more refined and organized coding structure (Vollstedt & Rezat, 2019).

Examples of axial codes

Axial coding will be apparent from the following examples of descriptive codes that were coded into relevant sub-themes:

Descriptive code - Expertise in handling patients passionately

Descriptive code - Relying on the professional expertise of the employees

The axial coding of the above descriptive codes led to the new sub-theme titled *"Trusting Expertise."*

Descriptive code - Involving all the key stakeholders in the decision-making process

Descriptive code - Holistic care of the clients

The axial coding of the above descriptive codes led to the new sub-theme titled "Integrated Worldview."

4.3 Selective coding

In the final stage of data analysis, selective coding focuses on identifying a core category or theme that integrates and explains the relationships between the other sub-themes (Draucker et al., 2007). The researcher identifies the most significant and central concepts that emerge from the data and develops a comprehensive theoretical framework (Holton, 2007). This core category serves as the foundation for the CGT.

Examples of selective codes

The axial codes discussed above, titled “trusting expertise” and “integrated worldview,” along with other axial codes that emerged during data analysis, titled “empathetic caregiving” and “promoting autonomy,” together form a central category titled “Client Centricity.”

4.4 Constant comparison during the data analysis process

Throughout the data analysis process, the researcher engaged in constant comparison, where codes, sub-themes, and emerging themes were continually compared and contrasted with each other. The aim was to refine and revise the emerging theory in an iterative manner, ensuring that it remains grounded in the data and aligns with the experiences and perspectives of the research participants. The data analysis process was flexible and dynamic, which allowed for adjustments and revisions as new data was collected and analyzed. The process was guided by the principle of theoretical sampling, where new data collection is informed by emerging theoretical concepts, further enriching the analysis and the development of the theoretical framework.

5. Trustworthiness

The following are the measures taken to ensure the research's trustworthiness.

5.1 Credibility

- Iterative Data Collection and Analysis: Engaging in systematic, iterative data collection, coding, and analysis helped build a robust theoretical framework.
- Theoretical Sampling: Selecting informants based on their expertise and contribution to theory development ensured relevant and insightful data.
- Triangulation: Using multiple data sources and involving various stakeholders (nurses, clients, management) enhanced credibility by providing diverse perspectives and confirming findings

CGT is a systematic and rigorous approach to qualitative research. Its emphasis on generating theory from data can contribute to the credibility of the research (Kolb, 2012; Hallberg, 2006). Using this methodology, the researcher engaged in iterative data collection, coding, and analysis, which helped build a robust theoretical framework. Using theoretical sampling in CGT allowed for the selection of informants based on their expert knowledge and their contribution to theory development. This approach enhanced the credibility of the research as

it ensured that participants were chosen for their insights and experiences related to the phenomenon under study rather than representativeness alone. Using a semi-structured interview protocol added credibility to the research by providing a systematic and standardized approach to data collection. The protocol was developed based on a review of relevant literature and served as a guide for conducting interviews. It included a mix of structured and unstructured questions, allowing for flexibility and in-depth exploration of the research topic while ensuring consistency across interviews. Involving nurses, clients, and management members of Buurtzorg India as a self-managed organization contributed to the credibility of the research. The research captured diverse perspectives and insights by including multiple stakeholders, providing a comprehensive understanding of the qualitative success enablers of self-management in India. Selecting participants with relevant expertise and experience added credibility to the research findings.

The credibility of the research also relies on the rigor of data collection and analysis. Using CGT, the researcher engaged in systematic and iterative data analysis, ensuring that themes and sub-themes emerge from the data itself. Reflexivity involves acknowledging and addressing the researcher's own biases and preconceptions, ensuring transparency and rigor in the research process (Boeije, 2002). An audit trail documented the decisions and steps taken during data collection, analysis, and interpretation, allowing for transparency and accountability. Triangulation, which involves using multiple sources of data or multiple researchers to confirm findings, can further enhance credibility. By including multiple perspectives, such as those of nurses, clients, and management members, and utilizing various data sources, such as interviews, observations, and documents, the researcher strengthened the credibility of the research by converging on consistent and robust findings.

5.2 Transferability

- Detailed Contextual Description: Providing a comprehensive description of the research context allows others to assess applicability to similar settings.
- Theoretical Sampling: Selecting participants with in-depth knowledge ensured insights likely transferable to similar contexts.
- Multiple Data Sources: Using interviews, observations, and documents enhanced the transferability by providing a rich, detailed dataset

The research provided a detailed contextual description of self-management by studying a self-managed homecare organization in India, including its specific challenges, cultural

factors, and organizational structure. This description allows readers to assess the applicability of the findings to similar contexts. Involving nurses, clients, and management members from Buurtzorg India increased the potential transferability of the research. By including key stakeholders with direct experience with self-management in the homecare sector, the findings are more likely to resonate with and be relevant to similar organizations or settings. Documents related to organizational data were also used. Using theoretical sampling in CGT allowed for the selection of informants based on their expert knowledge and experience. By purposefully selecting participants with an in-depth understanding of the phenomenon under study, the research provided insights and findings that were transferable to other organizations or settings facing similar challenges. The detailed findings, sub-themes, and themes derived from the analysis provide a conceptual framework that can be used as a basis for comparison and application in other contexts. This theoretical foundation enhances the transferability of the research (Urquhart et al., 2010). Demonstrating reflexivity and transparency in the research process can enhance transferability (Bowen, 2006). Transparency in data collection, analysis, and interpretation will help other researchers and practitioners understand how the research was conducted and how the findings were derived, enabling them to assess the transferability to their own contexts. The use of multiple data sources, such as interviews, observations, and documents, and involving multiple stakeholders contributed to the transferability of the research. Triangulation helped establish converging evidence and strengthened the credibility and applicability of the findings to similar contexts. Providing detailed recommendations and implications based on the research findings will enhance transferability. These recommendations will guide practitioners and policymakers in other settings in applying the qualitative success enablers of self-management organizations. The more specific and actionable the recommendations, the greater the potential for transferability.

While transferability cannot guarantee that the findings will directly apply to all contexts, it will increase the likelihood that the research can be used as a reference point or guide for understanding and addressing similar challenges in the homecare sector in India or other contexts. Researchers and practitioners should critically evaluate the similarities and differences between the contexts to assess the transferability of the research findings to their specific circumstances.

5.3 Validity

- Standardized Protocols: Using a semi-structured interview protocol minimized variations in data collection, enhancing consistency and reliability.
- Documentation and Triangulation: Systematic documentation of procedures and triangulating data sources enhanced the confirmability of the research findings.

CGT aims to develop a theoretical framework that is grounded in the data collected from the research participants (Lomborg & Kirkevold, 2003). By utilizing this methodology, the research ensured that the constructs and concepts developed aligned closely with the experiences and perspectives of the nurses, clients, and management members involved. Theoretical sampling, a key component of CGT, helped ensure internal validity by allowing the researcher to select participants and collect data based on emerging theoretical concepts. Although CGT typically focuses on developing theoretical frameworks rather than generalizing findings to a broader population, the inclusion of nurses, clients, and management members from different contexts within the Indian context enhanced the external validity of the research. The research provided a broader understanding of self-management practices in this setting by involving diverse participants. The semi-structured interview protocol enabled the researcher to gather rich and detailed data by asking open-ended questions and probing for further clarification. By involving nurses, clients, and management members with firsthand experience with self-management in the homecare sector, the researcher ensured that the contents of the interviews were relevant and captured the topic's complexities. Besides, including multiple perspectives from nurses, clients, and management members helped increase the research's validity through triangulation (Amsteus, 2014). By comparing and contrasting the perspectives of different stakeholders, the researcher enhanced the validity of the conclusions.

5.4 Reliability

- Reflexivity: Practicing reflexivity helped minimize researcher bias and ensured that findings were grounded in participants' data.
- Audit trail: Documenting all decisions and steps during data collection, analysis, and interpretation ensured transparency and accountability

The use of CGT provided a systematic approach to data collection and analysis. The research process follows a set of guidelines and procedures to ensure consistency in gathering and interpreting data (Atwood et al., 1986). This consistency contributes to the reliability of the

research findings (Haig, 1995). The semi-structured interview protocol ensured that the same set of questions or topics were covered in each interview. This standardization minimized variations in data collection across different participants, enhancing the reliability of the research. CGT typically involves theoretical sampling until data saturation is achieved (Rodriguez, 1998). Data saturation occurs when new data collected from additional participants no longer generate new insights or sub-themes. By reaching data saturation, the researcher ensured that a sufficient range of perspectives and experiences had been included, increasing the reliability of the findings (Hallberg, 2006). The methodology emphasizes thorough research process documentation, including detailed notes, memos, and data coding (Reed, 2004). This documentation helped establish an audit trail, allowing others to trace the decision-making process and verify the reliability of the analysis. By acknowledging and addressing her own perspectives, the researcher could minimize potential biases and increase the reliability of the research findings. While it's important to note that reliability in qualitative research is different from that in quantitative research, the use of CGT in this research contributed to the reliability of the findings by ensuring consistency in data collection, minimizing variations, achieving data saturation, documenting the research process, involving participants in the analysis, and practicing researcher reflexivity.

6. Ethical protocol

At this moment, the researcher confirms that this research was conducted in accordance with the Helsinki Declaration and the APA's Ethical Principles of Psychologists. The research protocol was approved by the Institutional Ethics Committee of the Institute of Medical Sciences, Banaras Hindu University, India (Certificate Number- Dean/2023/EC/3894). After explaining the objectives of the research and its voluntary nature, informed consent was obtained by the researcher from all participants and their legal guardian(s) before conducting the interviews for this research work through the ethical consent form to be read, agreed upon, completed, and signed by the participants. Participants were informed and assured that they could withdraw from the research and discontinue the interview at any moment without providing any justification. To ensure the confidentiality of the participants, they were coded by using random digits and numbers, and all identifying information was removed from the transcripts.

7. Summary

The Constructivist Grounded Theory (CGT) is an exceptionally fitting and potent methodology when delving into the qualitative aspects of patient and nursing experiences in the dynamic landscape of the Indian homecare sector. Tailored to explore and advance theories rooted in the distinct cultural nuances of the Indian context, CGT serves as an instrumental approach to understanding and enhancing patient and nursing experiences. Within the intricate framework of the Indian homecare sector, where patient self-management is paramount, CGT emerges as a nuanced and comprehensive tool for inquiry. At its essence, CGT provides a versatile means of qualitative data collection, employing a multifaceted approach encompassing interviews, observations, and document analysis. This holistic methodology incorporates diverse perspectives, capturing the richness and complexity of patient self-management dynamics within the Indian context.

The primary objective of understanding the Qualitative Success Enablers (QSEs), that is, Qualitative Patient Experience Enhancers (QPEEs) and Qualitative Nursing Experience Enhancers (QNEEs), aligns seamlessly with the iterative nature of CGT. This iterative process allows for continuous evaluation and examination of data, enabling researchers to discern emerging trends and recurring themes. The adaptability inherent in CGT permits the refinement and enhancement of sub-themes and overarching themes, ensuring that the resulting theories effectively encapsulate the unique characteristics of patient self-management within Indian homecare organizations. The structured approach offered by CGT is crucial in constructing theories that are not only robust but also consistent and inclusive. As elucidated in this chapter, research conducted through grounded theory methodology, particularly CGT, is renowned for its high validity and reliability. The central focus of this research has been to unravel the qualitative success enablers of patient self-management in the Indian homecare sector. The research's objectives encompass the identification of QNEEs and QPEEs that contribute to developing interventions tailored for patient self-management within homecare organizations.

In this pursuit, CGT emerges as an invaluable methodology that captures the unique contextual factors inherent in the Indian homecare sector, specifically emphasizing patient and nursing experiences. By engaging various stakeholders through qualitative data collection, CGT facilitates the development of theories grounded in the lived experiences of those involved. CGT's iterative and flexible nature allows researchers to adapt and refine

evolving theories as they gain deeper insights, fostering a more profound understanding of patient and nursing self-management practices within the Indian context. In essence, CGT stands out as an instrumental methodology for achieving the research's objectives, contributing meaningfully to exploring patient and nursing experiences in the Indian homecare sector.

The next chapter will discuss the data analysis process and the final results and findings derived from data analysis.