

METHODODOLOGICAL ISSUES IN NURSING RESEARCH

The value of integrating interpretive research approaches in the exposition of healthcare context

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Aim. This paper discusses the use of a nested set of methodologies (dramaturgy, ethnomethodology and ethnography) to characterize and interpret the settings, practices and interactions inherent in the healthcare environment. The aim is to explain how a set of methodologies can help make sense of research data in the clinical setting.

Background. Despite the recognition of the importance of the context of care there has been limited debate about the use and value of research methods and methodologies and how they can be best applied to the healthcare context.

Discussion Using dramaturgy the physical and social scene can clearly be established, to enable insight into ‘how the scene is contrived’. The ethnomethodological approach assists in the examination of taken-for-granted assumptions inherent in the interactions between individuals in the ‘scene’, and the underlying ‘shared’ knowledge within interactions. ‘Shared knowledge’ identifies knowledge as a medium for communication. The use of ethnography ensures that social and cultural symbols, which are an integral component of how individuals collectively attribute meaning to places and events, become a significant part in the interpretation of interactions.

Conclusion. The combination of these methods is advantageous in assisting qualitative researchers in the healthcare environment to ‘make sense’ of their complex field notes.

Keywords: context, dramaturgy, ethnography, ethnomethodology, methodology, nursing, qualitative

Introduction

Much recognition has been made of the importance and the impact of the social context of nursing (Lawler 1991). However despite this there has been limited debate about the use and value of research methods and methodologies and how they can be best applied to the healthcare context (Mulhall 2003).

This paper explains how a matrix of qualitative methodology can assist in identifying and interpreting significant aspects of health care and therefore provide a pathway for the analysis of meanings. The techniques explained in this paper

focus on the ‘micro’-environment to explain assumptions and meanings embedded in events and practices. This approach ensures that insights derived about health care are generated from the local situation, which is in contrast to many other methods of inquiry that apply universal beliefs in order to better understand the healthcare context. This diversity of approaches ensures that the breadth of meaning emerging from local events is interpreted in research findings. This paper provides a step-by-step approach that explains how the interpretation is undertaken at each stage.

The methodologies used in this paper to explore the conditions under which practices occur and the meanings

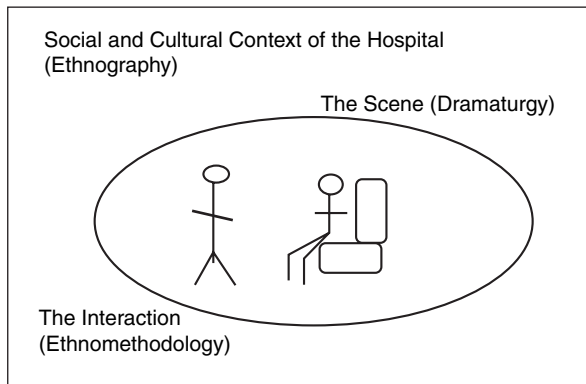


Figure 1 Diagrammatic representation of the matrix of qualitative methodologies.

attributed to these practices are dramaturgy, ethnomethodology and ethnography. The value of these approaches lies in the breadth of the information they can gather, that is, from local scenes to prevailing beliefs in our society. It is necessary, however, to recognize the contributions and limitations within these methodologies and to identify the extent to which they can be beneficial in the interpretation of situations, events and practice in health care.

These methodologies can provide information, first, about the 'stage' upon which practices occur (dramaturgy), secondly, on the shared implicit meanings within an interaction (ethnomethodology) and, thirdly, on the beliefs and values ascribed to symbolic acts and objects inherent in the hospital (ethnography; see Figure 1). The data collected can assist in the exploration of knowledge embedded in situations and with research into events in the health context.

Dramaturgy

Dramaturgy is the social tradition associated with Erving Goffman (1959, 1961, 1963). The term originates from his idea that social activity can be likened to drama – that is, people in a contrived scene behave according to designated, yet unwritten rules. Goffman described the scene when people are visible to the public as 'frontstage'. Reference is made to the positioning and arrangement of equipment and people to denote a purpose or direction for the scene. When an individual is not visible to the public, Goffman refers to the scene as 'backstage'. The arrangement of the scene and the behaviour of the actors in it serve to create a role, which is to convey a story with an intended meaning. In the discussion of research findings, reference needs to be made to the following concepts from Goffman (1959): frontstage, backstage, roles, acts, actors, social acceptability, fixed equipment and 'fitting in'.

Goffman (1959) explains that the manner in which we present ourselves in our society is based on the appearance we wish to convey to others. Building on the work of the symbolic interactionists, who emphasize that individuals act on the basis of the meaning that events and situations have for them (Benzies & Allen 2001), his basic premise is that individuals interact to manage a situation in order to convey a specific impression to other individuals. Through the interaction rituals of everyday life, Goffman points out structural similarities that ensure lines of social acceptability and unacceptability. His writing is concerned with the common techniques that people use to sustain impressions and with the common contingencies associated with the employment of these techniques (Goffman 1959). In relation to the scene of an activity, Goffman (1963) proposes that 'fixed equipment' assists in shaping the interaction.

Goffman (1961) describes altered behaviour patterns that patients within institutional care undertake in order that they can effectively manage their situation. Therefore his work may be used to explore the scene – namely, the actors in this scene, the part that they play, and the acceptable lines with which interactions proceed.

One example of this is the acute hospital ward. As with all organizations, the hospital has a specific intended function. The hospital ward reflects a function that, according to Goffman, is clarified through 'fixed equipment'. In the acute care environment, there is an extensive range of equipment and apparatus that indicates the expected activity within the scene.

Goffman (1961) acknowledged that in institutions such as hospitals, the behaviour of actors, that is 'the acts', is a result of their motivation to 'fit in'. The actors and the acts further clarify the purpose of the scene. Actors in healthcare environments are the patients, their relatives and other support people, doctors, nurses, allied health professionals, other service personnel employed by the organization. The 'acts' are the interactions or events in the ward in which the 'actors' engage.

Goffman described the interaction rituals of everyday life as being governed by covert and overt factors associated with the setting where the interaction takes place. As people generally behave along socially acceptable lines, the meaning of the acts can be derived from observing how they create the appearance of the scene and how the act proceeds (Goffman 1959).

The concept coined by Goffman (1963) of 'fitting in' to create a social order is particularly pertinent in making sense of observations. As a strong desire exists for individuals to 'fit in', acts are performed with precision, each individual taking up a designated role. The organization of

activity that is important in conveying meaning is purposefully created by all those involved. While it is acknowledged that some individuals take the lead parts and are seemingly more influential in shaping the event, everybody, through their respective parts, purposively contributes to the performance of the act.

Limitations of dramaturgy

Dramaturgy is limited because it does not explain why the rules have emerged. It has been criticized for discussing how individuals play 'enigmatical games whose structure is clear but whose point is not' (Geertz 1983, p. 25); for example, 'looking busy' aptly describes the behaviour of the nurse in the surgical ward who, through 'visible activities' such as performing wound dressings, successfully 'appears busy' (Goffman 1963). However, while the societal expectation is explained, further exploration is required into complexities that create and sustain such norms. Dramaturgy is useful in locating the actors, acts and their contribution to the structure and purpose of the scene. The work of Goffman illustrates the extent to which people accept realities that are socially constructed (Collins 1988). It is invaluable as it explains about many aspects of human life, particularly in relation to acts that are important (Geertz 1983). The reasons for greater emphasis on particular situations are still very uncertain (Geertz 1983).

Once the arrangement of the scene has been established and the accompanying rituals described, further methodologies can assist in explaining how assumptions and interpretations become shared. This provides insights into how particular issues and events become important. Ethnomethodology, which examines the 'taken-for-granted world', is useful in exploring these interpretations as they apply to both parties in the interaction.

Ethnomethodology

Ethnomethodology seeks to explain commonsense knowledge through an examination of the taken-for-granted world (Garfinkel 1967). Common sense knowledge refers to knowledge that is 'routinely used in the conduct of everyday life' and 'is characterized by the "normal attitude", which takes the world as natural, constant and given' (Abercrombie *et al.* 1994, p. 73). Ethnomethodology, as coined by Garfinkel, refers to the process by which consistent meanings are explored and explained. In his discussion of a common sense world, he draws on the work of Schutz (1973), who suggests that commonsense constructs determine behaviour in daily life. Schutz recognizes that, because of the breadth of

knowledge in everyday life, individuals' understanding may vary according to their involvement with that knowledge.

The need to explore specifically what is taken-for-granted is important in the interpretation of events. Potentially, inconsistency of understanding between actors is problematic, because while their 'parts' in the act are explicit according to Goffman, their scripts are '*ad libbed*'. While the impression of the scene is consistent, the communication of meaning remains uncharted. Ethnomethodology assists in exploring what is known by communicating separately with both parties. This approach identifies the consistent meanings. It is through such an approach that the possibility of a shared, taken-for-granted world can be contemplated.

Ethnomethodology gained momentum because Garfinkel argued that, in the modern world, commonality of meanings could no longer be taken-for-granted (Sharrock & Anderson 1986). In examining the process by which individuals make sense of their world, Garfinkel draws on Schutz, who argues for the examination of the implicit social world, that is, the embedded meanings inherent in the structure of daily life (Cuff *et al.* 1990).

Adopting the concept of commonsense knowledge that, Schutz argues, all socialized human beings possess, ethnomethodologists accept that there is a 'given' world, independent of individuals, that everybody shares. Ethnomethodology explores knowledge of shared agreements in order to establish what parties understand in common (Garfinkel 1967). Shared agreement refers to the various social methods employed to establish that consistency of interpretation has prevailed (Garfinkel 1967).

It is through the familiar aspects of everyday life that Schutz proposes we make sense of things. Everyday life takes place within the world of common experience and is always concerned with particular mundane existence. It is a public world and there is an assumption that other people are experiencing the same world (Schutz 1970).

The processes employed in ethnomethodology are concerned with the way in which a setting composes itself, namely how interactions are built and sustained (Sharrock & Anderson 1986). Fundamental to this is that meanings are shared. Hence ethnomethodology is useful in exploring what it is thought is shared.

Analysis of interactions in the hospital context focuses on 'turn-taking arrangements' in ordinary conversations and implicit meanings in the text (Sharrock & Anderson 1986). Within hospitals, practices focus around finding a name (diagnosis) for patients, therefore the shared interpretation of the event is that the doctor is able to find out the health problem. The agreement and compliance of the patient because of the implicit assumption that the doctor will

appropriately identify a diagnosis (Baron 1985, Aronowitz 1998) is instrumental in sustaining the stable features of the doctor–patient interaction; this is of interest in an ethno-methodological approach.

The limitations of ethnomethodology

Ethnomethodology has been the subject of many criticisms because of its departure from traditional sociological thought (Lynch 1993). However, ethnomethodologists argue that criticisms such as being focused on ‘inner meanings’ (Lynch 1993) are more an indication of the lack of understanding between ethnomethodology and traditional sociology (Sharrock & Anderson 1986). This difference has been aptly described by Sharrock and Anderson (1986, p. ??) as: ‘ethnomethodologists enquire into those things on which other approaches to sociology found themselves, but into which they do not themselves inquire’. Such inquiry is appropriate given that no longer can continuous culture or tradition be presumed, but while it is appropriate, a flaw to this approach is Schutz’s mutual understanding of common sense reality.

Schutz proposes that common sense is relevant to a social group, yet he advocates that individuals can possess a different understanding (Hekman 1986). This distinctly social character of knowledge that he advocates is problematic when it requires validation by the individual (Hekman 1986). It is confusing trying to decipher when the contribution of the group is significant and when the contribution of the individual is paramount.

Despite this contradiction, Schutz’s work is of assistance as it provides a rationale for the belief that individuals share knowledge (Hekman 1986). These limitations in the ethno-methodological construction of knowledge highlight that, in order to develop a knowledge of understanding, inquiry needs to extend beyond the immediate everyday interpretation by the individual and encompass the social and cultural context. Extension of the methodological framework is needed in order to better understand possible influences and the operation of a cultural context. Ethnography, by focusing on social and cultural issues as a collective and not from the perspective of the individual, is an appropriate avenue to learn about the meanings accompanying impressions of the culture.

Ethnography

Explication of the social and cultural factors provides insights into how and what individuals infer in relation to their health care. Ethnography, through its description and explanation

of the social and cultural features of healthcare contexts, can assist in this understanding.

Ethnography endeavours to record the intricate detail of a scene, to discover the ways people categorize, code and define their own experience, thereby facilitating the explanation of how meaning is formulated. The ‘thick description’ afforded through this form of analysis refers to the searching out and analysis of symbolic forms in words, images and behaviours (Geertz 1973). Ethnography is valuable in identifying what information is perceived as important, that is, how the social and cultural construction of a scene can shape understanding and how this is organized in behaviour and life experiences (Spradley 1980). It aims to find common meanings in the manipulation of symbols and patterns of behaviour, the goal being understanding, rather than explanation, verification, prediction or control.

Geertz (1973) argued that symbols could not be identified without specifying internal relationships. He described the intricate nature of a culture and the people that comprise it: ‘Believing with Max Weber, that man (sic) is an animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning’ (Geertz 1973, p. 5). When Geertz refers to the webs man has spun, these webs are not individually spun; rather, it is a collective spinning.

Through ethnographic investigation, it becomes apparent that the actors in any environment ‘participate, work, communicate and relate in ways which involve elements of passionate and tacit knowing which may not be readily accessible at an analytical level’ (Turner 1992, p. 60). The merit of furnishing a ‘thick description’ of events as they occur in a particular setting is that it enables obscure matters to be rendered intelligible by providing them with an informing context. This method is advantageous in that it helps to make sense of the immediate situation as it entails taking the event apart to discover how rules direct it, rather than imposing ‘grand’ theoretical explanations or rules as to why the situation occurs (Geertz 1973).

The use of ethnography therefore refers to studying in the field the knowledge a group of people have learned and are using to organize their behaviour (Spradley & McCurdy 1972). In particular, it necessitates study of the people present, what they are doing, where they are located, and the identity of the physical elements within the field (Spradley & McCurdy 1972). Such study into the context of health care can provide insights into how care is interpreted and, accordingly, how people behave as a result of this interpretation. In the field it is necessary to describe what the

informants (research subjects) know, that is, what they believe and understand.

Application to nursing

Acute nursing practice is embedded in a complex network of interactions and relations, most often in the context of the hospital. Deciphering the contingencies is a multilayered task. Unstructured observation is necessary for the collection of rich data that helps understand the complexity of practice, however much care needs to be exercised (Mulhall 2003). Targeted interviews that assist in the clarification of meaning from observed events are also important in data collection. Silverman (1993) suggested that, when undertaking field work, comprehensive and systematic notes should be taken and kept to allow for examination at a later stage if necessary. The value of the integration of these interpretive methodologies is the breadth and interpretation of field work, that is, from the very particular scene to the rules that constitute it and the meanings associated with it.

Buckenham and McGrath (1983) draw on the work of Goffman to effectively 'analyse the show' in relation to patient–nurse behaviour during a typical doctor–patient interaction. The scenario they present involves the actions of the nurse when a surgeon, behind drawn curtains during a routine visit, completely exposes the patient lying in the bed following a cholecystectomy. During the course of their research, through observation and interviews, they establish that: first, this is a typical situation; secondly, the patient is discomforted by the situation; and finally, the patient generally does nothing to alleviate their discomfort. They also concluded that nurses 'aren't game to say anything' (Buckenham & McGrath 1983). Neither the nurse nor the patient, despite possible discomfort, 'upstage' the interaction by conversation or anomalous behaviour. Rather, all members comply with the performance as directed by the surgeon. The importance of the work by Buckenham and McGrath (1983), utilizing Goffman to define the scene, is that they demonstrate an excellent exemplar of how all staff work to maintain a working consensus of the situation and that patients, although arguably inexperienced, comply and 'fit in' with the scene. While Buckenham and McGrath (1983) acknowledge the presence of power and control in this interaction there are still many unexplored concepts such as individuals' understanding of the situation, consistencies of meanings, and the contribution of specific cultural and social symbols.

Ethnomethodology, as previously described, further assists in the explanation of meanings, understood by individuals that accompany the 'acts'. The following scenario explains a

real exemplar of Dorothy, diagnosed with angina, and accordingly admitted to a coronary care unit. The situation of Dorothy, during her stay in the coronary care unit, was not dissimilar to the hypothetical scenario just described by Buckenham and McGrath (1983). Dorothy assumed the position of 'passive' patient, as described in the previous scenario. There was much activity 'around her' rather than 'with her'. Dorothy was keen to learn more about her diagnosis because she had never heard of angina. There was little opportunity for her to ask questions because of how the activity was 'staged' in the unit (see Goffman 1959, 1963). One morning when there was a break in the constant 'business' Dorothy had an opportunity to ask the doctor, 'How am I going?'. The doctor replied that her 'enzymes were fine'. A targeted interview subsequent to this observation revealed that Dorothy had never heard of the word 'enzymes'. Dorothy explained that from what the doctors and nurses said she believed enzymes to be 'something in the blood'. She explained how she would therefore actively seek to achieve an understanding. Making sense of the information provided an avenue whereby she could believe there was consistency of meaning. She assumed that her existing enzymes were somehow 'okay'. She did not realize that okay referred to the reduction in her serum enzyme levels. This was not a problem for Dorothy because, as previously explained, the authority of a diagnosis was powerful and was sufficient for her to believe that there was consistency in understanding between the doctor and herself. The implicit belief is that there is consistency of understanding. This existence of shared agreement between individuals, as proposed by ethnomethodology, emphasizes the importance of social and cultural symbols in shaping understanding. The inclusion of ethnographic inquiry ensures that the social and cultural symbols inform the interpretation.

Ethnography, as previously explained, assists in understanding how patients attribute meanings to staff and hospitalization. Many meanings are attached to the ritual and symbolic acts during hospitalization, for example, routine physical examination and tests and treatments with specialized equipment. Despite their simplicity, these tests and interactions become symbolic of the ability of the organization to locate, identify, attribute a name to, and, where appropriate, treat patients' problems. Not surprisingly, simple tests can come to assume importance because of the information beyond the patients' knowledge that can be obtained. Such was the case of ultrasound technology for Sharon. Sharon had a threatened miscarriage and had endured considerable pain. She was convinced she had miscarried and bemoaned the doctor for ordering another ultrasound. However, after ultrasound it was established

What is already known about this topic

- Nurses frequently use qualitative approaches in undertaking research, but little discussion is devoted to the theory that underpins the approach.
- Nurses usually rely on only one qualitative approach and therefore have to acknowledge the limitations of that approach in the interpretation of their research data.

What this paper adds

- Explanation of theories in the context of the practice situation thereby facilitating understanding about the appropriate use of methodologies.
- A discussion of the methods used to collect data and the interpretation of data according to the theoretical approach.
- A detailed discussion of the limitations and strengths of the qualitative methodologies of dramaturgy, ethnomethodology and ethnography.

that the foetus was still viable. The value of Sharon seeing an image of the foetus on the ultrasound was powerful for her. As the doctor has the authority to order the ultrasound and ultimately conveys the information derived from the ultrasound to the patient, their perceived importance by the patient increases substantially. Doctors have ready access to information that patients can only access through them. They are deemed powerful from the technology under their jurisdiction. Nurses are not in receipt of such powerful information; only the data obtained from blood pressure monitoring, timing of pulse and temperature. While these are potentially very valuable, especially in Sharon's case because her blood pressure was dropping and a transfusion was commenced, these symbols and the acts that accompany them do not assume the same importance as the doctor's work.

The value in the combination of approaches: an exemplar

The case study of Sharon can be expanded to demonstrate the value of all three approaches in exploring the meanings accompanying the healthcare context. Employing a dramaturgical approach it is observed that Sharon is compliant while undergoing the procedure. Drawing on dramaturgy, she assumed the role of passive patient and lies quietly when the ultrasound is being undertaken despite the fact that she is experiencing immense pain associated with the

threatened miscarriage. She awaits the direction of the technician. She responds to questions. Despite the adverse conditions that surround her reason for undergoing the ultrasound, she waits quietly and then asks 'is the baby still alive'. She monitors her activities in order to facilitate the operation of the specialized equipment (ultrasound). Drawing on ethnomethodology, an interview with Sharon identifies the importance she places on the ultrasound. She believes that because the foetus is still viable there is a strong likelihood of pregnancy proceeding as planned. The taken-for-granted is that the ultrasound is suggestive of a positive outcome. Sharon does not discuss what she understands with the doctor, therefore, this disparity of meanings does not become apparent. As already explained, the position of the doctor assumes the greatest importance because it is the doctor who communicates the findings to Sharon. Through employing all three methodologies there is greater evidence as to the strength of the prevailing norms. The expositions of these norms are important because these meanings dominate the context and therefore alternative meanings or understandings are generally not explored. Similarly, the dominant meanings are so persuasive that it is not until 'something goes wrong' or 'something out of the ordinary happens' that those individuals involved start to question the processes, namely, the events, situations and practices that were instrumental in formulating their understanding.

In summary, the study of acts, interactions and accompanying symbols, and recognition of the meanings of these and the importance placed on them by the different players facilitates understanding of the practice situation. If there is congruency between the acts, their intention, and the meanings attributed to them, then there is also greater justification of the existence of the ideas being presented. This means that there is a much stronger possibility that the findings will reflect the real nature of the phenomenon under investigation.

Conclusion

Through an examination of the appearance of a scene, those acts and practices central to the event can be located, namely, 'the doctor's visit'. Further to this, ethnomethodology is able to explore knowledge embedded in the event that is shared and consequently assumes importance; for example, the impression of shared agreement in the provision of a diagnosis. Discussion of the event, namely the acts and the recognition of shared meaning, can culminate in an enhanced understanding of the meaning of the event for those people involved.

These methodologies give greater insight into how meanings are generated within particular situations. Enhanced understanding of the meanings that accompany the provision of health care is very valuable to the nursing profession; if nurses are able to justify meanings embedded in practice through rigorous argument, these interpretations become credible. More importantly, when nurses are aware of the particular factors that contribute to the development of meanings they can better influence the situation by focusing on designated issues.

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