METHODOLOGY

Brief encounters with qualitative methods in health research: Ethnography

Adam Benkwitz

Abstract
Ethnography is a research approach that is gradually being utilised more extensively within diverse healthcare settings. It most commonly includes a combination of participant observation and interviews, which enables data collection through both formal and informal means within a natural setting. This paper briefly interrogates the philosophy and benefits of ethnography, paying particular attention to the flexibility that is afforded to the researcher. A review of relevant ethnographies within healthcare is provided, before acknowledging some of the challenges of this approach.

Keywords
ethnography; health; participant observation; interviews; qualitative

Introduction
As healthcare systems are becoming increasingly complex and challenging in the 21st century, innovative and flexible approaches to research are required (Plsek & Greenhalgh, 2001). Ethnography is one such approach that is gradually being utilised more extensively within a wide range of pertinent settings. Ethnography essentially refers to the writing (graphe) of others (ethne) (Van Loon, 2007); it is a multi-method approach, which most commonly includes a combination of participant observation and interviews (Bloor, 2007). Participant observation is the distinguishing feature of this approach, as it enables data collection through both formal and informal means (this can be crucial with sensitive topics). It also allows comparisons to be drawn between reported and actual behaviour, and can provide a socio-cultural context for the phenomenon/culture under investigation (Huby, Hart, McKevitt & Sobo, 2007). Ethnography more broadly can provide insights into, and human portraits of, statistical data; generating information useful for developing or informing hypotheses, theories, and intervention models (Quimby, 2006). Furthermore, the approach also allows researchers to systematically explore complex relationships, for instance, between a healthcare practitioner and a specific demographic group, and by scrutinising how these relations generate varied (and often unexpected) results in different settings (Huby et al., 2007).

Ethnography is just one of a number of different approaches to conducting qualitative research now finding traction in the healthcare area (for instance, see also: phenomenology (Biggerstaff & Thompson, 2008; Cronin & Lowes, this issue) or Grounded Theory (Stoddart, 2012; Earnshaw, this issue). It is arguably misleading and an over-simplification, however, to regard ethnography as synonymous with the qualitative paradigm, or to even use these two terms as interchangeable within healthcare research (for instance, see Quimby 2006). This ‘brief encounter’ will, therefore, outline a number of key features of this approach, while paying particular attention to the benefits of ethnography’s flexibility, before providing an overview of ethnographic studies undertaken in a variety of healthcare settings.

Philosophy & Tenets of the Approach
A researcher’s methodological approach reflects, and is underpinned by, specific ontological and epistemological assumptions, whether the researcher likes/realises it or not (Williams & May, 1996). The chosen methodology logically follows a researcher’s philosophical assumptions, not the reverse (Grix, 2002). Ethnography is best placed within a ‘constructivist’ paradigm (i.e. it is focused upon individual and collective meanings, see: Guba, 1990), although it can also be adopted by researchers with a more realist approach (i.e. those more concerned with objective facts).

Constructivist ethnography holds that social phenomena are dependent upon constructions and the interpretations of the social actors involved...
Brief encounters with qualitative methods in research: Ethnography

(Grix, 2002). The researcher is required to grasp the subjective meaning of this social action (Bryman, 2008), which can be achieved through the combination of emic (view of the social actors) and etic (view of the researcher) accounts (Cresswell, 2007). The centrality of the researcher within this approach highlights the subjectivity of ethnography. The researcher’s involvement can vary, however, depending on philosophical assumptions or the nature of the research setting. As Gans (1994) suggested, the researcher can be a total participant, where the researcher is completely involved in a certain situation, and must revert back to researcher and make notes once the situation has unfolded; a researcher-participant, when a researcher is only semi-involved in a situation, and can fully function as a researcher; or, a total researcher, which involves observation but not participation. Therefore, a researcher that accepts and values subjectivity might adopt the total participant role (Lincoln, 1990), whereas a researcher seeking a more objective approach may adopt the total researcher position, seeking to limit their involvement and possible impact upon the situation/participants (see, for instance, Quimby, 2006). This highlights a further benefit of ethnography, in that it is flexible enough to suit researchers with different philosophical commitments. For instance, it can also suit researchers from a realist paradigm that require more objectivity and seek to limit the researcher’s involvement (for example, see: Porter & Ryan, 1996). In order to provide further justification for employing an ethnographic approach, the subsequent sections aim to elucidate some of the central characteristics of ethnography.

Understanding lived experiences
Ethnographic methodologies are directly concerned with understanding human experience as it is lived and felt by the participants in that experience (Schwandt, 1990). In this respect, it has strong commonalities with phenomenology (Cronin & Lowes, this issue), and ethnomethodology and conversation analysis (Miller, this issue), though its method diverges from all of them. Ethnographic research seeks to explore and appreciate the complex nature of social life, and focus on both what people say and what people might do, which is often overlooked within positivistic paradigms that use artificial settings (Emerson, Fretz, & Shaw, 2007). In order to focus research on participants’ cultural practices and experiences embedded within them, Hammersley and Atkinson (2007) outlined that the researcher participates:

Overtly or covertly, in people’s daily lives for an extended period of time, watching what happens, listening to what is said, and/or asking questions through informal and formal interviews, collecting documents and artefacts; in fact gathering whatever data are available to throw light on the issues that are the emerging focus of inquiry. (p. 3)

These features of ethnography lend themselves well to an in-depth, qualitative study of individuals and groups within a specific (sub)culture or healthcare setting (further examples to be discussed in section 3). Not only will this enable “thick description”, but the long-term flexible nature will facilitate numerous opportunities for the researcher to gain clarification on significant or contentious issues that may arise.

Providing Contexts
In order to capture the qualities of an experience, ethnographic methodologies encompass various procedures for bounding an inquiry within a particular context, as it is only within a context that an experience has meaning (Schwandt, 1990). As Gluckman (2007) maintained, there are so many factors, contexts and considerations for any research project, that in order to realistically provide even a basic understanding of a social world or phenomenon the researcher must provide some boundaries or limits to the study. These boundaries are not only set by broad (and subjective) research questions and methodical procedures, but also subjectively by the researcher through their theoretical approach and their values, or as Guba (1990) stated, reality is seen through both a theory window and a value window.

Naturalistic Inquiry
The third significant feature is that the contexts within which the research takes place must be naturally occurring, as opposed to being contrived or fabricated, in order to explore the actual lived experiences of the participants (Schwandt 1990). Hammersley and Atkinson (2007) specified that the naturalistic approach proposed by ethnographers requires that, as far as possible, the social world should be studied in its “natural state”, undisturbed by the researcher. This requires the researcher to remain reflexive and also to ascertain their approach as a researcher (total participant, researcher-participant, or total researcher) in advance of entering the research field, as, depending on the specific setting, their mere presence could potentially impact the ‘natural state’ or the participants’ lived experiences. This is often a judgement call, and could

---

1 Bryman (2008) described thick description as a concept used by Clifford Geertz (1973) which refers to detailed accounts of social settings that can form the basis for the creation of general statements regarding a culture and its significance in people’s lives. Further, Kvale and Brinkmann (2009) viewed it as the ability to see and describe events in their value-laden contexts, and judge appropriately.
be more problematic for those researchers seeking objectivity (rather than subjectivist researchers), especially as the ‘natural’ research setting can be unbalanced and unpredictable. In order to allow for this unpredictability, the ethno-graphic approach is particularly flexible.

**Flexibility**
The researcher produces not a technical report in search of laws, but a type of narrative, text or case report that aims to explicate meaning (Schwandt, 1990). A set of problems may be identified before research begins, and a general framework may be followed, but it is important for the researcher and the project to remain flexible within an unpredictable ‘natural’ setting (Silk, 2005). A fundamental benefit of ethnography is the constant, flexible interplay between observation, interviews and theory throughout the project, as the researcher can: reflect on emerging themes and their relation to theory; conduct further interviews to explore factors identified during observations; or extend the research period to return to the field to gain further insight (Emerson, Fretz, & Shaw, 2007). Additionally, contemporary ethnography is increasingly utilising this flexibility by adding another dimension to the data collection, as the “virtual environments” that participants experience and engage with are being explored (Boellstorff, Nardi, Pearce, & Taylor, 2012). For instance, Copelton and Valle (2009) used a combination of fieldwork, interviews and a virtual ethnography of an online discussion board, and were able to successfully explore the processes of diagnosis for celiac disease patients. The flexibility of ethnography is evident in a range of healthcare settings, which forms the basis for the following review of studies.

**Brief Review of Health Research Studies**
Ethnography is a research methodology that is now employed in a broad spectrum of work, ranging from anthropology (Geertz 1973; Bourgois 2002; Venkatesh 2008), sociology and cultural studies (Hobbs 1990; Armstrong 1993; Giulianiotti 1995), through to organisational studies and management theory (Neyland 2008), and, as shall be briefly discussed here, healthcare. Broadly speaking, ethnography can help to answer questions within healthcare research such as: What are the patient’s perceptions and experiences of treatment, recovery, and case management? What factors affect these insights and experiences? How do organisational processes influence lived experiences? What behaviours are engaged in or avoided by patients? What are their sources of support? (Quimby 2006). More specifically, ethnographic studies have been undertaken using a range of theoretical frameworks and in a variety of settings – a selection of which are highlighted here.

Some of the earlier ethnographic studies within health settings were underpinned by symbolic interactionism, and focused on the experience of patients. Examples include: patients being in *Asylums* (Goffman, 1961); the complex interactions involving paediatric outpatients (Strong, 1979); and the training of healthcare professionals who interact with patients (Dingwall, 1977). From the mid-1970s onwards, and due to the influence of Michel Foucault (1973), an increasing focus on the body and illness using ethnography also developed. For example, in the work by Lawler (1991), which utilised various methods in order to explore the body-work of nurses. A strength identified by Lawler was how the ethnographic study was flexible enough (in terms of taking more time and gathering data from different methods) to adapt to the challenges of sensitive issues; such as the nurses’ responses to the sexuality of male patients. The flexibility of ethnography has since seen an expansive range of theoretical frameworks combined with this approach to research (an overview of which is provided in Atkinson, Coffey, Delamont, Lofland and Lofland’s (2007) edited collection).

Further contemporary studies have utilised an ethnographic approach in nursing, as well as other healthcare settings. Ethnographic studies have examined: the systems of emergency nursing practices (Fry, 2012); the interaction between nurses, parents and children (Clancy, 2012); and also the complexities of trust and power relations involving nurses in residential homes (Baumbusch, 2011). The centrality of participant observation is also evident in research in settings including psychotherapy (Siddique, 2011), social workers in mental health contexts (Bransford, 2006), rehabilitation (Hackman, 2011), and also physiotherapy (Thomson, 2010). Moreover, ethnographic projects are also being undertaken in diverse and challenging healthcare settings around the world, highlighting how flexible the ethnographic approach can be. For instance, at a micro level, Plummer et al., (2008) used ethnographic methods to gain further understanding of the beliefs and the practices involved in abortion in rural Tanzania. Similar methods have also been used to explore healthcare issues on a relatively micro level, examples being: examining the impact of HIV/AIDS on the practice of primary care nurses in Jordan (Nawafeh, Francis, and Chapman, 2012); and also in understanding the perceived health needs of women in two small, rural Ecuadorian communities (Schoenfeld & Juarbe, 2005). In contrast, Chuengsatiansup (2008) highlighted the strength of ethnographic practice at a more macro level; specifically, when accounting for the reality of the global-local boundaries when considering the epidemiological transition of avian flu in Thailand.
Conclusion
This article has briefly highlighted the benefits of ethnography, however, this approach does have a number of limitations and challenges that should be acknowledged. It has been suggested that ethnographers must do more to clarify to funding bodies and peers what their approach constitutes, that it is rigorous and what it offers (Huby et al., 2007). Furthermore, researchers adopting this approach must endeavour to work within the short timescales of some health services research (Quimby, 2006), which can be a challenge as ethnography is often very time-consuming (Smith & Caddick, 2012). Still, it is stated that “with care, the pace can be accelerated without compromising quality” (Huby et al., 2007, p. 194). There may also be restrictions or complications regarding the researcher’s access to participants/locations, though this is dependent upon the specific healthcare setting under investigation, and would arguably be true of any research approach.

As has been outlined here, ethnography has a range of benefits for a researcher within a healthcare setting. Its flexibility is viewed as being particularly useful, as it can be suitable for researchers from differing philosophical paradigms, or who have diverse theoretical backgrounds, and/or who are located in various environments around the world. However, it is the flexibility of the actual process that is considered most valuable, as within unpredictable, natural settings the researcher can adapt to changes or challenges, while continuing the fluid interplay between participant observation, interviews and theory.

Affiliations
Adam Benkwitz, Senior Lecturer, Newman University, Birmingham, UK

Contact information
Corresponding Author: Adam Benkwitz, Senior Lecturer, Newman University, Birmingham, UK. Email: A.Benkwitz@Newman.ac.uk

References


