

# **Doing analysis with Grounded Theory**

A data-driven approach for qualitative research

**RACHEL CARMEN CEASAR, PhD • 01.29.20**



# Agenda

01 **Intros & Housekeeping**

02 **Grounded Theory is...**

03 **Exercise 1: Getting your data ready**

04 **Exercise 2: Developing the codebook**

05 **Exercise 3: Coding data**

06 **Exercise 4: Analyzing data**

07 **Next steps & QA**

# 01. Intros & Housekeeping

**ANTHROPOLOGIST.**

**AWESOME.**







**Actress**

**Journalist**

**Health Provider**

**Clinical psychologist**

**Medical anthropologist**

**UX**

**Service Design**

**Actress**

**Pretending**

**Medicine**

**Psychology**

**Anthropology**

**Public Health**

**Design Thinking**

**Performance**

Age 8

7

Age 35



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Resources for later

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What you need for the webinar (download/print)

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01 **Intros & Housekeeping**

02 **Grounded Theory is...**

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## What we won't talk about



- **Data saturation:** approaching to exhaustive coding/ categorization
- **QDA** 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

# 02. Grounded Theory

## is...

## Grounded theory is...



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

# Grounded theory is...



- **How it's different from other qualitative methods:**

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

## Grounded theory is...

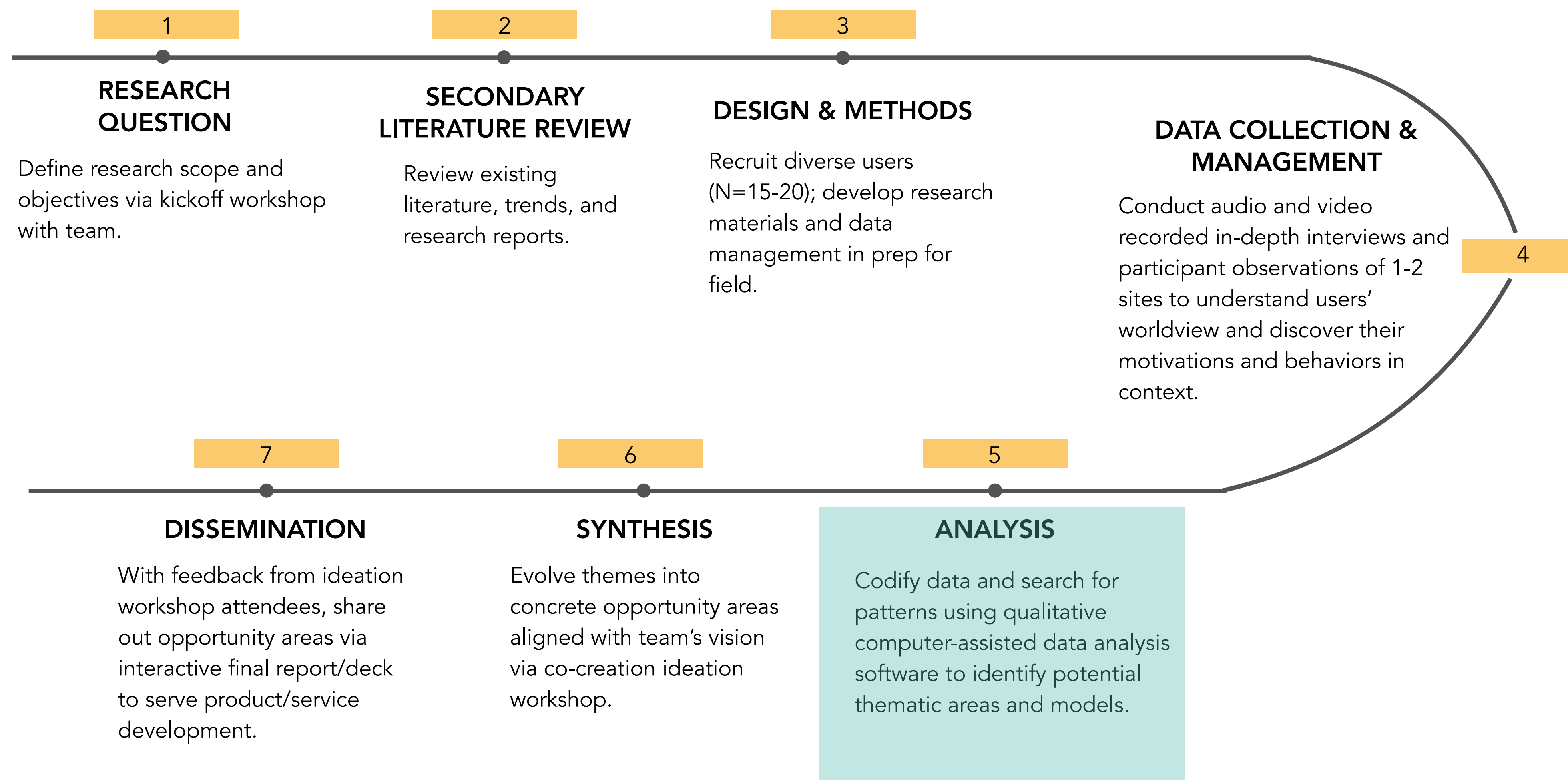


- **When to use it**

- >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

# Project roadmap







# III. Analyzing data into opportunities

Files Referen... Crez

Name	Files	Referen...	Crez
01. San Francisco	0	0	Au
02. São Paulo	0	0	Au
03. Los Angeles	0	0	Au
04. Dallas	0	0	Au
Experiencing Transit	0	0	Me
Accessing Transit	18	112	Me
Balancing Time + Cost	19	188	Me
Being Cared For	19	135	Me
Managing Mode of Tra...	19	258	Me
Passing Time	19	145	Me
Sourcing Information	19	91	Me
Weighing in on Pricing...	0	0	Au
Expressing and Feelings...	0	0	Me
Being in Control	17	45	Me
Developing Trust	19	104	Me
Feeling Safe	20	261	Me
Global Codes	0	0	Me
Age	13	32	Me
Environmental	17	81	Me
Gender	6	11	Me
Good quote	20	144	Me
Historical	6	8	Me
Housing	14	48	Me
Socioeconomic	8	29	Me
Structural	6	11	Me

Summary Reference

Files\03\_Los Angeles\20180705\_Bonnie Prieve...  
7 references coded, 5.35% coverage

Bonnie: I like driving, I do like it because I feel like I have control. Sometimes I'll use my Waze or apps and find a stop that's just nice to just let the driver take control. They also know so much about the area. As long as there is not too many stops to pick up people. The same with the trains, sometimes you have no control and there are delays. I've had a 10 minute delay at the station.

Bonnie: Just in general, I'm a driver, figuratively. I like to make plans. I'm the one that, when I have an event or an activity, I'm the one that organizes it. When a friend does it all, sometimes I'm not so eager to take a nap even. Rach-Mae-Paula: Having someone else drive you? Bonnie: My friend does, he goes on trains and things all the time. He's the opposite of me, lets them take a nap because he's asleep. He's on a vacation in Pennsylvania, well working there, but I was on a train and I missed my stop because then I had to backtrack, get off at two stops later, go back.

## 1A. Who is air travel for? Access for All

Participants expressed wanting a service that was **practical and accessible to everyone.**

Even those participants who stated a preference for luxury travel envisioned air travel **needing to appeal to a diverse population.**

**Opportunity Areas**

To expand consumer appeal and market sustainability, air travel can tap into the transit frustrations that have historically divided LA neighborhoods and access to the city center.

Air travel can be seen as liberating to consumers in overcoming these historical barriers of class, race, and socioeconomic status.

**QUOTES**

"It's not for somebody that has money or is rich. It could be an average person. It's not going to really cost you a lot, but it's going to save you a lot of stress...because she can spend that time with her family instead of commuting."  
-Soraya, 42, Account Executive

"People are looking for accessibility: 'Can I afford that? How much is that?'... When you see that it's so diversified, not just in race, but also in economy status, it's like 'Yeah!' it's great."  
-Lanie, 27, Wine Curator

"It should be catered to anyone--somebody like me [an executive] and them sitting there...Don't make it expensive so that only people who have the means [can] to take it. **Make it accessible. Make it for everyone.**"  
-Mimi, 44, Real Estate

**I. Navigating Los Angeles**

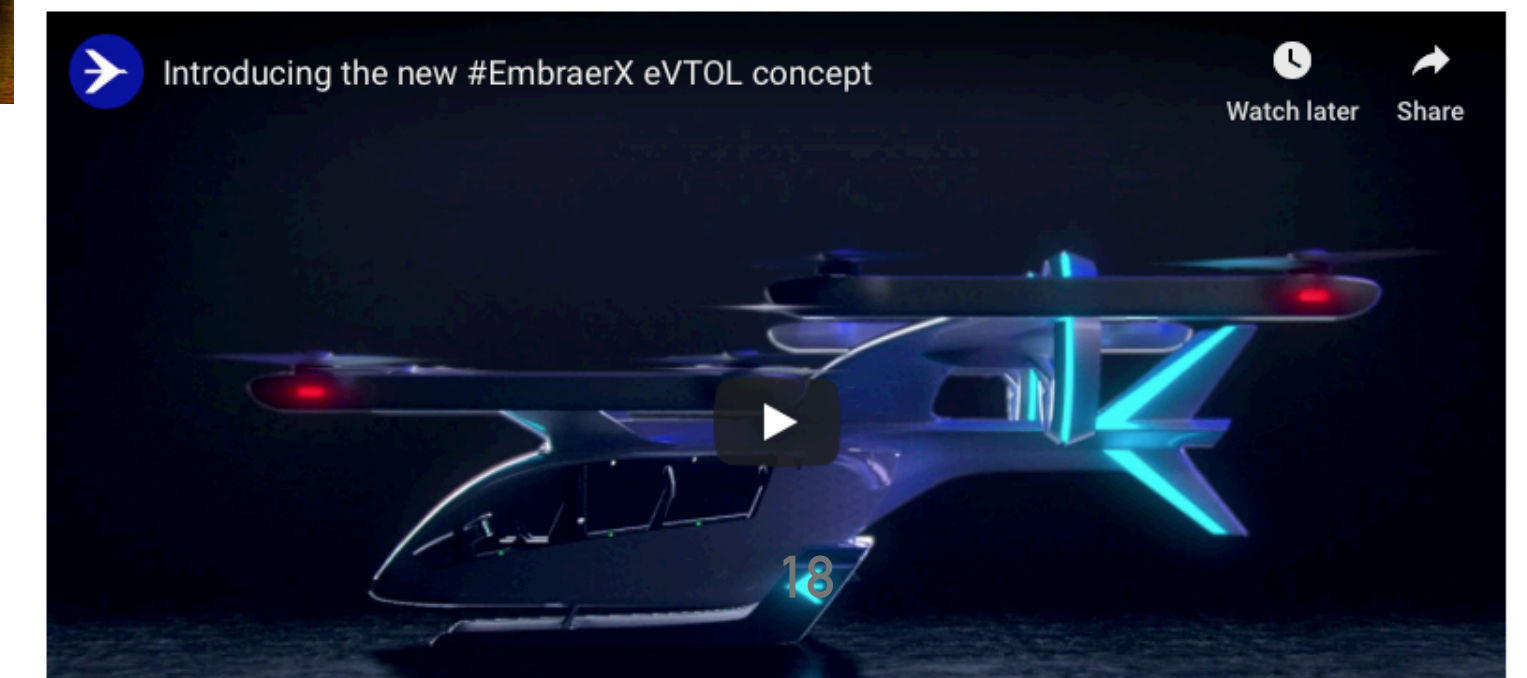


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## Embraer's new EmbraerX eVTOL concept is accessible, autonomous and courteous

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

Comment



raw data → coding + meowing + categorizing memos → theoretical statements → key opportunity areas → ideation to prioritize opportunity areas → potential models for implementation

base

CES 2020  
Transportation  
Facebook privacy  
Apple

# 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.

## METHODS

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.

## RESULTS

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 health 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

**Business costs and benefits**  
Benefits | Productivity | Absenteeism | Direct costs, for example dispensing medicine

**Farm employers' involvement**

Personal knowledge attitudes and practice	Different modes of workplace health service delivery
---	--

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

In the policy environment

**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 **employer cost benefits** 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:**

	Rachel Ceasar # days
<b>Stage 1. Familiarisation with the project and transcriptions</b>	½
<b>Stage 2. Coding meeting with the research team on 30 November 2015</b>	½
<b>Stage 3. Data coding</b>	5
<b>Stage 4. Analysis workshop with the research team on 10 December 2015</b>	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

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

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# Getting your data ready



- Ongoing fieldwork + analysis

- Rev.com transcripts
- Initial memoing via Google docs

# Exercise 1: Getting your data ready!

*Read through [Transcript 1](#) 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*

### **Global Codes (8)**

[[ **RACE** ]]: reflecting on race/ethnicity; race relations

*Examples: apartheid*

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

*Examples: poverty*

[[ **AGE** ]]: reflecting on role of age/generation

*Examples: seasonal workers tend to be younger*

[[ **GENDER** ]]: reflecting on gender/sexuality

*Examples: "ladies issues"*

[[ **BELIEF** ]]: reflecting on spirituality, religion, cosmology, values; include morality/ethical systems/care

*Examples: traditional medicine vs. biomedical; morale of workers; "I can hear their hearts"*

[[ **POLITICS** ]]: 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 statements, actions, events, and documents
- Invokes analytic questions 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
<p>Friends' support</p> <p>Hospitalization</p> <p>Conflict with doctor</p>	<p>P: They called the clinic to see if they could see me, if they would re-evaluate some of my meds and stuff, and they said, "Oh yeah." When I got there they decided that they were going to put me in, put me away or whatever. And I ended up with a really bad doctor. Really bad. I even brought charges against him, but I lost.</p> <p>I: What did he do?</p>

- **Why code using gerunds?**  
(Charmaz 2012)

- See processes that otherwise may be invisible
- Code for actions and meanings

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

# Codebook basics: Global codes

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*Examples: politically restrained b/c of land claims*

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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 [codebook example](#))

...

[[ **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 [Transcript 1](#) + initial memos and start coming up with initial codes using the [Codebook template](#) (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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## • 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) —> ...

Search

- Discovery Health Project
  - Documents (25)
    - 1 1A.docx 48
    - 2 1B.docx 39
    - 3 1C.docx 38
    - 4 1D.docx 34
    - 5 1E.docx 39
    - 6 1F.docx 30
    - 7 1G.docx 35
    - 8 1H.docx 27
    - 9 1I.docx 36
    - 10 1J.docx 30
    - 12 1X.docx 16
    - 13 1Y.docx 35
    - 14 1Z.docx 30
    - 15 2A.docx 31
    - 16 2B.docx 26
    - 17 2C.docx 26
    - 18 2D.docx 23
    - 19 2E.docx 18
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    - 22 2H.docx 35
    - 23 2I.docx 25
    - 24 2J.docx 30
    - 25 2X.docx 31
    - 26 2Y.docx 38
  - Codes (57)
    - \* Key Quote 29
    - Absent 107
    - Age 19
    - Belief 28
    - Clinic 123
    - Clinic Details 18
    - Costs/funding 229
    - Death 91
    - Department of Agriculture 6
    - Department of Forestry & Fishery 11
    - Department of Health 25
    - Department of Labour 30
    - Disease 48
    - District/provincial 135
    - Education/promotion 52

Yes.

**What do you think are the major big occupational health and safety issues or problems associated with farm work?**

The big problems...

**Health related, occupational. So not general health, just related to farm work. What kind of things do farm workers complain of, do they get sick from?**

They have flu every winter. They get very sick of that. Some of them have AIDS. It is still... if a farmer doesn't know the outcome of the test it is a problem because then you can't do anything. If the worker must go to 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 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 Josephina... I have got the results from the Tlhokomelo people and I know those two women have got AIDS I can definitely do something about it. Now the law says they are not... no one can tell you the outcome of the test if the person has AIDS or not. I feel that is unfair.

**Okay and in terms of what workers do as farm workers, picking, packing, working with machines. What kind of issues/health injuries do you see because of the work they do?**

Nothing. They can just do their work. Okay injuries sometimes happen in every work.

**What kind of injuries do you see?**

No I can't even think of one, really. Stuff like that happens about once in two years or three years. I can't even think of one.

**Okay. You talked about your employees getting flu, AIDS, anything else?**

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 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.

**And when your workers used to get sick, if they come to your office, what did they typically complain of?**

Flu. I gave them medicine. I had litres of coughing medicine and tablets for fever. We've got a clinic at the Oaks also, nearby. I send them to the clinic.

**This is a Government Clinic?**

Yes which is very pathetic, or I send them to Tlhokomelo.

**And did you take workers yourself to these things when they were sick?**

Yes.

**And when someone is sick how long are they typically absent for? What is the average number of days if they have a flu?**

They just stay at home for about two or three days. It is still a frustration. Some of them don't want help from a clinic or a doctor. They go to the traditional healers. Very frustrating.

**Do you find a difference between anything in the kinds workers are sick from between permanent and seasonal workers?**

Towards their health?

1C.docx

3:10 What do you think are the major big occupational a...

- HIV/AIDS
- Paternalism
- Private Sector
- Sick
- Stigma
- Trust

3:11 Okay and in terms of w...

- Injury

3:12 Okay. You talked about your employees getting flu, Al...

- Clinic
- District/provincial
- HIV/AIDS
- Private Sector
- Sick
- Transportation

3:13 And when someone is sick

- Absent
- Belief
- Foreigner
- Migrant
- Permanent employee
- Seasonal employee
- Sick

Document 3

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Comment

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No longer farm worker, does machines/hydraulics

Status

Created: December 6, 2015  
Rachel Ceasar

Changed: December 8, 2015  
Rachel Ceasar



- EPIC sample
  - Documents (2)
    - 1 Transcript 1.docx
    - 2 Transcript 2.docx
  - Codes (7)
  - Memos (1)
  - Networks (0)
  - Document Groups (0)
  - Code Groups (5)
    - 01. Global codes
      - Good quote
    - 02. Managing farmer costs and issues
      - Creating costs
      - Demonstrating productivity
    - 03. Practicing Health Services & Safety
      - Preventing health issues
    - 04. Experiencing Structural Factors that Impact Health
      - Working with barriers
    - 05. Sharing Experiences & Feelings of Farmer-Worker Relationship
      - Building trust
      - Experiencing stigma
  - Memo Groups (1)
    - 2. Evidence about employer cost benefits
    - Employees = productivity = health barrier**
  - Network Groups (0)
  - Multimedia Transcripts (0)

[employees] in winter, because you know that is when most of the activities are happening, very intensive too – like picking. A lot of things happen in the winter and the people run out of the immune system, people getting flu and all that. We established a vegetable garden that is growing every year, we have actual veggies and we cook for them here... We also buy antibiotics, we have a sister who actually comes in and does flu injections.  
[environ, preventive healthcare, key quote]

**At the clinics, do you think they have any challenges getting either to the mobile or [regular] clinics?**  
The clinics is time wise: they can't go to the clinic before seven because it is still closed and they must be on the job at seven. They can't go after six because then it is just emergencies. And even at home if they go home, after six, it is just emergencies. So [an employee,] she can't go for family planning, she can't go for STDs or whatever.  
[key quote; time, cost, productivity]

**So how would you have contact with the mobile clinic? Just give me a concrete example of what you are talking about.**  
I tell the mobile clinic, 'this is a key person, I need him, can you see him sooner – that he doesn't wait in the line'. So that is contact that we have [with mobile clinic]. Sometimes they call and say 'I am very concerned about this [employee] but she is afraid she won't get time off work to go to hospital, or she says she is going to lose pay to go to hospital, but I am concerned about her health. Can she go?' Yes of course, I have never told anyone they can't go [to the clinic]... [Most farmers] want you to only be there at the workers' lunch time... [Farmers] don't want to give [employees] that time. The farmers want them to use their own time, which is impossible.  
[costs/funding, productivity, rel/conflict, workplace barriers, -FINAL REPORT—final part]

health problems beyond HIV, ...

2:2 At the clinics, do you t...

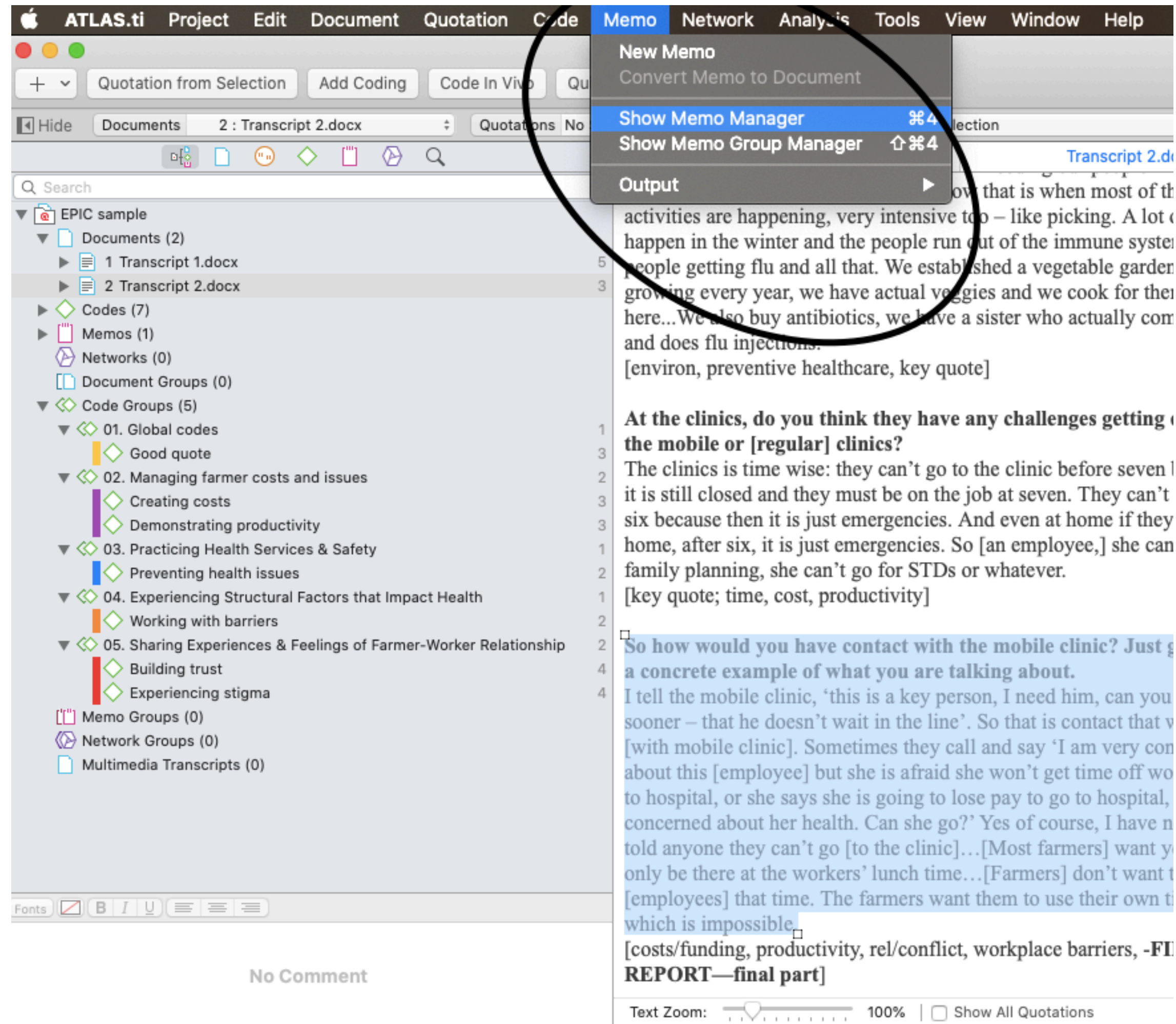
- Creating costs
- Demonstrating productivity
- Good quote

2:3 So how would you have contact with the mo...

- Creating costs
- Working with barriers

33

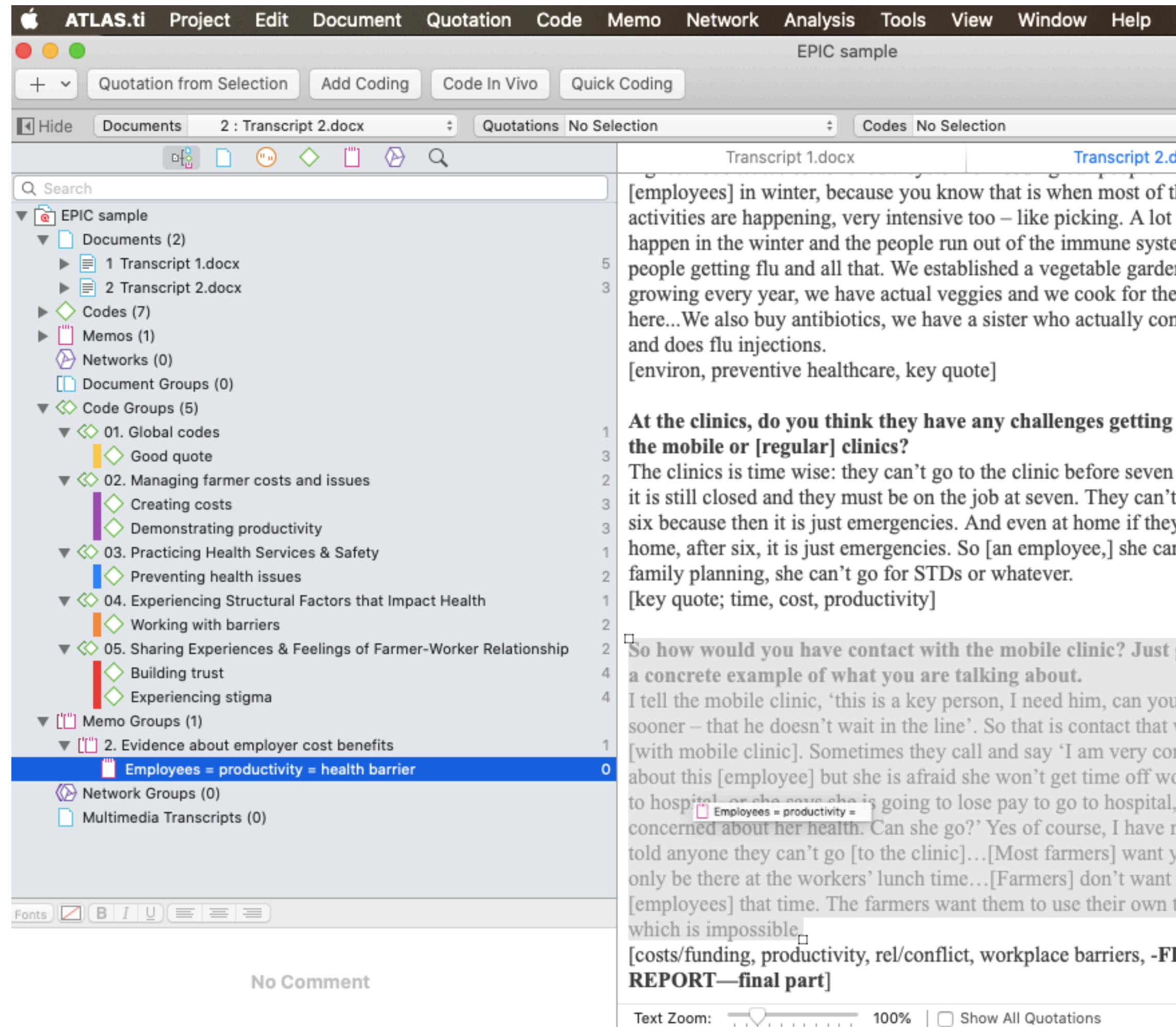
# Memoing



## • Memoing (Charmaz 2016)

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

# Memoing



## • Memoing (Charmaz 2016)

- Like codes, memos are generated from the data
- Tentative ideas to figure out analytical problems
- Help you stay close to the raw data, and move toward data-generated 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 post-  
webinar)**



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Search

- EPIC sample
  - Documents (0)
  - Codes (0)
  - Memos (0)
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- Import Transcript...
- Import Reference Manager Data...
- New Geo Document
- Import From Twitter...
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  - EPIC data analysis webinar
  - USC 2019
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  - Recents
  - Applications
  - Downloads
- iCloud
- iCloud Drive
- Locations
- Rachel's MacBook Air
  - Macintosh HD
  - ATLAS.ti
  - Network
- Tags

- 51Lc+wAw...3,200\_.jpg ✓
- Actual Co...k (example) ✓
- Codebook (template) ✓
- Codebook,...obal codes ✓
- Codebook, setup ✓
- Contract, data analysis ✓
- Contract, data analysis ✓
- EPIC Talk,...C 012920) ✓
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- Gerund coding ✓
- images-3.jpeg ✓
- Regular coding ✓
- Sample tra...ript, health ✓
- Transcript 1 ✓
- Transcript 2 ✓
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EPIC data analysis webinar

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  - Network Groups (0)
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Transcript #1

**How has HIV impacted on this district?**

I don't know. It's not a big impact but...If you take the district, every farm has people [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 guy--the guy who puts water on the trees is not here for 5 days, now you must get someone else from the other section to come and fill in for him or you must teach another guy to stand in for him. So it affects the farm a lot.

[productivity, stigma, trust]

**Can you give examples of how HIV has impacted on this farm?**

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 doctors...I am not sure if it was malaria or HIV...[Farm employees] don't want to talk about it.

[stigma, trust, key quote]

**You've mentioned AIDS a lot of times. How has it impacted on this area?**

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 had energy. They wanted to work. They were motivated because they got help. They've got the ability to come forward 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 every month for treatment. I did not ask what treatment--I just know.

[belief, productivity, stigma, 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 only says, 'medical condition.' So I don't know what is wrong with them...I want the people to know...that 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 provision for farm workers?**

I tell my people at lunch time, they can come and eat at the shed and one by one they can go to the clinic, at 1pm again we start working. I do all that planning around that time, for [the mobile clinic] to be here at 12pm, for [employees] to eat their lunch and sit here in the shade and wait for the clinic, then the clinic comes 30 minutes late and they start with all the injections and things. They go into my time and my working time...I lose...an average of 15-20 people for that hour, I have to pay them for that hour. So then yes, it costs me money. I would like the [mobile health clinic] to be on time.

[workplace barriers/initiatives; costs/funding]

Document 1

Transcript 1.docx

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Created: January 28, 2020  
Rachel Ceasar  
Changed: January 28, 2020  
Rachel Ceasar

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 Networks (0)  
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 [productivity, stigma, trust]

**Can you give examples of how HIV has impacted on this farm?**  
 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 doctors...I am not sure if it was malaria or HIV...[Farm employees] don't want to talk about it.  
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**You've mentioned AIDS a lot of times. How has it impacted on this area?**  
 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 had energy. They wanted to work. They were motivated because they got help. They've got the ability to come forward 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 every month for treatment. I did not ask what treatment--I just know.  
 [belief, productivity, stigma, 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 only says, 'medical condition.' So I don't know what is wrong with them...I want the people to know...that 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 provision for farm workers?**  
 I tell my people at lunch time, they can come and eat at the shed and one by one they can go to the clinic, at 1pm again we start working. I do all that planning around that time, for [the

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Global Codes (4)  
 [[ 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 ISSUES ]]: 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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EPIC sample - Code Manager

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**Add Codes**

- Good quote
- Creating costs
- Demonstrating productivity
- Preventing health issues
- Working with barriers
- Experiencing stigma
- Building trust**
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 [workplace barriers/initiatives; costs/funding]

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Global Codes (4)

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

**Managing Farmer Costs & Issues (2)**

[[ **CREATING COSTS** ]]: costs and profits to farmer  
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[[ **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 ISSUES** ]]: 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  
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**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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Name	Groups	Comment
Building trust	0	0
Creating costs	0	0
Demonstrating productivity	0	0
Experiencing stigma	0	0
Good quote	0	0
Preventing health issues	0	0
Working with barriers	0	0

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What would you like to see for the future, with health service provision for farm workers?  
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Global Codes (4)

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Managing Farmer Costs & Issues (2)

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Page 1 of 1 224 words English (United States) Focus 125%

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Name	Count	Groups
Building trust	0	0
Creating costs	0	0
Demonstrating productivity	0	0
Experiencing stigma	0	0
Good quote	0	0
Preventing health issues	0	0
Working with barriers	0	0

Result: 7 of 7 Code(s)

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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  
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**Practicing Health Services & Safety (1)**  
 [[ PREVENTING HEALTH ISSUES ]]: preventive programs or measures to health care issues  
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**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 (1)**  
 [[ 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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Name	Count	Groups
01. Global codes	1	
02. Managing farmer costs and issues	0	
03. Practicing Health Services & Safety	0	
04. Experiencing Structural Factors that Impact Health	0	
05. Sharing Experiences & Feelings of Farmer-Worker Relationship	0	
5 Group(s)		
Building trust	0	01. Global
Creating costs	0	
Demonstrating productivity	0	
Experiencing stigma	0	
Good quote	0	
Preventing health issues	0	
Working with barriers	0	

Result: 7 of 7 Code(s)

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### Codebook of Thematic Analysis (7 codes)

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Name	Groups
01. Global codes	05. Sharing Experiences & Feelings of Farmer-Worker Relationship
02. Managing farmer costs and issues	02. Managing farmer costs and issues
03. Practicing Health Services & Safety	02. Managing farmer costs and issues
04. Experiencing Structural Factors that Impact Health	05. Sharing Experiences & Feelings of Farmer-Worker Relationship
05. Sharing Experiences & Feelings of Farmer-Worker Relation...	01. Global codes
	03. Practicing Health Services & Safety
	04. Experiencing Structural Factors that Impact Health

Result: 7 of 7 Code(s)

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**CREATING COSTS ]]**: costs and profits to farmer  
 Examples: How health gets paid, who incurs costs, wages, costs of training and absenteeism; labor costs up 10%

**Practicing Health Services & Safety (1)**  
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Name	Groups
01. Global codes	01. Global codes
02. Managing farmer...	02. Managing farmer costs and issues
03. Practicing Health...	02. Managing farmer costs and issues
04. Experiencing Stru...	03. Practicing Health Services & Safety
05. Sharing Experi...	04. Experiencing Structural Factors that Impact Health
	05. Sharing Experiences & Feelings of Farmer-Worker Relationship
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- Orange
- Yellow
- Light Green
- Dark Green
- Turquoise
- Light Blue
- Dark Blue
- Purple
- Pink
- Red

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### Codebook of Thematic Analysis (7 codes)

format:  
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- Memos (0)
- Networks (0)
- Document Groups (0)
- Code Groups (5)**
  - 01. Global codes
    - Good quote
  - 02. Managing farmer costs and issues
    - Creating costs
    - Demonstrating productivity
  - 03. Practicing Health Services & Safety
    - Preventing health issues
  - 04. Experiencing Structural Factors that Impact Health
    - Working with barriers
  - 05. Sharing Experiences & Feelings of Farmer-Worker Relationship
    - Building trust
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- Memo Groups (0)
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Transcript 1.docx

**Transcript #1**

**How has HIV impacted on this district?**  
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**You've mentioned AIDS a lot of times. How has it impacted on this area?**  
 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 had energy. They wanted to work. They were motivated because they got help. They've got the ability to come forward 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 every month for treatment. I did not ask what treatment--I just know. [belief, productivity, stigma, 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 only says, 'medical condition.' So I don't know what is wrong with them....I want the people to know...that 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 provision for farm workers?**

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- Code Groups (5)
  - 01. Global codes
    - Good quote
  - 02. Managing farmer costs and issues
    - Creating costs
    - Demonstrating productivity**
  - 03. Practicing Health Services & Safety
    - Preventing health issues
  - 04. Experiencing Structural Factors that Impact Health
    - Working with barriers
  - 05. Sharing Experiences & Feelings of Farmer-Worker Relationship
    - Building trust
    - Experiencing stigma
- Memo Groups (0)
- Network Groups (0)
- Multimedia Transcripts (0)

Transcript 1.docx

**Transcript #1**

**How has HIV impacted on this district?**  
 I don't know. It's not a big impact but...If you take the district, every farm has people [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 guy--the guy who puts water on the trees is not here for 5 days, now you must get someone else from the other section to come and fill in for him or you must teach another guy to stand in for him. So it affects the farm a lot.  
 [productivity, stigma, trust]

**Can you give examples of how HIV has impacted on this farm?**  
 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 doctors...I am not sure if it was malaria or HIV...[Farm employees] don't want to talk about it.  
 [stigma, trust, key quote]

**You've mentioned AIDS a lot of times. How has it impacted on this area?**  
 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 had energy. They wanted to work. They were motivated because they got help. They've got the ability to come forward 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 every month for treatment. I did not ask what treatment--I just know.  
 [belief, productivity, stigma, 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 only says, 'medical condition.' So I don't know what is wrong with them...I want the people to know...that 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 provision for farm workers?**  
 I tell my people at lunch time, they can come and eat at the shed and one by one they can go to the clinic, at 1pm again we start working. I do all that planning around that time, for [the mobile clinic] to be here at 12pm, for [employees] to eat their lunch and sit here in the shade and wait for the clinic, then the clinic comes 30 minutes late and they start with all the injections and things. They go into my time and my working

Building trust  
 Experiencing stigma

1:1 How has HIV impacted...

No Comment

AutoSave OFF Working Code... — Saved to my Mac

Insert Draw Design Layout References Share Comments

Codebook of Thematic Analysis (7 codes)

mat:  
 CODE NAME]]: Definition  
 mples: 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  
 mples: How health gets paid, who incurs costs, wages, costs of training and absenteeism; labor costs up %

**DEMONSTRATING PRODUCTIVITY ]]**: the amount of product produced, also to describe the ductivity of workers to produce  
 mples: hierarchy/value of workers (driver vs. Picker), the good worker, good year for macadamia nuts

**Practicing Health Services & Safety (1)**  
**REVENTING HEALTH ISSUES ]]**: preventive programs or measures to health care issues  
 mples: HIV testing, vaccines for workers' children

**Experiencing Structural Factors that Impact Health (1)**  
**WORKING WITH BARRIERS ]]**: experiencing barriers in workplace that prevent workers from aining and accessing optimal health care  
 mples: farmers not let workers visit ASM during working hours; hospital too far away

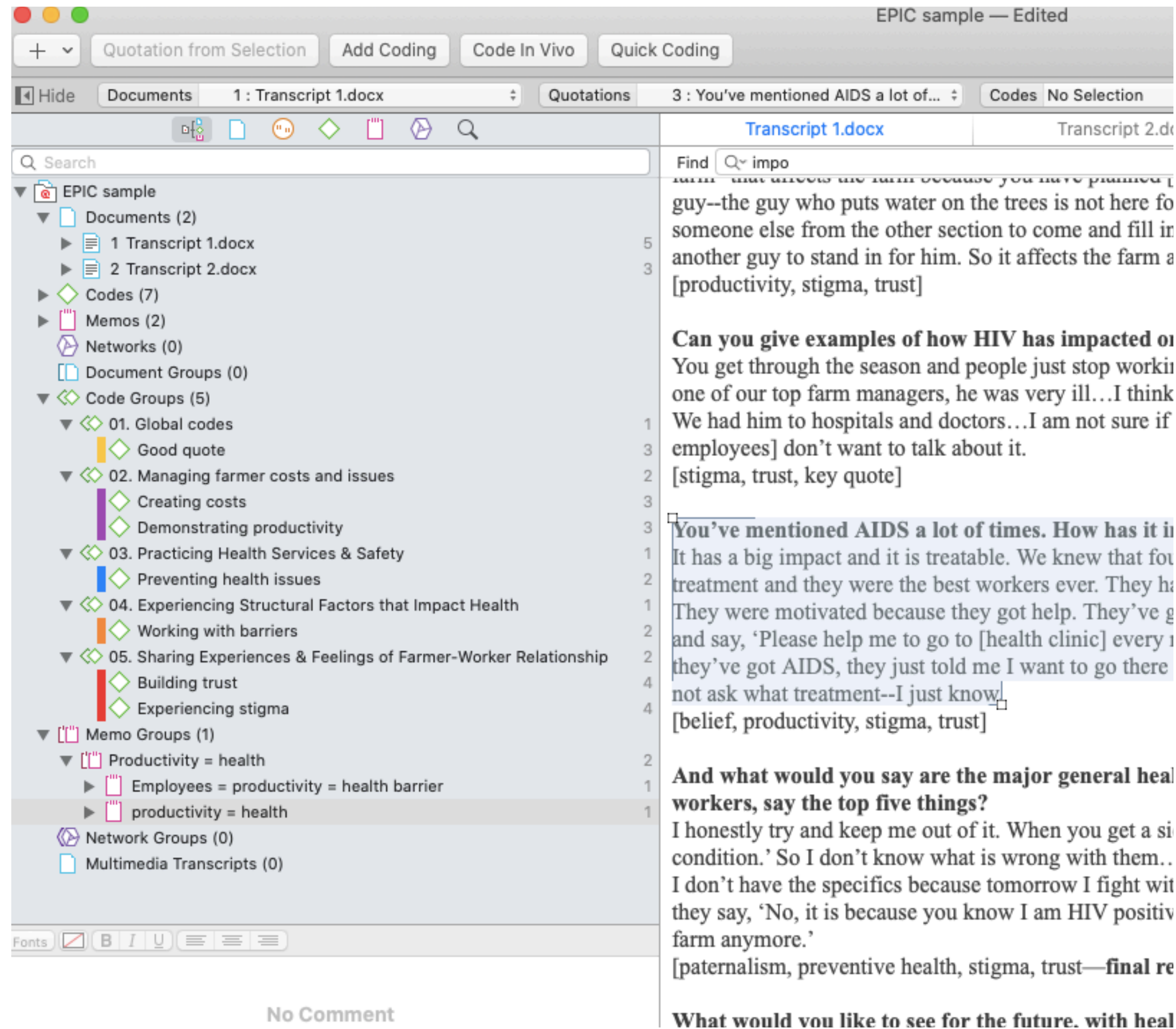
**Sharing Experiences & Feelings of Farmer-Worker Relationship (2)**  
**EXPERIENCING STIGMA ]]**: feeling of shame / disgrace, a threat to one's reputation  
 mples: workers not wanting anyone to know their HIV status; workers not wanting to go to government pital so no one knows their status

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

of 1 224 words Focus 125%



# Memoing



- Memoing (Charmaz 2016)

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

Quotation from Selection Add Coding Code In Vivo Qu...

Hide Documents 2 : Transcript 2.docx Quotations No...

Search

- EPIC sample
  - Documents (2)
    - 1 Transcript 1.docx
    - 2 Transcript 2.docx
  - Codes (7)
  - Memos (1)
  - Networks (0)
  - Document Groups (0)
  - Code Groups (5)
    - 01. Global codes
      - Good quote
    - 02. Managing farmer costs and issues
      - Creating costs
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      - Working with barriers
    - 05. Sharing Experiences & Feelings of Farmer-Worker Relationship
      - Building trust
      - Experiencing stigma
  - Memo Groups (0)
  - Network Groups (0)
  - Multimedia Transcripts (0)

New Memo  
Convert Memo to Document

Show Memo Manager ⌘4

Show Memo Group Manager ⌘4

Output ▶

... that is when most of the activities are happening, very intensive too – like picking. A lot of things happen in the winter and the people run out of the immune system, people getting flu and all that. We established a vegetable garden that is growing every year, we have actual veggies and we cook for them here... We also buy antibiotics, we have a sister who actually comes in and does flu injections.

[environ, preventive healthcare, key quote]

**At the clinics, do you think they have any challenges getting either to the mobile or [regular] clinics?**

The clinics is time wise: they can't go to the clinic before seven because it is still closed and they must be on the job at seven. They can't go after six because then it is just emergencies. And even at home if they go home, after six, it is just emergencies. So [an employee,] she can't go for family planning, she can't go for STDs or whatever.

[key quote; time, cost, productivity]

**So how would you have contact with the mobile clinic? Just give me a concrete example of what you are talking about.**

I tell the mobile clinic, 'this is a key person, I need him, can you see him sooner – that he doesn't wait in the line'. So that is contact that we have [with mobile clinic]. Sometimes they call and say 'I am very concerned about this [employee] but she is afraid she won't get time off work to go to hospital, or she says she is going to lose pay to go to hospital, but I am concerned about her health. Can she go?' Yes of course, I have never told anyone they can't go [to the clinic]... [Most farmers] want you to only be there at the workers' lunch time... [Farmers] don't want to give [employees] that time. The farmers want them to use their own time, which is impossible.

[costs/funding, productivity, rel/conflict, workplace barriers, -FINAL REPORT—final part]

Transcript 2.docx Memo

health problems beyond HIV, ...

2:2 At the clinics, do you t...

- Creating costs
- Demonstrating productivity
- Good quote

2:3 So how would you have contact with the mo...

- Creating costs
- Working with barriers

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Health time = work time; access; Even if clinic is on farm, farmers don't want healthcare time to cut into work time; otherwise = cost; YET, healthcare services can only take place during work hours, since services limited after/before work hours during weekend

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    - 05. Sharing Experiences & Feeli
      - Building trust
      - Experiencing stigma
  - Memo Groups (0)
  - Network Groups (0)
  - Multimedia Transcripts (0)

EPIC sample - Memo Manager

Grouped by Nothing

Search Memc

Name	Groups	Comment
Employees = productivity = health barrier	0	0

Result: 1 of 1 Memo(s)

No Groups

No Comment

**Memo**

Employees = productivity = health barrier

**Comment**

No Comment

**Status**

Created: January 28, 2020  
Rachel Ceasar

Changed: January 28, 2020  
Rachel Ceasar

**OBJECTIVE:** Compile available evidence about employer cost benefits of workplace health 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.

Even if clinic is on farm, farmers don't want healthcare time to cut into work time; otherwise = cost.

YET, healthcare services can only take place during work hours, since services limited after/before work hours during weekend [1E transcript]

Ev

No Comment



EPIC sample — Edited

Documents No Selection Quotations 2 : Transcript 2.docx Codes No Selection Memos Memo Show

Transcript 1.docx Transcript 2.docx Employees = productivity = health barrier

Search

- EPIC sample
  - Documents (2)
    - 1 Transcript 1.docx
    - 2 Transcript 2.docx
  - Codes (7)
  - Memos (1)
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      - Working with barrier
    - 05. Sharing Experiences
      - Building trust
      - Experiencing stigma
  - Memo Groups (1)
  - Network Groups (0)
  - Multimedia Transcripts (0)

EPIC sample - Memo Manager

Grouped by Nothing

Search Memo Groups

Name	Groups	Comment	Memo
2. Evidence about employer co	Employees = productivity =	Employees = productivity = health barrier	2. Evidence abo...

1 Group(s)

**Result: 1 of 1 Memo(s)**

OBJECTIVE: Compile available evidence about employer cost benefits of workplace health 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.

Even if clinic is on farm, farmers don't want healthcare time to cut into work time; otherwise = cost.

YET, healthcare services can only take place during work hours, since services limited after/before work hours during weekend [1E transcript]  
Ev

Quotation from Selection Add Coding Code In Vivo Quick Coding

Documents 1 : Transcript 1.docx Quotations 3 : You've mentioned AIDS a lot of... Codes No Selection Memos No Selection



Search

- EPIC sample
  - Documents (2)
    - 1 Transcript 1.docx
    - 2 Transcript 2.docx
  - Codes (7)
    - 01. Global codes
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    - 05. Sharing Experiences & Feelings of Farmer-Worker Relationship
      - Building trust
      - Experiencing stigma
  - Memo Groups (1)
    - Productivity = health
      - Employees = productivity = health barrier
      - productivity = health
  - Network Groups (0)
  - Multimedia Transcripts (0)

Find impo

guy--the guy who puts water on the trees is not here for 5 days, now you must get someone else from the other section to come and fill in for him or you must teach another guy to stand in for him. So it affects the farm a lot.

[productivity, stigma, trust]

**Can you give examples of how HIV has impacted on this farm?**

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 doctors... I am not sure if it was malaria or HIV... [Farm employees] don't want to talk about it.

[stigma, trust, key quote]

**You've mentioned AIDS a lot of times. How has it impacted on this area?**

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 had energy. They wanted to work. They were motivated because they got help. They've got the ability to come forward 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 every month for treatment. I did not ask what treatment--I just know.

[belief, productivity, stigma, 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 only says, 'medical condition.' So I don't know what is wrong with them.... I want the people to know... that 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 provision for farm**

1:2 Can you give ...

- Building trust
- Experiencing stigma
- Good quote

1:3 You've mentioned AID ...

- Building trust
- Demonstrating productivity
- Experiencing stigma
- productivity = health

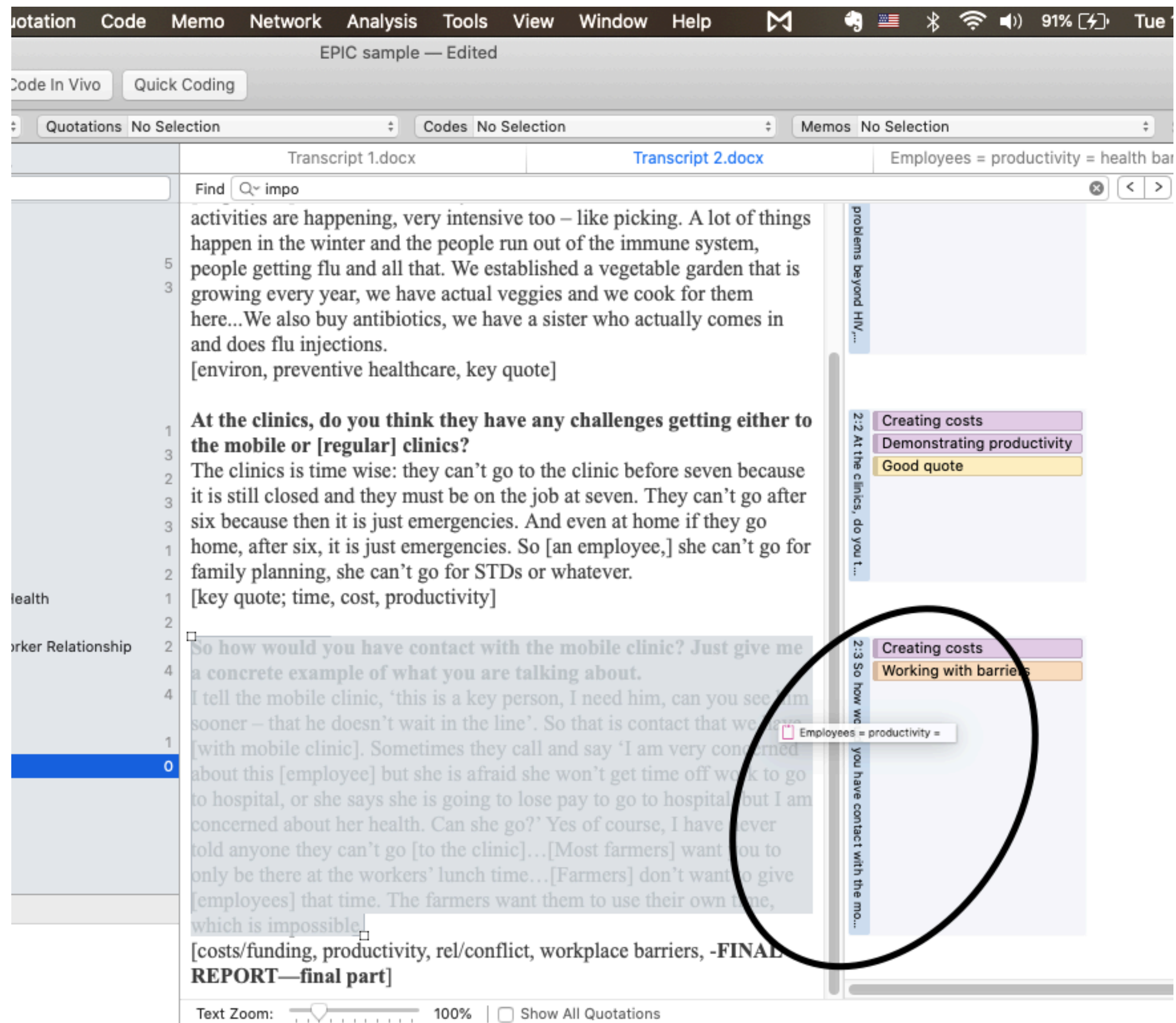
1:4 And what would you sa...

- Building trust
- Experiencing stigma
- Preventing health issues

No Comment

# 06. Analyzing data

# Analyzing: sorting, comparing and integrating memos



- 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?

**DATA**

- Files
- File Classifications
- Externals

**CODES**

- Nodes
  - Repeats
  - Section Nodes
  - Theme Nodes

**CASES**

**NOTES**

- Memos
- Annotations
- Memo Links

**SEARCH**

- Queries
- Query Results
- Node Matrices
- Sets

**MAPS**

- Annotation
- ??
  - ??
  - ??
  - ?? EXPERIENCE-TREAT Special occasion, impact design
  - ??? EXPERIENCE/TREAT: evtol rent out by club for event.
  - ACCESS cash = unsafe, not know who is using it (but how diff than bus then?)
  - ACCESS for all--but i want it to be safe, so have to let everyone on there, inspectio...
  - ACCESS mobility vs. transportation
  - ACCESS--who is service for? stigma; of it, i want a ride from you, the experience vs.
  - ACCESS. \*\*breaks across structural (and POLItical) barriers in LA--goes above get...
  - access. for all, cost lux
  - ACCESS. Like mimi---access for all.
  - ACCESS: Practical (vs. productivity)--like a bus: this is what community members...
  - alcohol, not having to worry, having a good time (ny nights)
  - another kind of safety issue--being shot down bc flying so low to ground?
  - Being SAAVY Social aspect, like a game.
  - Being Saavy, even in unknown city, I've got this, all the tools--efficient
  - Being saavy, pride
  - Being saavy--there is pride to conquering LA traffic. Not just dealing with it passive.
  - Being saavy: Incentives to change behavior, social aspects to it.
  - BRAND my trust lies in...a good engine, and whoever makes it
  - BRAND wants quality, but also for brand to vet itself--not the customer.
  - business hubs, aerial subway
  - CARED: Small things--making sidewalks more comfortable.
  - CARED: wiggle room--enough care to make person feel not harmed, safe.
  - CHANGE REL: it would change my relationships, personal > work, how i interact, lea...
  - client incentives
  - COLAB: public transport, way to go
  - COLLAB OPP AREA everything is here, in my hood, including transport
  - COLLAB, access, for the people
  - COLLAB, help city
  - COLLAB, public good, who is for, access
  - collab, urban mobility, impact everything--quality of life

SP\_20180425\_Triad1 Giovana

Code Annotations Edit

not talking about 20, 30 years, or even 40. We are about a higher price. So maybe here there would be selectiveness in terms of its use, unlike Pool. In Pool you can pay with cash, here maybe you could not with registration, something like that.

Yeah, I thought that was Uber's mistake, the money thing [respondents are talking at the same time]

You don't...

MODERATOR: You mean for there to be a pre-selection

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

You can't trust Uber Pool these days because Uber doesn't give you the option to pay in cash, you don't know the person driving in there, you go from place A to place B and in the middle of the way there's going to be someone who requests to stop saying they're going to pay in cash, there's no information on them at all, it could be a fake email and picture, and you are surprised. That happens a lot in São Paulo.

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

But here it's more difficult.

63

OPEN ITEMS

- SP\_20180425\_Triad1 G...

# **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

2) Compile available evidence about employer cost benefits of workplace health 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

2) Compile available evidence about employer cost benefits of workplace health 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. [I E]

“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

## 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.

***"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)***

## 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.

# III. Analyzing data into opportunities



Knobbe Ma

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

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

Comment



raw data → coding + memoing → memo grouping → theoretical statements → key opportunity areas → ideation to prioritize opportunity areas → potential models for implementation

CES 2020  
Transportation  
Facebook privacy  
Apple

# **Doing analysis with Grounded Theory**

A data-driven approach for qualitative research

**RACHEL CARMEN CEASAR, PhD • 01.29.20**

