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Abstract

National initiatives in the United States call for health research that addresses racial/ethnic disparities. Although grounded theory (GT) research has the potential to contribute much to the understanding of the health experiences of people of color, the extent to which it has contributed to health disparities research is unclear. In this article we describe a project in which we reviewed 44 GT studies published in *Qualitative Health Research* within the last five years. Using a framework proposed by Green, Creswell, Shope, and Clark (2007), we categorized the studies at one of four levels based on the status and significance afforded racial/ethnic diversity. Our results indicate that racial/ethnic diversity played a primary role in five studies, a complementary role in one study, a peripheral role in five studies, and an absent role in 33 studies. We suggest that GT research could contribute more to health disparities research if techniques were developed to better analyze the influence of race/ethnicity on health-related phenomena.

Keywords

Disparities, Health Care, Racial, Grounded Theory, Minorities, Race and Racism

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Racial and Ethnic Diversity in Grounded Theory Research

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National initiatives in the United States call for health research that addresses racial/ethnic disparities. Although grounded theory (GT) research has the potential to contribute much to the understanding of the health experiences of people of color, the extent to which it has contributed to health disparities research is unclear. In this article we describe a project in which we reviewed 44 GT studies published in Qualitative Health Research within the last five years. Using a framework proposed by Green, Creswell, Shope, and Clark (2007), we categorized the studies at one of four levels based on the status and significance afforded racial/ethnic diversity. Our results indicate that racial/ethnic diversity played a primary role in five studies, a complementary role in one study, a peripheral role in five studies, and an absent role in 33 studies. We suggest that GT research could contribute more to health disparities research if techniques were developed to better analyze the influence of race/ethnicity on health-related phenomena. Keywords: Disparities, Health Care, Racial, Grounded Theory, Minorities, Race and Racism

The population of the United States has become increasingly racially and ethnically diverse. According to the 2010 Census, more than half of the growth in population between 2000 and 2010 was attributed to racial minorities (U.S. Census, 2011). The racial breakdown of the United States is 72.4% White, 12.6% Black or African American, 4.8% Asian, 0.9% American Indian or Alaska Native, 0.2% Native Hawaiian or other Pacific Islander, 6.2% some other race, and 2.9% two or more races (U.S. Census, 2011). The Hispanic or Latino population, not considered a race in the United States Census, grew by 43% between 2000 and 2010 and now accounts for 16.3% of the population (U.S. Census, 2011).

Health disparities associated with race/ethnicity in the United States are a major public health concern (Centers for Disease Control [CDC], 2011). Healthcare disparities are “systematic, plausibly avoidable health differences adversely affecting socially disadvantaged groups” (Braveman et al., 2011, p. S151). Racial/ethnic health disparities are evidenced by group differences in mortality, morbidity, disability, behavioral risk factors, social determinants of health, exposure to environmental hazards, and access to care (CDC, 2011). Racial/ethnic minorities have a higher incidence of and poorer outcomes from an array of illnesses, including obesity, cancer, diabetes, and HIV/AIDS (US DHHS, 2009). In addition, racial/ethnic minorities are less likely to have health insurance or a usual source of healthcare, and they report poorer communication with their health care providers (US DHHS, 2009). Minority groups also have less access to preventive services, are more likely to use the emergency room for routine care, and less likely to have routine screening procedures such as colorectal cancer exams, pap smears, and mammograms (US DHHS,

2009).

Reduction of racial/ethnic healthcare disparities has been the focus of several national initiatives and reports, and policymakers have called for attention to issues of racial/ethnic diversity in healthcare research (Agency for Healthcare Policy and Research [AHRQ], 2012; CDC, 2011; National Institutes of Health [NIH], 2012). In 1994, the NIH mandated that researchers include members of diverse ethnic groups in all NIH-funded research unless there is a compelling reason not to do so (NIH, 1994). The 2002 NIH Strategic Plan and Budget for Eliminating Health Disparities was aimed at advancing research on factors underlying health disparities, developing a research infrastructure to support health disparities and minority health research, and providing community outreach, information dissemination, and public education related to advances in health disparities and minority health research (NIH, 2002). Despite national calls to promote research to reduce health disparities, the role of qualitative research in advancing this agenda has not been well articulated (Sullivan-Bolyai, Bova, & Harper, 2005).

Green et al. (2007) argued that a focus on racial/ethnic diversity should be incorporated in studies using grounded theory (GT) methodology. GT methodology is a systematic set of procedures used to develop theories of psychosocial phenomena through iterative analytic movement between empirical data and emerging theoretical constructs (Bryant & Charmaz, 2007; Schwandt, 2001). GT is the qualitative research methodology used most frequently in social science and health research (Bryant & Charmaz, 2007). The emergent, inductive, and comparative nature of GT research renders it particularly well-suited to uncover processes by which factors related to racial/ethnic diversity influence health-related problems. GT studies that use a racial/ethnic lens can ensure that the background, experiences, and perspectives of people of color will be foregrounded in theories about critical health-related phenomena (Green et al., 2007). Green et al. (2007) proposed a framework, discussed below, that can be used to evaluate how racial/ethnic diversity is incorporated in GT studies. In this article, we refer to this as the diversity framework.

Despite the call for the incorporation of a robust diversity perspective in GT research, the ways in which GT researchers situate and integrate a focus on racial/ethnic diversity is unknown. Information on how diversity is addressed in current GT health research could provide a beginning foundation for efforts to enrich the treatment of diversity in studies that use this method. This enrichment would advance science aimed at identifying and understanding the health-related challenges and concerns of people of color. The purpose of this review was to examine the extent to which racial/ethnic diversity was the focus of recent articles reporting on health-related GT studies, to categorize the articles using the diversity framework, and to ascertain the significance and status afforded to racial/ethnic diversity in this body of research.

Diversity Framework

Green et al. (2007) argued that a focus on racial/ethnic diversity can be prioritized during any or all of six research phases: identifying the research problem, developing research questions, collecting data, analyzing and interpreting data, validating the findings, and writing the report. Studies using GT can be classified at one of four levels depending on the importance that racial/ethnic diversity is afforded in the research. A summary of the four levels is presented below.

In GT studies at a *primary level*, racial/ethnic diversity is assumed to be central to the phenomena being explored and consideration of diversity pervades all phases of the research. Because the research questions center on issues related to race/ethnicity, the aims of the study would change radically if diversity constructs were removed. The samples typically include

one or more groups comprised exclusively of people of color. The studies make visible the experiences and perspectives of these groups without necessarily comparing them to the majority population. Researchers analyze how diversity-related social factors, such as economic inequality and racism, and cultural factors, such as norms and beliefs, affect the phenomena of interest. Findings related to these factors are interpreted and discussed.

In GT studies at the *complementary level*, racial/ethnic diversity is assumed to be somewhat important to the phenomena being explored, but consideration of diversity does not drive the research. Attention to diversity might inform some phases of the research or contribute to, but not frame, an understanding of the phenomenon. The research questions might introduce diversity-related constructs, but if the constructs were removed, the aims of the study would not be radically changed. The samples typically include comparable numbers of participants from two or more racial/ethnic groups or from majority and minority groups. Diversity-related social and cultural factors might be examined but are not the focus of the analysis or the discussion.

In GT studies at the *peripheral level*, racial/ethnic diversity is not assumed to be central to the phenomena being studied, although diversity might be addressed as an auxiliary issue. The samples might be diverse but typically include a majority of European Americans. Diversity-related social and cultural factors are given minimal attention in the analysis and discussion.

In GT studies at the *absent level*, racial/ethnic diversity is not assumed to be important to the phenomenon being explored and is considered of little relevance in the research process. Typically either the samples are comprised exclusively or primarily of European Americans or the racial/ethnic make-up of the samples is not revealed in the articles. For diversity to be afforded significance in these studies, issues related to it must emerge during analysis. The diversity-related social or cultural factors that might influence participants' experiences are not identified, analyzed, or discussed.

Methods

Procedures

We used this diversity framework to classify GT articles that were recently published in *Qualitative Health Research* (QHR). Because we wanted to examine GT studies that focused specifically on health and were of similar quality, we chose to focus on one peer-reviewed health-oriented journal. We chose *QHR* because it is considered the premier interdisciplinary qualitative health research journal with a high impact rating (2.188) and a high ranking in Health Policy & Services (13 out of 62) (Thomson Reuters, 2012).

Because we were interested in current trends in the treatment of racial/ethnic diversity in GT work, we examined GT articles that appeared in *QHR* between January 2007 and June 2012. We limited the sample to studies conducted in the United States because the focus of the diversity framework was on GT research conducted in developed countries, especially the United States, and because the inclusion of international articles would introduce issues related to global diversity that were beyond the scope of the project. A search of three databases, CINAHL, Medline, and PsychInfo, using the search terms “grounded theory” and “*Qualitative Health Research*” yielded 133 articles. The abstracts of these articles were reviewed to eliminate non-empirical articles such as those that discussed methodological issues and articles not based in the United States. Articles written by the authors of the work presented here were not included in the sample to avoid coding bias. No attempt was made to evaluate the overall quality of the GT studies or to determine if the studies were conducted in strict accordance with GT principles. If authors indicated that GT methods were used in any

way in the research, the article was included in the sample. The final sample consisted of 44 articles.

A coding table was devised to classify the studies. The coding table contained a column for each of the four levels in the diversity framework, with Green et al.'s (2007) verbatim explanations of the levels placed at the top of the columns to guide coding. The tables contained five rows for the components of the research to be coded: general focus of the study; research questions; sample; analysis, interpretation, and validation; and discussion. Each cell (i.e., component x level) contained a description of how diversity is handled for each component at each level. One cell, for example, included a description of how racial/ethnic diversity is incorporated in the research questions of primary level GT studies. The research team members used the table to classify each article and provide a rationale for their classification decisions.

Analysis

The research team consisted of three nurse researchers, three graduate students in nursing or public health, and an undergraduate research assistant. The idea for the project was conceived in a doctoral class on GT taught by the first author and began as a class project for the second and third authors, both of whom are African American doctoral students in nursing with a particular interest in health disparities. The other authors were invited to join the project because they were researchers interested in GT research or research assistants working with the first author.

All team members first independently classified the same three "practice" articles. These articles were published in *QHR* before 2007 or in other journals so that they would not have been part of the final sample. The team members then met to discuss their classifications of the three articles, clarify coding discrepancies among members, and develop rules to increase coding consistency. Team members, for example, disagreed about whether to classify articles as peripheral or absent if a diverse sample had been recruited, the racial/ethnic make-up of the sample was presented, and/or the race/ethnicity of the participants were revealed in case examples but diversity was not addressed in any other way. The team agreed that such articles should be coded as absent if absolutely no analysis had been conducted to determine how diversity influenced the phenomena of interest.

Six members of the team were then divided into three subgroups. The subgroups were given five articles to classify. The two members of each subgroup independently completed a coding sheet for each article by determining its diversity level and noting how racial/ethnic diversity was reflected in its components. Each coder submitted her classifications and comments to the project manager, who calculated a Cohen's Kappa (Cohen, 1960) to indicate the degree of inter-coder agreement. In the first round of 15 articles, the coders agreed on 13 articles and disagreed on 2 for an inter-coder coefficient of .87. One team member not included in a subgroup was designated a third coder to resolve discrepancies in coding. The third coder classified the articles for which there had been disagreements and submitted the rationale for her classification to the research group as a whole with the aim of increasing agreement in the subsequent coding rounds. This procedure was repeated for two more rounds until all the articles had been classified by at least two coders. The inter-coder coefficients for the second two rounds of coding were .87 and .94, respectively. A final tally sheet was constructed to display how each of the 44 articles was classified. The coder comments written on the coding sheets were examined to further explicate how diversity had been incorporated in the research at each level.

Results

The citations of the articles coded at each level, their purpose statements, and the racial/ethnic makeup of their samples are presented in Table 1. Five (11.4%) of the articles were coded at the primary level, 1 (2.2%) at the complementary level, 5 (11.4%) at the peripheral level, and 33 (75%) at the absent level. The ways in which racial/ethnic diversity were addressed at each level are described below. At least one article from each level was chosen as an exemplar to demonstrate the variation in status or significance that diversity is afforded in GT research.

Primary

The five articles coded as primary addressed a variety of topics including mental health help-seeking and help-receiving experiences among Latinos (Ishikawas, Cardemil, & Falmagne (2010), decision-making about breast cancer screening by African American women (Lende & Lachiondo, 2009), adaptation to symptoms resulting from prostate cancer treatment by low-income Latino and African American men (Maliski, Rivera, Connor, Lopez, & Litwin, 2008), contextual risks of human immunodeficiency virus [HIV] positive serostatus and intimate partner violence (IPV) of Latina women (Moreno, 2007), and the effects of spirituality on the self-management of diabetes in African Americans (Polzer & Miles, 2007).

Diversity played a central role in each of these studies and all had samples comprised exclusively of people of color. The experiences and perspectives of the participants were highly visible in each of the five articles. The literature reviewed in each article addressed how health disparities affected the racial/ethnic group that was the focus of the research. The article by Lende and Lachiondo (2009), for example, detailed how breast cancer mortality rates are disproportionately high for African American women despite lower breast cancer morbidity. The authors explained how African American women are more likely to get hormone receptor negative breast cancer than White women and are diagnosed with breast cancer at later stages. Because African American women are historically less likely to be screened for breast cancer, the research focused on what shapes African American women's decisions about screening.

In all five studies, diversity concerns constituted the essence of the purpose statement or research questions, each of which would have been fundamentally different if the diversity constructs were removed. For example, diversity was the focus of the purpose of the study by Polzer and Miles (2007):

Interventions are needed that help African Americans improve their self-management of diabetes and reduce the morbidity and mortality from the disease. To be effective, interventions that facilitate self-management need to be closely linked to African American cultural beliefs and values. An important cultural resource for African Americans that might affect self-management of diabetes is spirituality... The purpose of this study, therefore, was to develop a theoretical model that explains how the spirituality of African Americans affects self-management of diabetes. (pp. 176-177)

Discussion of diversity-related social and cultural factors that affected the phenomenon of interest and shaped the participants' experiences were evident in each article. Articles by Ishikawa et al. (2010), Maliski et al. (2008), and Moreno (2007), for example,

addressed the influence of Latino cultural norms, such as *familialismo* (i.e., importance of family), *marianismo* (i.e., the importance of nurturance and self-sacrifice in the female gender role), and/or *suerte* (i.e., the belief in fate or in good or bad luck) on the participants' experiences.

The article by Moreno (2007) will be discussed as an exemplar of a study in which racial/ethnic diversity was addressed at a primary level. Diversity was established as a priority at the beginning of the article when the author pointed out that Latinos are a diverse group in regard to immigration, family structure, and acculturation. The author presented evidence from prior research indicating that cultural factors, such as gender roles/norms and cultural scripts, and social factors, such as poverty and unemployment, influence IPV and HIV risk in this group. Prior studies on HIV and IPV with high representations of Latino women were reviewed. The purpose statement reflected a diversity focus: "The current study is designed to examine the contexts and relationships linking IPV and sexual risk behaviors among a group of HIV+ Latinas who are victims of partner abuse" (p. 342).

Numerous methodological procedures were based on sensitivity to and a focus on diversity. The researchers used the principles of action research to design the study, the sample was exclusively Latina, and focus groups conducted by a bilingual and bicultural researcher were used to capture a sense of *familialismo* and a respect for the Latina oral tradition. Community meetings were held to present the findings and to elicit feedback.

Although some of the findings were not specific to Latina women, such as a link between childhood trauma and IPV and HIV, some findings were unique to the participants' culture. The author reported, for example, that many references to *la suerte* were found in the participants' narratives. The author suggested that this sense of fatalism might disempower women and men and inhibit them from engaging in behavior changes that could lessen their health risks. The author also addressed the multiple ways in which Latina traditional gender roles provide the cultural context for both IPV and HIV. Their findings indicated, for example, that *marianismo* can be both a protective factor for HIV because of the value placed on sexual exclusivity and a risk factor because of norms against frank discussions of sex, knowledge of protection, and negotiation for condom use by women. Based on these findings, Moreno (2007) recommended that "prevention efforts must derive from the sociocultural definition of risk, cultural scripts regarding gender and power differentials, and the sociocultural context of the relationship, which includes issues of machismo and marianismo" (p. 350).

Complementary

One article was coded as complementary. A study by Wong, Sands, and Solomon (2010) used focus groups with diverse samples of mental health consumers to gain their perspectives on the concept of community. Although racial/ethnic diversity played an important role in the research, it was not of primary significance and did not pervade all aspects of the study. The authors stated that the identities of mental health consumers are based on a number of personal characteristics, including ethnicity, sexual orientation, and religious faith, and that these characteristics are likely to influence their community involvement. The authors presented literature on the community integration of persons with psychiatric disabilities and provided a robust critique of the concept of community as merely locality-based. Although they argued that ethnicity, along with gender and sexual orientation, constitute the multiple identities that influence consumers' experiences of community, they did not discuss the ways in which these experiences could be specifically affected by consumers' race or ethnicity.

The purpose of the study was to "explore conceptions of community held by persons

with psychiatric disabilities” (p. 656). One of the research questions was focused on comparing perceptions of community among participants of different ethnicities, sexual orientations, and genders. Attention to diversity, therefore, was an important consideration in the research but was not the primary lens through which the phenomenon of interest (i.e., perceptions of community) was examined.

Attention to racial/ethnic diversity was woven through several phases of the study design. The sample consisted of seven groups: Latino/Latina consumers in an ethnic-specific day treatment program; Cantonese-speaking consumers from a community mental health center; Asian consumers representing diverse linguistic groups from a community mental health center; consumers who identified as lesbian, gay, or bisexual (LGB) from a peer support group and a program for persons with mental illness and HIV/AIDS; consumers from a residential care facility; and consumers in a scattered-site supported independent living program. The final sample included comparable number of participants from several racial/ethnic groups. About 30% of the participants were Black/African American, 25% were Asian, 25% were Hispanic, and 20% were White or other. Attention to diversity was incorporated in some procedures; for example, the authors described well-planned interpretation and translation strategies. The interview guide included a prompt about “groups of people coming from the same country or culture, or sharing the same language” (p. 658) as part of the inquiry about groups or organizations to which the participant belonged. In addition, some wording changes were made in the interview guide for the Asian participants—most of whom were Chinese—because the Chinese lexicon does not have a commonly used word equivalent to community. The authors noted that important themes or cultural references might have been missed when the interviews were translated, and linguistic differences might have limited how some groups were able to articulate their experiences.

The most significant differences between the articles coded as primary and the article by Wong et al. (2010) were found in the presentation and discussion of the findings. Wong et al. (2010) presented the findings in the form of a conceptual map that specified four types of communities:

- a) communities based on shared cultural identities, including ethnicity, sexual orientation and gender identity,
- b) treatment communities based on shared mental illness or health concerns,
- c) faith communities, and
- d) neighborhoods.

Togetherness and community acceptance were identified as two domains common to all types of communities. Several domains that were unique to the specific types of communities were also identified. The domain of identity disclosure, for example, was found to be important to communities based on shared cultural identities. The discussion of the findings focused primarily on the broader constructs of the domains, although some stories related to ethnicity were used as examples. An incident described by a Cantonese participant in which his group protested the closing of a fire station in Chinatown, for example, was used to demonstrate the domain of togetherness. Although there were some references to experiences of discrimination, these experiences had been revealed primarily by participants in the LGB group. References to the importance of identity disclosure in communities based on shared cultural identities were also limited to the LGB and transgender participants. Thus, although ethnic identity was considered to be a potentially influential factor in consumers’ perceptions of community, there were few findings presented in the article that supported this contention.

In the discussion section, the authors indicated that the Cantonese participants spoke

of “partaking in services and activities in religious organizations (in this case, Buddhist temples) that were established along ethnic-linguistic lines” (p. 665), but the experiences of other racial/ethnic groups, notably Blacks and Hispanics, were not mentioned. Although the concept of diversity was threaded throughout the article, there were no robust discussions of how racial/ethnic diversity influenced how participants perceived community.

Peripheral

The five articles coded as peripheral addressed a variety of topics including maternal identity in low-income minority mothers with postpartum depression (PPD) (Abrams & Curran, 2011), choice of alternative medicine and/or standard care by caretakers of children with asthma (Freiden & Timmermans, 2008), patient responses to referrals for and treatment of perinatal depression (Henshaw et al., 2011), experiences and perceptions of fertility-related norms in low-income women (Jensen & Bute, 2010), and lesbians’ perceptions of body image (Kelly, 2007).

Although diversity played a role in all these studies, it was not addressed in a central way. In the study by Henshaw et al. (2011), for example, the researchers recruited a sample that was stratified on depression severity, socioeconomic status, and pregnancy status. Although the resulting sample was racially/ethnically diverse (i.e., 11 Black/African American, 8 White, 1 multiracial, 1 Asian American, and 2 American Indian), no issues related to racial/ethnic diversity were addressed other than an acknowledgement in the discussion section that there were no racial differences in the narratives in reference to the importance of the therapeutic alliance or patient-provider ethnicity match. In the Kelly (2007) article, the author examined how sociocultural contexts influence lesbians’ perceptions of body image and several times mentioned the influence of Western or dominant cultural influences on body image, but race/ethnicity was not central to the study. As in the Henshaw et al. (2011) study, the sample in the Kelly (2007) study was diverse (i.e., 2 American White, 2 Asian American, 1 African American, and 1 Western Indian), but no issues related to racial/ethnic diversity were addressed until the discussion section, when the author indicated that the internalization of media messages encouraging thinness “crossed all racial boundaries” (p. 881).

In a study by Abrams and Curran (2011), the researchers had purposefully recruited a low-income minority sample because maternal identity had previously been studied primarily “against the backdrop of a dominant American middle-class ideology of ‘intensive mothering’....” (p. 373). The authors argued that ethnic minority mothers are influenced by different cultural norms regarding parenting such as the importance placed on helping children cope with discrimination and obtain a sense of ethnic pride. Although these authors also recruited an ethnically diverse sample of women (i.e., 10 African American, 5 Latina, 2 Caribbean, 1 African, 1 multiracial), the research was focused more on the intersection of poverty and PPD than on issues related specifically to racial/ethnic diversity. Race/ethnicity is mentioned in the limitations section when the authors revealed they did not sample a diverse group for the purpose of making racial/ethnic comparisons and therefore were “unable to isolate themes related to culture, race, and immigration status in our analysis....” (p. 377).

Jensen and Bute (2010) recruited a diverse sample (i.e., 17 White, 8 Black or African American, 2 Hispanic, 3 mixed heritage) to study social norms related to sexuality and fertility, but, like Abrams and Curran (2011), did not discuss diversity other than to identify the race/ethnicity of the participants when providing examples and quotes and to indicate that the findings were primarily consistent among demographic groups.

An article by Freidin and Timmermans (2008) provides an exemplar of a study at the

peripheral level, although diversity played a somewhat larger role in this study than in the four peripheral studies discussed above. In their attempt to understand how caretakers make decisions about the use of alternative medicine for the treatment of their children's asthma, the authors suggested at several points that ethnicity influenced these choices. They pointed out, for example, that some ethnic groups, especially Latinos, are especially likely to use complementary or alternative (CAM) treatments. The authors recruited a diverse sample (i.e., 12 Latina, 25 Non-Hispanic White, 2 multi-ethnic, 2 African, and 1 African American) and referred to participants' race/ethnicity when presenting their quotes or stories as examples in the presentation of the findings. Several asthma treatment pathways (e.g., biomedicine only, renounce CAM, selective pluralism) were identified, but the influence of race/ethnicity on only one of the pathways was addressed. In the pragmatic pluralist pathway, caregivers were satisfied with biomedical approaches but used CAM treatments selectively to complement these approaches. The authors indicated that the kinds of CAM used by recent immigrant mothers in this group reflected "their social networks and also their ethnicity" (p. 48). Latino and non-Latino mothers, for example, were likely to use different herbal products (e.g., aloe vera vs. echinacea) or approaches (e.g., a healing ceremony vs. a visit to an acupuncturist). Although the authors addressed issues related to race/ethnicity, they did not afford diversity a central role in the research; the influence of diversity was not addressed for the majority of the patterns and played only a small role in the discussion. Like the other articles coded at the peripheral level, Freidin and Timmermans (2008) claimed that their sample made it "difficult to make conclusive explanatory statements based on demographic or social background variables such as ethnicity or socioeconomic status" (p. 45).

Absent

The 33 articles coded as absent included a wide variety of topics (see Table 1). In these articles, racial/ethnic diversity was not assumed to be significant in understanding the phenomenon of interest and diversity was not afforded a central role in the research. Issues related to health disparities were not the focus of the reviews of the literature, and diversity did not figure prominently in the purpose statements or research questions. Although Green et al. (2007) suggested that diversity might emerge as important in absent studies, this was not the case in any of the studies coded as absent. None of the articles addressed the influence of diversity-related social or cultural factors on the phenomena being studied.

Within the absent category, however, there were notable differences in regard to focus on sample diversity. As mentioned above, the team had debated whether articles in which a diverse sample had been recruited, the racial/ethnic make-up of the sample was presented, and the race/ethnicity of the participants were revealed in case examples should be coded as peripheral or absent if no further analyses in regards to diversity were reported. The team decided to code all articles as absent if the authors provided no indication that the influence of race/ethnicity on the phenomena of interest had been analyzed. This decision yielded considerable variation in articles coded as absent in regard to sample compositions and presentations. Two articles are therefore presented as exemplars to show this variation. One article (Botelho, Elstad, Taubenberger, & Tennstedt, 2011) included a robust discussion of sample diversity without further exploration of the effects of diversity on the topic of study. The second article (Wood, Mansfield, & Koch, 2007) described a study that included all White participants and mentioned diversity only as it was lacking and therefore a study limitation.

The purpose of the Botelho et al. (2011) study was to "compare reports of symptom bother from the same urinary symptoms to understand why symptom severity and bother do not correspond in a straightforward manner" (p. 1229). The authors briefly acknowledged

that many demographic factors, including ethnicity, affect symptom appraisal. Also, the research was conducted with a diverse sample. The study was part of a qualitative study linked to a large survey study, the Boston Area Community Health (BACH) Survey. The BACH Survey had used multistage, stratified cluster sampling to obtain a sample that had approximately equal numbers of Blacks, Hispanics, and Whites, as well as men and women. For the qualitative study, participants were randomly sampled from the six demographic groups of the BACH. To develop the interview guide, 55 respondents participated in the focus groups. The groups were stratified by gender and race/ethnicity, led by racially/ethnically matched moderators, and conducted in English or Spanish based on the preference of Hispanic participants. One hundred and fifty-one individuals, including approximately equal numbers of participants from each racial/ethnic group, participated in in-depth interviews. The responses of 123 participants who reported urinary storage symptoms were used for the GT analysis by Botelho et al. (2011). Because of the original sampling strategies of the BACH, the sample of Botelho et al.'s (2011) GT study was diverse (i.e., 20 Black women, 22 Black men, 20 White women, 20 White men, 22 Hispanic women, 19 Hispanic men). Despite the diverse sample, however, the Botelho et al. (2011) article was coded as absent because the authors did not explore racial/ethnic differences or identify the influence of race/ethnicity on perceptions of symptom bother.

An article by Wood, Mansfield, and Koch (2007) was also coded as absent. The purpose of this study was to "understand the meaning and experience of postmenopausal women's sexual desire" (p. 189). Although the authors expressed an interest in sociocultural factors that influenced women's desire, they did not address issues related to race/ethnicity. Their sample included 22 White women who were highly educated, middle class, and heterosexual. Race/ethnicity was not discussed in the article until the final section, in which the authors acknowledged that the "homogenous and privileged" (p. 198) nature of the sample was a methodological limitation.

Table 1. Purpose Statements and Racial/Ethnic Sample Composition of Grounded Theory Studies at Four Levels of Attention to Diversity

Article Author, Year	Purpose Statements	White ^a	Black ^b	His ^c	Asian ^d	AI/AN ^e	Carib ^f	Multi ^g	Other ^h
PRIMARY									
Ishikawa, Cardemil, & Falmagne (2010)	"In this study, we examined help-seeking pathways and help-receiving experiences among Latinos, a population that has been shown to underutilize mental health services (p. 1158)."			100% ⁱ					
Lende & Lachiondo (2009)	"This article extends [prior] research by (a) examining the decisions and justifications of African American women with regard to screening practices, and (b) using a theoretical focus on embodiment to better understand women in relation to their own bodies (p. 216)."		100%						
Maliski, Rivera, Connor, Lopez, & Litwin (2008)	"Because little is known about how low-income Latino and African American men attribute meaning and adapt to prostate cancer treatment-related symptoms relative to masculine identity, in this study we sought to develop a descriptive model of this process (p. 1609)."		34.3%	65.7%					
Moreno (2007)	"The study, in which the author aims to understand the contextual risks of HIV-positive serostatus and intimate partner violence (IPV) of 32 Latina			100%					

	women, involved focus groups, in-depth face-to-face narratives, and community meetings (p. 340)."								
Polzer & Miles (2007)	"The purpose of the study was to develop a theoretical model about how the spirituality of African Americans affects their self-management of diabetes (p. 176)."		100%						
COMPLEMENTARY									
Wong, Sands, & Solomon (2010)	"In this article we describe a focus group study of the perspectives of diverse groups of mental health consumers on the concept of community. We identify the core domains that constitute the notion of community, and commonalities and differences in the perception of community along the lines of ethnicity and sexual orientation/gender identity (p. 654)."	20.0%	30.0%	25.0%	25.0%				
PERIPHERAL									
Abrams & Curran (2011)	"In this study, we used a constructivist grounded theory approach to explore maternal identity negotiations among low-income ethnic minority mothers with postpartum depression (PPD) symptoms (p. 373)."		57.9%	26.3%			10.5%	5.3%	
Freidin & Timmermans (2008)	"We explain why some caretakers opt for alternative medicine for the treatment of children's asthma whereas others do not (p. 43)."	50.0%	6.0%	40.0%				4.0%	
Henshaw et al. (2011)	"In this study, we explored clinician interactional style characteristics contributing to patient response to perinatal depression referral and treatment (p. 936)."	34.8%	47.8%		4.3%	8.7%		4.3%	
Jensen & Bute (2010)	"In this article, we explore elements of the theory of normative social behavior (TNBS) through interviews with low-income women (n=30) in a Midwestern US state about experiences with and perceptions of fertility-related norms (p. 1573)."	56.7%	26.7%	6.7%				10.0%	
Kelly (2007)	"As are all women, lesbians are influenced by Western society's expectations of what a woman should look like. However, they are also influenced by the lesbian subculture. One of the author's aims was to explore how the sociocultural contexts in which lesbians belong influence their perceptions of body image (p. 873)."	70.0%	5.0%	10.0%	10.0%		5.0%		
ABSENT									
Apesoa-Varano, Barker, & Hinton (2011)	"The aims of this study were to (a) explore how Primary Care Physicians approach the care of patients with Alzheimer's disease, and (b) describe how this care unfolds from the physicians' perspectives (p. 1469)."	67.5%	5.0%	12.5%	10.0%				
Barnes & Murphy (2009)	"In this article, we report on grounded theory research on how women with HIV made reproductive decisions during a time of transition from HIV as potentially fatal to mothers and newborns to its current status as an often controllable chronic illness (p. 481)."	36.0%							64% of color
Blow et al. (2011)	"Using grounded theory, a multidisciplinary study team compared the narratives of 30 women	96.7%	3.3%						

	who had recently experienced a breast cancer scare (p. 1316)."								
Botelho, Elstad, Taubenberger, & Tennstedt (2011)	"We compared reports of symptom bother for the same urinary symptoms to understand why symptom severity and bother do not correspond in a straightforward manner (p. 1229)."	32.5%	34.1%	33.3%					
Burkhart & Hogan (2008)	"We used focus group data from registered nurses who care for the chronically ill (n=25) in a large Midwestern academic health center to generate a grounded theory of spiritual care in nursing practice (p. 928)."	88.0%		12.0%					
Chartier et al. (2009)	"Our aim with this qualitative study was to understand the role of personal values, meaning, and impact of drug use among HIV-positive men who have sex with men (MSM) who struggle with methamphetamine use (p. 504)."	32.0%	23.0%	32.0%					
Chen (2008)	"In the United States, sharing information with families in health care involves competing demands between clients' rights to confidentiality and families' wishes to know. In this article, I explore how community mental health providers share information with families of clients with severe mental illness (p. 1556)."	91.7%	8.3%						
Chen & Ogden (2012)	"We applied grounded theory methodology to generate a working relationship model that influences motivation for stable housing among homeless people with serious mental illness, to understand the role of a working relationship in critical service transitions (p. 373)."	8.3%	41.7%	41.7%	8.3%				
Cheyney (2008)	"In this article, I examine the processes and motivations involved when women in the United States choose to circumvent the dominant obstetric care paradigm by delivering at home with a group of care providers called direct-entry midwives (p. 254)."	NP ⁱ							
Chun & Lee (2008)	"The purpose of this study was to explore the characteristics of posttraumatic growth for people with spinal cord injury (p. 877)."	NP							
Dickson & Flynn (2012)	"In this article, we describe the depth of knowledge and skill nurses used in making decisions regarding the safe processes and practices of medication administration (p. 3)."	70.0%							
Donovan-Kicken & Bute (2008)	"The focus of this study is on the uncertainty experienced by friends and family members of patients [with chronic illness] whose communication abilities have been impaired (p. 5)."	NP							
Giarelli, Bernhardt, Mack, & Pyeritz (2008)	"This article describes the core problem and psychosocial processes by which parents transfer, and children take on, the responsibility for managing a chronic genetic condition [Marfan syndrome] (p. 441)."	89.7%	2.7%	2.7%	1.9%				
Grow & Christopher (2008)	"In this study, grounded in self-efficacy theory, we analyze public service announcements for Hepatitis C virus (p. 1401)."	76.2%	4.8%			14.3%		4.8%	

Harrison, Umberson, Lin, & Cheng (2010)	"The purpose of this study was to develop a substantive theory to explain how the timing of impairment in women's lives influenced health-promoting lifestyles among 45 women age 43 to 79 years with impairments of varying onset across the life course (p. 816)."	73.3%	17.8%	4.4%		4.4%			
Hastings-Tolsma, Clark, Nodine, & Teal (2010)	"In this article, we describe a study using a qualitative, naturalistic grounded theory design to explore sterilization decision making by pregnant obese women (p. 743)."	33.3%	33.3%	33.3%					
Howard, Balneaves, Bottorff, & Rodney (2011)	"We conducted a grounded theory study with 22 BRCA1/2 mutation-carrier women to understand how women make decisions about risk-reducing strategies (p. 502)."	NP							
Kelly & Ganong (2011)	"We designed this study to discern the childhood cancer treatment decision-making (TDM) process in [diverse] families (p. 349)."	56.3%	37.5%				6.3%		
Kidd, Miller, Boyd, & Cardeña (2009)	"Although humor has been linked to resilience among many populations, little is known regarding the role of humor in the coping of individuals with severe mental illness (SMI). In this study, a series of interviews focused on humor was completed by 15 individuals with SMI, with narratives analyzed using grounded theory methods (p. 1421)."	60.0%	26.7%				6.7%	6.7%	
MacIntosh, Wuest, Gray, & Cronkhite (2010)	"Our purpose in this grounded theory study was to explore the impact of workplace bullying (WPB) on women working in health care (p. 1128)."	NP							
Matt (2008)	"An exploratory study was conducted to gain a context-based understanding of the lived experiences of hospital-employed nurses with disabilities (p. 1524)."	77.8%		11.1%				11.1%	
McVea, Miller, Creswell, McEntarrfer, & Coleman (2009)	"The purpose of this study was to collect in-depth, qualitative data in a prospective, longitudinal fashion to generate robust descriptions of adolescent quit attempts. Through a grounded theory analysis we use those data to create an integrated theory of adolescent smoking cessation (p. 581)."	93.3%		6.7%					
Moran, Russinova, Gidugu, Yim, & Sprague (2012)	"Providing peer support to individuals with psychiatric disabilities has emerged as a promising modality of mental health services. These services are delivered by individuals who experience mental illnesses themselves. The purpose of this study was to explore how working as a peer provider can enhance personal recovery (p. 304)."	96.8%	3.2%						
Olufowote (2009)	"Informed consent (IC) to treatment honors patient autonomy and bodily integrity. This study's focus groups with radiologists found them (re)producing these structures in their interpretive schemes of patients' reactions to IC, IC as protective paperwork, and IC as a patient- and relationship-centered process (p. 802)."	86.7%			6.7%				6.7%

Discussion

This review revealed that the vast majority of GT studies published in *QHR* within the last five years did not afford racial/ethnic diversity a significant role. As a result, this body of work, with a few exceptions, generally failed to yield new theories that could advance the understanding of the influence of race and ethnicity on important health-related problems. This finding suggests that healthcare researchers might be missing opportunities to use GT to uncover psychosocial processes that contribute to health disparities. We make no claims about the overall quality of the articles reviewed, however, and are not suggesting that articles categorized as peripheral or absent do not make important scientific contributions; rather, these articles do not address racial/ethnic diversity in substantive ways.

These findings should be considered in the following contexts. First, we restricted our review to articles published in one journal. Although *QHR* is known for its rigor, it is possible that GT studies that focus more heavily on diversity are published in other venues. In addition, we eliminated studies not based in the United States. The inclusion of international studies might have resulted in information on how racial/ethnic diversity is addressed in a global context. Also, our choice to focus the review specifically on issues of racial/ethnic diversity prohibits any conclusions about how GT research addresses other forms of diversity, such as sexual orientation, education/income, disability, and gender. Finally, the coding sheets were developed based on Green et al.'s (2007) verbatim descriptions of the four levels; we acknowledge that the authors' intent was not necessarily to categorize research based on specific criteria extrapolated from their words.

Although the purpose of the review was to use the diversity framework as a heuristic tool to describe how contemporary GT researchers have addressed issues of ethnic/racial diversity rather than to "test" the framework, our coding experiences pointed to some ways in which the framework might be clarified, modified, or expanded. Because the team agreed to code as absent all articles in which there was no analysis related to race or ethnicity, this level included studies with samples that were

- a) comprised exclusively or primarily of White participants,
- b) diverse by convenience, or
- c) diverse because of targeted racial/ethnic recruitment.

These variations in attention to diversity sampling at the absent level might indicate the need for a greater differentiation of levels in the framework or the development of more nuanced coding rules by research teams who use the framework. In addition, some articles coded as peripheral only briefly mentioned any analysis related to race/ethnicity by indicating that there were no racial/ethnic differences in the phenomena of interest. Furthermore, these articles did not reveal how findings of "no differences" were determined. The team therefore questioned if these articles were substantively different from many of the articles coded as absent. We conclude that although the diversity framework was useful for our purposes, it might need to be refined for further use as a classification scheme.

Despite the limitations of the review, the findings do point to the need for advancements in analytic approaches to explore issues related to racial/ethnic diversity in GT research. Texts that address methods and diversity typically focus on the recruitment and retention of diverse samples rather than on how data can be analyzed to identify diversity-related processes related to health disparities. Based on their GT study of Chinese American and Mexican American families' experiences in pediatric palliative care, Davies et al. (2009), for example, presented a number of strategies that facilitated their cultural research. They provided many recommendations for ensuring the cultural competence of the research team,

developing a culturally sensitive interview guide, and enhancing recruitment of diverse groups. In regard to data analysis, they recommended using a multidisciplinary and multicultural team, having bicultural/bilingual research associates (RAs) and a culture advisory group review the translated documents, and including the RAs in analysis discussions. No methodologists, however, have presented specific analytic strategies to

- a) identify diversity-related processes embedded in participant narratives,
- b) make racial/ethnic comparisons when data is in narrative form, or
- c) uncover what narratives reveal about the influence of diversity-related factors on health-related experiences.

The explication of such analytic strategies would enhance efforts to incorporate a greater focus on diversity in GT research.

The review raised several other questions that were discussed among our team members: Should all GT studies address diversity? Are there ever compelling reasons not to address diversity in GT research? Does attention to diversity need to be incorporated in all phases of the research project to adequately explore important issues related to race and ethnicity? Could a strong focus on diversity neglect the uncovering of universal experiences related to health and illness?

We do not have answers to these questions, but believe that Green et al.'s (2007) work and our review might provoke discourse related to these issues. We do recommend, however, that GT researchers consider the value of incorporating a racial/ethnic focus in their studies. We agree with Green et al. (2007) that GT has a unique role to play in research initiatives aimed at improving minority research and reducing health disparities.

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