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Abstract

Ethnography is a methodology gaining popularity in nursing and healthcare research. It is concerned with studying people in their cultural context and how their behaviour, either as individuals or as part of a group, is influenced by this cultural context. Ethnography is a form of social research and has much in common with other forms of qualitative enquiry. While classical ethnography was characteristically concerned with describing 'other' cultures, contemporary ethnography has focused its concern to settings nearer to home. This article outlines some of the underlying principles and practice of ethnography and its potential for nursing and healthcare practice.

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ETHNOGRAPHY IS A RESEARCH methodology concerned with describing people and how their behaviour, either as individuals or as part of a group, is influenced by the culture or subcultures in which they live and move. 'Ethnos' means people, race or cultural group and 'graphie' means writing; thus, ethnography literally means writing culture. In studying people in their cultural context, ethnography is a fundamental form of social research (Hammersley and Atkinson 2007) and 'seeks to enhance our understanding of the real world' (Serrant-Green 2007). It is wide-ranging (Taylor 2002) and while it has distinctive features, considered below,

Hammersley and Atkinson (2007) point out that ethnography has much in common with other research approaches, and that the boundaries around it are not necessarily 'hard and fast'.

As nurses, the people we encounter as we go about our daily work all have knowledge, histories, relationships and cultural experiences that influence their experiences of health and illness. These real-life contexts should therefore be of central importance to nurses and nursing. Ethnography is a research approach that can 'get at' these issues, and the purpose of this article is to outline, in an accessible way, some of the principles and practice of ethnography. The article also aims to highlight ethnography's potential for improving nursing and healthcare practice.

Ethnography has its roots in the discipline of anthropology and, historically, classical ethnography was concerned with describing 'other' cultures (that is, those outside a home culture and usually regarded as less well developed) to understand their beliefs and practices. In the 1930s, the Chicago School of Sociology began to use ethnography to describe Western cultures and now, in the 21st century, the focus for contemporary ethnography has developed further. It is no longer merely focused on 'other' cultures but has shifted its concern to settings nearer to home – what Rapport (2000) called 'anthropology at home'.

Some examples that are relevant to health care might include Becker *et al's* (1961) seminal ethnographic study of medical students, *Boys in White: Student Culture in Medical School* and Froggatt's (1997) ethnography of end of life care in hospice settings. More contemporary examples are listed in Box 1.

Modern ethnography is therefore largely concerned with local and 'near' communities, rather than distant and 'exotic' ones. It is interested in the routine of daily life and 'the ways that people understand and account for their day-to-day situations' (Maggs-Rapport 2000). Furthermore, as philosophical thinking has developed, different types of contemporary ethnography have emerged including, for example critical, feminist, focused,

organisational and autobiographical. All place different emphases on concepts such as power, emancipation, change and transformation.

Principles

There are a number of general principles that underpin ethnography, which the nurse has to understand if the focus and work of the ethnographic researcher is to be understood. These include assumptions about the nature of knowledge, its emphasis on investigating culture and the role of the researcher. This article examines each in turn and illustrates them, where relevant, with nursing practice examples.

Nature of knowledge

Research is influenced by paradigms, which are ways of viewing the world and how knowledge is conceived and constructed. Ethnographic research is firmly rooted in the interpretative paradigm. This paradigm emphasises that there is no single 'objective' truth or reality; because human existence

and practices are all different, it acknowledges there are a number of realities. Interpretivism regards cultural context as extremely important and that it cannot be removed or ignored from the research process. Thus, for example, when performing research to identify the most effective support strategies for families caring for people with dementia, the families' own beliefs, attitudes and previous experience of dementia will influence how they might respond to the strategies identified.

In taking account of meaning and context in this way, interpretivism is in stark contrast to the positivist paradigm that claims there is an objective reality 'out there' waiting to be discovered. Research in the interpretative paradigm is of interest to nurses who wish to understand more deeply the experience of health, illness, injury and disability.

Human beings experience the world through a web of meaning that includes rituals, symbols and languages. Ethnography seeks to investigate and interpret these meanings: it does not claim to be the 'true' picture but, in acknowledging that there is no universal knowledge, it provides the opportunity

BOX 1

Examples of ethnographic studies in nursing and health care

The Social Meaning of Surgery (Fox 1992) Observational and interview data were collected over an 18-month period in the operating theatres of an English general hospital to undertake an in-depth description of practice, power and status in surgical practice.

Rethinking ethnography: reconstructing nursing relationships (Manias and Street 2001) This discusses some of the methodological challenges encountered during a critical ethnography of nurse-nurse and nurse-doctor interactions in a critical care setting in Victoria, Australia, including researcher-participant subjectivity, reflexivity and 'truth'.

Evidence based guidelines or collectively constructed 'mindlines'? Ethnographic study of knowledge management in primary care (Gabbay and le May 2004) Non-participant observation, semi-structured interviews and documentary review were used to explore how GPs and practice nurses derive their individual and collective healthcare decisions.

Using participant observation to immerse oneself in the field. The relevance and importance of ethnography for illuminating the role of emotions in nursing practice (Allan 2006) Using participant observation, informal conversations with staff and patients and semi-structured interviews in a fertility clinic, this study explored the nursing role in infertility nursing in the context of theories of caring and emotion. It also explored the use of ethnography in illuminating the role of emotions.

An institutional ethnography of nurses' stress (McGibbon *et al* 2010) In-depth interviews,

participant observation and focus groups were used to explore the nature of stress in paediatric intensive care nurses in one hospital in Nova Scotia, Canada.

Conducting critical ethnography in long-term residential care: experiences of a novice researcher in the field (Baumbusch 2011) An account of experiences as a novice researcher undertaking ethnographic research (using participant observation, in-depth interviews, documentary analysis and quantitative data) to explore the organisation of long-term residential care in British Columbia, Canada.

An ethnographic study of main events during hospitalisation: perceptions of nurses and patients (Coughlin 2012) Participant observation and unstructured interviews were used to explore patients' and nurses' perceptions of the care provided in a large teaching hospital in the United States.

An ethnographic study exploring the role of ward-based advanced nurse practitioners in an acute medical setting (Williamson *et al* 2012) Participant observation and interviews with five ward-based advanced nurse practitioners (ANPs) in a large teaching hospital in England was undertaken to explore the role of the ANPs and their effect on patient care and nursing practice.

Turning over patient turnover: an ethnographic study of admissions, discharges and transfers (Jennings *et al* 2013) Field work (lengthy participant observation, interviews and document review) was undertaken in two medical and surgical units in the US to explore turbulence and change and, in particular, patient turnover, admissions, discharges and transfers.

for a range of interpretations. In returning to the example of dementia support for families, if we are not able to step back and take time to understand families' attitudes to dementia and how these might influence their ongoing relationships with a loved one, we risk devising support strategies that are misunderstood and therefore misdirected.

Investigating culture

Culture is not a fixed entity or finite concrete thing; rather, it is the medium or context within which we engage in the complexities of everyday life. It is much more than race or ethnicity and includes language, behaviours, relationships, art, music, cuisine: the collectively valued ways in which we live. It both shapes and is shaped by our individual actions and behaviour. Ethnography seeks to understand this culture through a process of 'thick' (Geertz 1973) or rich description – that is, detailed description of the ins and outs of everyday life (Draper 2004).

Thus, ethnography is about studying people's lives in the everyday contexts in which they live (Hammersley and Atkinson 2007). It describes people in their cultural context and attempts to understand how that culture is made up, how people interact with it, the relationship between the individual and the societal and, in the context of health and illness, how these come to be culturally defined and understood. In essence, ethnography is concerned with 'learning about people by learning from people' (Cruz and Higginbottom 2013).

In describing culture, ethnography is concerned with taken-for-granted things, things that are so ingrained and 'automatic' that we perhaps fail to realise their impact on our individual and societal or collective experience. Thus, one of the purposes of ethnography is to make the familiar strange. An illustration might be Coughlin's (2012) work on how events that we might take for granted as nurses have significant impact on the experiences of our patients (Box 1).

An important feature of ethnography is the interplay between the individual (or emic) and the societal (or etic), and how the two both inform and are informed by each other. The emic perspective refers to the insider's point of view: the reality seen, experienced, understood and expressed by the individual. It is an explanation of events from the individual's point of view. The etic perspective relates to the larger collective or societal picture. However, these two perspectives are not mutually exclusive. Individual performance and understanding is informed by collective cultural understandings and, in turn, individual and private experience can contribute to collective meanings of cultural practice. The way in which the individual shapes the collective and the collective

shapes the individual can be understood as the individual-cultural dialectic (Draper 2000).

Returning to the earlier topic of dementia, the emic perspective will include the individual's attitudes towards dementia, informed by their previous experience of knowing someone with dementia and how this now influences their interaction with a loved one with the condition. The etic perspective is the way in which society demonstrates its values towards people with dementia, how it portrays them in the media and the decisions it makes about resource allocation for their health and social care. Our individual experiences of dementia will be shaped by prevailing attitudes in society but, in turn, perhaps through campaigning for more effective person-centred approaches, this emic perspective can influence societal changes and ultimately reshape the collective (etic) perspective.

Role of the researcher

A key principle associated with ethnography is its focus on the influence of the researcher. Assumptions about the nature of knowledge inform how knowledge is described, explained or generated. Research methods associated with positivism, randomised controlled trials for example, pursue the goal of 'objectivity' and attempt to eliminate sources of 'bias', one example of which is the influence of the researcher. The aim is to 'decontaminate' or 'bracket' the influence of the researcher to render the research scientific and objective.

However, bracketing the influence of the researcher in this way is impossible, because investigation of the world can never be devoid of the influence of the investigator. All research approaches, from initial ideas through to decisions about design, method and analysis, bear the influence of the researcher (Draper 2000). In other words, the position of the researcher is never neutral. Ethnography makes the influence of the researcher explicit, rather than trying to erase it (Cruz and Higginbottom 2013).

Recognition of the researcher's influence is achieved through the researcher acknowledging the ways in which their particular cultural beliefs, attitudes and assumptions shape their approach to the design, execution and interpretation of the research. It acknowledges that the researcher, as a principal instrument of data collection (McGarry 2007), has as much a role in the research as the participants being studied.

Reflexivity is therefore considered to be central to the ethnographic endeavour; ethnographers 'recognise that they are unable to put their own knowledge of the social world to one side in

the hope of achieving objectivity' (Pellat 2003). Ethnography therefore embraces the researcher as part of the world being studied. Allen (2004) argues it is important to understand the researcher is an interpretative lens, that he or she has an effect on the issue being studied and that, in turn, 'the field' has an effect on the researcher. Rather than trying to put aside our own knowledge as researchers, our assumptions, beliefs and values are acknowledged 'up front'. Thus, ethnography acknowledges that researchers do not 'arrive empty-minded in the field' (James 1993); rather, the issues of 'who I am' and 'what I am' as my 'researcher self' should be carefully considered. With respect to conducting ethnographic research in nursing, therefore, our 'insider' knowledge of being nurses – our beliefs, attitudes and values – is acknowledged and enriches the research process.

Practice

This section explores what the principles of ethnography mean for the practice of undertaking ethnography. This is illustrated throughout with reference to a hypothetical research project conducted by Anna, a dementia specialist nurse, into the organisation of dementia care in hospital wards.

Methods

A feature of ethnography is that the researcher engages directly with the culture or sub-culture being studied and becomes immersed in it. In classical ethnography the researcher would go and live in the culture they were studying, become immersed in it and be exposed to all its nuances. They would become completely engaged as a member of that culture and use a range of data collection methods to 'get at' it. As an 'outsider', their mission was to describe the culture and in so doing make familiar the strange. In contemporary ethnographic research, however, we are often members ('insiders') of the cultures that we are researching. The challenge for such 'anthropologists at home' is to make strange the familiar, to be able to stand back and describe taken-for-granted cultural practices and expose them to different theoretical analyses.

Anna, an ethnographic lens In the context of ethnographic research into the way in which dementia care is organised in hospital wards, Anna is an 'insider' researcher, bringing her knowledge, skills and experience of being a dementia specialist nurse to enrich the study. She uses this as a 'lens' through which to describe the culture of dementia

care on hospital wards and to uncover some of the assumptions that underpin the organisation of care.

Ethnographers use a range of methods for data collection, similar to those used in other forms of qualitative inquiry, to reveal these social and cultural practices and, perhaps more importantly, the meaning participants place on these. Often multiple data collection methods are used simultaneously to achieve as rich and detailed a description of the culture and its members as possible.

Data are collected in a purposive way from participants, or key informants, who are representatives of the culture under study. Participant observation is the method of data collection most closely associated with ethnography. This entails the researcher entering the culture to observe it, undertake detailed description and then provide an 'ethnography' of their interpretation of events. In contemporary ethnography, researchers are often already members, insiders, of the cultures or sub-cultures they are investigating. In this context, participant observation involves techniques to make transparent this insider-yet-outsider status, what Cudmore and Sondermeyer (2007) described as 'living in the borderlands'. It also requires the researcher to be clear about their role in the research setting, ensuring those being observed understand the purpose of the research and the role of the researcher. It often entails lengthy exposure in the field, where the researcher takes time to be present in the field, to become part of the 'furniture' so that the Hawthorne effect (how we modify our behaviour when we know we are being observed) is minimised.

Anna's time 'in the field' Anna undertakes observation on two hospital wards to explore how care for people with dementia is organised, how healthcare staff work as part of the team and to what extent families and carers are involved in care. She spends time 'in the field' before commencing observations so that staff, patients and carers become familiar with her presence and understand the purpose of the research and their contribution to it.

Ethnographers may also use interviews, either individual or group, with key participants or informants. Such interviews can be semi or unstructured and are designed to explore the issue from the perspective of individuals or groups to uncover meanings, beliefs and assumptions. Interviews can be used to complement participant observation or can be the sole data collection method. Ethnographic research also uses documentary analysis, because key documents (for example, historical archives, policies) can be regarded as dominant emblems or symbols of the culture and/or sub-culture under study.

All such approaches to data collection are designed to explore both emic and etic dimensions – that is, the individual and collective experiences, and the relationship between them.

Anna conducts interviews In addition to observing how care is organised on the wards, Anna conducts semi-structured interviews with some patients, carers and staff to try and uncover their attitudes towards dementia and their views about the organisation of care. This helps her in her analysis of the culture of care on the two wards.

Operationalising reflexivity

Reflexivity, the researcher's acknowledgement of how he or she shapes and influences the research, can be exercised in a number of different ways. First, researchers can explicitly describe their own historical and cultural contexts and how these have influenced or shaped the research by writing this into the research report (or ethnography). Second, research diaries can be used to capture reflexive thoughts and observations in an attempt to achieve a critical distance. Entries made in research diaries can be subsequently incorporated into the final written ethnography and are often considered legitimate data in themselves. Third, because ethnography is not only a process but also a product (the ethnography), reflexivity is an important aspect of the way in which the ethnography is written.

The reflexive ethnographer is concerned with the ethnographic text and the extent to which it 'represents the reality of the participants' (Manias and Street 2001), and how the 'researcher self' is part of this. Writing the self in the ethnography – acknowledging our histories, assumptions,

biographies and influence on the interpretive process – is a key feature of ethnographic writing, which is often characterised by writing in the first person. Ethnographic writing can therefore be described as 'messy writing', but it should provide as rich an account as possible, including making 'the writer a part of the writing project' (Denzin 1997).

Anna writes her report Anna's research report is written predominantly in the first person, to signify her influencing role as the researcher. She also includes an autobiographical section where she describes her role as a dementia specialist nurse and makes explicit the assumptions, values and beliefs she holds about dementia. In addition to including descriptions of her observations and interview quotations from participants, she also occasionally makes reference to entries in her research diary.

Potential

As we have seen, ethnography can be used to investigate and illuminate the complexities of the social world. It can help us understand both individual and collective experiences and is therefore highly appropriate for use in nursing and healthcare practices. It can be used by a range of stakeholder groups to explore a wide variety of issues, including the experiences and management of care, professional identities, power relations and education. However, relatively little ethnographic research is done by nurses in their own settings (Cudmore and Sondermeyer 2007). McGarry (2007) argues that more research needs to take place where nursing happens. Ethnography

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therefore offers great potential for nursing and healthcare research.

Ethnography can provide an alternative view on familiar practices and problems and can complement other research approaches to construct a more comprehensive and holistic body of knowledge about a phenomenon. Nurses can undertake ethnographic research in their workplaces or in more unfamiliar settings, and ethnography can be used to raise questions about familiar assumptions underpinning practice (Manias and Street 2001). For example, in Cudmore's ethnography of the culture of emergency nursing, she writes: 'Like Alice in *Through the Looking Glass*, as an ethnographic researcher investigating my own workplace and therefore inevitably my colleagues, I found myself in an alternative world in which I would view the same environment from a different perspective' (Cudmore and Sondermeyer 2007).

Johnson (2004), however, has suggested that such insider research, what he calls 'staying in your own nest', can often be undertaken merely on the grounds of convenience, because it is relatively easy to gain access to our workplace settings, our patients or our students. But Roberts (2007) argues that there are significant benefits associated with being immersed in the culture under study and where the 'cast of characters' (Lofland *et al* 2006) is already known.

Conclusion

Criticisms of ethnography often centre on the inability to generalise findings to other settings,

calling into question its usefulness and 'scientific' value. This misses the point. Ethnography is a particular tool to approach a particular question or problem; the question should come first and then the nature of this question should determine the research approach taken. Ethnography cannot be used to answer questions where, for example, causality needs to be established. It can, however, provide rich, contextual and valuable insights where uncovering meaning and experience is at the heart of the research question. It therefore has great potential for nursing and healthcare research where practice is focused on the experience of both giving and receiving of care. Ethnography helps to illuminate the culturally shared experiences of others and in particular it relates the emic and the etic to each other. This is especially important where long-term conditions such as dementia challenge nurses to understand what they already do and how supportive and sensitive person-centred care might be enhanced in the future **NS**

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