# **Doing analysis with Grounded Theory** A data-driven approach for qualitative research **RACHEL CARMEN CEASAR, PhD • 01.29.20**



# Agenda

# **Intros & Housekeeping**

# 02

# Grounded Theory is...



**Exercise 1:** Getting your data ready



**Exercise 2:** Developing the codebook

# 05 **Exercise 3: Coding data**

# **Exercise 4: Analyzing data**

# **Next steps & QA**

2

# 01. Intros & Housekeeping











# Actress Journalist

Health Provider

# Clinical psychologi

# Pretending

# Medicine

# Psycholog

# Age 8

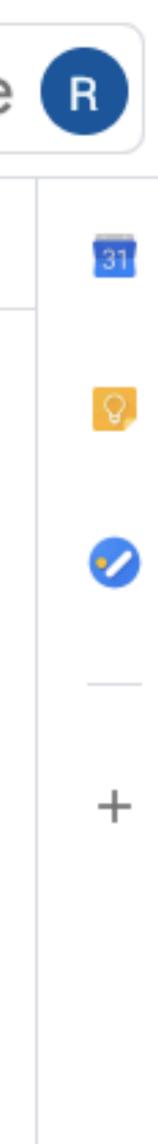
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# **Intros & Housekeeping**

# 02

# Grounded Theory is...



**Exercise 1:** Getting your data ready



**Exercise 2:** Developing the codebook

# 05 **Exercise 3: Coding data**

# **Exercise 4: Analyzing data**

# **Next steps & QA**



# What we won't talk about





- Data saturation: approaching to exhaustive coding/ categorization
- **ODA** software specifics
- Quant methods integrated with QDA software and data
- Inter-rater reliability: you and a team member code the same transcript, and you can see where you overlap and diverge in coding

10

# **02. Grounded Theory** is...

11

# Grounded theory is...



- **Objective:** To answer "why" questions from an <u>interpretive</u> stance
- **Defined**: Systematic method of analyzing and collecting data to develop <u>potential theories</u> that is comparative, iterative, and interactive (Kathy Charmaz 2012)



# Grounded theory is...

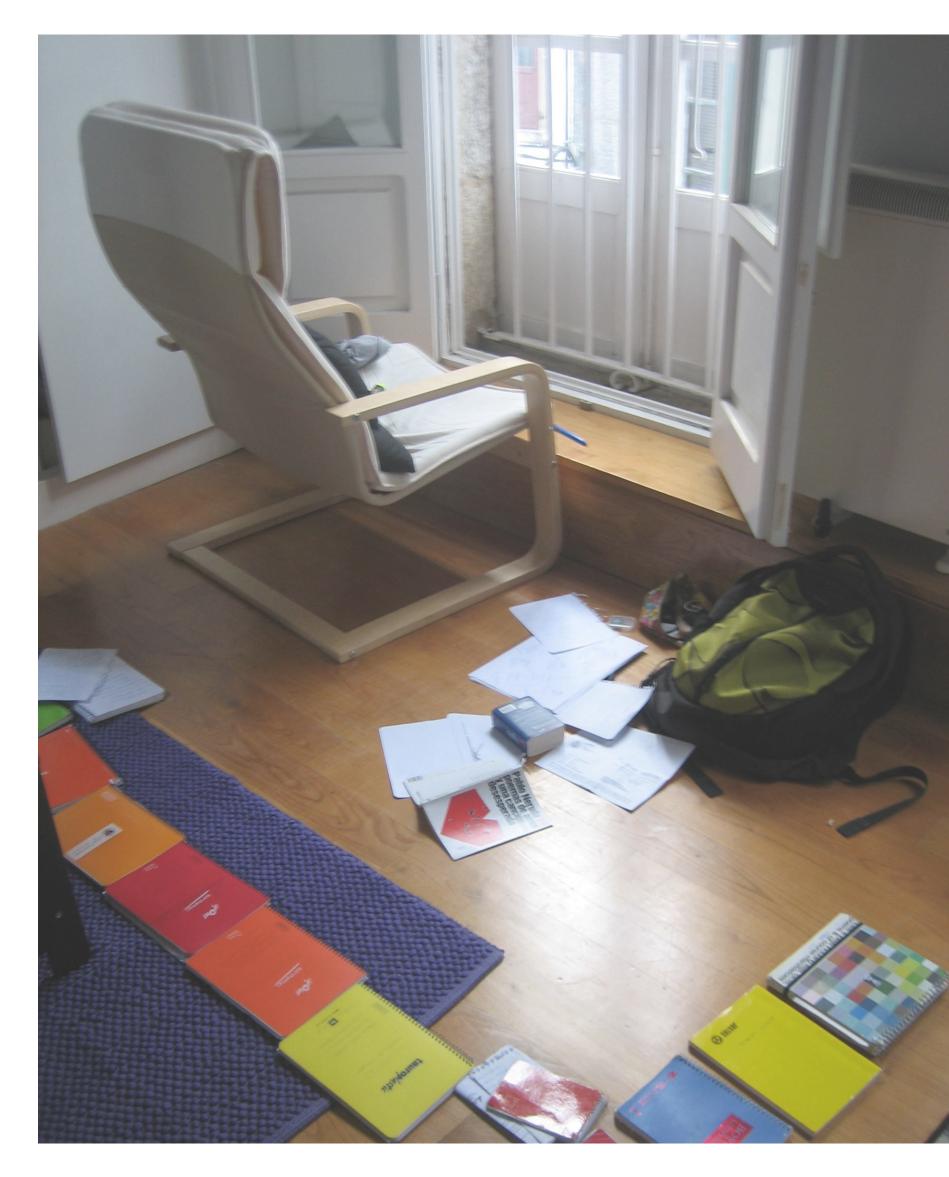


# How it's different from other qualitative methods:

- Provides explicit tools for <u>studying</u> processes
- Promotes an <u>openness</u> to all possible theoretical understandings
- Fosters developing <u>tentative</u> <u>interpretations</u> about the data through coding and categorizing
- Builds <u>systematic checks and</u> <u>refinements</u> of the researcher's major theoretical categories.



# Grounded theory is...



### • When to use it

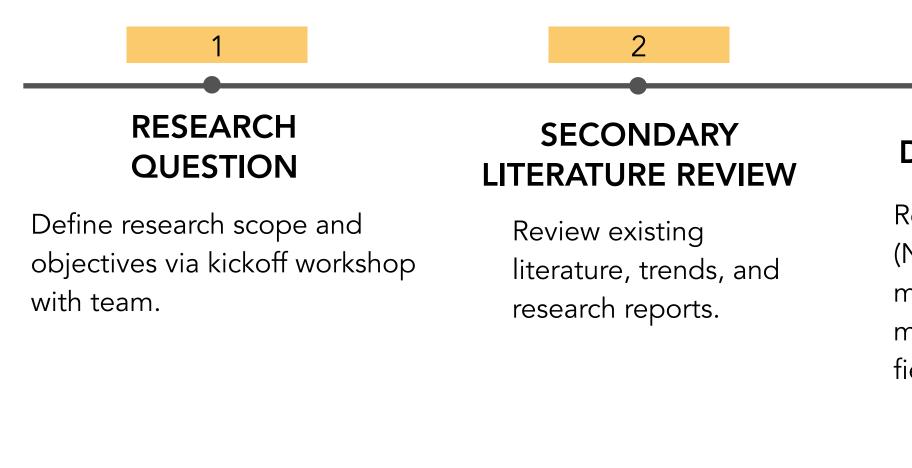
- >5 transcripts, 60 minutes each
  - Focus groups
  - One-on-one interviews
- Research sprints
  - Depository of data
  - Co-creation
  - Build upon + future research



# **03. Getting your data ready**

15

# **Project roadmap**





With feedback from ideation workshop attendees, share out opportunity areas via interactive final report/deck to serve product/service development.

Evolve themes into concrete opportunity areas aligned with team's vision via co-creation ideation workshop.

#### **DESIGN & METHODS**

3

Recruit diverse users (N=15-20); develop research materials and data management in prep for field.

#### DATA COLLECTION & MANAGEMENT

Conduct audio and video recorded in-depth interviews and participant observations of 1-2 sites to understand users' worldview and discover their motivations and behaviors in context.

5

#### ANALYSIS

Codify data and search for patterns using qualitative computer-assisted data analysis software to identify potential thematic areas and models.

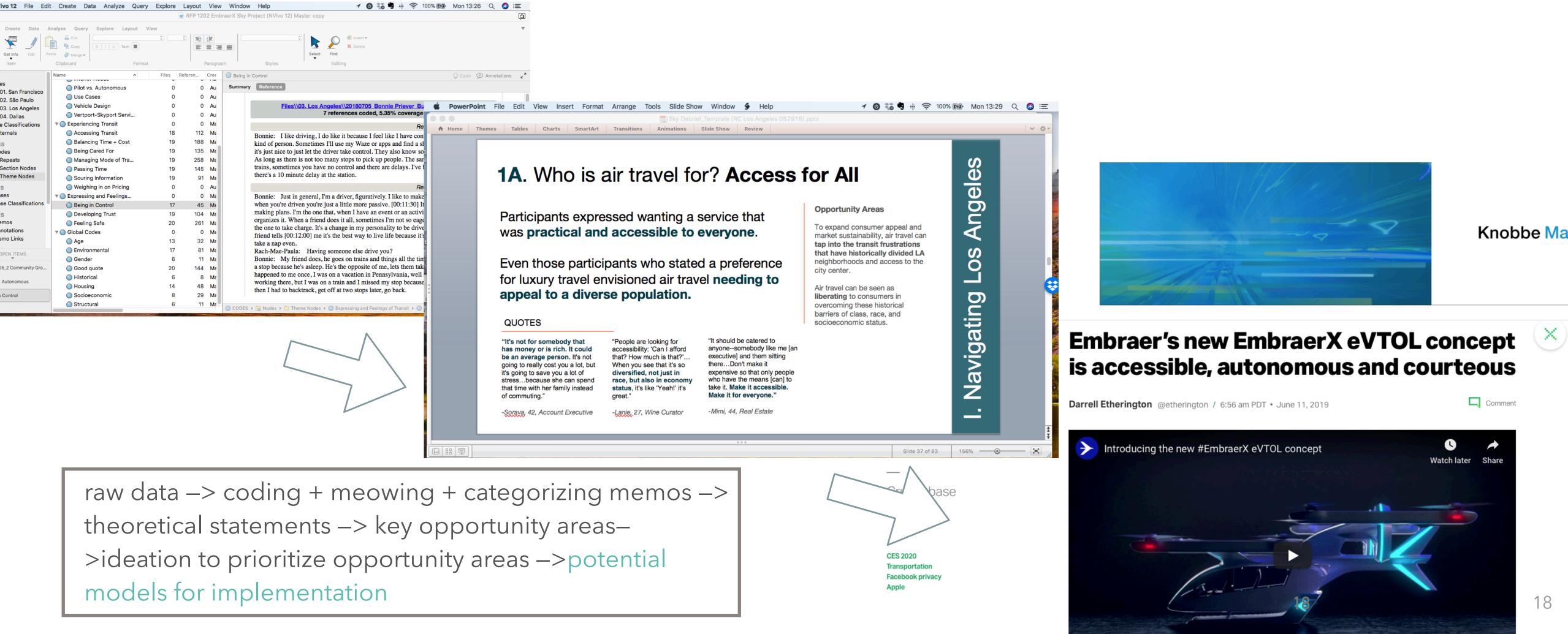


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16



# III. Analyzing data into opportunities



# **Embraer's new EmbraerX** eVTOL concept is accessible, autonomous and courteous

#### Darrell Etherington

@etherington / 6:56 am PDT • June 11, 2019



Comment





Established in 1992 and 2000 respectively, Hlokomela (Mopani district, Limpopo) and Africa School of Missions (ASM) (Ehlanzeni district, Mpumalanga) are non-government organisations (NGOs) working to provide health services to farm workers.

### AIM OF THE STUDY

To examine the role of farm employers in mediating the delivery of health and HIV services to farm workers.

A mixed methods study (secondary quantitative and primary qualitative data) purposively sampled 20 commercial farms in Mopani and Ehlanzeni districts. These farms are serviced by the Department of Health (DoH) mobile clinic service and NGO mobile and local health services (Hlokomela and ASM). The sample was divided into three groups: less than 100, between 100 and 500, and more than 500 workers. In-depth, semi-structured interviews were conducted with the employer at each site to explore attitudes and practices to HIV and related health services for farm workers. Complementary information was collected from NGOs and the DoH about health service provision and the policy environment.

The 'paradox of paracetamol' describes the attitudes among farm employers to HIV, health and wellness of their workers. "Panado" (a paracetamol-based painkiller), was referenced by farm employers to describe both the promise and failure of heath services, highlighting a complex set of contradictions faced by the employers.

### **POLICY ENVIRONMENT** for workplace health services in the agricultural sector

International Guidance and ethical trade

Domestic HIV/TB/primary healthcare policy occupational health policy

#### THERE ARE CONTRADICTIONS IN THE FARMING SECTOR AROUND ACCESS TO HEALTH SERVICES FOR FARM WORKERS

In the policy environment

### METHODS

### RESULTS



Project: Employer attitudes and practices to the provision of HIV, TB and related health services to farm workers

#### **Purpose and objectives**

The overall research aim and specific objectives of the study is to examine the level of participation of commercial farm employers in the provision of two models of workplace health service delivery for farm workers in Site 1 and Site 2, South Africa

- 1) Identify **constraints and opportunities** in the policy environment that facilitate or impede workplace health service provision for farm workers in South Africa
- 2) Compile available evidence about <u>employer cost benefits</u> of workplace health services with respect to its relevance for commercial farming
- 3) Examine the knowledge, attitudes and practice of farm employers in the delivery of workplace health services to farm workers at 20 commercial farm sites across two projects
- 4) To describe health and related services delivered to 20 commercial farm sites over the 3 months prior to research site visit.

Quantitative and qualitative data has been collected from a literature review, interviews and observations at site visits as well as documents collected from respondents.

Data coding is required to assist with the analysis and further assistance with the analysis itself.

#### Scope and tasks

The scope of work for Rachel Carmen Ceasar will be as a researcher for the data coding and analysis for the above-named project. It is expected that the consultant will engage in the following tasks:

	Rache # days
Stage 1. Familiarisation with the project and transcriptions	1⁄2
Stage 2. Coding meeting with the research team on 30 November 2015	1⁄2
Stage 3. Data coding	5
Stage 4. Analysis workshop with the research team on 10 December 2015	1
Total	7

#### **Duration of the contract**

This contract starts 23 November and concludes 18 December. It is for up to 7 days of professional services in total (based on 8-hour days).

#### Deliverables

- Coded data will be ready for 10 December
- Data analysis workshop on 10 December



#### **Project objective:**

Employer attitudes and practices to the provision of HIV, TB and related health services to farm workers

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Total

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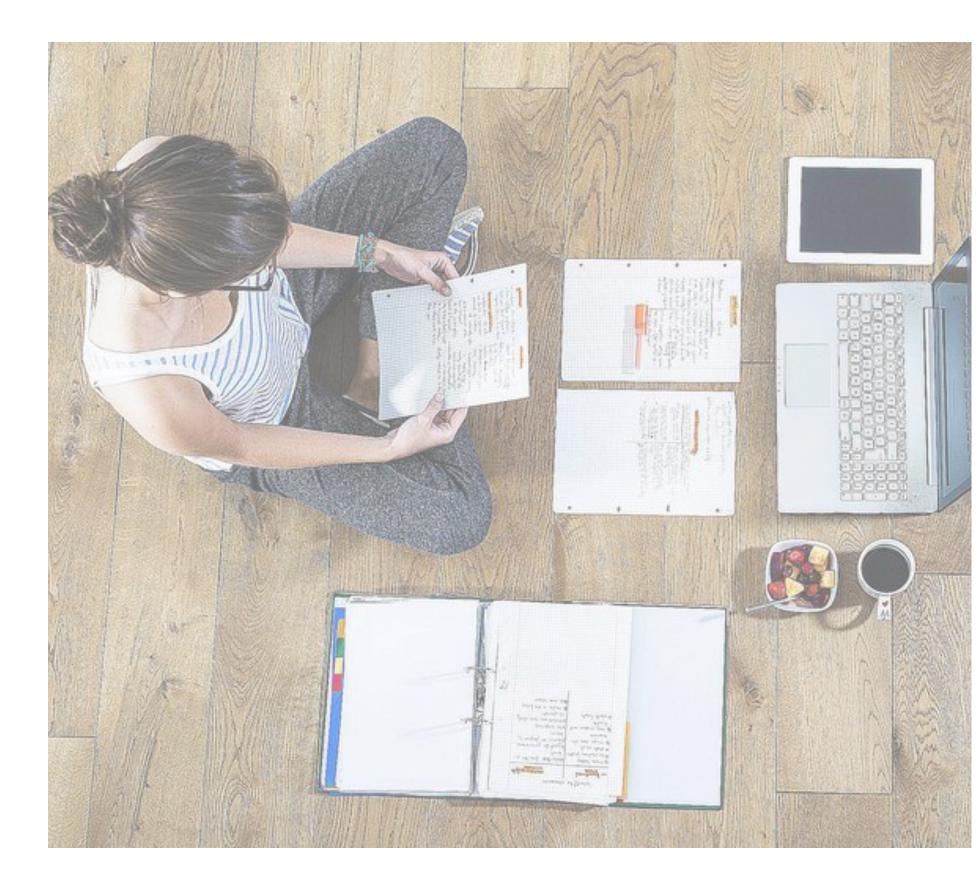
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	Rachel Ceas	sar
	# days	
5	1⁄2	
vember 2015	1⁄2	Project objective:
	5	Employer attitudes and
• • • • • •		practices to the provision of
ecember 2015	1	HIV, TB and related health
	7	
		<ul> <li>services to farm workers</li> </ul>

# Getting your data ready



# • Ongoing fieldwork + analysis

- Rev.com transcripts
- Initial memoing via Google docs

# Exercise 1: Getting your data ready!

Read through <u>Transcript 1</u> and start initial memoing—writing down contexts, patterns, actions, routines, etc.

# 04. Developing the codebook





# Setting up your codebook

**Codebook of Thematic Analysis (21 codes)** 

Format: [[CODE NAME]]: Definition Examples: data-driven instances/experiences from transcripts

<u>Global Codes (8)</u> [[ RACE]]: reflecting on race/ethnicity; race relations Examples: apartheid

[[ **INEQUALITY** ]]: reflecting on role of socioeconomic conditions in lives *Examples: poverty* 

[[ <u>AGE</u>]]: reflecting on role of age/generation *Examples: seasonal workers tend to be younger* 

[[ <u>GENDER ]</u>]: reflecting on gender/sexuality Examples: "ladies issues"

[[ **<u>BELIEF</u>**]]: reflecting on spirituality, religion, cosmology, values; include morality/ethical systems/care *Examples: traditional medicine vs. biomedical; morale of workers; "I can hear their hearts"* 

[[ **<u>POLITICS</u>**]]: reflecting on when farmers refer to politics/transformation *Examples: politically restrained b/c of land claims* 

[[ GOOD QUOTE ]]: key quote that provides insights into research questions

# • What is grounded theory coding? (Charmaz 2012)

- Close coding of <u>statements</u>, <u>actions</u>, <u>events</u>, and <u>documents</u>
- Invokes <u>analytic questions</u> from the start (analyzing vs. describing)
- Questions to ask yourself while coming up with codes:
  - What is this data a study of?
  - From whose point of view?
  - When, how, and with what consequences?



# Setting up your codebook: Gerunds

Example - Coding for Topics and Themes								
Examples of Codes	Narrative Data to be Coded							
Friends' support	P: They called the clinic to see if they could see me re-evaluate some of my meds and stuff, and the							
Hospitalization	yeah." When I got there they decided that they we put me in, put me away or whatever. And I ende							
Conflict with doctor	really bad doctor. Really bad. I even brought cha him, but I lost.							
	I: What did he do?							

Example: Initial Grounded Theory Coding										
Examples of Codes	Initial Narrative Data to be Cod									
Receiving friends' help in seeking care Requesting regimen re-evaluation Gaining medical access Being admitted to hospital Getting a "bad" doctor Taking action against MD	P: They [her friends] called the clinic to see see me, if they would revaluate some of stuff, and they said, "Oh yeah." When decided that they were going to put me away or whatever. And I ended up with doctor. Really bad. I even brought cha him, but I lost.									
	I: What did he do?									

e, if they would ey said, "Oh were going to ed up with a narges against

# • Why code using gerunds? (Charmaz 2012)

- <u>See processes</u> that otherwise may be invisible
- Code for actions and meanings

#### ded

ee if they could of my meds and I got there they ie in, put me ith a really bad narges against



# **Codebook basics: Global codes**

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[[ GENDER ]]: reflecting on gender/sexuality Examples: "ladies issues"

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### **Rules of thumb**

- Line by line coding—coding in chunks so need it to be broad
- 40 codes max—to memorize
- Global codes and categories (see final <u>codebook example</u>)

#### 

[[ **HISTORICAL** ]]: recalling prior modes of health support Examples: everyone use to treat at home and it wasn't a big deal

[[ ENVIRONMENTAL ]]: thinking of environmental issues in transport to health centers Examples: electric hospital shuttles; Lyft taxis to get vaccines



# Exercise 2: Developing the codebook

Read through <u>Transcript 1</u> + initial memos and start coming up with initial codes using the <u>Codebook</u> <u>template</u> (5-10 codes max)

05. Coding data





# Coding data: Setup

**Codebook of Thematic Analysis (21 codes)** 

Format: [[CODE NAME]]: Definition Examples: data-driven instances/experiences from transcripts

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[[ GOOD QUOTE ]]: key quote that provides insights into research questions

### Coding setup in QDA

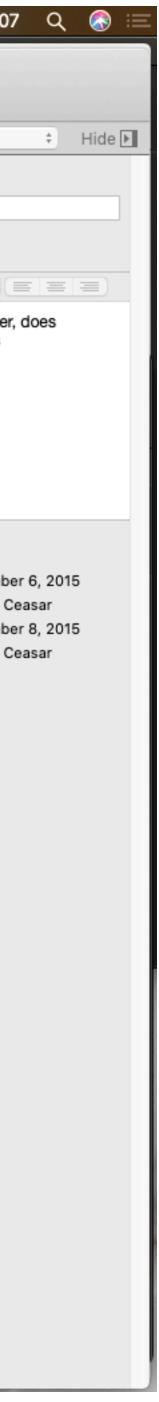
 Interaction between you and your data still—now through QDA software + codebook

### • Where we are in the process:

- Systematic process to focus on emerging categories in data + refine them
  - Initial memoing (Google docs) —>
  - Codebook (doc) —>
  - Coding (QDA) —>
  - Memoing (QDA) —> ...

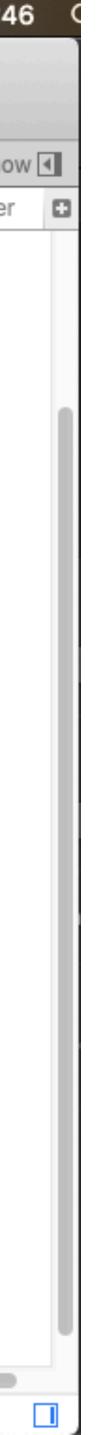


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▶ <b>■</b> 4 1D.docx 34	Health related, occupational. So not general health, just related to farm work. What kind of things do far workers complain of, do they get sick from?	m 📑 Trust		machines/hydraulics
▶ 📄 5 1E.docx 39	workers complain of, do they get sick nom.	are		
▶ 📑 6 1F.docx 30	They have flu every winter. They get very sick of that. Some of them have AIDS. It is still if a farmer doesn'			
▶ 📄 7 1G.docx 35	know the outcome of the test it is a problem because then you can't do anything. If the worker must go to	majc		
▶ 📑 8 1H.docx 27	the Tlhokomelo for the treatment then he must do it himself out of himself. He must decide alone with himself. There is no one else that knows he has got AIDS who can try to help him and some of them just	or bi		
▶ 📄 9 11.docx 36	don't have the they just can't they are not able to do it themselves, to take that step. If I knew Sara and	g		
▶	Josephina I have got the results from the Tlhokomelo people and I know those two women have got AIDS	24		
▶ ■ 12 1X.docx         16           ▶ ■ 13 1Y.docx         35	can definitely do something about it. Now the law says they are not no one can tell you the outcome of the	he 🦉		
▶ 14 1Z.docx 30	test if the person has AIDS or not. I feel that is unfair.			Status
▶ <b>■</b> 15 2A.docx 31	Okay and in terms of what workers do as farm workers, picking, packing, working with machines. What	😫 Injury		Created: Decemb
▶ ■ 16 2B.docx 26	kind of issues/health injuries do you see because of the work they do?	3		Rachel C
▶ <b>■</b> 17 2C.docx 26		kay		Changed: Decemb
▶ 📃 18 2D.docx 23	Nothing. They can just do their work. Okay injuries sometimes happen in every work.			Rachel C
▶ 📄 19 2E.docx 18	What kind of injuries do you see?	in tee		•
▶ 📄 20 2F.docx 20		ms		
21 2G.docx 25	No I can't even think of one, really. Stuff like that happens about once in two years or three years. I can't	of x.		
▶ 📑 22 2H.docx 35	even think of one.			
▶ <b>23 2I.docx</b> 25	Okay. You talked about your employees getting flu, AIDS, anything else?	😫 Clinic		
▶ 📄 24 2J.docx 30		District/provinicial		
▶ 📑 25 2X.docx 31	No. The AIDS is a problem. We've got four or five people that came to me not came to me I was going to town and they acked me for a lift to go to Thekemele and they leas along they are they are the ones that	D 🖗 HIV/AIDS		
▶ 26 2Y.docx 38	town and they asked me for a lift to go to Tlhokomelo and then I see okay perhaps they are the ones that have AIDS. I took them to Tlhokomelo every time for their treatment.	Private Sector		
▼ ◇ Codes (57)	have Albor rook them to hilokomelo every time for them treatment.			
Key Quote 29     Absent 107	And when your workers used to get sick, if they come to your office, what did they typically complain of?	문 Transportation 문		
A A A A A A A A A A A A A A A A A A A	Flu. I gave them medicine. I had litres of coughing medicine and tablets for fever. We've got a clinic at the	out		
✓ Age 19 ✓ Belief 28	Oaks also, nearby. I send them to the clinic.	70UT		
Clinic 123		emp		
Clinic Details	This is a Government Clinic?	loye		
Costs/funding 229	Yes which is very pathetic, or I send them to Tlhokomelo.	es g		
Death 91		at .		
Department of Agriculture 6	And did you take workers yourself to these things when they were sick?			
Department of Forestry & Fishery 11	Yes.	2		
Department of Health 25				
Department of Labour 30	And when someone is sick how long are they typically absent for? What is the average number of days if	()		
Disease 48	they have a flu?	Belief		
District/provinicial 135	They just stay at home for about two or three days. It is still a frustration. Some of them don't want help	Foreigner		
Education/promotion 52	from a clinic or a doctor. They go to the traditional healers. Very frustrating.	Migrant     Permanent employee		
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No longer farm worker, does machines/hydraulics	Do you find a difference between anything in the kinds workers are sick from between permanent and seasonal workers?	Sick		
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1 Transcript 1.docx	<sup>5</sup> cople getting flu and all that. We established a
2 Transcript 2.docx	<sup>3</sup> growing every year, we have actual veggies and
▶ ◇ Codes (7)	hereWe also buy antibiotics, we have a sister
▶ 🛄 Memos (1)	and does flu injections.
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V Code Groups (5)	At the clinics, do you think they have any ch
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Good quote	The clinics is time wise: they can't go to the cli
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Demonstrating productivity	3 six because then it is just emergencies. And eve
▼ ♦ 03. Practicing Health Services & Safety	1 home, after six, it is just emergencies. So [an en
Preventing health issues	2 family planning, she can't go for STDs or what
V 04. Experiencing Structural Factors that Impact Health	1 [key quote; time, cost, productivity]
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🔻 🚫 05. Sharing Experiences & Feelings of Farmer-Worker Relationship	<sup>2</sup> So how would you have contact with the mo
Suilding trust	4 a concrete example of what you are talking a
Experiencing stigma	<sup>4</sup> I tell the mobile clinic, 'this is a key person, I r
['["] Memo Groups (0)	sooner - that he doesn't wait in the line'. So the
Network Groups (0)	[with mobile clinic]. Sometimes they call and s
Multimedia Transcripts (0)	about this [employee] but she is afraid she won
	to hospital, or she says she is going to lose pay
	concerned about her health. Can she go?' Yes o
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	only be there at the workers' lunch time [Far
	[employees] that time. The farmers want them
	which is impossible.
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#### challenges getting (

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# • Memoing (Charmaz 2016)

- Help to raise <u>focused codes</u> to <u>conceptual</u> categories
- Provide a record of your <u>analytic</u> progress
- This means treating some codes as <u>conceptual categories to analyze</u> (e.g., workplace barriers in our sample transcripts)
- (Think: codes become categories of memos)



# Memoing

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## • Memoing (Charmaz 2016)

- Like codes, memos are <u>generated</u> from the data
- <u>Tentative</u> ideas to figure out analytical problems
- Help you <u>stay close to the raw</u> data, and move toward datagenerated memos and groupings of lots of memos, to theories and opportunity areas

raw data -> codes -> memos -> grouped memos -> theories -> key opportunity areas->ideation to prioritize opportunity areas ->potential models for implementation





# Exercise 3 / Demo: Coding data

1) Drop and load your transcripts into the QDA software, 2) add your codes from the codebook and organize them into groups, and 3) start coding!

# (Exercise 3: step-by-step screenshots for postwebinar)

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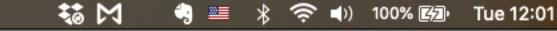
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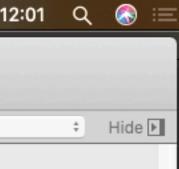
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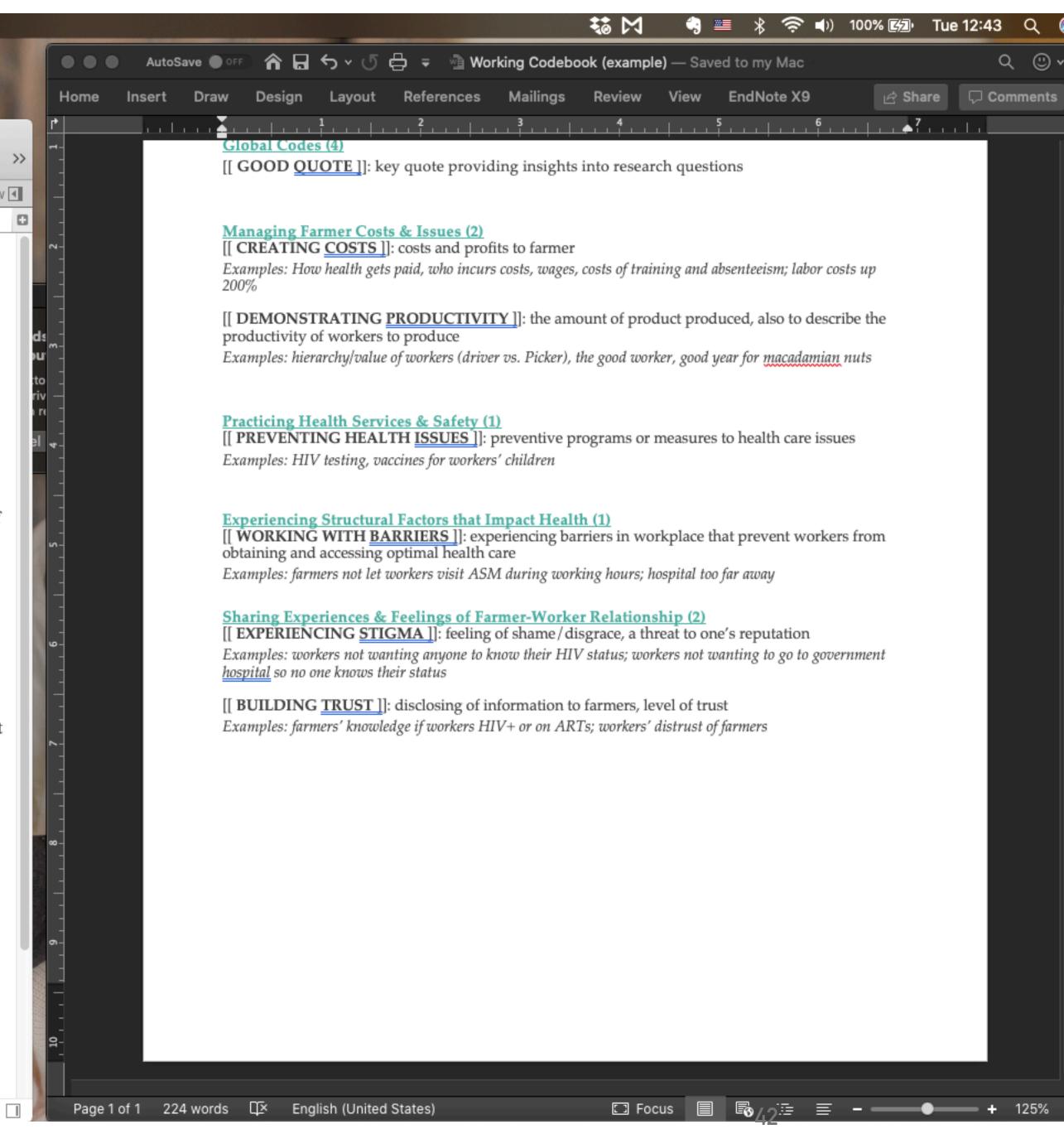


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['['] Memo Groups (0)	Can you give examples of how HIV has impacted on this farm?			
Network Groups (0) Multimedia Transcripts (0)	You get through the season and people just stop working and they disappear.	We had one of our top farm managers, he was very ill I think he was		
	absent for three month. We had him to hospitals and doctorsI am not sure	if it was malaria or HIV[Farm employees] don't want to talk about it.		
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	every month.' They didn't tell me they've got AIDS, they just told me I wan			Rachel
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	I honestly try and keep me out of it. When you get a sick note, it only says, '	Ç.		
	people to knowthat I don't have the specifics because tomorrow I fight with HIV positive and you don't want me on the farm anymore.'	th them about something else and they say, 'No, it is because you know I am		
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	What would you like to see for the future, with health service provision	for farm workers?		
	I tell my people at lunch time, they can come and eat at the shed and one by			
	planning around that time, for [the mobile clinic] to be here at 12pm, for [em	ployees] to eat their lunch and sit here in the shade and wait for the clinic,		
		d things. They go into my time and my working timeI losean average of		
	15-20 people for that hour, I have to pay them for that hour. So then yes, it co	osts me money. I would like the [mobile health clinic] to be on time.		
	[workplace barriers/initiatives; costs/funding]			
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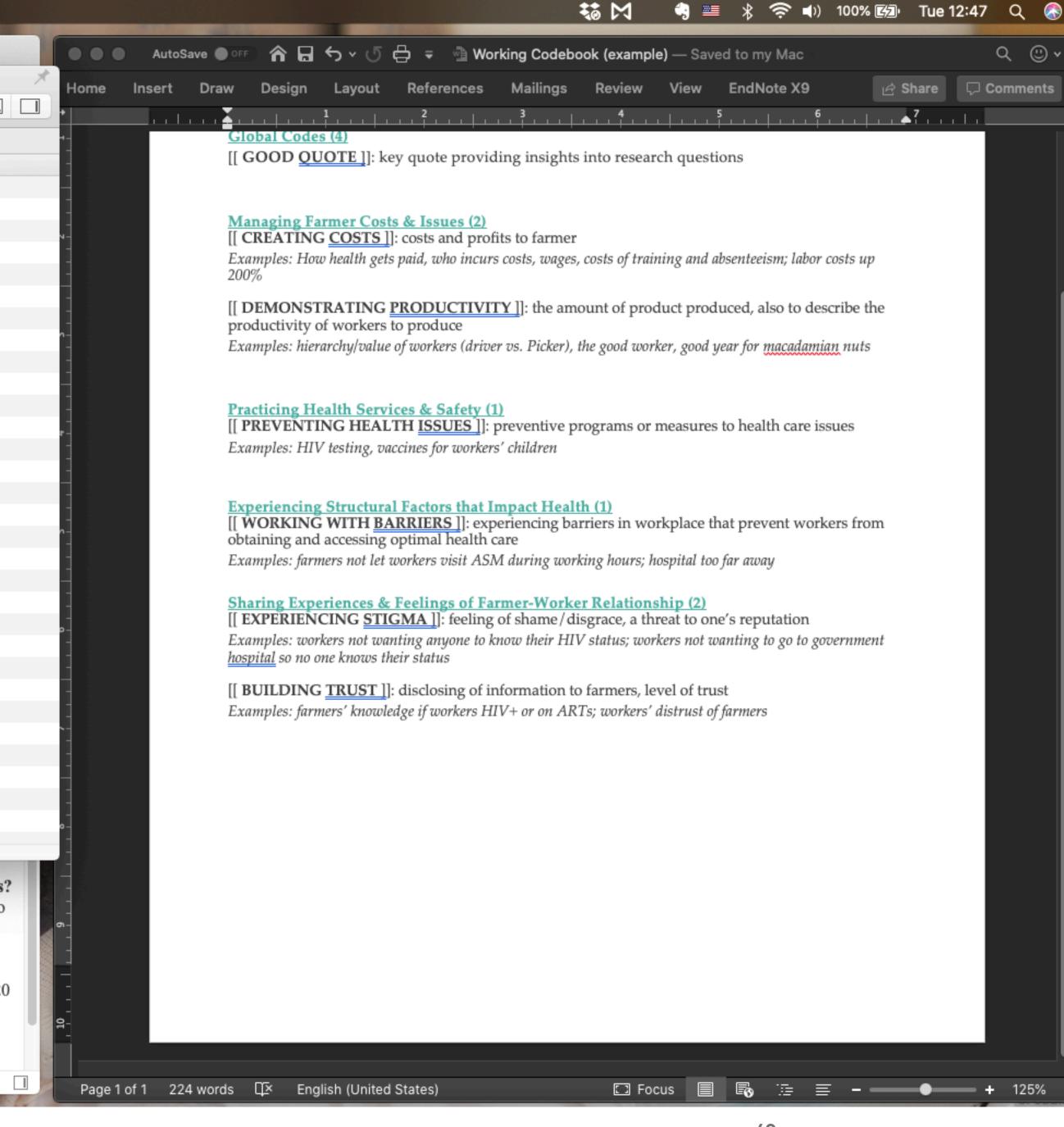
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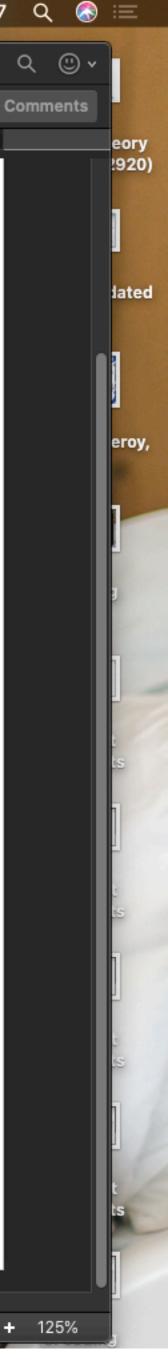
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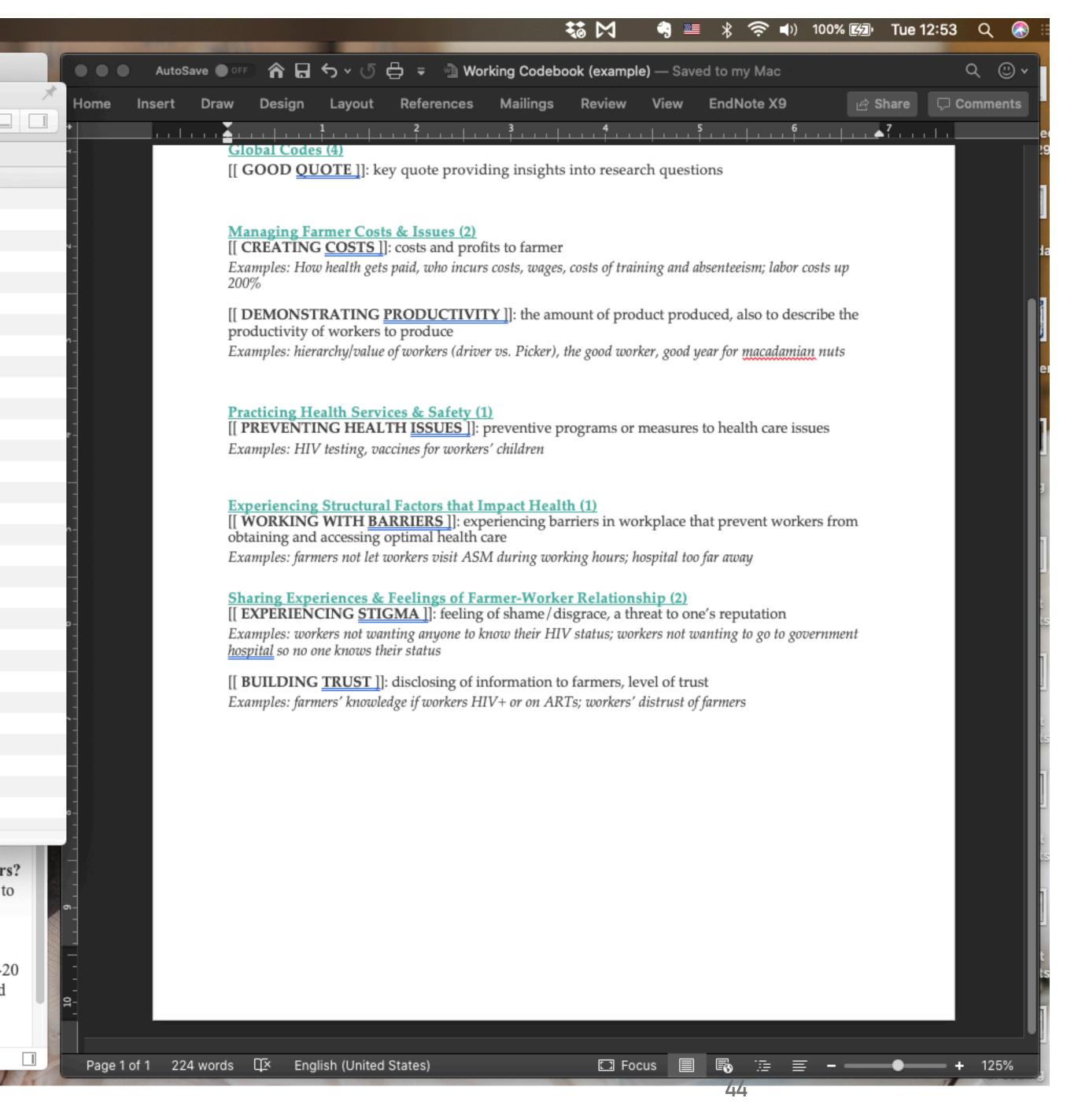


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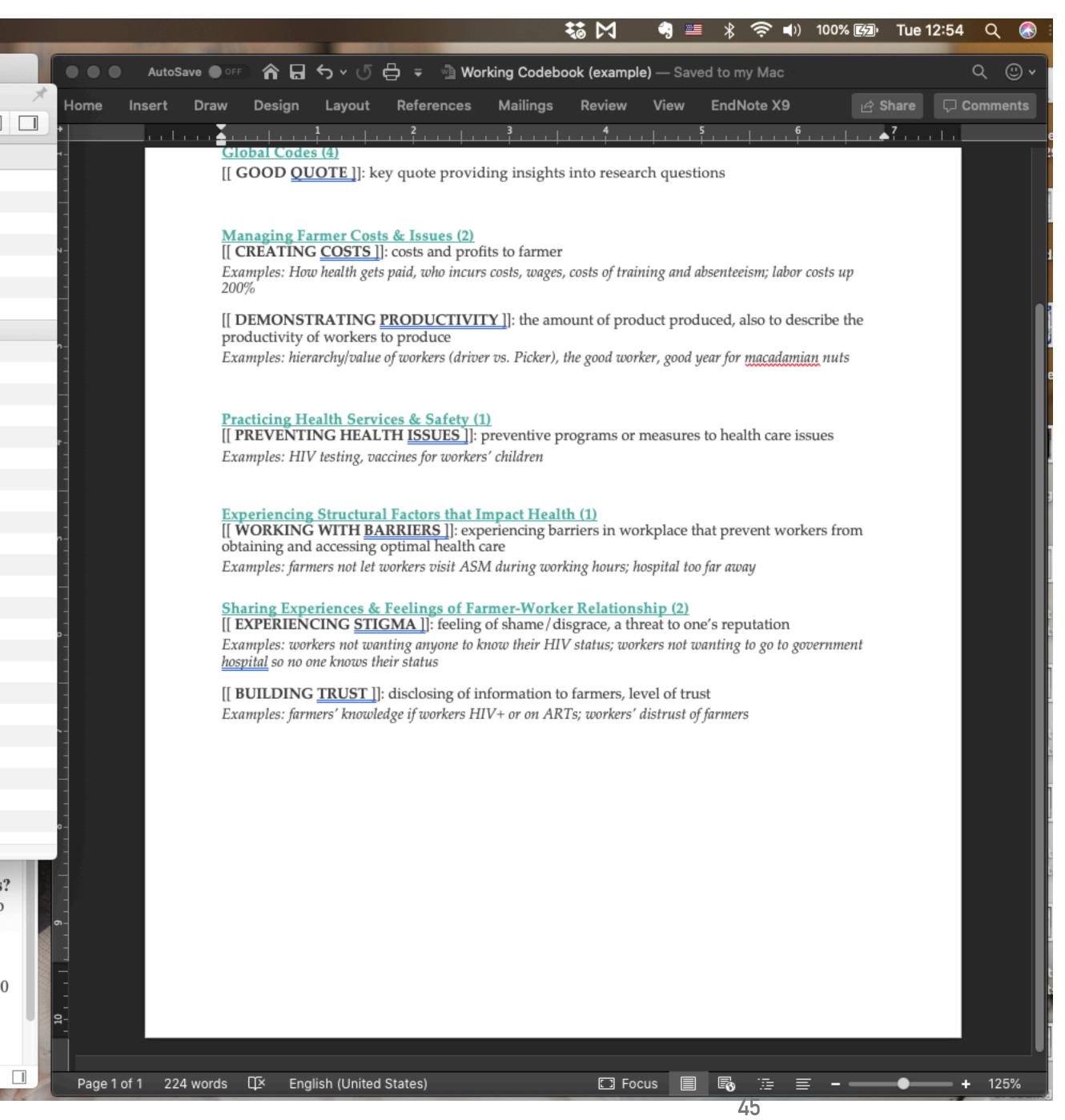




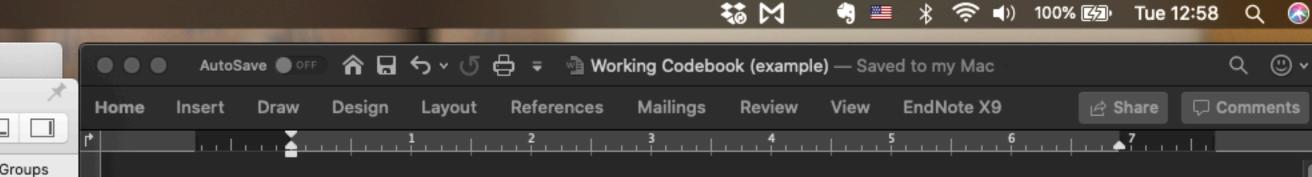
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Codebook of Thematic Analysis (7 codes)

Format: [[CODE NAME]]: Definition Examples: data-driven instances/experiences from transcripts

Global Codes (1)

[[ GOOD QUOTE ]]: key quote providing insights into research questions

Managing Farmer Costs & Issues (2) [[ CREATING COSTS ]]: costs and profits to farmer Examples: How health gets paid, who incurs costs, wages, costs of training and absenteeism; labor costs up 200%

[[ DEMONSTRATING PRODUCTIVITY ]]: the amount of product produced, also to describe the productivity of workers to produce Examples: hierarchy/value of workers (driver vs. Picker), the good worker, good year for macadamian nuts

Practicing Health Services & Safety (1) [[ PREVENTING HEALTH <u>ISSUES</u>]]: preventive programs or measures to health care issues Examples: HIV testing, vaccines for workers' children

### Experiencing Structural Factors that Impact Health (1)

[[ WORKING WITH BARRIERS ]]: experiencing barriers in workplace that prevent workers from obtaining and accessing optimal health care Examples: farmers not let workers visit ASM during working hours; hospital too far away

Sharing Experiences & Feelings of Farmer-Worker Relationship (2) [[ EXPERIENCING STIGMA ]]: feeling of shame/disgrace, a threat to one's reputation

Examples: workers not wanting anyone to know their HIV status; workers not wanting to go to government hospital so no one knows their status

[[ BUILDING TRUST ]]: disclosing of information to farmers, level of trust Examples: farmers' knowledge if workers HIV+ or on ARTs; workers' distrust of farmers

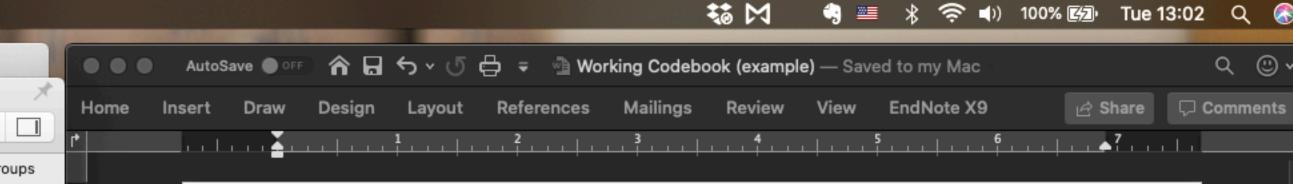


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Codebook of Thematic Analysis (7 codes)

Format: [[CODE NAME]]: Definition Examples: data-driven instances/experiences from transcripts

**Global Codes (1)** 

[[ GOOD QUOTE ]]: key quote providing insights into research questions

### Managing Farmer Costs & Issues (2)

[[ CREATING <u>COSTS</u>]]: costs and profits to farmer Examples: How health gets paid, who incurs costs, wages, costs of training and absenteeism; labor costs up 200%

[[ DEMONSTRATING <u>PRODUCTIVITY</u>]]: the amount of product produced, also to describe the productivity of workers to produce Examples: hierarchy/value of workers (driver vs. Picker), the good worker, good year for macadamian nuts

Examples: nierarchy/value of workers (ariver vs. Picker), the good worker, good year for macadamian nuts

### Practicing Health Services & Safety (1) [[ PREVENTING HEALTH ISSUES ]]: preventive progr

[[ PREVENTING HEALTH <u>ISSUES</u>]]: preventive programs or measures to health care issues Examples: HIV testing, vaccines for workers' children

### **Experiencing Structural Factors that Impact Health (1)**

[[ WORKING WITH <u>BARRIERS</u>]]: experiencing barriers in workplace that prevent workers from obtaining and accessing optimal health care Examples: farmers not let workers visit ASM during working hours; hospital too far away

Sharing Experiences & Feelings of Farmer-Worker Relationship (2)

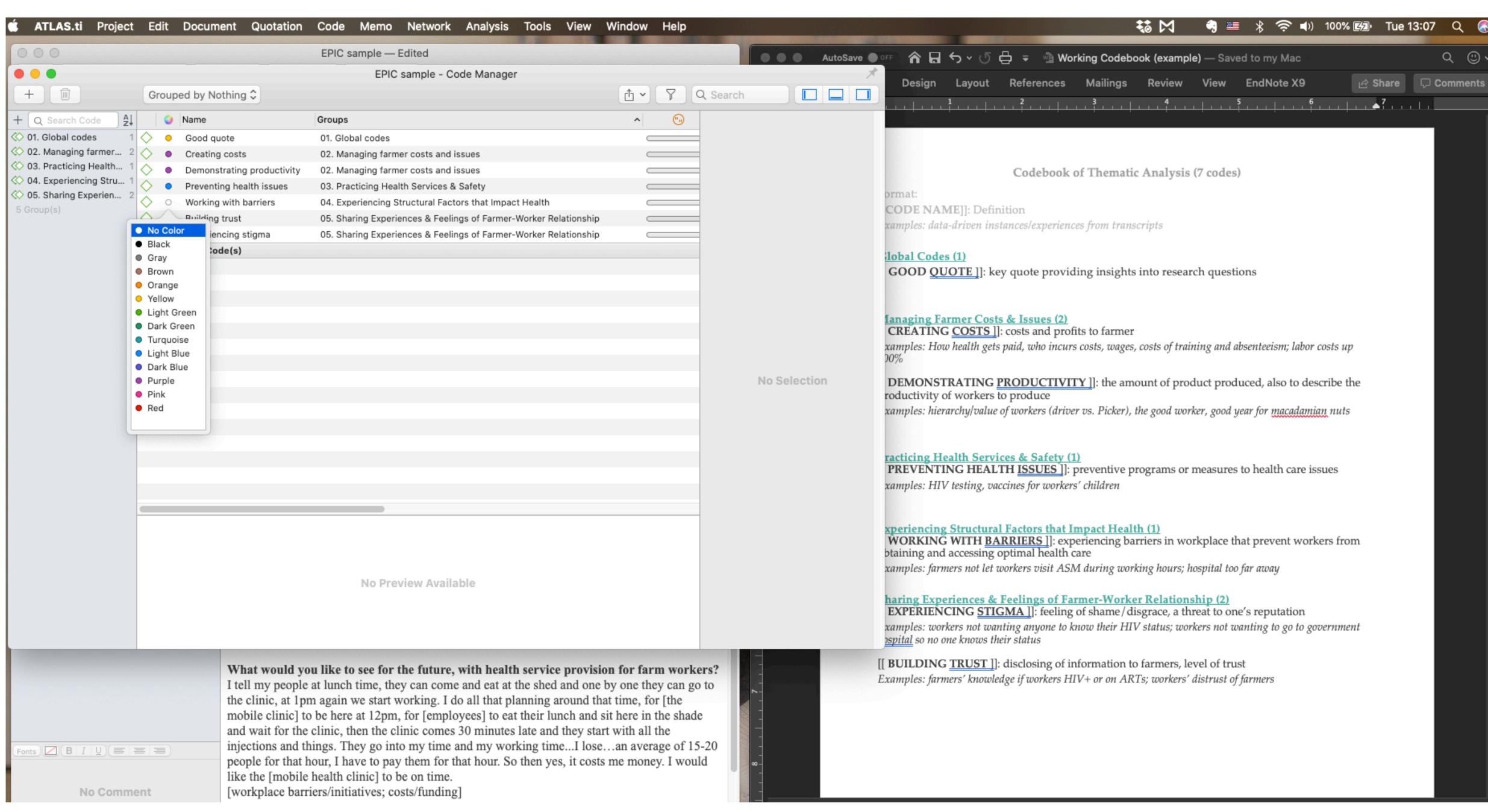
[[ EXPERIENCING <u>STIGMA</u>]]: feeling of shame/disgrace, a threat to one's reputation Examples: workers not wanting anyone to know their HIV status; workers not wanting to go to government <u>hospital</u> so no one knows their status

[[ BUILDING TRUST ]]: disclosing of information to farmers, level of trust Examples: farmers' knowledge if workers HIV+ or on ARTs; workers' distrust of farmers



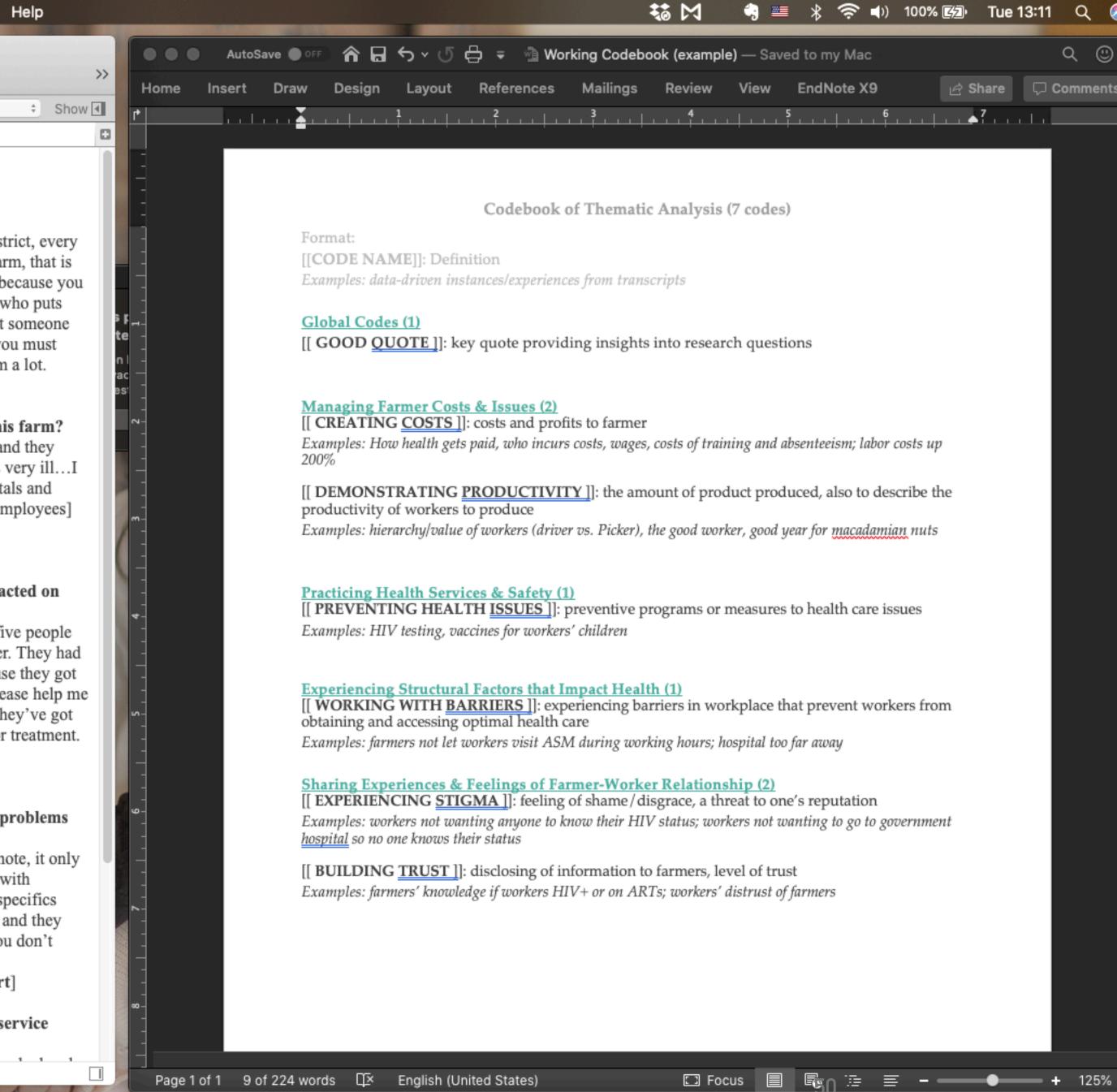
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<ul> <li>C Search Code Groups</li> <li>O1. Global codes</li> <li>O2. Managing farmer costs and issues</li> <li>O3. Practicing Health Services &amp; Safety</li> <li>O4. Experiencing Structural Factors that Impact</li> <li>O5. Sharing Experiences &amp; Feelings of Farmer 5 Group(s)</li> </ul>	What would you li I tell my people at h the clinic, at 1pm ag mobile clinic] to be and wait for the clinic injections and thing	ke to se unch tin gain we here at iic, then s. They	Name Building trust Creating costs Demonstrating product Experiencing stigma Good quote Preventing health issue Working with barriers T of 7 Code(s)  refor the future, with ne, they can come an start working. I do a 12pm, for [employed the clinic comes 30 go into my time and	th health es th health all that pla es] to eat minutes al my work		elings of Farmer-Worker F d issues d issues elings of Farmer-Worker F a & Safety actors that Impact Health a the shade the rage of 15-20	Relationship Relationship	I I I I I I I I I I I I I I I I I I I	NAME]]: Defin data-driven insi odes (1) QUOTE ]]: ke g Farmer Costs ING COSTS ]] How health gets NSTRATING I How health gets NSTRATING I ity of workers t hierarchy/value g Health Servio NTING HEALT HIV testing, vac cing Structural ING WITH BA and accessing of farmers not let van one knows the ING TRUST ]]:	Codebook of ition tances/experience y quote provid s & Issues (2) costs and prof paid, who incurs PRODUCTIVIT o produce of workers (drive of workers (drive of workers (drive ces & Safety (1 TH ISSUES ]]: p coines for workers [Factors that In RRIERS ]]: exp optimal health of workers visit ASM Feelings of Far GMA ]]: feeling ating anyone to k eir status disclosing of ir	of Thematic of Thematic ces from transco ling insights i fits to farmer s costs, wages, o TY ]]: the amo r vs. Picker), the preventive pro- s' children preventive pro- s' children mpact Health periencing bar sare M during works rmer-Worker of shame/dist now their HIV	Analysis (7 Analysis (7 analysis (7 analysis (7 analysis (7 analysis (7 analysis (7 analysis (7 costs of traini ount of produ he good worke ograms or m a (1) riers in work ing hours; hos analysis (7 analysis (7	7 codes) 7 codes) 6 questions 9 and absenteeisn 9 and absenteeisn 9 and vear for ma 9 and year for ma	n; labor costs is acadamian nui care issues nt workers fr	<i>p</i> the s
No Comment [workplace barriers/			ealth clinic] to be on time. s/initiatives; costs/funding]						X English (Up	ited States)			. 8 8 .	·	
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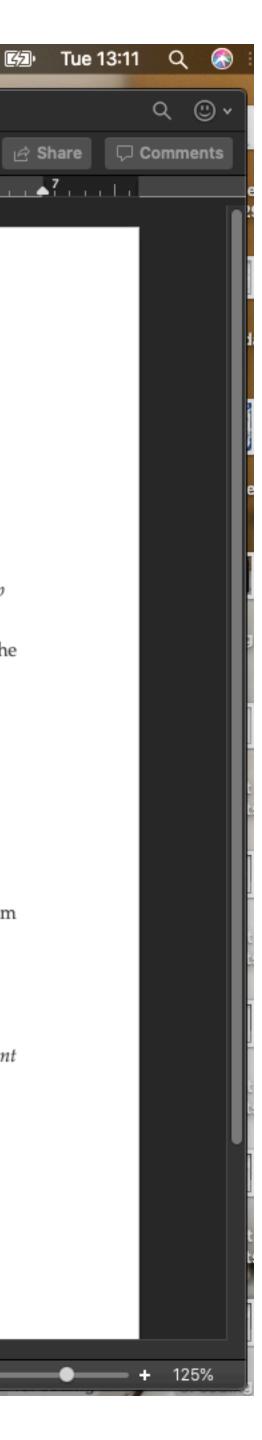






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▶ ♦ Codes (7)	farm has people [with AIDS]. For instance 3 people per farm, that is
[ <sup>11</sup> ] Memos (0)	15 days you are losing on that farmthat affects the farm because yo
Networks (0)	have planned [work] stuff But the irrigation guythe guy who puts
Document Groups (0)	water on the trees is not here for 5 days, now you must get someone
<ul> <li>▼ &lt;<p>Code Groups (5)     <li>▼ &lt;<p>♦ 01. Global codes     <li>1</li> </p></li></p></li></ul>	else from the other section to come and fill in for him or you must
Good quote 0	teach another guy to stand in for him. So it affects the farm a lot.
V 🐼 02. Managing farmer costs and issues 2	[productivity, stigma, trust]
Creating costs 0	Can you give examples of how HIV has impacted on this farm?
Demonstrating productivity	You get through the season and people just stop working and they
	disappearWe had one of our top farm managers, he was very ill
	think he was absent for three month. We had him to hospitals and
♦ Working with barriers 0	doctorsI am not sure if it was malaria or HIV[Farm employees]
v	
Building trust	[stigma, trust, key quote]
Experiencing stigma 0 ['[''] Memo Groups (0)	You've mentioned AIDS a lot of times. How has it impacted on
Network Groups (0)	this area?
Multimedia Transcripts (0)	It has a big impact and it is treatable. We knew that four, five people
	that took the treatment and they were the best workers ever. They ha
	energy. They wanted to work. They were motivated because they go
	help. They've got the ability to come forward and say, 'Please help r
	to go to [health clinic] every month.' They didn't tell me they've got
	AIDS, they just told me I want to go there every month for treatmen
	I did not ask what treatmentI just know. [belief, productivity, stigma, trust]
	[bener, productivity, sugma, trust]
	And what would you say are the major general health problems
	facing farm workers, say the top five things?
	I honestly try and keep me out of it. When you get a sick note, it onl
	says, 'medical condition.' So I don't know what is wrong with
	themI want the people to knowthat I don't have the specifics
	because tomorrow I fight with them about something else and they say, 'No, it is because you know I am HIV positive and you don't
	want me on the farm anymore.'
	[paternalism, preventive health, stigma, trust—final report]
	What would you like to see for the future, with health service
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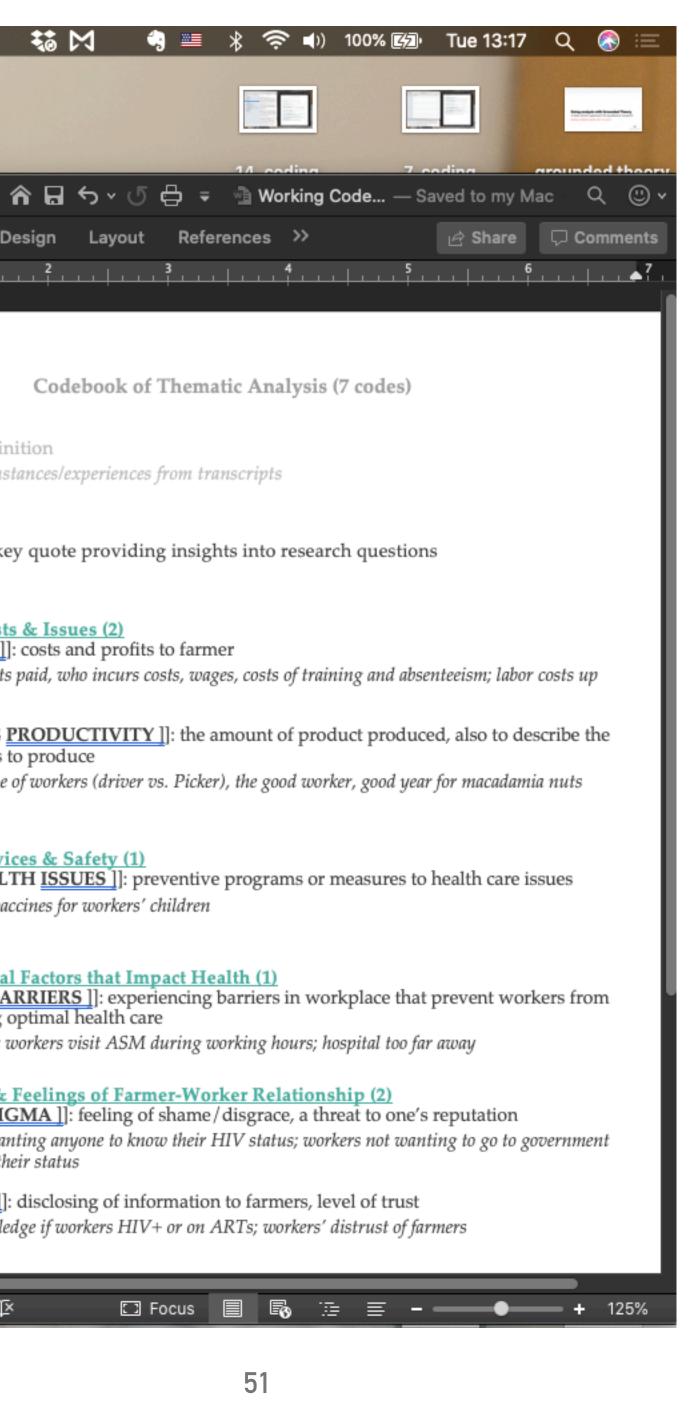
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Image:	<ul> <li>Transcript #1</li> <li>How has HIV impacted on this district?</li> <li>I don't know. It's not a big impact butIf you take the district, every farm has peo with AIDS]. For instance 3 people per farm, that is 15 days you are losing on that farm-that affects the farm because you have planned [work] stuff But the irrigation environmentation productive of the grave who nuts water on the trees is not here for 5 days, now you must get the grave-the grave who nuts water on the trees is not here for 5 days, now you must get the grave-the grave who nuts water on the trees is not here for 5 days, now you must get the grave-the grave who nuts water on the trees is not here for 5 days, now you must get the grave-the grave who nuts water on the trees is not here for 5 days, now you must get the grave-the grave who nuts water on the trees is not here for 5 days, now you must get the grave-the grave who nuts water on the trees is not here for 5 days, now you must get the grave-the grave who nuts water on the trees is not here for 5 days, now you must get the grave-the grave who nuts water on the trees is not here for 5 days, now you must get grave-the grave here grave the farm a log.</li> <li>[productivity, stigma, trust]</li> <li>Can you give examples of how HIV has impacted on this farm?</li> <li>You get through the season and people just stop working and they disappear We loo one of our top farm managers, he was very illI think he was absent for three more We had him to hospitals and doctorsI am not sure if it was malaria or HIV[Far employees] don't want to talk about it.</li> <li>[stigma, trust, key quote]</li> <li>You've mentioned AIDS a lot of times. How has it impacted on this area?</li> <li>I has a big impact and it is treatable. We knew that four, five people that took the treatment and they were the best workers ever. They had energy. They wanted to was and say, 'Please help me to go to [health clinic] every month.' They didn't tell me they've got AIDS, they just told me I want to go there ev</li></ul>
	workers? I tell my people at lunch time, they can come and eat at the shed and one by one the
	can go to the clinic, at 1pm again we start working. I do all that planning around th time, for [the mobile clinic] to be here at 12pm, for [employees] to eat their lunch a sit here in the shade and wait for the clinic, then the clinic comes 30 minutes late at
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10 M Memos No Selection AutoSave 🔵 o Insert Draw Design Layout References >> Building trust Experiencing stigma very farm has people are losing on that ff But the irrigation Codebook of Thematic Analysis (7 codes) now you must get or you must teach mat: ODE NAME]]: Definition mples: data-driven instances/experiences from transcripts bal Codes (1) ey disappear...We had SOOD QUOTE ]]: key quote providing insights into research questions bsent for three month. laria or HIV...[Farm naging Farmer Costs & Issues (2) [REATING COSTS ]]: costs and profits to farmer mples: How health gets paid, who incurs costs, wages, costs of training and absenteeism; labor costs up ople that took the >EMONSTRATING PRODUCTIVITY ]]: the amount of product produced, also to describe the They wanted to work. ductivity of workers to produce lity to come forward mples: hierarchy/value of workers (driver vs. Picker), the good worker, good year for macadamia nuts hey didn't tell me nth for treatment. I did cticing Health Services & Safety (1) **REVENTING HEALTH <b>ISSUES**]: preventive programs or measures to health care issues mples: HIV testing, vaccines for workers' children t only says, 'medical periencing Structural Factors that Impact Health (1) VORKING WITH BARRIERS ]]: experiencing barriers in workplace that prevent workers from he people to know...that bout something else and aining and accessing optimal health care mples: farmers not let workers visit ASM during working hours; hospital too far away don't want me on the aring Experiences & Feelings of Farmer-Worker Relationship (2) XPERIENCING STIGMA ]: feeling of shame/disgrace, a threat to one's reputation imples: workers not wanting anyone to know their HIV status; workers not wanting to go to government e provision for farm pital so no one knows their status

UILDING TRUST ]]: disclosing of information to farmers, level of trust mples: farmers' knowledge if workers HIV+ or on ARTs; workers' distrust of farmers

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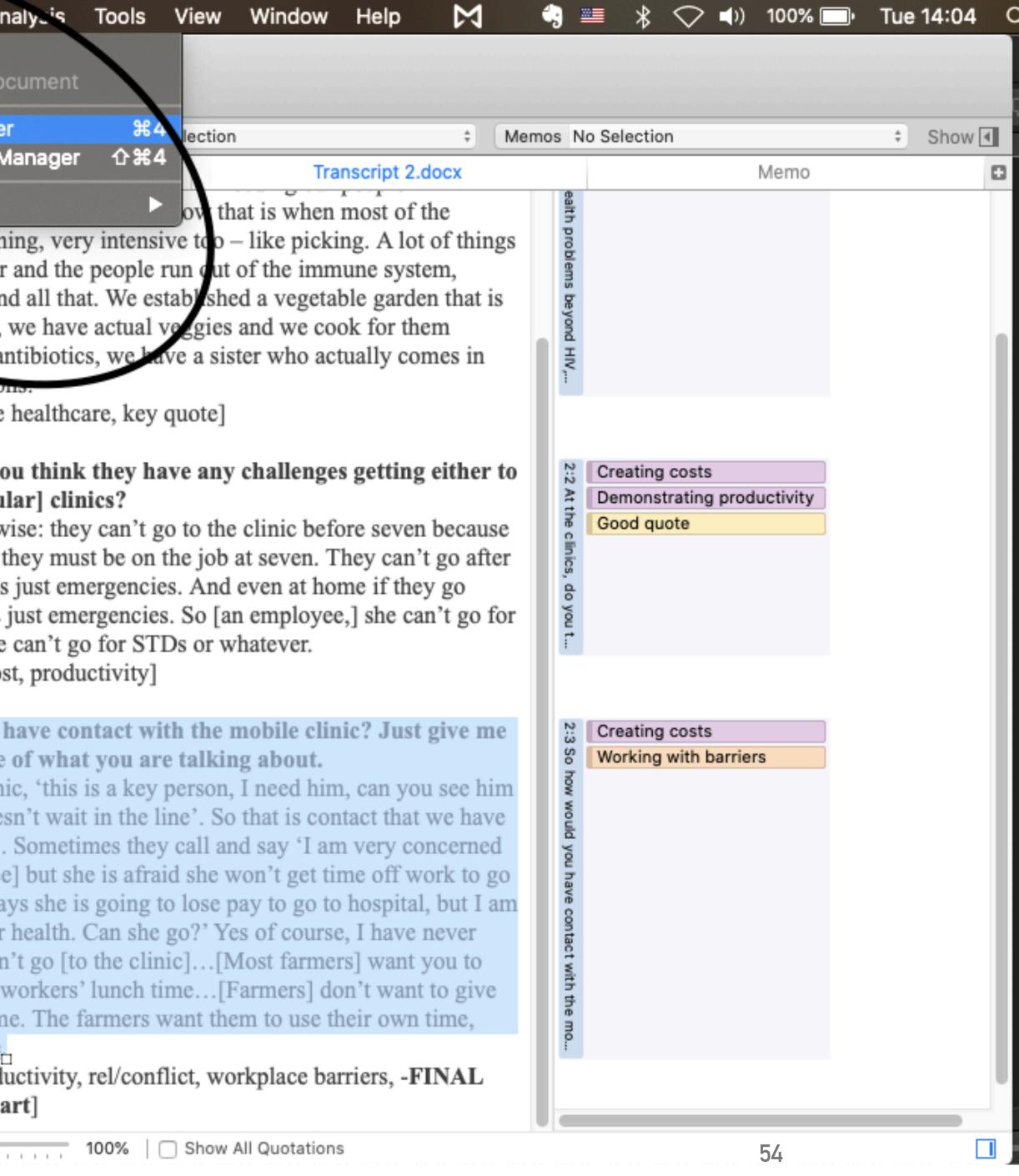
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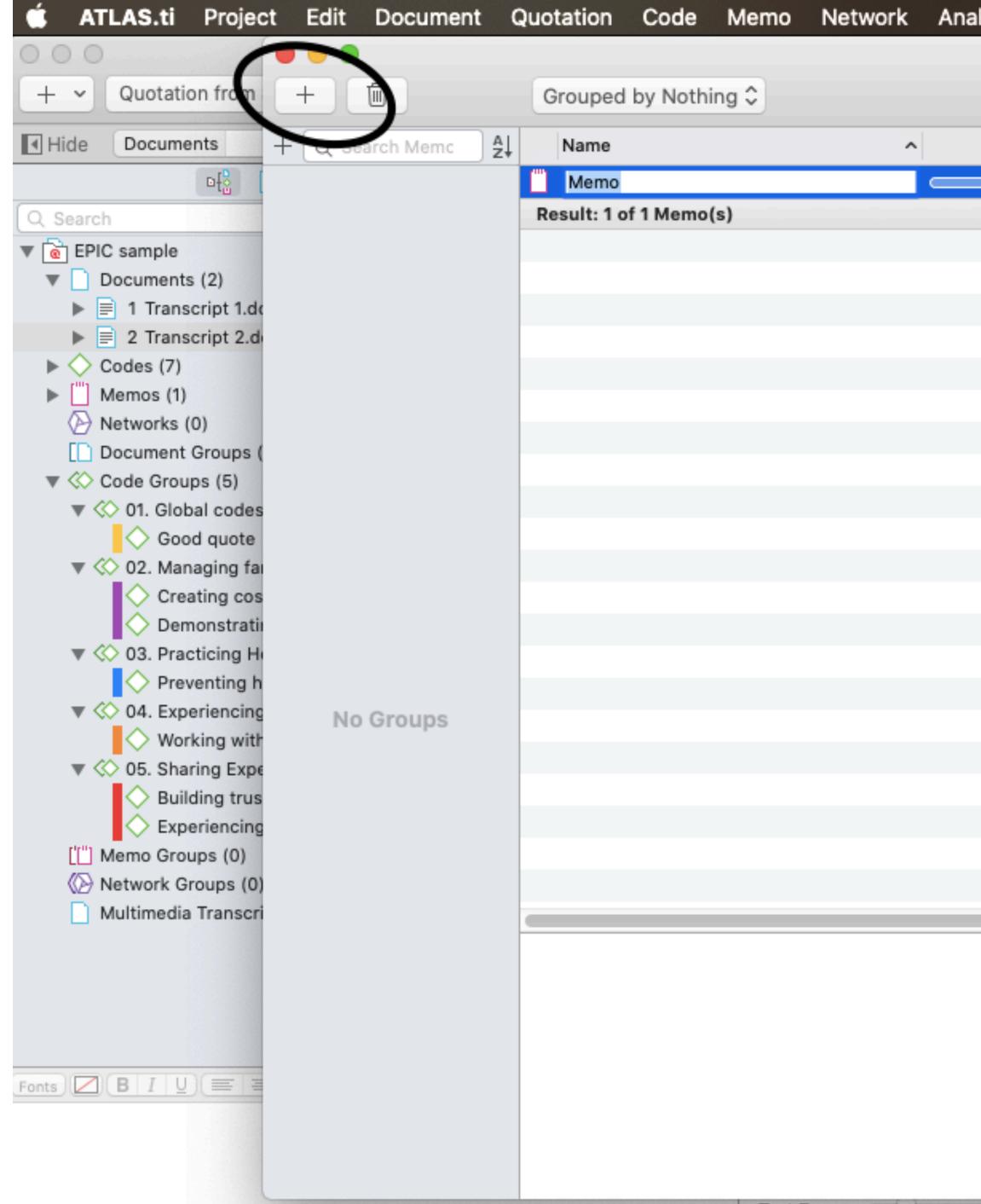
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### Memoing (Charmaz 2016)

- Help to raise <u>focused codes</u> to <u>conceptual categories</u>
- Provide a record of your <u>analytic</u> progress
- This means treating some codes as <u>conceptual categories to analyze</u> (e.g., workplace barriers in our sample transcripts)

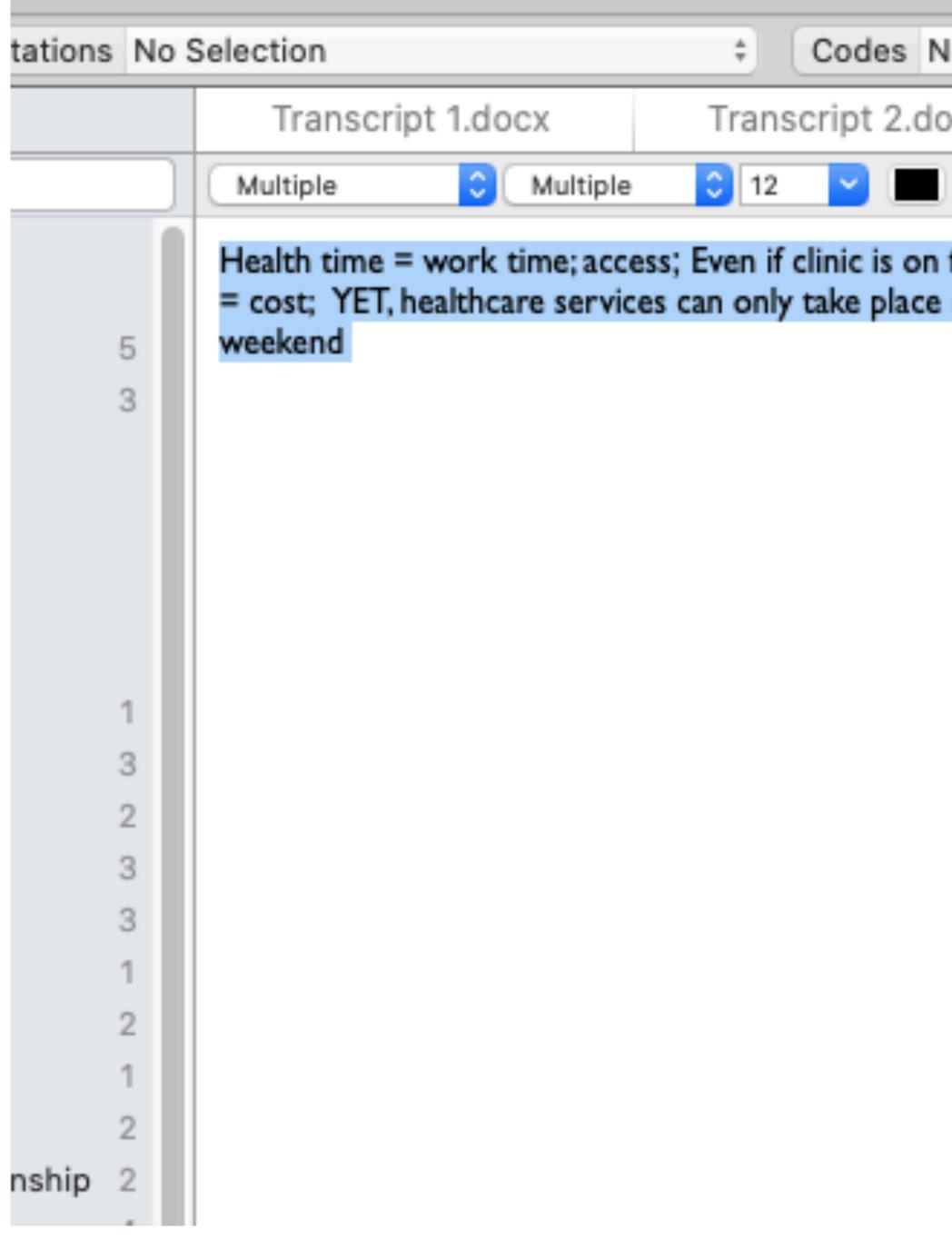
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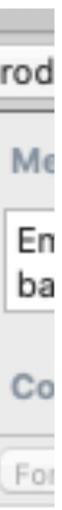


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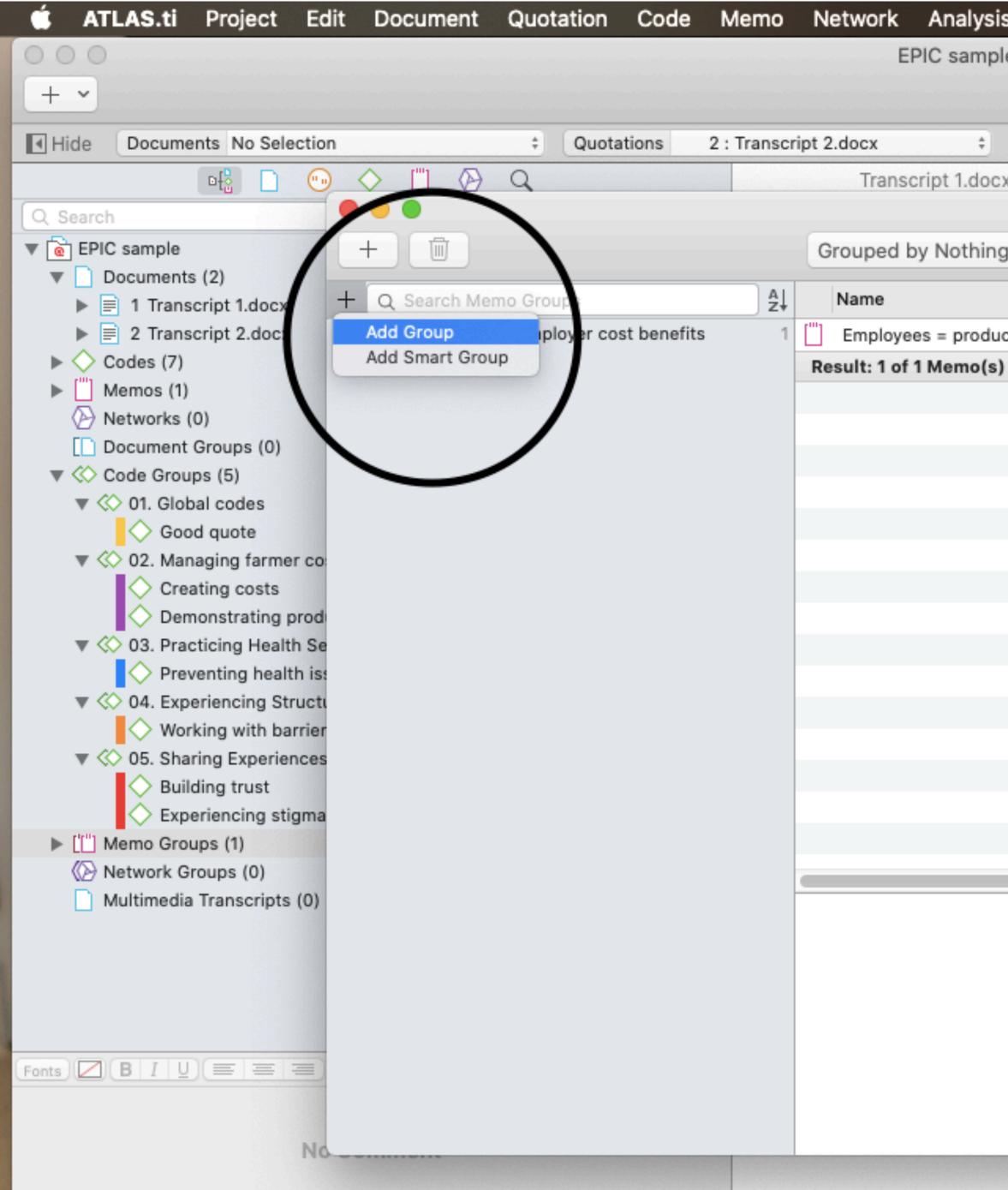
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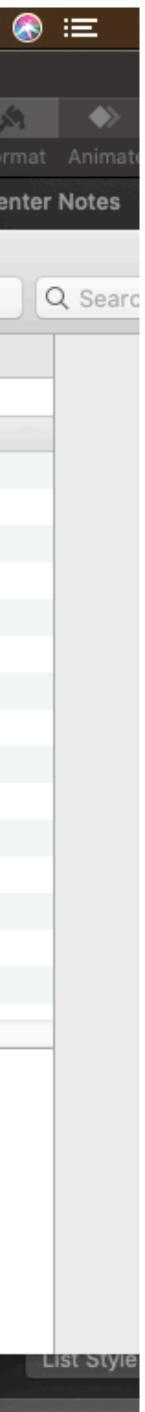
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Building trust		Changed: January 28, 2020		
Experiencing stigma		Rachel Ceasar		
[["] Memo Groups (0)	OBJECTIVE: Compile available evidence about employer cost benefits of workplace health services with respect to its relevance for commercial farming:			
Network Groups (0)				
<ul> <li>Multimedia Transcripts (0)</li> </ul>	Healthcare access tied to productivity; health time is farmers' time and costs. Health time = work time.			
	Even if clinic is on farm, farmers don't want healthcare time to cut into work time; otherise = cost.			
	YET, healthcare services can only take place during work hours, since services limited after/before work hours during			
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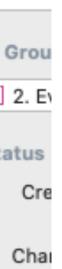
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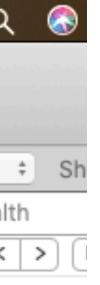




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<ul> <li>O3. Practicing Health Services &amp; Safety</li> <li>Preventing health issues</li> <li>O4. Experiencing Structural Factors that Impact Health</li> <li>Working with barriers</li> <li>Working Experiences &amp; Feelings of Farmer-Worker Relationship</li> <li>Building trust</li> <li>Experiencing stigma</li> </ul>	You've mentioned AIDS a lot of It has a big impact and it is treatant treatment and they were the best They were motivated because the and say, 'Please help me to go to they've got AIDS, they just told not ask what treatmentI just kn [belief, productivity, stigma, trus	able. We knew that four, five pe workers ever. They had energy, ey got help. They've got the abi [health clinic] every month.' The me I want to go there every mo ow	ople that took the They wanted to work. lity to come forward hey didn't tell me	Building trust Demonstrating pr Experiencing stig /productivity = he	ma
<ul> <li>Productivity = health</li> <li>Employees = productivity = health barrier</li> <li>productivity = health</li> <li>Network Groups (0)</li> <li>Multimedia Transcripts (0)</li> </ul>	And what would you say are the workers, say the top five things I honestly try and keep me out of condition.' So I don't know what I don't have the specifics because they say, 'No, it is because you k farm anymore.' [paternalism, preventive health, s	s? f it. When you get a sick note, it t is wrong with themI want the e tomorrow I fight with them at mow I am HIV positive and you	t only says, 'medical he people to knowthat bout something else and	1:4 And what would you sa	
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06. Analyzing data





## Analyzing: sorting, comparing and integrating memos

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## Organizing memos to make theoretical statements (Charmaz 2006)

- GOAL: Raw data —> memoing —> categories of memos = raising the conceptual level of categories and extending their reach
  - Sort memos by the title of each category
  - Compare categories
  - Consider strongest/weakest categories—which ones best reflect the experience you studied?



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Yeah, I thought that was Uber's mistake, the money the

[respondents are talking at the same time]

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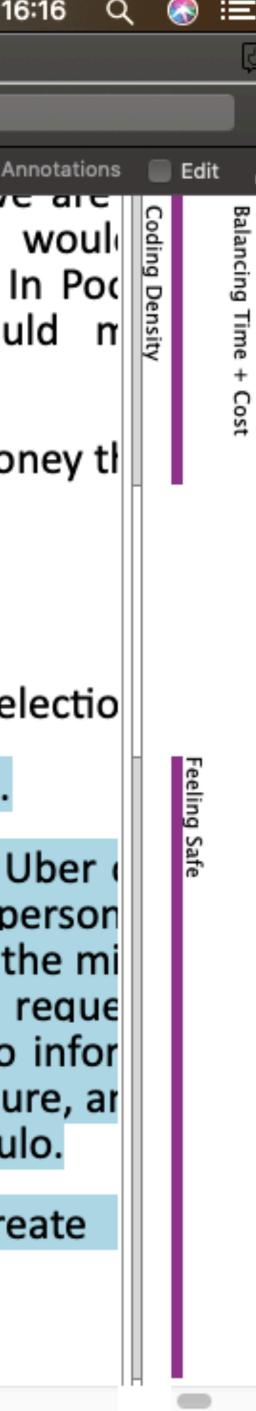
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A pre-selection. Then it would be more reliable.

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But that could happen anywhere. You create account...

But here it's more difficult.



# Exercise 4 / Demo: Analyzing the data

Sort, compare, and integrate your memos and make a couple theoretical statements about the data

## Analyzing: sorting, comparing and integrating memos

Compile available evidence about employer cost benefits of workplace health 2) services with respect to its relevance for commercial farming

- Healthcare access tied to productivity; health time is farmers' time and costs. Health time = work time. [CODES: Productivity, Farm Structures, Absent, Workplace barriers/initiatives]
- Effected by transportation—both in workers' ability to get to health facility and time it takes to access healthcare. That is, even if mobile clinic is on the farm, farmers do not want healthcare time to cut into work time, otherwise it is a cost. [CODES: Transportation, Costs/funding, Workplace barriers/initiatives
- Yet healthcare services can only take place during work hours, since these services are limited after/before work hours or during the weekend. [IE]

"Then primary health care services available to your employees, where do they go for those? HIV treatment and things like that? / People come here, a lot of people come here and are in the clinic. They come here and they ask me - can we speak to the people regarding HIV and safety and and and, I say - ok, tomorrow morning at 6am before work...ok, listen tomorrow morning there will be people who are going to talk about this and this, please come and attend, then those people who do the presentation, they come but the workers- some of them come, most of them don't, it's like they are not interested in what is being said. You invite them and say - tomorrow morning these people will be here, please come and attend, maybe they are going to talk about funeral policies and come to talk to the people about funeral policies and stuff. They don't have the urge to come and attend. / Would you see any difference then say between permanent and seasonal employees? / No. All of them are the same, I don't know. They don't have any urge to attend. If there are bags that they are giving away or chips or something for free, then every is here." [2H]

"The clinics is time wise, they cant go to the clinic before seven because it is still closed and they must be on the job at seven, they cant go after six because then it is just emergencies. And even

## Memo grouping —> theoretical statement: What can we say about the data?

- Have direct quotes to back up statement
  - Code: Demonstrating Productivity
  - Memo grouping: Productivity = health (2 quotes)

### • Theoretical statement:

"Healthcare access is tied to **productivity**; health time is directly equated into farmers' time and costs."



07. Next steps & QA





Compile available evidence about employer cost benefits of workplace health 2) services with respect to its relevance for commercial farming

 Healthcare access tied to productivity; health time is farmers' time and costs. Workplace barriers/initiatives]

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- barriers/initiatives

"Then primary health care services available to your employees, where do they go for those? HIV treatment and things like that? / People come here, a lot of people come here and are in the clinic. They come here and they ask me – can we speak to the people regarding HIV and safety and and and, I say – ok, tomorrow morning at 6am before work...ok, listen tomorrow morning there will be people who are going to talk about this and this, please come and attend, then those

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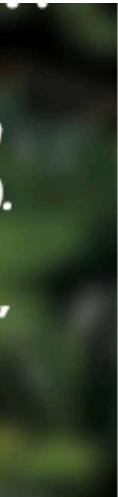
Yet healthcare services can only take place during work hours, since these services are limited after/before work hours or during the weekend. [IE]

Farm employers' involvement in health service delivery Employers dismiss DoH services as poor because they only provide "Panado" (paracetamol). Despite different modes of workplace health service delivery, including NGOs, government mobile and fixed health services, farm employers mediate workers' access to these services. NGO services have a stronger relationship with employers.

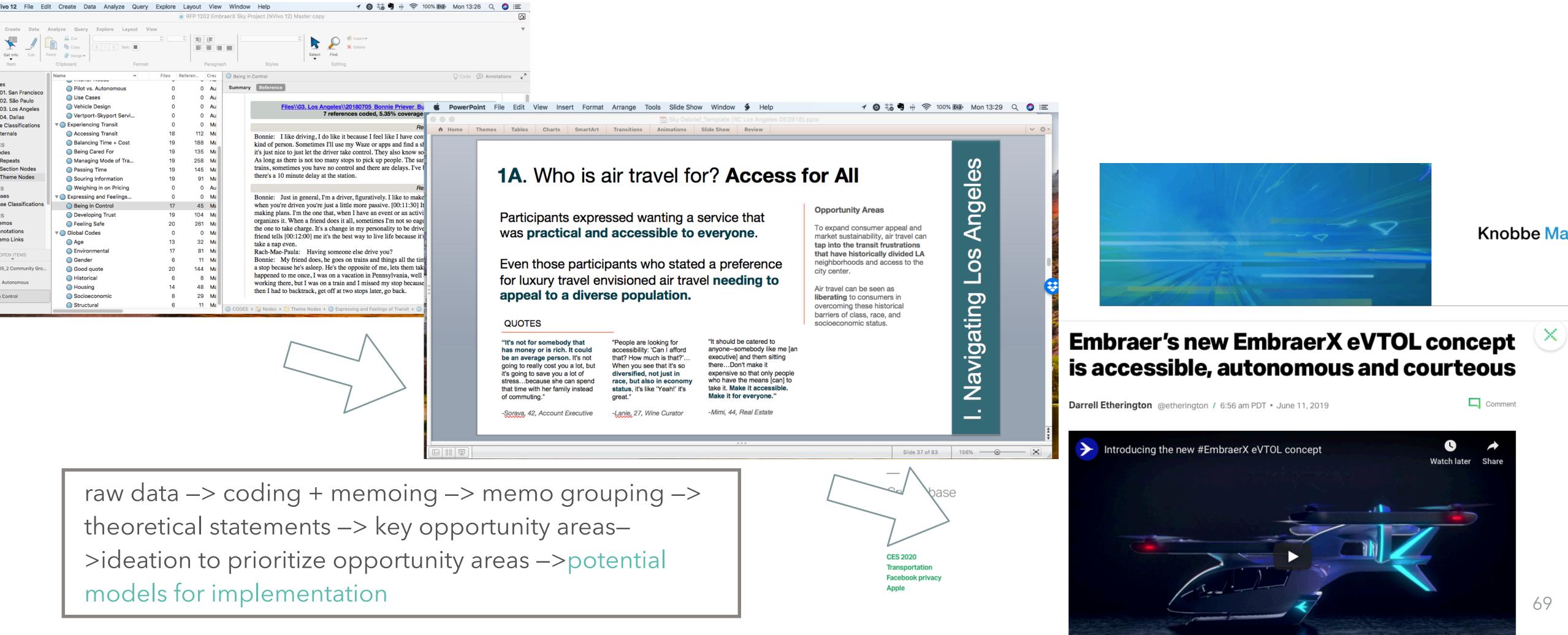
## CONCLUSION

NGO services ease the mediation of the persistent contradictions, but do not resolve these for either the employer or worker. Farm workers' access to HIV-related services is determined by their employers.

"They (employers) don't want to give them (farm workers) time (to visit mobile service). The farmers want them (farm workers) to use their own time, which is impossible." – (Mobile health services)



## III. Analyzing data into opportunities



## **Doing analysis with Grounded Theory** A data-driven approach for qualitative research **RACHEL CARMEN CEASAR, PhD • 01.29.20**

