

Review of Grounded Theory for Mental Health Service and Migrant Health Research

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ABSTRACT

In recent years, numerous published calls to action from nurses and nursing scholars requested greater involvement and response to the health needs of refugees and asylum seekers. Youth refugees and asylum seekers have been particularly vulnerable to mental health difficulties and have experienced major barriers to mental health access. Grounded theory may be suitable to expand our understanding of this field, which could assist decision-makers, managers, healthcare providers, and researchers in developing policies and programs to address this wicked problem. This paper, therefore, reviews and examines grounded theory's core components, history, types, ontology, epistemology, methodology, methods, strengths, limitations, utility to nursing inquiry, and potential in supporting mental health service research for youth refugees and asylum seekers.

KEYWORDS: Asylum seekers, grounded theory, mental health care, nursing, refugees

Grounded theory (GT) is a qualitative approach focused on social processes and theory development (Charmaz, 2014; Rieger, 2019). GT is primarily chosen when there is a limited theoretical understanding of the area of study (Wuest, 2012). Throughout the years, nursing scholars have been drawn to GT (Schreiber & Stern, 2001; Singh & Estefan, 2018). From inquiries on improving the quality of nursing care to social justice research, GT has been the methodology of choice (McGough et al., 2018; Pacquiao, 2008; Sharrock & Happell, 2006; Williams, 1998). Recently, numerous calls to action from nurses and nursing scholars were published requesting greater involvement and response to the health needs of refugees and asylum seekers (Griswold et al., 2020; Wilson et al., 2022). Youth refugees and asylum seekers have been particularly vulnerable to mental health difficulties and have been experiencing major barriers to mental health access (Betancourt et al., 2015; Kadir et al., 2019; Marshall et al., 2016). Greater investigation is required to meet their mental health needs and guarantee their access to the appropriate care. GT may be suitable for expanding our understanding of this field. This paper reviews and discusses GT's core components, history, types, ontology, epistemology, methodology, methods, strengths, limitations, utility to nursing inquiry, and potential in supporting mental health service research for youth refugees and asylum seekers.

Background

Developed at the time when postpositivist and experimental research design were dominating the scientific world and qualitative research was in its infancy, GT was developed

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through Barney Glaser and Anselm Strauss's collaboration in 1967 (Hense & McFerran, 2016; Rieger, 2019). Strauss was a sociologist who hired Glaser, a quantitative researcher, in the late 1950s to work on his research on dying (Duchscher & Morgan, 2004; Rieger, 2019). They both criticized the deductive reasoning behind the dominant discourse due to its inability to generate new theories (Hense & McFerran, 2016). Despite their common views, Glaser and Strauss clashed in multiple ways, causing divergent types of GT after their initial collaboration, resulting in Classical Glaserian GT (CGGT) and Interpretive Straussian GT (ISGT) (Duchscher & Morgan, 2004; Rieger, 2019). Other scholars, such as Charmaz, Clark, and Wuest, also used Glaser and Strauss' work to expand GT (Rieger, 2019). This led to the creation of GT's "family of methods" that share core components (e.g., concurrent data collection, analysis, and theory construction, as well as constant comparison) (Rieger, 2019).

Distinct from other qualitative approaches, GT researchers must simultaneously conduct data collection, analysis, and theory development throughout their research process (Corbin & Strauss, 2015). All data collections (except for the first set of interviews) are informed by the findings of the previous data analysis and theory conceptualization (Duchscher & Morgan, 2004). This iterative process is performed repetitively until data saturation is reached (Charmaz, 1990; Corbin & Strauss, 2015).

Constant comparative analysis represents the ongoing comparison of data to each other, assessing if there are any similarities and differences between the data (Wuest, 2012). This comparison is applied throughout the data analysis process to ensure conceptual congruence and the creation of an emerging theory (Creswell, 2007; Rieger, 2019). As Glaser and Strauss (1967) emphasized, constant comparative analysis "provides us [researchers] with relevant predictions, explanations, interpretations and applications" (p. 1). Despite these core components salient in all types of GT, significant differences are present in each type's ontological, epistemological, and methodological underpinnings. These will be examined in the following paragraphs.

Classical Glaserian Grounded Theory

After collaborating with Strauss, Glaser continued to refine CGGT on his own (Glaser, 1978, 1992, 1998, 2001, 2002, 2005, 2007, 2009, 2011, 2012). CGGT falls into the category of postpositivism with realist ontology and objectivist epistemology (Hense & McFerran, 2016; Rieger, 2019). In CGGT, a single true reality exists, which can be discovered and objectively observed (Hense & McFerran, 2016; Rieger, 2019). Nevertheless, due to the limitations of human understanding and a high potential for error, this single truth can never be entirely apprehended; researchers can only strive to reveal knowledge that is as close as possible to the truth by ensuring the best they can to limit any confounding factors (Rieger, 2019). CGGT researchers must set aside their values and presumptions throughout the research process because they interfere with the quality of the findings and can negate the validity of the emerging theory (Hense & McFerran, 2016; Rieger, 2019). CGGT researchers are also discouraged from conducting a literature review prior to data collection (Wuest, 2012), unlike other qualitative approaches.

Data analysis in CGGT consists of two phases: substantive and theoretical coding (Rieger, 2019). In substantive coding, the researchers are immersed in the data while openly coding (Sebastian, 2019). From this, core categories emerge, which are linked to each other using selective coding (Rieger, 2019). Once substantive coding is completed, theoretical coding can occur, wherein the researcher attempts to integrate the substantive codes and develop a theoretical hypothesis (Sebastian, 2019). Throughout data analysis, the researcher's influence is mitigated, and data interpretation or co-construction is discouraged (Rieger, 2019).

Interpretive Straussian Grounded Theory

In 1990, Strauss partnered with Juliet Corbin to publish the *Basics of Qualitative Research*, which aims to provide scholars with a more accessible GT (Rieger, 2019). Since then, Strauss and Corbin (1994, 1998) continued their collaboration. Even after the death of Strauss in 1996, Corbin pursued improving ISGT (Corbin & Strauss, 2015). Similar to CGGT, ISGT also evolved throughout the years. Initially, ISGT heavily followed the postpositivist paradigm with realist ontology and objectivist epistemology (Rieger, 2019). However, in 2008 and onwards, ISGT shifted to an interpretivist paradigm with relativist ontology and subjectivist epistemology (Corbin & Strauss, 2008). The interpretivist paradigm “is guided by the researcher’s set of beliefs and feelings about the world and how it should be understood and studied” (Denzin & Lincoln, 2011, p. 13). Strauss and Corbin acknowledge that multiple realities and meanings exist (Levers, 2013). They asserted that “objectivity in qualitative [research] is a myth” (Corbin & Strauss, 2008, p. 10) and “there is no one reality out there waiting to be discovered” (Corbin & Strauss, 2008, p. 32). They also emphasized that reality can never be fully understood or reconstructed by a researcher (Levers, 2013). The subjectivist epistemology embraced in ISGT positioned knowledge and theories as context-laden, dependent on the historical, cultural, temporal, and socio-political circumstances (Levers, 2013; Sebastian, 2019). With this ontological and epistemological stance, the separation of the researcher’s bias, presumptions, and values from the study is believed to be impossible (Sebastian, 2019). Instead, the researcher’s knowledge and the background is embraced as they may enrich the quality and depth of the study (Sebastian, 2019).

Strauss and Corbin (2008) emphasized a structured approach to data coding and analysis, consisting of three major steps: (1) open coding, (2) axial coding, and (3) selective coding. In open coding, the researcher aims to open up the inquiry and allow the concepts and categories to emerge (Duchscher & Morgan, 2004). Connections between these concepts and categories are then established using coding paradigms during axial coding while the core phenomenon is identified (Creswell, 2007; Rieger, 2019). At the end of this phase, a visual model starts to form (Creswell, 2007; Rieger, 2019). This model will be used to develop a hypothesis during the selective coding (Creswell, 2007). Selective coding entails the integration of the core phenomenon and all concepts and categories with the hypothesis (Creswell, 2007). This is also the stage in which theoretical conceptualization begins, and the researcher attempts to prove or disprove their assumptions using the model as they obtain more data (Sebastian, 2019).

Constructivist Grounded Theory

The third GT type, Constructivist GT (CGT), was developed by the mentee of Glaser and Strauss, Kathy Charmaz (2006, 2014). CGT assumes a relativist ontology and subjectivist epistemology (Hense & McFerran, 2016; Rieger, 2019). In CGT, multiple realities exist, and these realities are socially constructed by people, including the researcher and the participants (Hense & McFerran, 2016; Rieger, 2019). Meaning is, therefore, created from the interaction of the interpreter and the interpreted in an equal way (Levers, 2013). Thus, heavy emphasis is placed on co-constructing meaning and knowledge (Levers, 2013). Multiple sources of knowledge are also embraced (Rieger, 2019).

Similar to ISGT, CGT does not impede researchers from reviewing the literature prior to commencing their study (Sebastian, 2019). Charmaz asserted that this could be a strategy to open up the inquiry and strengthen the research project. Nevertheless, the literature should not dictate the direction of the study (Sebastian, 2019). During data collection, Charmaz emphasized using intensive interviewing and thoughtful probes to ensure that the researcher understood the participants’ perspectives well (Rieger, 2019). Participants, researchers, and the

study's contexts are also considered throughout the research process (Hense & McFerran, 2016; Rieger, 2019).

Data analysis in CGT involves two phases: initial coding and focused coding (Rieger, 2019). Initial coding requires the labeling of all pieces of data with codes by going word-by-word, line-by-line, or incident-by-incident (Rieger, 2019; Sebastian, 2019). These initial codes are analyzed and the most salient and relevant codes are categorized during focused coding (Rieger, 2019). The products of focused coding will represent the beginning of the theoretical assumptions that will be used to test future data (Rieger, 2019).

Situational Analysis Grounded Theory

Debates persist on whether situational analysis GT (SAGT) may be considered as a type of GT (Clarke et al., 2022). Some insist that SAGT is a type of GT that evolved from the works of Glaser, Strauss, Corbin, and Charmaz, while others position SAGT as an extension that can be integrated into any GT type to illuminate social aspects that were previously disregarded (Clarke, 2003; Clarke et al., 2022; Rieger, 2019). Originating from the works of Clarke (2003), SAGT is situated in a postmodern perspective with no specific ontological and epistemological underpinnings (Clarke, 2003). With SAGT, Clarke (2003) offers an approach to data collection and analysis that goes beyond the conventional dominant discourse within a society. SAGT can “deeply situate research projects individually, collectively, organizationally, instructionally, temporally, geographically, materially, discursively, culturally, symbolically, visually, and historically” through the use of three maps: situational, social worlds/arenas, and positional (Clarke, 2005, p. 3). Each of these maps aids in visualizing and analyzing the key components involved in the study (Clarke, 2003). Ultimately, through SAGT, the situation of inquiry can be empirically identified, and a mid-range theory can be generated that reflects the study outcomes (Clarke, 2005).

Critical Grounded Theory

Wuest initiated the movement of critical GT (CRGT) in 1995 under the approach called feminist GT (Wuest, 1995). Feminist GT then evolved to a broader umbrella of CRGT when scholars began adapting its use to diverse social issues relating to injustice, inequality, and economic disparity under a critical realist perspective (Hadley, 2019). However, CRGT's epistemological and methodological underpinnings are still not well-established (Belfrage & Hauf, 2017; Hadley, 2019). The pragmatic premise of GT, in general, is aligned with critical social theorists' desire for transformation and action; however, critical social theorists' aspiration for emancipatory benefits clashes with GT's exploratory aims (Hadley, 2019). For Glaser, entering a study with a preconceived motive will only produce a pseudo-theory derived from data that is forced (Hadley, 2019). Due to this major incompatibility, CRGT was positioned as an extension of CGT instead of another type of GT. Researchers would need to follow the CGT methodology first; then, if the data leads the researcher to need a critical inquiry, then CRGT can be carried out (Hadley, 2019). Concepts of power, domination, and oppression must, therefore, arise from the data and not be added as a means to sway the inquiry to CRGT (Hadley, 2019). Now that all GT's family of methodologies are described, the following sections will focus on the common methods of inquiry across GTs.

Methods

Sampling

Purposive sampling is initially used in GT to include a broad range of individuals who have valuable insights and experience of the study's focus (Rieger, 2019; Wuest, 2012). Gradually, researchers proceed to theoretical sampling (Charmaz, 1990; Creswell, 2007). In this stage, researchers have some understanding of the domain of study and might have developed hunches or even hypotheses that they aim to test, fill out, or expand (Charmaz, 1990; Hense & McFerran, 2016). Participants, documents, or other sources of data are, therefore, theoretically chosen by the researcher to best mold their theory (Creswell, 2007). The total sample size and number of interviews required for GT is unclear. Creswell (2007) recommends a sample size of 20-30 participants. While Creswell and Poth (2016) suggest 20-60 interviews are required, Charmaz (2014) states 25 interviews and Wuest (2012) proposes 30-50 interviews, with 10-15 interviews for narrow domains of study and 40 interviews for broader domains. This ambiguity may be due to the requirement that data collection can only end once data saturation is reached (Urcia, 2021), which is in itself vague and controversial (Thorne, 2020).

Data Collection

There are numerous methods for data collection that are used with GT, as it generally embraces multiple sources of knowledge (Creswell, 2007). However, the most common methods used are interviews, documents, and memos (Creswell, 2007). Interviews are generally semi-structured and can be performed individually or in groups (Wuest, 2012). Initial interviews consist of overview questions with some follow-up probes (Wuest, 2012). As the study progresses, the follow-up probes change to incorporate findings from the data analysis (Wuest, 2012). Initial probes are replaced by more focused probes that assist in clarifying and testing theoretical hunches (Wuest, 2012). As for the documents, no clear guideline exists on the types of documents that can be included in GT. However, it can be assumed that retrieval of the literature must be directed by theoretical sampling (Wuest, 2012). Examination of the literature during data collection goes beyond the initial literature review and extends across disciplines (Wuest, 2012). Throughout the process of data collection and analysis, it is highly recommended to engage in memo writing (Creswell, 2007).

Memos can entail a sentence, a paragraph, or a few pages of the researcher's analytical thoughts (Duchscher & Morgan, 2004). They primarily aim to "exhausts the analyst's ideation; raises the data to a conceptual level; develops the properties of each category; presents hypotheses about connections between categories; and begins to locate the emerging theory" (Duchscher & Morgan, 2004, p. 610). Corbin and Strauss (2015) add that memos start of "rudimentary representations of thought," which gradually evolve in "complexity, density, clarity, and accuracy as the research progresses" (p. 117).

Data Analysis

Each type of GT has distinct analytical tools to assist in data analysis. CGGT researchers use theoretical coding families for theory integration and establishing connections between categories and properties (Rieger, 2019). However, in ISGT, the coding paradigm, conditional/consequential matrix, and other analytical techniques, such as the flip-flop technique and waving the red flag, are employed (Rieger, 2019). As for CGT, Charmaz is more flexible in her approach and allows researchers to use any analytical tools from other types of GT as long as they are relevant to the emerging theory (Rieger, 2019). Due to this flexibility, scholars propose that SAGT and CRGT may expand the analysis of CGT (Clarke, 2005;

Hadley, 2019). Researchers using CRGT forms of inquiry may analyze their data using guiding questions, such as “how is power or control being exercised here; whose story or perspective is being emphasized here; how is gender/age/class affecting the dynamics discussed here; [and] how is the informant dominating or how is s/he being dominated here” (Hadley, 2019, p. 12).

Criteria of Trustworthiness

Similar to data analysis, each GT approach follows specific criteria for trustworthiness. With CGGT committed to a postpositivist stance, criteria of fit, work, relevance, and modifiability are crucial for determining trustworthiness (Rieger, 2019). In contrast, Corbin and Strauss (2008) detail 10 criteria for identifying the quality of ISGT research, which include criteria of fit, applicability, concepts, contextualization of concepts, logic, depth, variation, creativity, sensitivity, and evidence of memos. Other questions about examining the study’s credibility are also included in Corbin and Strauss (2008). These criteria and questions, however, were revised in their 2015 book, where they proposed 16 questions to examine methodological consistency and 17 supplemental questions on quality and applicability (Corbin & Strauss, 2015). For CGT, criteria of trustworthiness include credibility, originality, resonance, and usefulness (Rieger, 2019). As for SAGT and CRGT, to the best of my knowledge, no criteria to establish trustworthiness have been explicitly outlined in the literature.

Strengths and Limitations

GT has been proven to have numerous strengths but also some limitations. GT has been influential in legitimizing qualitative research throughout the years as it has demonstrated its applicability in various disciplines (Rieger, 2019). Its structured approach encourages multiple novice researchers to embark on qualitative inquiry (Rieger, 2019). Detailed and clear descriptions of the methodology’s procedures are also readily accessible in the literature, which might be overwhelming for some (Rieger, 2019). Certain researchers might perceive GT to be too prescriptive or rigid for a qualitative design (Rieger, 2019). Fulfilling all the fundamental steps of GT may also be time-consuming and laborious, particularly the processes involved in concurrent data collection, analysis, conceptual theorizing, constant comparison, coding, and theory development (Urcia, 2021). Adding abstraction and theorizing onto the research process may also be a daunting task to take on, as a significant amount of time may be required to fine-tune a theory (Corbin & Holt, 2005; Hussein et al., 2014). Despite these limitations, GT has been heavily used by nursing scholars due to its research, education, and practical applications (Schreiber & Stern, 2001; Singh & Estefan, 2018).

Grounded Theory’s Utility to Nursing Inquiry

In addition to its pragmatic alignment with the nursing paradigm, GT assists nurses in profoundly understanding the social behaviors and relationships associated with the health of individuals, families, and communities (Schreiber & Stern, 2001). GT adds to nursing’s body of knowledge by providing nursing scholars with a feasible way to generate theories that emerge directly from people’s experiences, particularly in areas where there is limited to no theoretical understanding (Mediani, 2017). Such theories elicit new ways of thinking for nurses in various fields (Schreiber & Stern, 2001). They may encourage nurses to improve their practice, inspire scholars to investigate differently and motivate nursing educators to modify their teaching strategies (Santos et al., 2016). These theories not only provide new insights, but they can also be used to support the development of assessment tools, instruments, intervention programs,

and frameworks (Benoliel, 1996; Schreiber & Stern, 2001). Since theories are the basis of knowledge (Higgins & Moore, 2000), the utility of theories is vast.

Upon reviewing the literature on nursing and the application of GT, it became evident that the most recent comprehensive review dates back to De Chesnay (2014), which covered GT articles published from 2010 to 2014 across three peer-reviewed journals. Later, McCrae and Purcell (2016) conducted a narrower review, focusing solely on nursing articles that utilized theoretical sampling. More recently, Connor et al. (2023) published a protocol for a qualitative systematic review specifically targeting the use of CGGT, though the results of this review are pending. This underscores the need for an extensive scoping or systematic review to thoroughly explore GT's application in nursing.

Although conducting a systematic review exceeds the scope of this paper, a brief review of the current literature may provide insight into GT's contribution to nursing and affirm the necessity of a thorough review. To this end, a search was conducted in the CINAHL database using the following keywords and subject headings: MH "*Nursing Science*" or "*Nursing Science*" or "*Nursing*" and MH "*Grounded Theory*" or "*grounded theory*." Publication year and language limiters were applied to only include published articles between 2015 and 2024 and were written in English or French. This search yielded a total of 1,328 articles. The first 20 were reviewed, 15 of which were studies that employed GT methodology. These 15 articles were examined in-depth for their sample population, purpose, implications, and congruence with GT's principles described above.

These studies, spanning 2016 to 2024, were conducted in various countries and covered a broad spectrum of nursing specialties and contexts. These countries are Iran, the UK, China, the USA, Austria, Canada, India, Brazil, and Sweden. Their sample populations consist of nurses in general, registered nurses in tertiary care hospitals, nurses specializing in wound treatment, nurses involved in care transitions from hospital to homecare, nursing students, alumni, and faculty, Master of Geriatric Nursing Specialist postgraduates, charge nurses, nurse managers, management members in homecare organizations, service users at a cancer center, service users in general, hospitalized individuals involved in the justice system, and medical doctors.

Regarding purpose and implications, these studies can be categorized into four broad nursing topics: (1) patient experiences, (2) patient safety, (3) specialized nursing practices and care, and (4) professional development and organizational factors. In Campbell et al. (2022) and Paradis-Gagné et al. (2023), the application of GT was crucial in prioritizing patients' experiences and voices at the forefront of theory development and improving nursing practice. Specifically, Campbell et al. (2022) explored the experience of dying from the perspective of hematology cancer patients, advocating for a holistic approach to incurable illness trajectories. This led to the development of the "Facing Death" theory. Conversely, Paradis-Gagné et al. (2023) examined the impact of the judicial process on Canadians living with mental illness; such study not only demonstrates the extent of GT's application but also raises awareness about the legal challenges this population faces due to systemic stigma.

The subject of patient safety was addressed in Asadi et al. (2024) and Cathro (2016). Asadi et al. (2024) explored how nurses in Iran implement medical orders, outlining strategies to enhance healthcare delivery and formulating the "Selective and Tasteful Implementation" theory to mitigate legal and organizational risks. Cathro (2016), on the other hand, investigated the practices of charge nurses in the USA to ensure patient safety. The findings of these studies provide a groundwork for future programs and initiatives that have the potential to enhance patient safety.

In the specialized nursing practices and care topic, the wide application of GT in nursing is evident. Studies in this category include Chen et al. (2024), which focused on geriatric nursing; Winters (2016), which investigated emergency department; Milhomme et al., (2018) which examined the surveillance process in critical care; Drgac and Himmelsbach (2023),

studied chronic wound care; Honan et al. (2023) explored followership; and Silva et al. (2017) evaluated the connections between nursing research outcomes and the nursing work process.

Moreover, GT has also been consistently utilized for professional development and organizational improvement. Examples include Clark et al. (2024), assessing the impact of nursing programs on professional identity and practice in the USA; Schlegel et al., (2024) investigating self-management processes in sexual and reproductive health among American women, highlighting nursing's professional roles; Winqvist et al. (2023), examining care transitions from hospital to home healthcare in rural Sweden; Malik and Shankar (2023), studying the experiences of nurses in self-managed homecare organizations in India, focusing on organizational effects, and Skyvell Nilsson et al., (2024), exploring the influence of perceived organizational support on ethical conflict management in Sweden.

In regard to congruence with GT principles, Table A1 (see Appendix A) summarizes this analysis. Five out of 15 included articles did not specify the type of GT chosen for their study, while Winters (2016) used CGGT, ISGT was utilized by Milhomme et al. (2018), Paradis-Gagné et al., (2023) and Silva et al. (2017), and CGT was chosen by Campbell et al., (2022), Drgac and Himmelsbach (2023), Honan et al. (2023), Malik and Shankar (2023), Schlegel et al., (2024), and Winqvist et al. (2023). Although the majority of the studies adopted purposive sampling followed by theoretical sampling (7 out of 15), others relied solely on purposive sampling or utilized convenience and snowball sampling, and some did not indicate their sampling technique. Surprisingly, the other core principles of GT (i.e., concurrent data collection and analysis, constant comparison, and theory generation) were not systematically incorporated throughout all the studies. Additionally, the reporting on data analysis methods also lacked consistency, with discrepancies in some cases between the chosen type of GT approach and the data analysis technique used. For instance, Paradis-Gagné et al. (2023) applied the ISGT approach but used the CGT data analysis method, which involved initial and focused coding. Similarly, Schlegel et al. (2024) followed the CGT approach but used ISGT's open, axial, and selective coding. These observations illustrate a significant concern that has been raised by Benoliel (1996) and has been continuously problematic to this day (Connor et al., 2023; Walsh et al., 2020): the ongoing challenge of maintaining rigor and standardization in reporting GT studies within the nursing field. Despite the availability of numerous methods assisting researchers to ensure rigor in GT studies, as demonstrated above, this issue appears to persist. Publishing academic journals may need to impose stricter reporting standards for GT and other qualitative research methods. Mandating the consistent use of the Consolidated Criteria for Reporting Qualitative (COREQ) could provide a solution (Walsh et al., 2020).

This inconsistency and lack of rigor in adhering to and reporting GT methodologies underscore the critical need for comprehensive guidelines and standards, especially as we transition to discussing the specific application of GT in enhancing mental health support for youth refugees and asylum seekers. This next section delves into the unique challenges and opportunities in this context, highlighting the imperative for methodological fidelity and innovation in research practices.

Grounded Theory and Youth Refugee and Asylum Seekers Access to Mental Health Support

The extensive application of GT is clear and compelling; therefore, its effectiveness as a comprehensive methodology for investigating the intricate experiences of youth refugees and asylum seekers, particularly regarding their access to mental health services, is naturally expected. Despite its potential, GT's use in this area remains limited, with only a few studies, such as those by Dastjerdi et al. (2012), Edge et al. (2014), Filler (2018), and Hense and McFerran (2016), employing this methodology. Similar to the studies reviewed, inconsistencies and a lack of rigor are also evident in some of these articles.

Nevertheless, these studies demonstrate the capacity of GT to thoroughly illustrate rich data, produce theories, and promote social justice (Benoiel, 1996; Charmaz, 2020). Through enabling researchers to “locate the research participants within the social, cultural, temporal, and situational conditions in which they live and to recognize how structural conditions and positions affect the researcher and the research process,” intersecting vulnerabilities of youth refugee and asylum seekers with high risk to mental health can be acknowledged and addressed (Charmaz, 2020, p. 168). At the same time, GT assists researchers in understanding in-depth the meaning of concepts, events, and social structures from the participants’ perspective (Dastjerdi et al., 2012). With these understanding and contextual factors considered, theories produced from GT will be more appropriate and reflective of the actual social experiences of this population (Edge et al., 2014). Hence, assessment tools, instruments, intervention programs, and frameworks formed on the basis of these theories have significant potential to actually address the mental health needs of youth refugees and asylum seekers.

Moreover, the co-creation emphasized in CGT may also provide an opportunity for a theory to be “generated democratically with young people, about them and for them” (Charmaz, 2020, p. 172), as in the study of Hense and McFerran (2016). Through the process of co-creation and collaboration, the application of CGT in this study not only offered new insights to the researchers but also directly benefited their participants (Charmaz, 2020). As Hense highlighted when interviewed to reflect on their work:

Young people were consciously able to see their experience within the context of the larger body of data and in response to analysis which occurred outside of our meeting. They had the power to influence and change the emergent theory, as well as benefit from knowledge gained in the process. (Charmaz, 2020, p. 172).

Since youth refugees and asylum seekers are in a position of vulnerability, particularly when participating in qualitative research, it is the researchers’ responsibility to mitigate any possible harm to the participants while maximizing their benefits from engaging in research (Block et al., 2013).

Additionally, Hense and McFerran (2016) advocate for integrating a participatory approach into GT, which emphasizes democratizing the research process, empowering participants, and striving for social change. For this to be achieved, several key elements must be established. Firstly, it necessitates creating spaces for meaningful engagement where participants can comfortably share their experiences, perspectives, and insights on an equal footing with researchers. Participants are, therefore, involved in various stages of the research process, including problem identification, data analysis, and theory generation. Such involvement ensures that the theories developed are not only grounded in empirical data but are also enriched by the lived experiences and contextual understandings of the participants themselves.

Moreover, integrating a participatory approach into GT underscores the importance of reflexivity and praxis within the research process. Collaborative reflexivity involves researchers and participants critically reflecting on their assumptions, biases, and interactions within the research process. This reflexivity enhances the rigor of the research by making the process of theory generation more transparent and grounded in the realities of those involved. Praxis, or the application of theory to practice, further ensures that the research has tangible implications for addressing the issues identified by participants, thereby contributing to positive social change (Hense & McFerran, 2016).

The participatory approach in GT also highlights some ethical considerations, particularly when working with vulnerable populations such as youth refugees and asylum seekers. This approach recognizes the power imbalances inherent in traditional research methodologies and seeks to address them by giving participants a voice and agency within the research process. Nevertheless, ethical considerations, including consent, confidentiality, and

the potential impact of the research on participants, are thus central to the participatory approach, ensuring that the research is conducted in a manner that respects the dignity and rights of all involved. Therefore, meticulous attention must be given to safeguard the well-being of participants who agree to collaborate as co-researchers in this participatory approach.

In summary, applying GT to the investigation of youth refugee and asylum seekers' access to mental health support and integrating a participatory approach into GT represents a critical evolution of the methodology, one that values collaboration, empowerment, and social justice. This approach not only enriches the research process and outcomes but also aligns with broader aspirations for research that is ethical, impactful, and grounded in the realities of those it seeks to understand and support.

Conclusion

A deeper understanding is required to address the mental health access barriers experienced by youth refugees and asylum seekers. This paper discusses GT's major characteristics, its utility in nursing inquiry, and its application in mental health service and migrant research. GT has great potential to highlight the intersectionality encountered by youth refugees and asylum seekers while respecting their autonomy and resiliency. Thus, the emergent theory generated from this type of inquiry may have a significant and sustainable impact. After all, nursing researchers have the moral duty to advance social justice and assist those in need.

Nevertheless, it is essential to recognize the constraints and challenges intrinsic to this qualitative methodology. First, GT's dependence on the iterative process of concurrent data collection and analysis might result in prolonged research timelines, potentially restricting timely action in addressing the urgent mental health needs of youth refugees and asylum seekers, particularly when applying participatory action research with GT. This iterative process may also overwhelm youth already burdened by significant psychological stress. Evidently, engaging in abstract and complex discussions can be particularly challenging for those preoccupied with daily struggles. It is, therefore, crucial to be mindful of these pre-existing challenges encountered by youth refugees and asylum seekers and avoid adding on their burden by forcing the rigid structure of certain types of GT.

Furthermore, the scope of GT typically focuses on generating micro-level theories, which may not fully capture the broader systemic and policy-driven influences on migrant health. It is also critical to acknowledge that the diverse backgrounds of youth refugees and asylum seekers can be highly heterogeneous, and the insights derived from GT studies may not be generalizable to all migrant groups or contexts. Thus, while GT offers profound insights into individual and group experiences, researchers must carefully consider these limitations and complement GT with other data sources to form a comprehensive understanding of the mental health challenges faced by youth refugees and asylum seekers.

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References

- Asadi, M., Ahmadi, F., Mohammadi, E., & Vaismoradi, M. (2024). A grounded theory of the implementation of medical orders by clinical nurses. *BMC Nursing*, 23(1), 1–13. <https://doi.org/10.1186/s12912-024-01775-6>
- Belfrage, C., & Hauf, F. (2017). The gentle art of retrodution: Critical realism, cultural political economy and critical grounded theory. *Organization Studies*, 38(2), 251–271. <https://doi.org/10.1177/0170840616663239>
- Benoiel, J. Q. (1996). Grounded theory and nursing knowledge. *Qualitative Health Research*, 6(3), 406–428. <https://doi.org/10.1177/104973239600600308>
- Betancourt, T. S., Frounfelker, R., Mishra, T., Hussein, A., & Falzarano, R. (2015). Addressing health disparities in the mental health of refugee children and adolescents through community-based participatory research: A study in 2 communities. *American Journal of Public Health*, 105(S3), S475–S482. <https://doi.org/10.2105/AJPH.2014.302504>
- Block, K., Warr, D., Gibbs, L., & Riggs, E. (2013). Addressing ethical and methodological challenges in research with refugee-background young people: Reflections from the field. *Journal of Refugee Studies*, 26(1), 69–87. <https://doi.org/10.1093/jrs/fes002>
- Campbell, K., Harris, F., & Stoddart, K. (2022). The hematology cancer patient experience of “Facing Death” in the last year of life: A constructivist grounded theory study. *Cancer Nursing, Publish Ahead of Print*, 47(2), 132–140. <https://doi.org/10.1097/NCC.0000000000001180>
- Cathro, H. (2016). Navigating through chaos: Charge nurses and patient safety. *JONA: The Journal of Nursing Administration*, 46(4), 208–214. <https://doi.org/10.1097/NNA.0000000000000326>
- Charmaz, K. (1990). ‘Discovering’ chronic illness: Using grounded theory. *Social Science & Medicine*, 30(11), 1161–1172. [https://doi.org/10.1016/0277-9536\(90\)90256-R](https://doi.org/10.1016/0277-9536(90)90256-R)
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. SAGE Publications.
- Charmaz, K. (2014). *Constructing grounded theory*. SAGE Publications.
- Charmaz, K. (2020). “With constructivist grounded theory you can’t hide”: Social justice research and critical inquiry in the public sphere. *Qualitative Inquiry*, 26(2), 165–176. <https://doi.org/10.1177/1077800419879081>
- Chen, B., Zhu, H., Fu, H., Han, Q., & Chen, L. (2024). A qualitative study on the willingness and influencing factors of master of geriatric nursing specialist postgraduates to volunteer for home respite care for disabled elderly families. *BMC Nursing*, 23(1), 1–15. <https://doi.org/10.1186/s12912-024-01710-9>
- Clark, K., Rödlach, A., Ballesteros, M., Davis, R., Holmes, L., Miller, J., Minnich, M., & Schultz, A. (2024). The role of Doctor of Nursing practice programs’ mission, vision, and values statements in the development of students’ professional identity: A qualitative study. *Nurse Education Today*, 134, Article 106096. <https://doi.org/10.1016/j.nedt.2024.106096>
- Clarke, A. E. (2003). Situational analyses: Grounded theory mapping after the postmodern turn. *Symbolic Interaction*, 26(4), 553–576. <https://doi.org/10.1525/si.2003.26.4.553>
- Clarke, A. E. (2005). *Situational analysis: Grounded theory after the postmodern turn*. SAGE Publications.
- Clarke, A. E., Washburn, R., & Friese, C. (2022). *Situational analysis in practice: Mapping relationalities across disciplines*. Routledge.
- Connor, J., Flenady, T., Dwyer, T., & Massey, D. (2023). Application of classic grounded theory in nursing studies: A qualitative systematic review protocol. *BMJ Open*, 13(7), Article e068588. <https://doi.org/10.1136/bmjopen-2022-068588>

- Corbin, J., & Holt, N. L. (2005). Grounded theory. In B. Somekh & C. Lewin (Eds.), *Research methods in the social sciences* (pp. 49–55). SAGE Publications.
- Corbin, J. M., & Strauss, A. L. (2015). *Basics of qualitative research techniques and procedures for developing grounded theory* (4th ed.). SAGE Publications.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). SAGE Publications.
- Creswell, J. W. (2007). Five qualitative approaches to inquiry. *Qualitative Inquiry and Research Design: Choosing among Five Approaches*, 2, 53–80.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. SAGE publications.
- Dastjerdi, M., Olson, K., & Ogilvie, L. (2012). A study of Iranian immigrants' experiences of accessing Canadian health care services: A grounded theory. *International Journal for Equity in Health*, 11(1), Article 55. <https://doi.org/10.1186/1475-9276-11-55>
- De Chesnay, M. (2014). *Nursing research using grounded theory: Qualitative designs and methods in nursing*. Springer.
- Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE handbook of qualitative research*. SAGE Publications.
- Drgac, D., & Himmelsbach, R. (2023). Acts of negotiation: Toward a grounded theory of nursing practice in chronic wound care in Austria. *BMC Health Services Research*, 23(1), 1–12. <https://doi.org/10.1186/s12913-023-10276-2>
- Duchscher, J. B., & Morgan, D. (2004). Grounded theory: Reflections on the emergence vs. forcing debate. *Journal of Advanced Nursing*, 48(6), 605–612. <https://doi.org/10.1111/j.1365-2648.2004.03249.x>
- Edge, S., Newbold, K. B., & McKeary, M. (2014). Exploring socio-cultural factors that mediate, facilitate, and constrain the health and empowerment of refugee youth. *Social Science & Medicine*, 117, 34–41. <https://doi.org/10.1016/j.socscimed.2014.07.025>
- Filler, T. (2018). Addressing Syrian refugee adolescents' mental health and wellbeing: Youth-informed policy implications. *INVI Journal*, 9(1), 12–17. <https://doi.org/10.25071/1929-8471.34>
- Glaser, B. G. (1978). *Theoretical sensitivity*. Sociology Press.
- Glaser, B. G. (1992). *Emergence vs forcing: Basics of grounded theory analysis*. Sociology Press.
- Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Sociology Press.
- Glaser, B. G. (2001). *The grounded theory perspective: Conceptualization contrasted with description*. Sociology Press.
- Glaser, B. G. (2002). Constructivist grounded theory? *Qualitative Social Research*, 3(3), Article 12. <https://doi.org/10.17169/fqs-3.3.825>
- Glaser, B. G. (2005). *The grounded theory perspective III: Theoretical coding*. Sociology Press.
- Glaser, B. G. (2007). Doing formal theory. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook of grounded theory* (pp. 96–113). SAGE Publications.
- Glaser, B. G. (2009). *Jargonizing: Using the grounded theory vocabulary*. Sociology Press.
- Glaser, B. G. (2011). *Getting out of the data: Grounded theory conceptualization*. Sociology Press.
- Glaser, B. G. (2012). *Stop, write: B writing grounded theory*. Sociology Press.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. Aldine Transaction.
- Griswold, K., Scates, J., & Kadhum, A. (2020). Transforming well-being for refugees and their communities: Perspectives from medicine, nursing, education, and social work. In K. H. Smith & P. K. Ram (Eds.), *Transforming Global Health: Interdisciplinary Challenges, Perspectives, and Strategies* (pp. 35–50). Springer International Publishing. https://doi.org/10.1007/978-3-030-32112-3_3

- Hadley, G. (2019). Critical grounded theory. In A. Bryant & K. Charmaz (Eds.), *The SAGE Handbook of Current Developments in Grounded Theory* (pp. 564–592). SAGE Publications. <https://doi.org/10.4135/9781526485656.n30>
- Hense, C., & McFerran, K. S. (2016). Toward a critical grounded theory. *Qualitative Research Journal*, 16(4), 402–416. <https://doi.org/10.1108/QRJ-08-2015-0073>
- Higgins, P. A., & Moore, S. (2000). Levels of theoretical thinking in nursing. *Nursing Outlook*, 48(4), 179–183. <https://doi.org/10.1067/mno.2000.105248>
- Honan, D. M., Rohatinsky, N., & Lasiuk, G. (2023). How do registered nurses understand followership? *Canadian Journal of Nursing Research*, 55(4), 437–446. <https://doi.org/10.1177/08445621231173793>
- Hussein, M., Hirst, S., Salyers, V., & Osuji, J. (2014). Using grounded theory as a method of inquiry: Advantages and disadvantages. *The Qualitative Report*, 19(27), 1–15. <https://doi.org/10.46743/2160-3715/2014.1209>
- Kadir, A., Battersby, A., Spencer, N., & Hjern, A. (2019). Children on the move in Europe: A narrative review of the evidence on the health risks, health needs and health policy for asylum seeking, refugee and undocumented children. *BMJ Paediatrics Open*, 3(1), Article e000364. <https://doi.org/10.1136/bmjpo-2018-000364>
- Levers, M.-J. D. (2013). Philosophical paradigms, grounded theory, and perspectives on emergence. *Sage Open*, 3(4), 1–6. <https://doi.org/10.1177/2158244013517243>
- Malik, E., & Shankar, S. (2023). Empowering nurses: Exploring self-managed organizations in Indian healthcare. *BMC Nursing*, 22(1), 1–25. <https://doi.org/10.1186/s12912-023-01647-5>
- Marshall, E. A., Butler, K., Roche, T., Cumming, J., & Taknint, J. T. (2016). Refugee youth: A review of mental health counselling issues and practices. *Canadian Psychology/Psychologie Canadienne*, 57(4), 308–319. <https://doi.org/10.1037/cap0000068>
- McCrae, N., & Purssell, E. (2016). Is it really theoretical? A review of sampling in grounded theory studies in nursing journals. *Journal of Advanced Nursing*, 72(10), 2284–2293. <https://doi.org/10.1111/jan.12986>
- McGough, S., Wynaden, D., & Wright, M. (2018). Experience of providing cultural safety in mental health to Aboriginal patients: A grounded theory study. *International Journal of Mental Health Nursing*, 27(1), 204–213. <https://doi.org/10.1111/inm.12310>
- Mediani, H. S. (2017). An introduction to classical grounded theory. *SOJ Nursing & Health Care*, 3(3), 1–5. <https://doi.org/10.15226/2471-6529/3/3/00135>
- Milhomme, D., Gagnon, J., & Lechasseur, K. (2018). The clinical surveillance process as carried out by expert nurses in a critical care context: A theoretical explanation. *Intensive and Critical Care Nursing*, 44, 24–30. <https://doi.org/10.1016/j.iccn.2017.07.010>
- Pacquiao, D. F. (2008). Nursing care of vulnerable populations using a framework of cultural competence, social justice and human rights. *Contemporary Nurse*, 28(1–2), 189–197. <https://doi.org/10.5172/conu.673.28.1-2.189>
- Paradis-Gagné, E., Holmes, D., Bernheim, E., & Cader, M. (2023). The judicialization of people living with mental illness: A grounded theory on the perceptions of persons involuntary admitted in psychiatric institution. *Issues in Mental Health Nursing*, 44(12), 1200–1208. <https://doi.org/10.1080/01612840.2023.2265468>
- Rieger, K. L. (2019). Discriminating among grounded theory approaches. *Nursing Inquiry*, 26(1), Article e12261. <https://doi.org/10.1111/nin.12261>
- Santos, J. L. G. dos, Erdmann, A. L., Sousa, F. G. M. de, Lanzoni, G. M. de M., Melo, A. L. S. F. de, & Leite, J. L. (2016). Methodological perspectives in the use of grounded theory in nursing and health research. *Escola Anna Nery - Revista de Enfermagem*, 20(3), Article e20160056. <https://doi.org/10.5935/1414-8145.20160056>

- Schlegel, E. C., Pickler, R. H., Tate, J. A., Williams, K. P., & Smith, L. H. (2024). The EMeRGE theory of emerging adult-aged women's sexual and reproductive health self-management: A grounded theory study. *Journal of Advanced Nursing, 80*(2), 510–525. <https://doi.org/10.1111/jan.15814>
- Schreiber, R. S., & Stern, P. N. (2001). *Using grounded theory in nursing*. Springer.
- Sebastian, K. (2019). Distinguishing between the strains grounded theory: Classical, interpretive and constructivist. *Journal for Social Thought, 3*(1), Article 1.
- Sharrock, J., & Happell, B. (2006). Competence in providing mental health care: A grounded theory analysis of nurses' experiences. *The Australian Journal of Advanced Nursing, 24*(2), 9–15. <https://doi.org/10.3316/ielapa.403354596630410>
- Silva, Í. R., Leite, J. L., Trevizan, M. A., Silva, T. P. da, & José, S. A. P. (2017). Connections between research and health care assistance: emerging challenges for science, innovation and technology in nursing. *Texto & Contexto - Enfermagem, 26*, Article e2470016. <https://www.scielo.br/j/tce/a/LTjb9xXrNFCYqTGjDDnXqvM/?lang=en>
- Singh, S., & Estefan, A. (2018). Selecting a grounded theory approach for nursing research. *Global Qualitative Nursing Research, 5*, 1–19. <https://doi.org/10.1177/2333393618799571>
- Skyvell Nilsson, M., Gadolin, C., Larsman, P., Pousette, A., & Törner, M. (2024). The role of perceived organizational support for nurses' ability to handle and resolve ethical value conflicts: A mixed methods study. *Journal of Advanced Nursing, 80*(2), 765–776. <https://doi.org/10.1111/jan.15889>
- Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 273–285). SAGE Publications.
- Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). SAGE Publications.
- Thorne, S. (2020). The great saturation debate: What the “S word” means and doesn't mean in qualitative research reporting. *Canadian Journal of Nursing Research, 52*(1), 3–5. <https://doi.org/10.1177/0844562119898554>
- Urcia, I. A. (2021). Comparisons of adaptations in grounded theory and phenomenology: Selecting the specific qualitative research methodology. *International Journal of Qualitative Methods, 20*, 1–14. <https://doi.org/10.1177/16094069211045474>
- Walsh, S., Jones, M., Bressington, D., McKenna, L., Brown, E., Terhaag, S., Shrestha, M., Al-Ghareeb, A., & Gray, R. (2020). Adherence to COREQ reporting guidelines for qualitative research: A scientometric study in nursing social science. *International Journal of Qualitative Methods, 19*, 1–9. <https://doi.org/10.1177/1609406920982145>
- Williams, A. M. (1998). The delivery of quality nursing care: A grounded theory study of the nurse's perspective. *Journal of Advanced Nursing, 27*(4), 808–816. <https://doi.org/10.1046/j.1365-2648.1998.00590.x>
- Wilson, R. L., Atem, J. M., Gumuskaya, O., Lavadas, M., Šošić, B., & Urek, M. (2022). A call for nurses and interdisciplinary collaborators to urgently respond to the health and well-being needs of refugees across the world. *Journal of Advanced Nursing, 78*(3), e52–e61. <https://doi.org/10.1111/jan.15134>
- Winqvist, I., Näppä, U., Rönning, H., & Häggström, M. (2023). Reducing risks in complex care transitions in rural areas: A grounded theory. *International Journal of Qualitative Studies on Health & Well-Being, 18*(1), 1–14. <https://doi.org/10.1080/17482631.2023.2185964>
- Winters, N. (2016). Seeking status: The process of becoming and remaining an emergency nurse. *Journal of Emergency Nursing, 42*(5), 412–419. <https://doi.org/10.1016/j.jen.2015.10.023>

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Wuest, J. (1995). Feminist grounded theory: An exploration of the congruency and tensions between two traditions in knowledge discovery. *Qualitative Health Research*, 5(1), 125–137. <https://doi.org/10.1177/104973239500500109>

Wuest, J. (2012). Grounded theory: The method. In P. Munhall (Ed.), *Nursing research: A qualitative perspective* (pp. 225–256). Jones & Bartlett Learning.

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Appendix A

Table 1. Summary of Congruence to GT’s Core Principles

	Specification of type	Purposive and then theoretical sampling	Concurrent data collection and analysis	Constant comparison	Data analysis			Theory generation	Notes
					CGGT: substantive and theoretical coding	ISGT: open coding, axial coding, and selective coding	CGT: initial coding and focused coding		
(Asadi et al., 2024)	Not specified	.	.	.		.		.
(Campbell et al., 2022)	CGT	.	.	.			.	.
(Cathro, 2016)	Not specified	◆	.	.		.		.	Only used purposive sampling
(Chen et al., 2024)	Not specified	◆				.		.	Only used purposive sampling
(Clark et al., 2024)	Not specified								
(Drgac & Himmelsbach, 2023)	CGT	.	.	.			.	.
(Honan et al., 2023)	CGT	.	.	.			.	.
(Malik & Shankar, 2023)	CGT	.	.	.		.
(Milhomme et al., 2018)	ISGT		.			.		.	
(Paradis-Gagné et al., 2023)	ISGT	.					.	.	
(Schlegel et al., 2024)	CGT	◆		.		.		.	Used convenience and snowball sampling, followed by theoretical
(Silva et al., 2017)	ISGT		.			.			
(Skyvell Nilsson et al., 2024)	Not specified	◆							Only used purposive sampling
(Winqvist et al., 2023)	CGT	.		.			.	.
(Winters, 2016)	CGGT			.				.	

Note. ◆: refer to notes; CGGT: Classical Glaserian Grounded Theory; CGT: Constructivist Grounded Theory; ISGT: Interpretive Straussian Grounded Theory