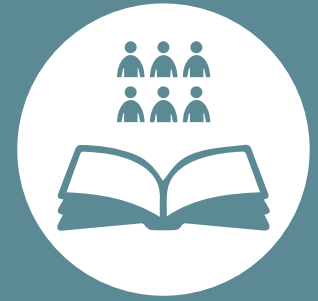


May, C., & Finch, T. (2009). Implementing, Embedding, and Integrating Practices: An Outline of Normalization Process Theory. *Sociology*, 43(3): 535–554.

Alongside May, C. (2006). A Rational Model for Assessing and Evaluating Complex Interventions in Health Care. *BMC Health Services Research*, 6: 86.



Chapter 3

SOCIOLOGICAL THEORY

As we describe in Chapter 3, theory is a set of ideas and principles that help us to explain and make sense of the social world. Theory is vital to sociology because, as Meyer and Ward (2014: 526) suggest, theory is ‘concerned with the ‘how’ and ‘why’ of empirical phenomena’ – in other words, theory helps us to map how the social world looks and unpick why it looks this way. But using theory in this way isn’t just limited to sociology – Corvellec (2013) suggests that using and generating good theory to understand and explain the world is a ‘collective quest’ in all academic research.

For many sociology students, their first introduction to theory will be through classical ‘macro’ theories which focus on the structure of society as a whole – Marx’s writings on the class system, and feminist thinking about gender relations are good examples. But, as we highlight in Chapter 3, theory isn’t always about ‘big’ ideas to explain *all* aspects of social life. Instead, middle-range theories focus on explaining specific parts of the social world and analysing these parts as individual phenomena. Unlike macro theories which are difficult to test, middle-range theories are ‘built’ from empirical data and can be applied and tested in different areas of social life. Through building middle-range theories which cover different aspects of social life, sociology is still able to theorise why society looks how it does but not through one ‘big’ theory covering the whole of the social world, but through multiple theoretical insights focused on different ‘parts’ of the social world.

But how sociologists go about ‘building’ a middle-range theory isn’t always clear. Carl May’s work on the process of ‘normalization’ shows the way that theories are built in action, how researchers move from a set of empirical data to the generation of a new middle-range theory. May’s (2006) research is focused on the integration of new interventions into healthcare settings; by ‘interventions’, sociologists mean new technologies and techniques, but also new processes and ways of doing things. When new interventions are introduced into an institution like a hospital, there is a lot of micro-level interactional work needed to accommodate the new intervention into everyday routines. In other words, new interventions are not just dropped into institutions and begin working successfully straight away, people need time to understand them, to get used to them, and to adapt their habits around them. Through

these processes of understanding and adaptation, interventions become ‘normalized’ as just another part of routine, everyday life. May’s ‘normalization process theory’ (NPT) provides a middle-range theory for explaining this ‘normalization’.

As May and Finch (2009) explain in a later paper, there are four mechanisms of normalization:

1. The process of *coherence* defines and organises new interventions where people decipher what the intervention is and how it’s different from existing technologies or processes.
2. *Cognitive Participation* is the process through which people engage with innovations, how they find out about new interventions and start to participate in their use.
3. *Collective Action* is the set of actions and activities that are done to ensure a new intervention can be successfully integrated into a given context, such as training people and restructuring the work environment.
4. Finally, *reflexive monitoring* is the continuous formal and informal evaluations of the new intervention, how well it is working, whether it needs to be adapted, or whether the wider social context needs to shift to better accommodate the intervention.

NPT has been widely used in sociology and elsewhere as a way to understand and evaluate the success of newly introduced interventions. Pope et al. (2013), for example, used NPT to assess the success of a new computer system for emergency service call-handlers while Chambers and colleagues (2020) evaluated free school meals schemes in Scotland using NPT. This shows that newly developed middle-range theories can be applied to a variety of different parts of the social world.

But the question still remains, how did May and his colleagues ‘build’ the normalisation process theory?

In short, May used secondary analysis by returning to qualitative data which he had collected in different projects over a ten-year period and re-analysed all of it. While we tend to think of secondary analysis being about the analysis of *other people’s* data (see the Methods Applied blog on Chapter 6), most instances of secondary analysis are researchers returning to their own data and re-analysing it (Andrews et al. 2012). This is exactly what May did – NPT was constructed through the ‘re-analysis of data collected in earlier studies to construct a conceptual model’ (page 3). In total, May revisited 23 projects which used a variety of interview and ethnographic methods.

To some degree, May’s re-analysis of his own work addresses one of the common critiques of secondary analysis which is that it can be difficult to engage with data which someone else collected for a different purpose. For Fielding (2004), researchers conducting a secondary analysis of data that they have collected is a good way for researchers to bring a fresh new perspective and generate new insights from data which they are already familiar with.

But there is a risk when researchers re-analyse their own data that they are *too familiar* with their data to be able to draw out new conclusions. May echoes this point, suggesting that re-analysis risks being ‘confirmatory’ which means that secondary analysis simply confirms the findings of the first analysis rather than looking for new insights. One way to address this is through what’s called ‘deviant case analysis’ where

researchers ‘actively [search] for deviant or disconfirming cases’ (page 4) in the data. In other words, researchers interrogate the data to find instances where their first conclusions could be disproved and use these instances as starting points for a deeper analysis of how these instances might be explained.

Additionally, Heaton (2019) argues that it can be difficult to determine whether new research questions are sufficiently different from the original research questions to really qualify as a *secondary* analysis. When we collect and come to analyse sociological data, we don’t just do one analysis and take that as our final set of findings. Instead, primary analysis can take a very long time and often involve different people to refine what the most salient findings are. This involves searching for deviant cases to continually ‘test’ our findings and what we might infer from them. So, when does this kind of in-depth primary analysis become a secondary analysis?

There isn’t a simple answer to this but certainly approaching the data with a very different research question is vital. And that’s what May did – while he re-analysed the data to explore how new interventions are normalized in healthcare practice, the original research questions that underpinned the data were very different from this (and focused on practitioner-patient relationships, new care technologies such as telemedicine, the social construction of ‘evidence’, and the organisation of healthcare work around chronic illnesses). Another way that we can identify May’s work as a true secondary re-analysis, rather than a primary analysis, is that the data which underpinned NPT was synthesised from 23 different research projects, rather than just being from one project. This diversity of data necessarily requires a fresh new approach!

In Chapter 3, we talked about deductive and inductive analysis. Deductive analysis uses existing ideas or theoretical constructs to drive data analysis while, in inductive analysis, findings ‘emerge’ from the data. May (2006) explains that his secondary analysis uses both these approaches. In the first stage of his analysis, he deductively grouped his 23 research projects into four ‘types’ depending on their research focus. He then moved on to an inductive analysis of each of these four categories to generate ‘components’ of NPT which he examined, refined, tested, and interrogated to ensure that they accurately represented the ways interventions become normalized.

QUESTIONS:

1. When does primary analysis become secondary analysis?
2. Should researchers re-analyse their own data? Or are they ‘too close’ to it?
3. May suggests that normalizing new interventions into everyday routines requires a great deal of mental and practical effort. Do you agree with this? Can you think of an example of a ‘new way of doing things’ in your life that has required some adaptation?

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