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#### Sailing through Ethnographic Data Collection (\*on a hospital ship)

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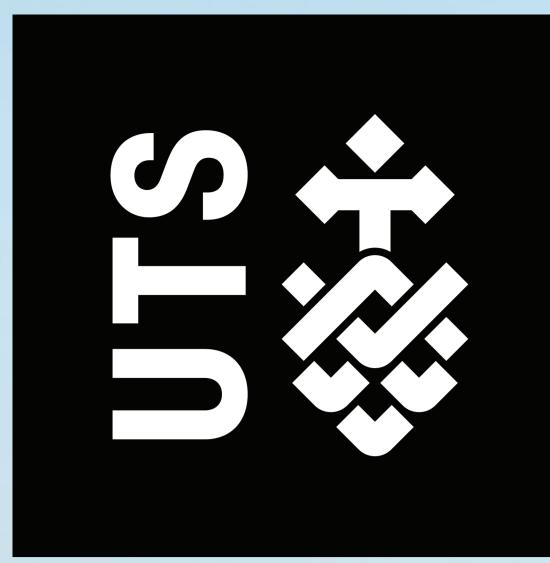


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# Sailing through Ethnographic Data Collection

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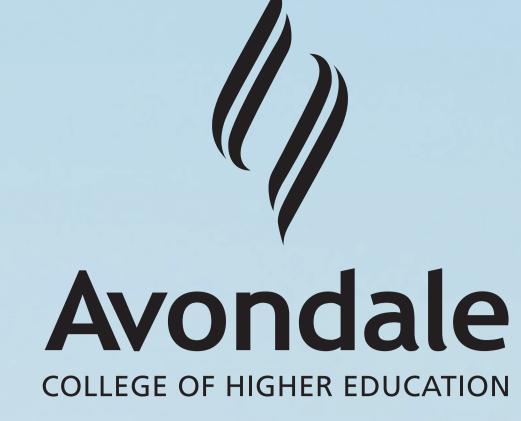
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possible to secure recruits to study early in data collection phase

Plan for appropriate time for member checking of transcripts

and follow up meetings with participant





## BACKGROUND

Fieldwork and particular aspects of data collection within ethnography are not commonly described in detail within health care environment research (1)

## **OBJECTIVES**

- To describe particular methodological issues of data collection in a remote context.
- To propose strategies to overcome the methodological issues described.

#### **METHOD & DESIGN**

- Focused ethnography; primary researcher lived and worked on site as a participant observer for 6 months by complete immersion (24/7) in a remote setting
- Data Collection consisted of 4 phases (2), entailing observation and participation, collection of and reflection on field notes, 49 semi-structured interviews and one focus group, and document analysis.
- The primary researcher assumed 'participant observer' position, working full time as a RN, and collecting data after hours, straddling the insider/outsider role. This balance was due to having over a decade of previous service with the organisation, and returning a decade later to conduct the research.
- Participants were recruited from the volunteer nurse cohort working and living on board. Approx. 1/3 of the total nurses volunteering throughout the period of study consented to be interviewed.
- Ethics approval was granted. Data collection activities were conducted in an overt manner and formal participant consent was gained.

#### SETTING

- A mobile hospital ship providing acute and complex surgical procedures; staffed by approx. 400 volunteers, docked in a port city of a resource poor country for 10 months at a time.
- 5 Operating theatres
- 84 hospital in-patient beds
- CT scanner & medical laboratory
- Specialised teams for patient selection, rehabilitation translation & educatio

# PHASE 1

- Gaining access, developing trust
- Identifying key informants

## PHASE 2

- Recruiting and gaining consent
- Conducting 49 interviews

# PHASE 3

- Reflecting on observations
- Document analysis
- Check transcriptions

# PHASE 4

- Resolve any ambiguities
- Withdrawing from site

## REFLECTIONS AND STRATEGIES

CHALLENGES	CONTRIBUTING FACTORS	STRATEGIES
Role ambiguity and blurred boundaries in researcher position	<ul> <li>Expectation of self and colleagues to commit to 'worker' role can lead to pressure to delay data collection and prefer more urgent needs</li> <li>Frequent crossing of boundaries related to shift expectations</li> <li>Relentless volume of work in a LMIC, with limited number of staff at any given time</li> <li>Ethical and moral dilemma in choosing to meet presenting work needs</li> <li>Fixed time constraint for gathering data and transcription</li> </ul>	<ul> <li>Ensure clear boundaries are defined and articulated to all stakeholders before commencing data collection</li> <li>Flexibility in circumstances of sickness or increased clinical need negotiation of hours and time allocation</li> <li>Needs assessment and realistic plan of research output related to data collection, with frequent adjustment as necessary</li> </ul>
Geographical remoteness	<ul> <li>Reduced accessibility to phone and internet impacting on outside communication with research team, time difference</li> </ul>	<ul> <li>Ensure clear boundaries are defined and articulated to all stakeholders before commencing data collection</li> <li>Flexibility in circumstances of sickness or increased clinical need, negotiation of hours and time allocation</li> <li>Needs assessment and realistic plan of research output related to data collection, with frequent adjustment as necessary</li> </ul>
Security issues	<ul> <li>Possibility of an unsecured data network</li> <li>Physical threat of danger</li> <li>Necessity to live where one works to reduce risk of harm</li> <li>Limitations to withdraw physically or emotionally from the field</li> </ul>	<ul> <li>Conduct a comprehensive risk assessment and develop a realistic plan</li> <li>Develop rapport and an accountability agreement with another colleague on site that can guarantee confidentiality</li> </ul>
Physical environment	<ul> <li>Lack of private space, impacting on confidentiality, lack of secure office to physically store data</li> <li>Frequent disruptions to data collection</li> </ul>	<ul> <li>Find creative ways to find personal privacy and space within a noisy, hectic environment</li> <li>Plan meet and greet, and information sessions as soon as</li> </ul>

AFRICA MERCY

### CONCLUSION/RECOMMENDATIONS

over a short time frame

The process of social research, despite best intentions and planning may not always travel the path that the researcher expects his/her rational enquiry to follow. Be aware of the challenges to data collection before commencing the process and being flexible and reflexive in managing issues while in the field. Prior awareness of challenges can help prepare the researcher for the navigational path of data collection and ensure integrity to the ethical principles are adhered to.

High turnover of volunteer staff limited potential for member checking and developing trust

• An international team means participants may be culturally and linguistically diverse (CALD)

so rapport and common understanding may take longer to develop than expected