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# Research methodology: doing ethnography

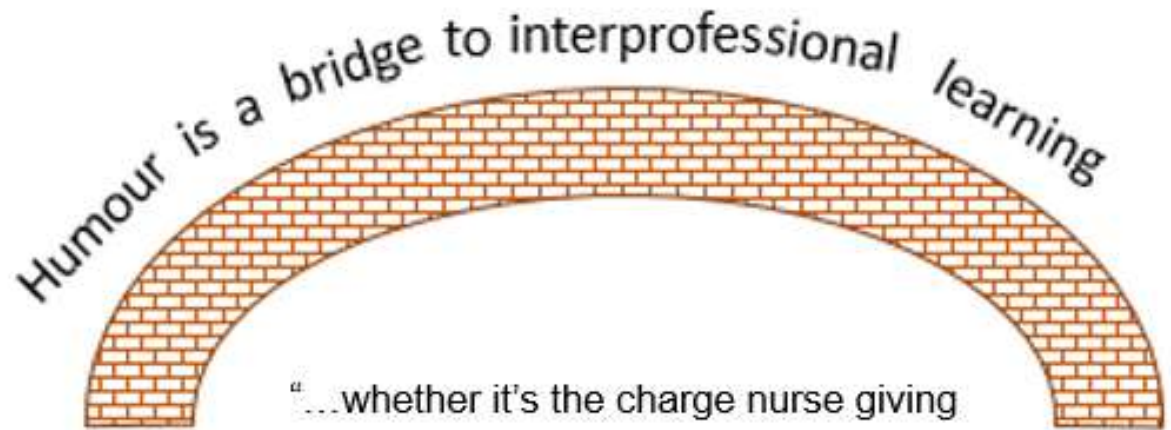
- the journey from research design to data analysis

Vikki Park

Northumbria University Research Conversations

March 2021

**#TakeOnTomorrow**



"...whether it's the charge nurse giving one of my colleagues a fake patient name on April Fools Day, that if read out loud was slightly dodgy... or it's just day-to-day light heartedness about certain things... it's probably a sign of fairly healthy morale I think"

### Interview 1



*...it all*

*began with*

*a story...*

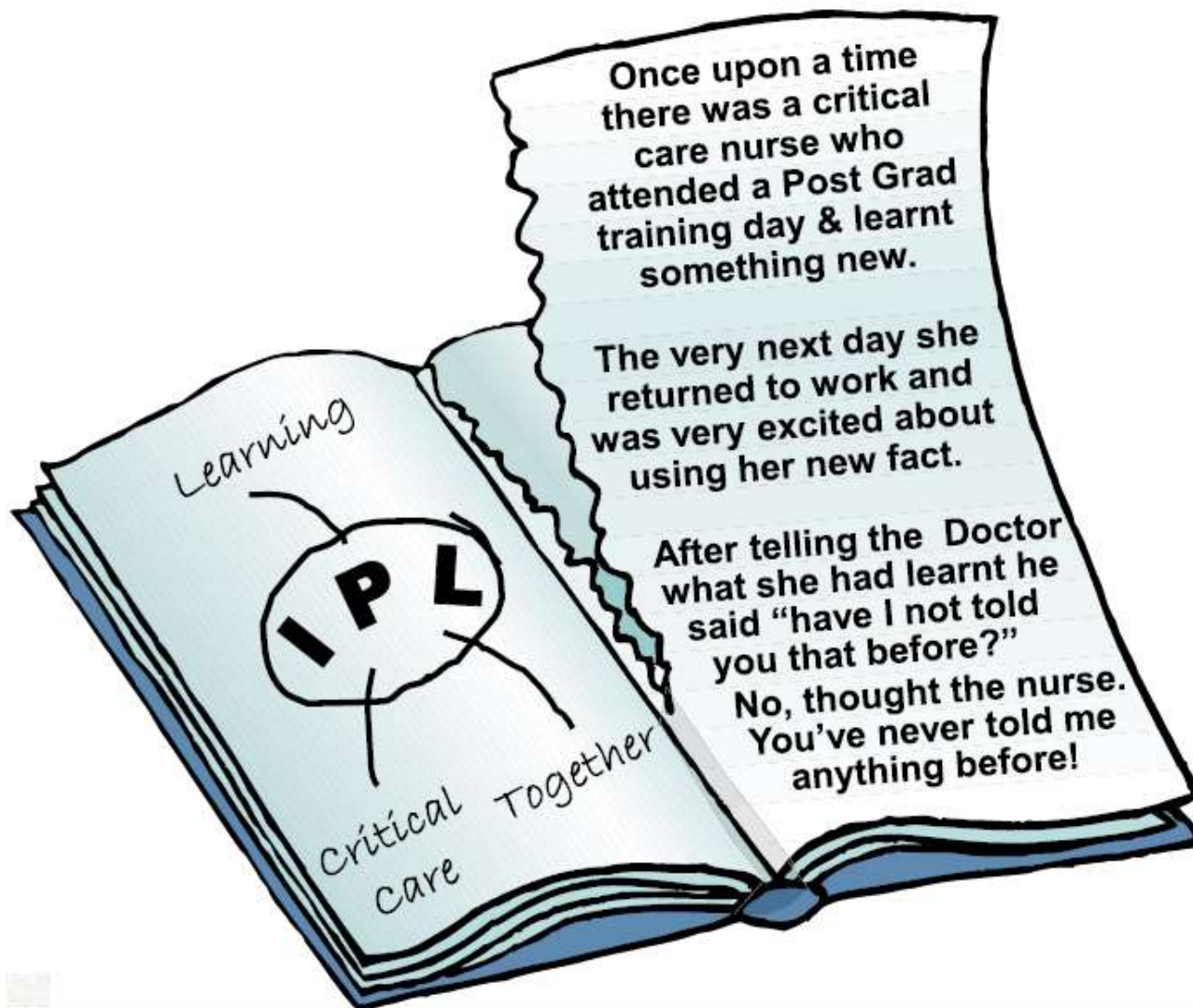
V. Park

Learning in  
Critical Care:

A focused  
ethnography of

Interprofessional  
Learning in Adult  
Critical Care

2019



*How do you  
research something  
you cannot see?*





# THE RESEARCH

## AIMS

- Develop a rich description of the interprofessional learning culture in adult critical care.
- Gain in-depth understanding of critical care staff perceptions and experiences of interprofessional learning within adult critical care.
- Identify the perceived factors promoting or inhibiting interprofessional learning in adult critical care.

## OVERARCHING QUESTION

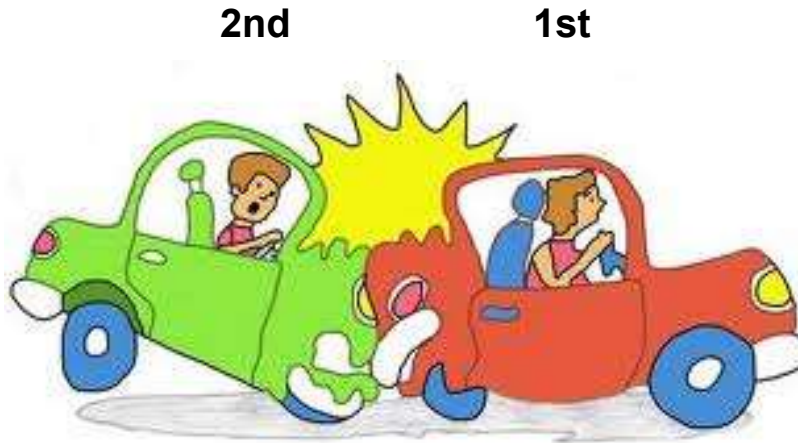
*What influences interprofessional learning (IPL) culture in the adult critical care environment?*

# PHILOSOPHICAL POSITION REGARDING KNOWLEDGE



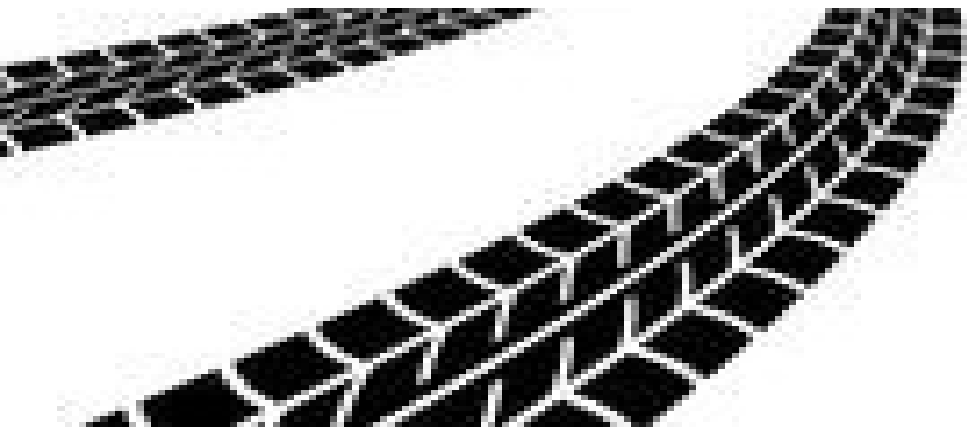


## THE USE OF ANALOGY...



*At the scene of  
a collision*

*What happened?*



People have different perspectives...



When we change  
the way we look  
at things...

...the things we  
look at change!

# DIFFERENT APPROACHES...

- Talk to the people in the car
- Call for witnesses
- Reconstruct the events based upon their perspectives of events.

## **BELIEF SYSTEM**

Different people will have different versions of events that they have structured themselves.

## **PARADIGM... INTERPRETIVE**

**PHILOSOPHY:** SOCIAL CONSTRUCTIONISM

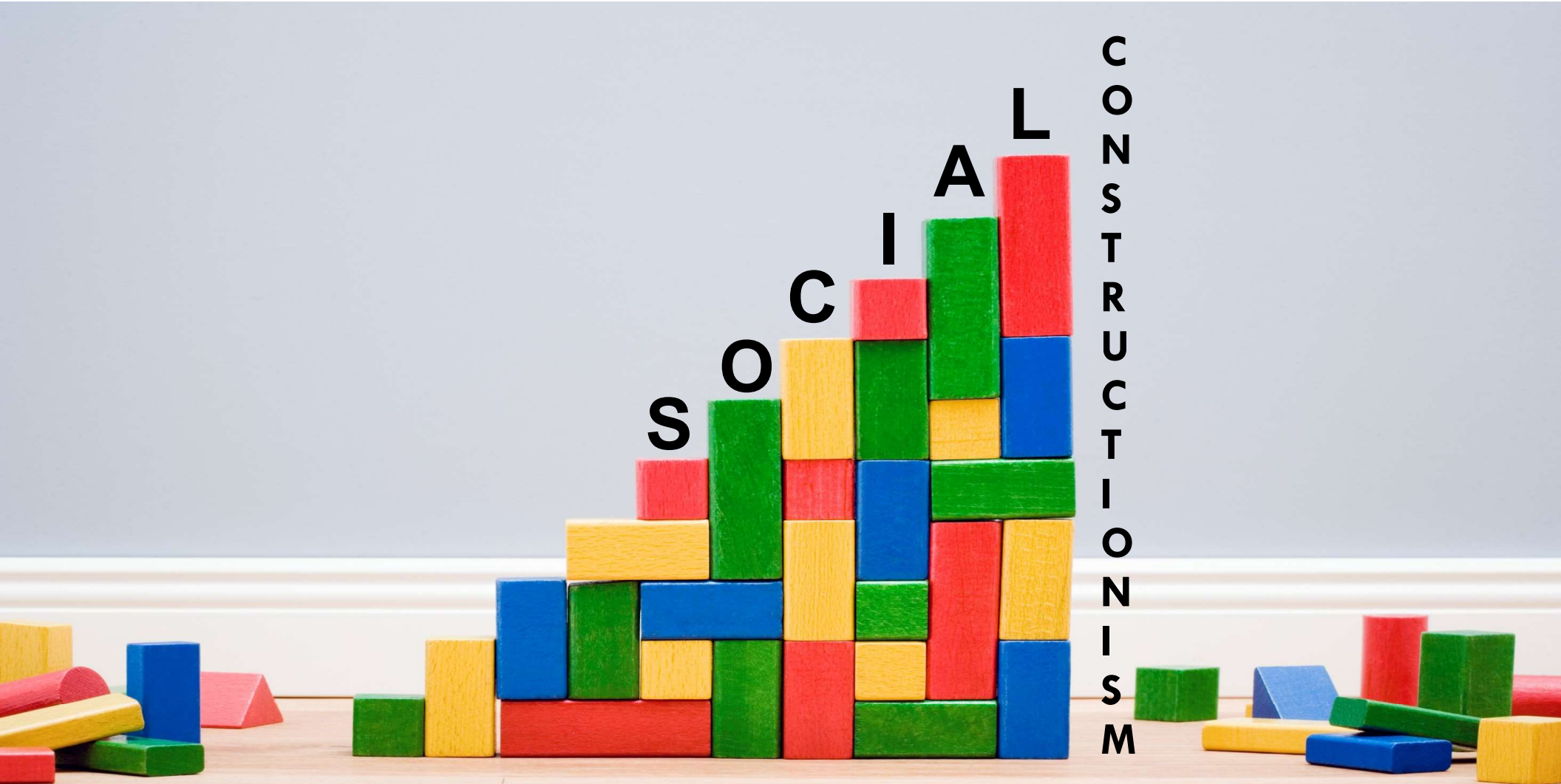
- Get statements
- Measure things e.g. tyre tracks, work out the speed of the vehicles, trajectories of travel.
- Tyre tracks = assumption of guilt for the 2<sup>nd</sup> driver – i.e. they saw the person in front and braked, therefore they are at fault.

## **BELIEF SYSTEM**

This is an absolute truth, substantiated by facts

## **PARADIGM... POSITIVIST**

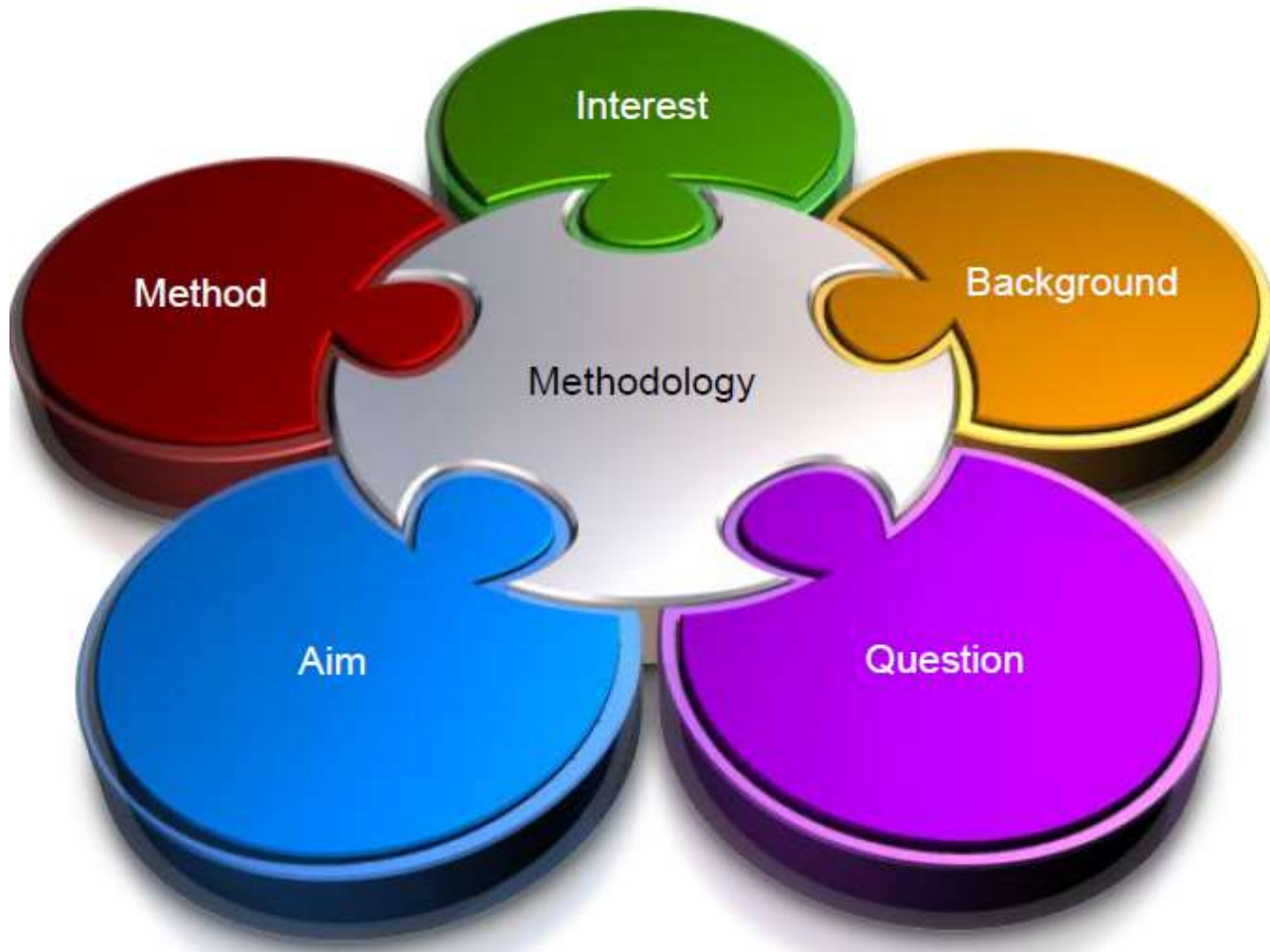
**PHILOSOPHY:** Looking for an absolute truth



*Socio-cultural Learning Theory*

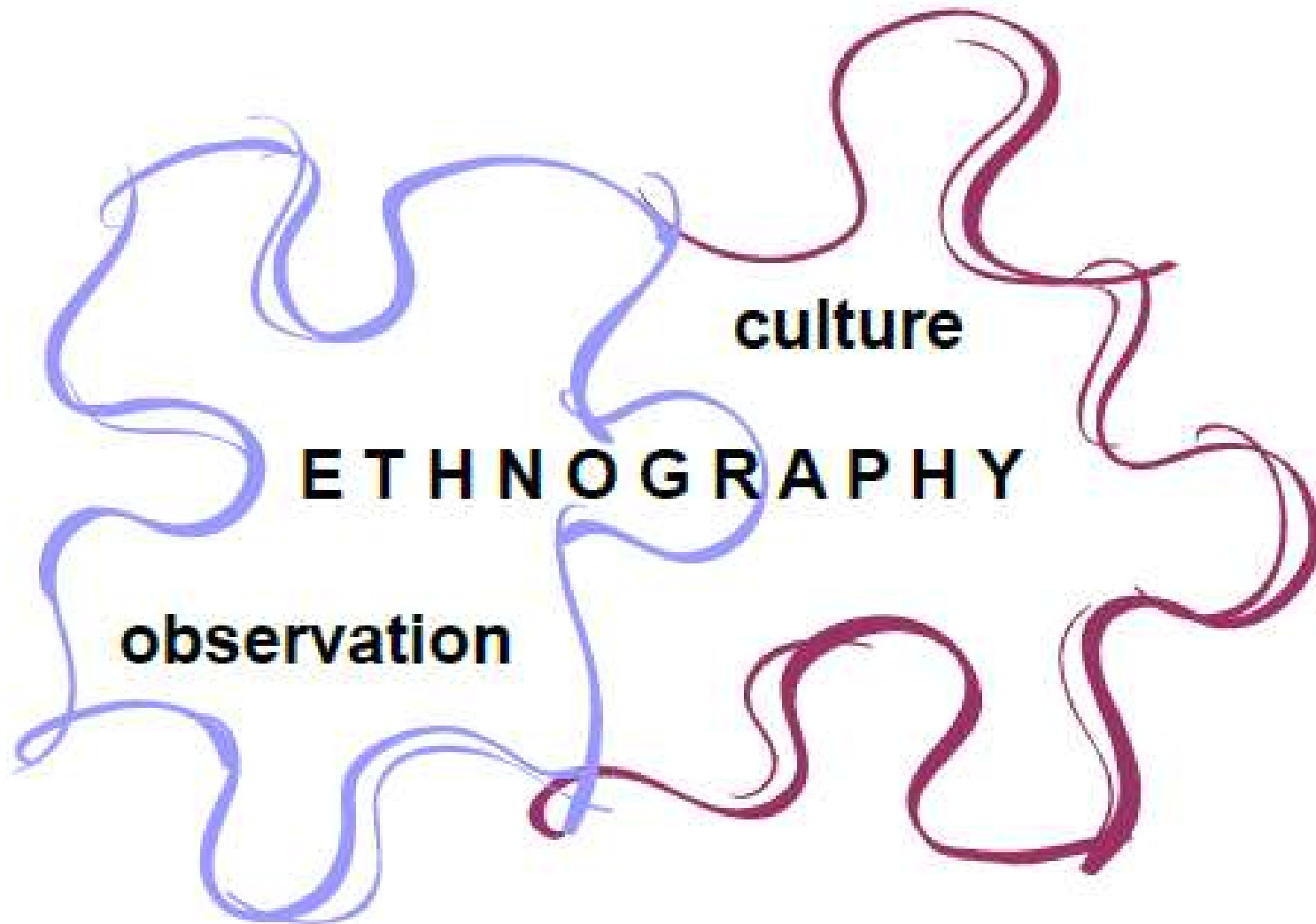
<b>Philosophical Assumptions</b>	<b>Definition</b>	<b>My Beliefs</b>	<b>Aligned Theory</b>
<b>Ontological</b>	The nature of reality.	There are multiple subjective realities.	Interpretive paradigm.
<b>Epistemological</b>	What counts as knowledge?	Participants socially construct knowledge.	Social Constructionism. Socio-cultural learning theory.
<b>Axiological</b>	The role of values in research.	Values are subjective to participants and researchers.	Reflexivity.

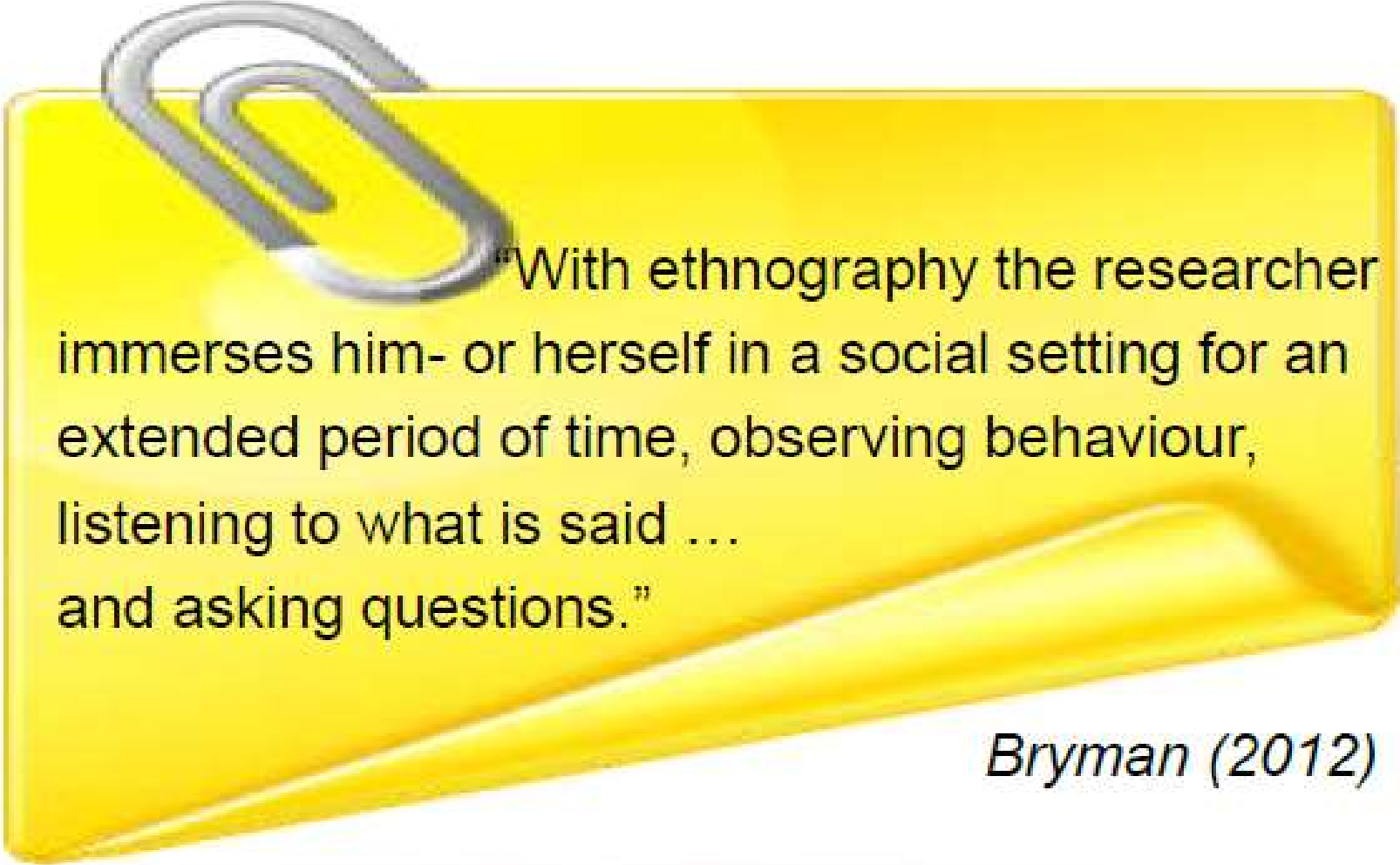












“With ethnography the researcher immerses him- or herself in a social setting for an extended period of time, observing behaviour, listening to what is said ... and asking questions.”

*Bryman (2012)*

REFERENCE: Bryman, A. (2012) *Social Research Methods* 4th edition New York, Oxford University Press

Ethnography is a methodology  
– a theory, or set of ideas –  
about research that rests on a  
number of fundamental criteria.

Ethnography is **iterative-inductive** research

Ethnography draws on a family of  
methods, involving direct and  
sustained contact with human  
agents, within the context of their  
daily lives (and cultures),  
**watching what happens,**  
**listening to what is said,**  
**and asking questions.**

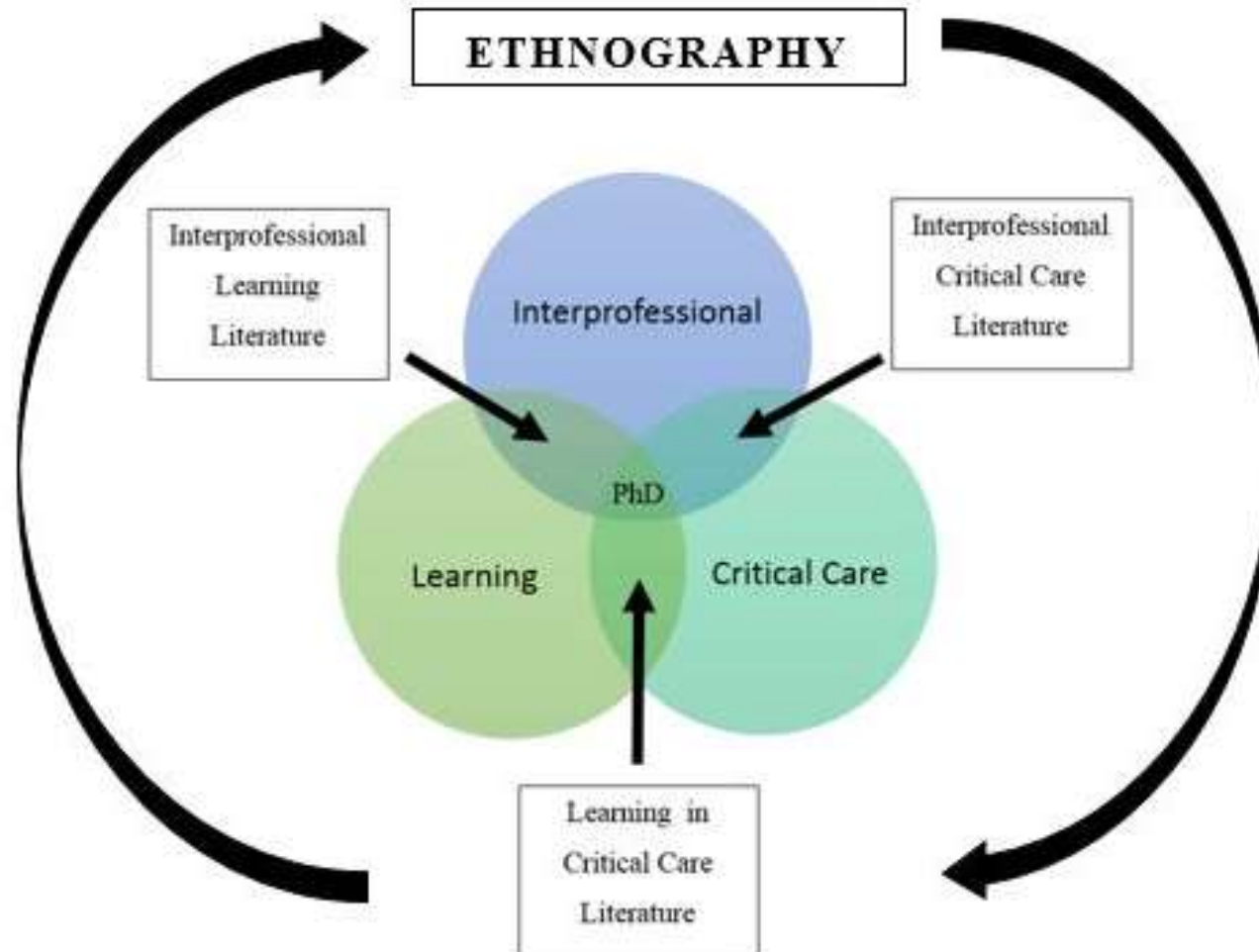
Ethnography results in  
**richly written accounts** that  
respect the irreducibility of human  
experience, acknowledges the role of theory,  
as well as the researcher's own role, and  
view humans as part object / part subject.



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REFERENCE: O'Reilly, K. (2009) *Key Concepts in Ethnography* London, SAGE

# The PhD focus





Organisational  
Ethnography  
Sensory  
Critical

Autoethnography

Mobile

Focused

Participatory





**ETHNOGRAPHY**

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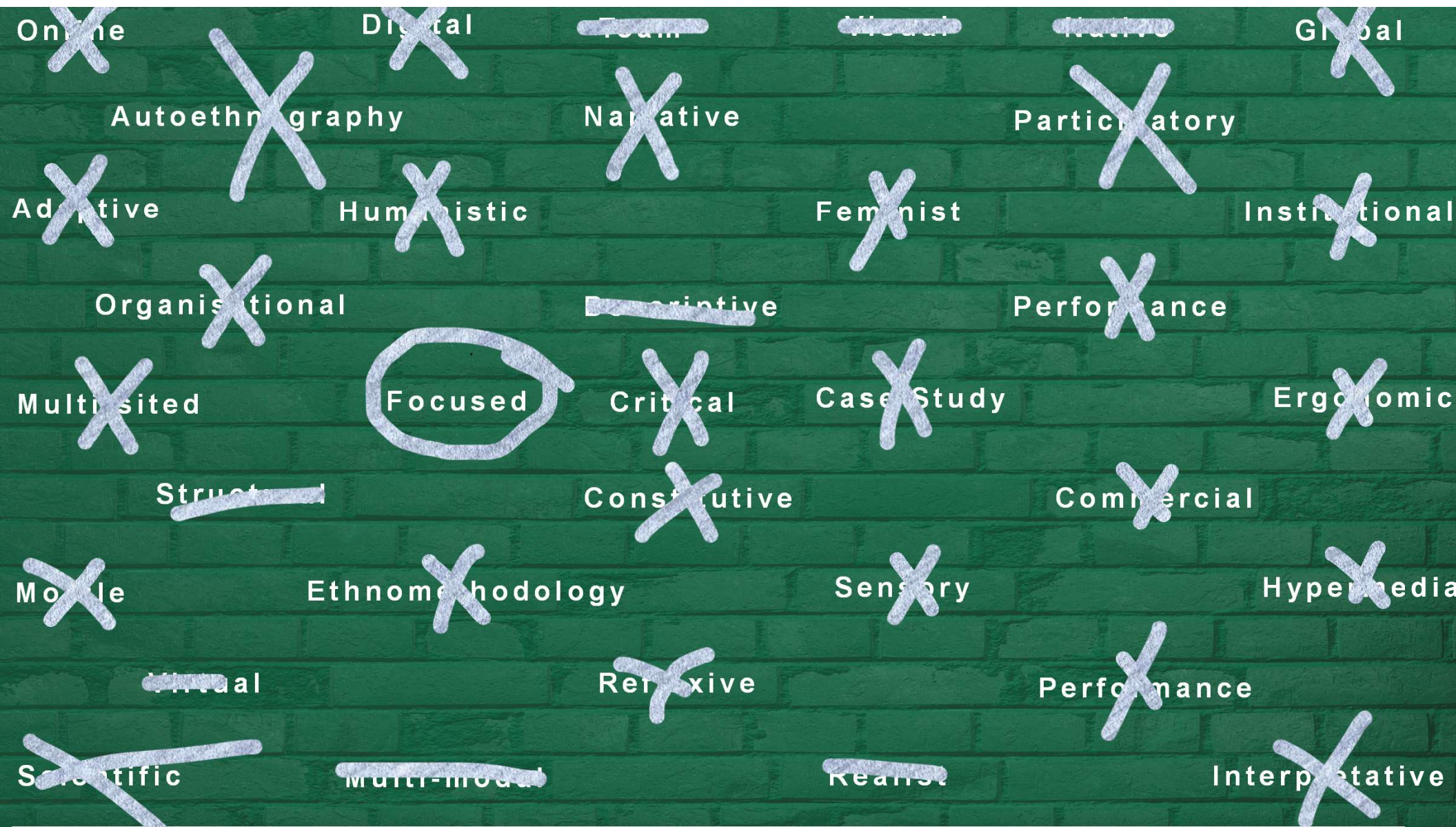
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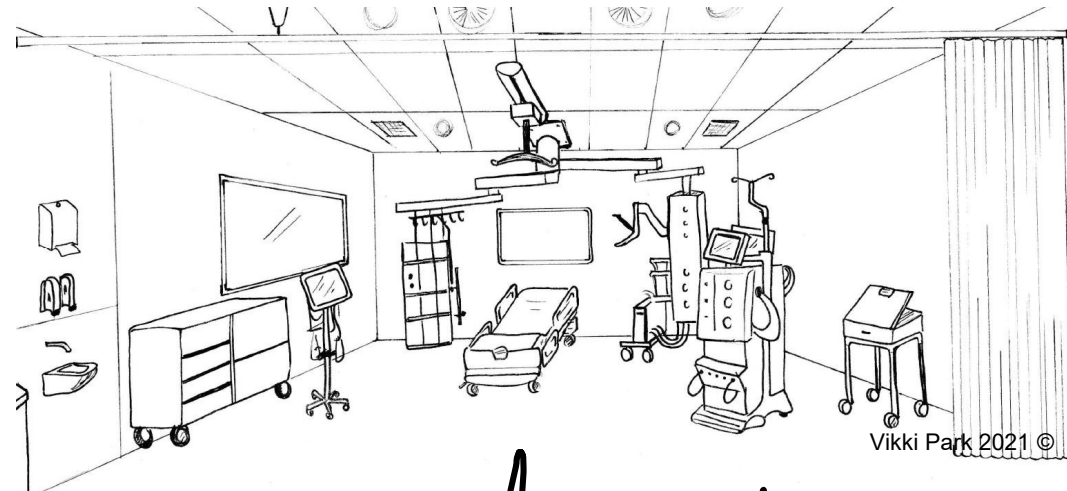
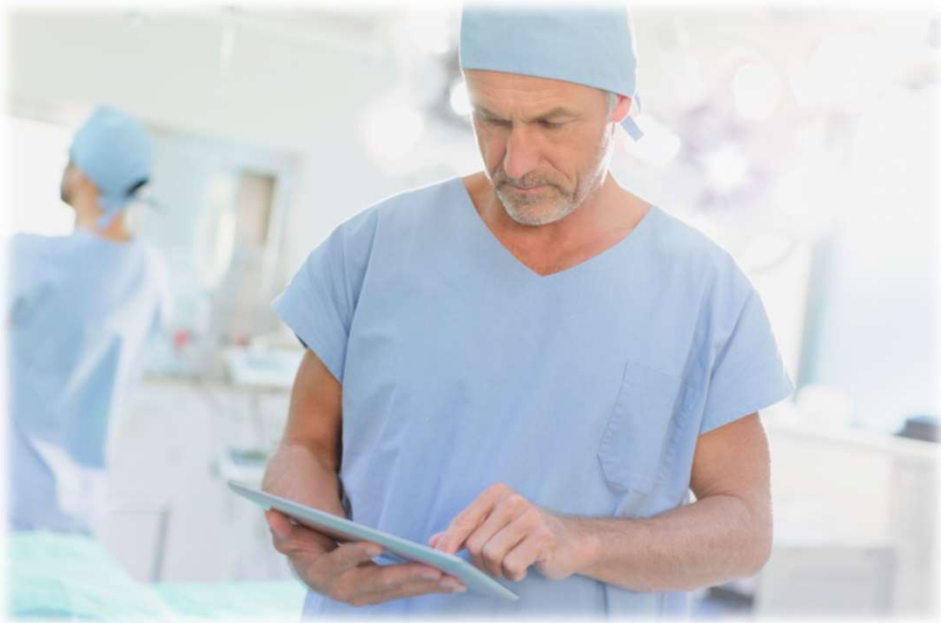
Online  Digital  Team  Hybrid  Native  Global   
Autoethnography  Narrative  Participatory   
Adaptive  Hummistic  Feminist  Instructional   
Organisational  Descriptive  Performance   
Multisited  Focused  Critical  Case Study  Ergonomic   
Structural  Constructive  Commercial   
Mobile  Ethnomethodology  Sensory  Hypermedia   
Virtual  Reflexive  Performance   
Scientific  Multi-modal  Realist  Interpretative



Focused Ethnography explores

*a distinct issue*

**I P L Culture**



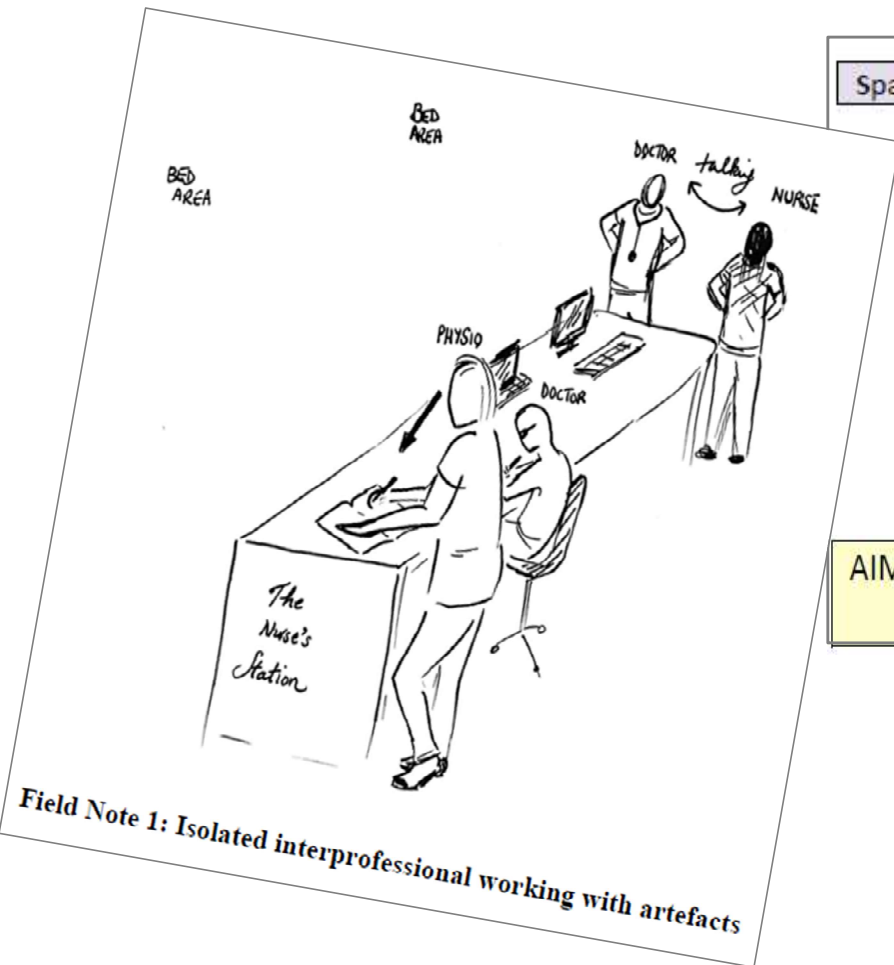
*in a specific setting*

**Adult Critical Care**



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# Fieldwork: *partial participant observation*



Space	Light	Noise	Actor	Act	ActiVity	Event	Object	Time	Goal	Feelings
										DATE:
										REFLECTIONS
AIMS	Describe IPL in CC		Understand staff perceptions & experiences of IPL in CC			Identify factors which promote or inhibit IPL in CC				

9.30-9.50 Break: I left the unit and went to the coffee shop. I managed to catch up on notes, also wrote some in the toilet after the NIC ward shift handover and when others were writing too at the nurses' station (this latter way was the least obvious).

# Fieldwork: *Theoretically Framing Observations*

Seven stage framework of learning conditions significantly affecting informal workplace learning

- a high degree of exposure to change & demands
- managerial & decision-making responsibilities
- extensive professional contacts
- access to learning resources
- superior feedback
- management support for learning
- rewards for proficiency

*Skule (2004)*

Figure 4.2 Framework of learning conditions

<u>Nine major dimensions of the social setting</u>	<u>Extended dimensions applied</u>
• <b>Space:</b> the physical place or places	- <b>light:</b> artificial, natural, levels
• <b>Actor:</b> the people involved	- <b>noise:</b> levels, type, duration
• <b>Activity:</b> a set of related acts people do	
• <b>Object:</b> the physical things that are present	
• <b>Act:</b> single actions that people do	
• <b>Event:</b> a set of related activities that people carry out	
• <b>Time:</b> the sequencing that takes place over time	
• <b>Goal:</b> the things people are trying to accomplish	
• <b>Feeling:</b> the emotions felt and expressed	

*Spradley (1980) p.78*

Figure 4.3 Observation template dimensions

## Fieldwork: *Consent*



*How do you ensure  
staff are informed  
and can opt out?*

# Fieldwork: *Consent*

There is research currently  
taking place in this area

Please be aware there may be research occurring within this Critical Care Department.

There is research currently  
taking place in this area

Please be aware there may be research occurring within this Critical Care Department.

***Why?***

The research is being done to find out about the learning which takes place between NHS staff in Critical Care.

***Who?***

The research will involve NHS staff working in Critical Care.  
It will not involve visitors or patients.

***Your Rights***

Ethical approval has been granted for this project and if you do not wish to participate within this research it is your right to withdraw from it.

***Who do I contact?***

If you have any further questions please refer to the Participant Information Sheet or you can contact the following people:

Vikki Park (*Main Researcher*)

How do you ensure  
staff are informed  
and can opt out?



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# Fieldwork: *Observing IPL in 24/7 Care*

**Table 4.4** Observation schedule example

Introductory visit	Visit 1: environment	Visit 2: morning	Visit 3: afternoon	Visit 4: evening	Visit 5: Saturday	Visit 6: Sunday	Visit 7: Interviews
1 hr	1 hr	7am-1pm	1pm-6pm	6pm-12am	7am-1pm	1pm-6pm	1 hr n=4-12



## Fieldwork: *semi-structured interviews*

[Planned Prompt]:	Tell me about your role and background in critical care.
[Specific Tour]:	Can you tell me about the ways you think people learn best in critical care?
[Planned Prompt]:	I have mentioned Inter-Professional Learning. What does this term mean to you?
	What are your experiences of the way different healthcare staff learn in critical care?
[Example Question]:	Can you give me an example, which involves learning <b>from</b> your critical care colleagues?
	I would like to hear more about how you learn <b>with</b> other staff in critical care
[Planned Prompt]:	Can you tell me what you think the benefits are of learning together with other professionals?
	Which, if any, barriers or challenges are there in relation to learning with other colleagues?



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# THE RESEARCH DESIGN

Focused  
Ethnography

Interprofessional  
Learning  
Culture

Interpretivist

Qualitative

Reflexivity

Socio-  
cultural  
Theory

Social  
Constructionism

Partial  
Participant  
Observation

Adult  
Critical  
Care

Semi-structured  
Interviews



# THE PROCESS: AN OVERVIEW

**Research Design**

**Ethical Approval**

**Quality Assurance**

**Data Collection**

**Analysis**

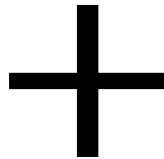
**Dissemination**



*You are here*

# The Process: *In stages*

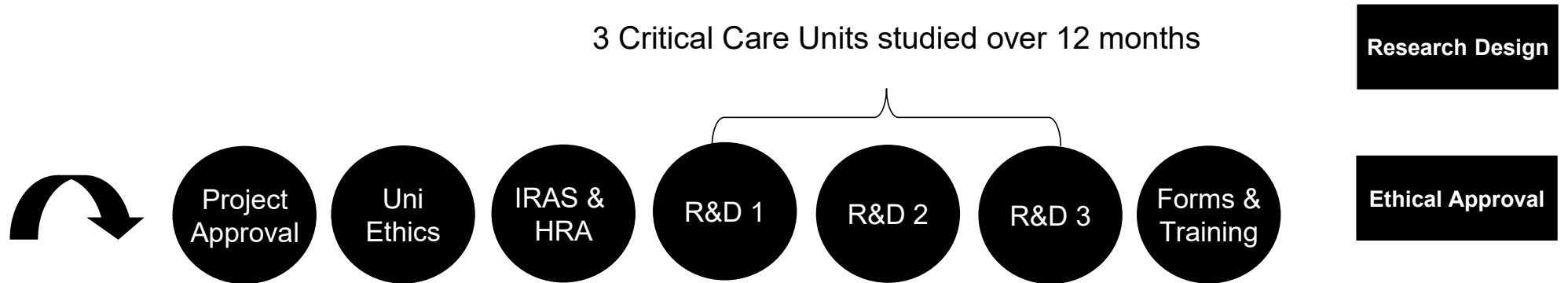
3x aims  
Overarching  
question



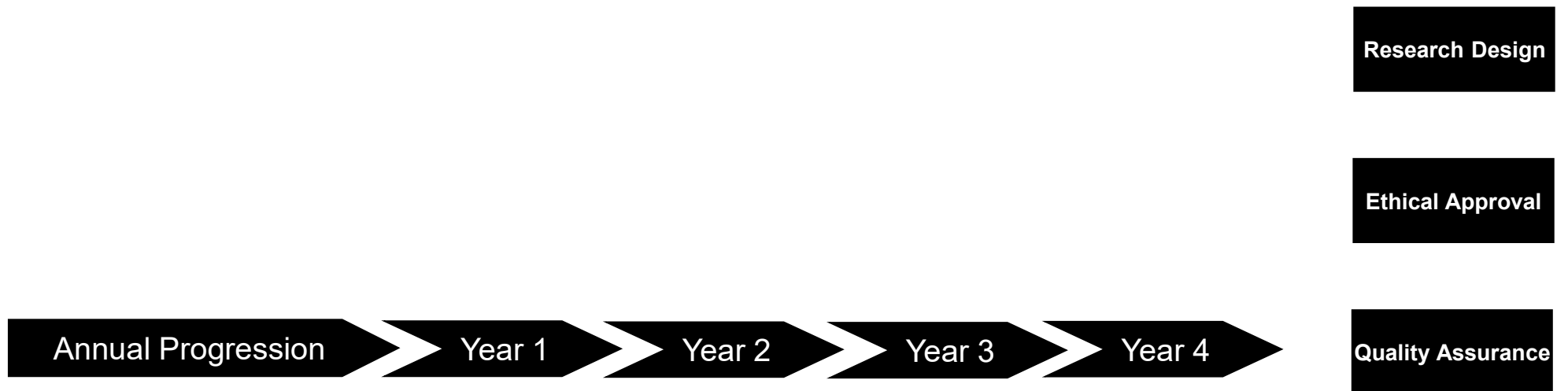
Philosophical Position		
Ontological	Epistemological	Methodological
Social Constructionism Interpretivism	Sociocultural Learning Theory	Focused Ethnography

Research Design

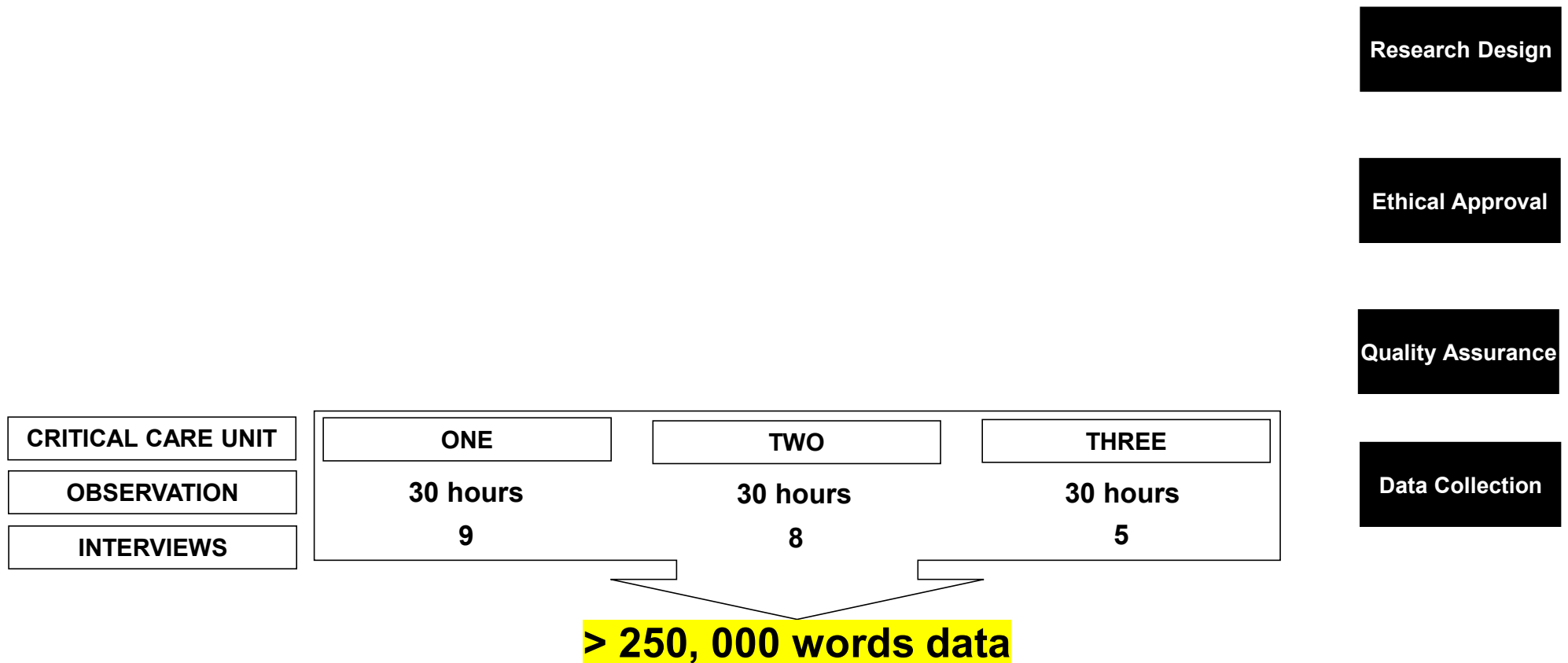
# The Process: *In stages*



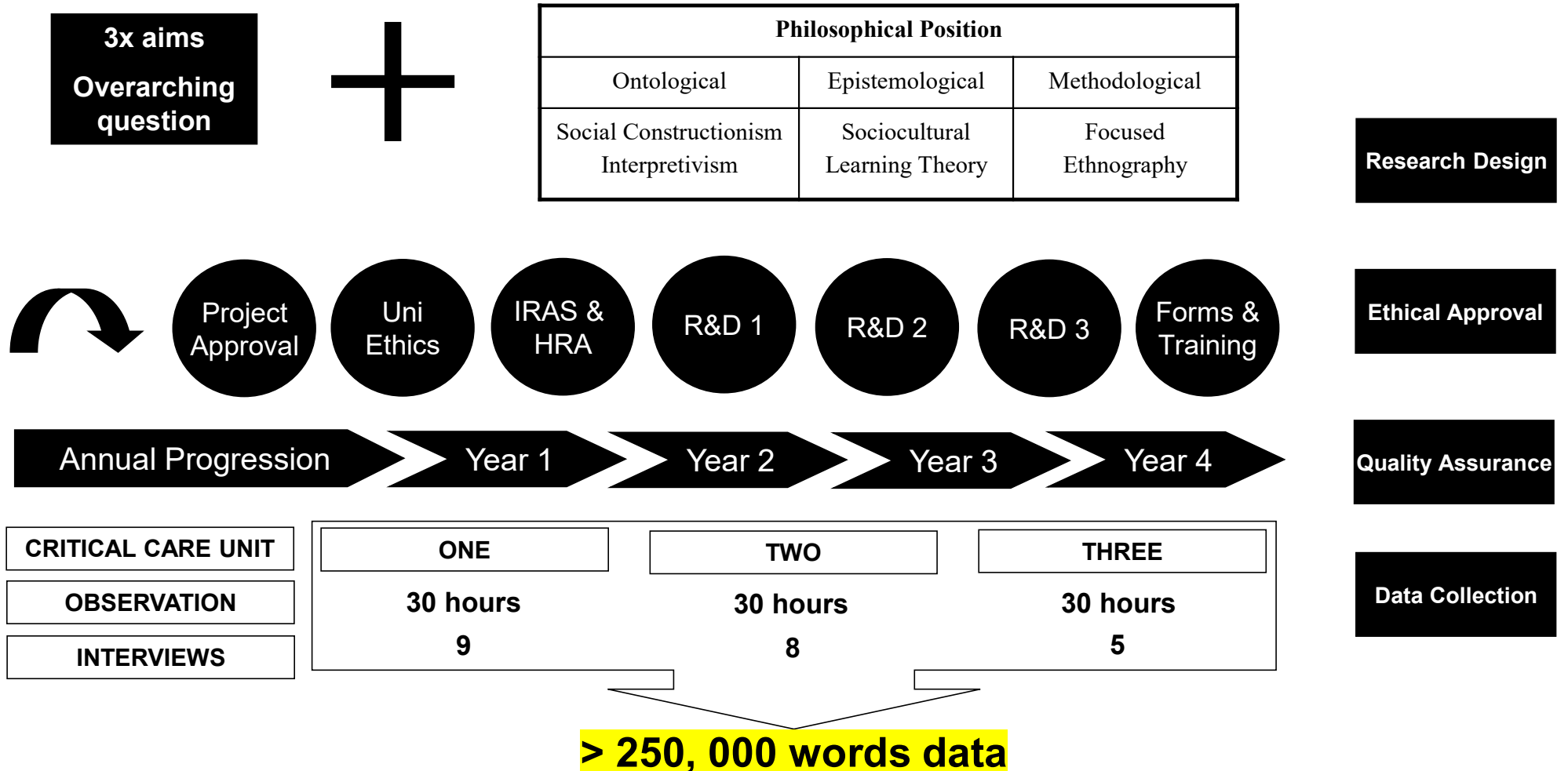
# The Process: *In stages*



# The Process: In stages



# The Process: In stages



# Data Analysis

*Six phase approach to Thematic Analysis by Braun & Clarke (2006)*

<b>ONE</b>	<b>Familiarisation with the data</b>
<b>TWO</b>	<b>Coding</b>
<b>THREE</b>	<b>Searching for themes</b>
<b>FOUR</b>	<b>Reviewing themes</b>
<b>FIVE</b>	<b>Defining and naming themes</b>
<b>SIX</b>	<b>Writing up</b>



Verbatim  
transcription

# Phase Two: Coding

# Researcher & Supervisor analysis by hand

## Appendix 10.1: Researcher Ana

## Appendix 10.2: Supervisor: Analysed Interview Transcript by Hand

010104

need to understand  
critical thinking

Quantity of info.

The bottom line  
vs  
too much detail

information and  
personal interest

for adult learners  
Erm... then  
ME: it made  
possible in the  
people did  
thoughts ar  
INT: I do  
and the ti  
rational  
ME: y  
INT: I  
busy  
MF  
IN  
I

Too much  
info →

page went  
to bottom

line  
over do

Can  
do by  
Junior staff

Acceptable?

or  
initially pick up on  
new verbs

Ending opportunities  
to give rationale  
Can the words  
description also  
nurses learn

Giving info  
on period  
and so

Re:

Present  
the lower the  
experience of the  
health professional  
the less detail  
is given

kin...  
not to go on

imagine particularly for adult learners there's a need to understand  
Erm... then  
ME: it made me wonder (talked over the top of INT) whether it was  
possible to learn by instruction I think that was what I did wonder, if  
people did actually learn by instruction. I don't know what your  
thoughts are about that?

INT: I don't know. I think it depends on the person and the nurse,  
and the time of day and sometimes I find that you try and explain a  
rationale a little bit the way I'm explaining it or not. Sometimes the  
rationale might be too much information almost

ME: yeah  
INT: and what people want is the bottom-line. Sometimes if they're  
busy and they just (8m46s) erm and they maybe feel, maybe they  
don't see that it is necessarily their...  
ME: Um hm  
INT: Pause... their requirement for them to know in that much detail.  
I don't know (9m) Whether there is an area that is not particularly of  
interest to them so sometimes you can over do it

ME: (light laughter)  
INT: and they go well that's fine but what do I do?  
ME: light laughter  
INT: and other times... I mean the classic I suppose are ventilator  
settings isn't it? (9m15s) You can tweak the ventilator and you know  
and have your rationale for why you have chosen that  
ME: yeah  
INT: level of PEEP or that level of assist or whatever. And you can  
try and explain that in a few words on the end of the ward round  
before you move on to explain what you've done (9m33s)

ME: Ah ha  
INT: But what you don't want, what the nurse doesn't necessarily  
want is a tutorial about titrating the PEEP to the ARDS do they?  
ME: (light laughter) - yeah  
INT: and flow volume curves and all of the rest of it.  
ME: (light laughter)  
INT: So I think you kind of get that as a professional don't you? Pick  
up on what the person is interested in and what, if they're making the  
tight sort of body language in response I suppose.

ME: Yeah, yeah.  
INT: So erm... (10m) So I think it's important for, for what, for  
engaging the staff in the decision making?  
ME: yeah, does it help others to learn in the team?  
INT: so in terms of getting the job done yeah, I would imagine it  
would do. If they could understand it, I don't think it's essential it  
depends on lots of factors though doesn't it really?  
ME: yeah, yeah.  
INT: and I think for a more junior member of staff who has got loads  
of things to worry about that day then probably what they want to  
know is what the minimum (10m34s) PEEP you would be happy  
with for the ventilator and not to go below that or whatever. For the  
more senior nurse who's been around a bit and wants to know what's

learning  
depends on  
- person  
- time  
- context (actual)

- whether  
they are  
interested in  
not

Gives example  
of where only  
little detail  
needed

Not  
essential

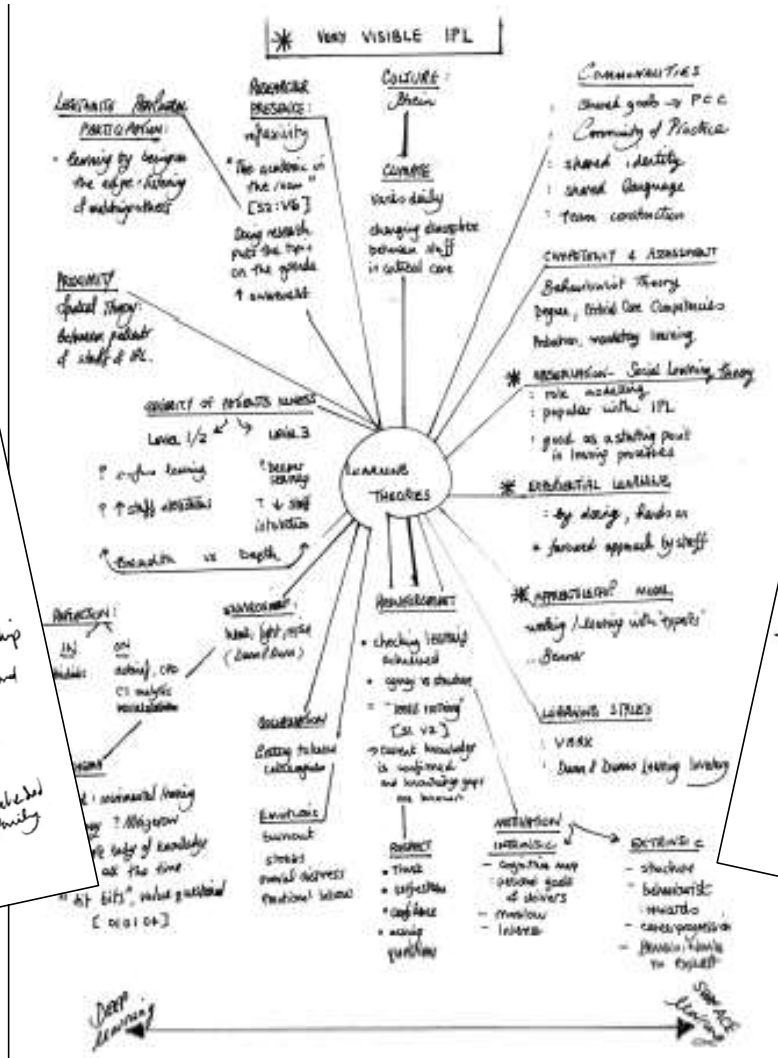
Senior  
nurse  
wants to  
know  
more



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# Data Analysis: Conceptual & Thematic Mapping



# Phase Three: Searching for Themes

## Data Analysis: *Candidate Themes*



**Interprofessional Learning in Adult Critical Care:  
Early findings of a focused ethnographic study**

**BACKGROUND**

The UK is currently critical care resource (nurses, professionals) in short supply with limited spare 2011. However, further exploration is needed to ascertain how different critical care staff working together also look with each other in this particular environment.

The critical care setting is chosen to have the potential to share interprofessional knowledge between staff (Hugler et al. 2012). However, Franks et al. (2014) emphasize limited knowledge in this area at present, despite recognition that interprofessional collaboration in critical care units improves patient safety and quality of patient care. They claim that there needs to be increased understanding regarding the effects the culture or context have on shaping interprofessional practice and ultimately effectiveness as an organisational resource.

**AIM**

To explore the culture of interprofessional learning (IPL) within adult critical care settings.

**OBJECTIVES**

- To develop a set of principles of the interprofessional learning culture in adult critical care clinical practice.
- To understand in-depth critical care practitioners' perceptions & experiences of interprofessional learning (IPL) within adult critical care clinical practice.
- To identify which factors are perceived to promote or inhibit effective IPL.

For the purpose of this study IPL is defined as:  
Learning which happens between different occupational groups through the collaborative sharing of expertise, knowledge and resources.

**METHOD**

The study site research is an extension of doctoral study.

Date collection: 12 months  
3 intensive focus groups critical care units  
January 2016 – December 2016

Methodology: Focus group ethnography  
Observation: 80 hours ethnography  
Interviews: 12-20 hours  
Data analysis: Lincoln & Guba (1985)

Focused ethnography was chosen to develop a rich description of the interprofessional learning culture in adult critical care. Participants can be interviewed in clinical practice using verbal participant observation and four staff groups (nurses, HCA, doctor and physiotherapist) are being interviewed on a semi-structured basis using semi-structured interviews.

**FINDINGS**

Early analysis of focus groups that critical care staff are a rich source of knowledge and various contexts seem to facilitate effective IPL. IPL does appear to exist in adult critical care settings and this is supported by numerous learning theories. These theories are emerging from the literature into analysis through 'Creating Space & Time for IPL'. Collaborative IPL and IPL is a necessary 'ingredient' in emerging theoretical framework is also emerging which is influenced by social constructivism, socio-cultural learning theory and complexity theory. The IPL culture in critical care can be enhanced by organisations and groups. However, variability in the IPL culture can be accounted for by the behaviour of individuals within the adult critical care setting. An early explanation for this is to identify possible that there might be a changeable factor: IPL culture which is repeatedly influenced by the individuals in the critical care setting at any given time. The culture influences can be psychological, physical, vocational, spiritual, intellectual or social in origin. IPL is also not linear it results in different levels of knowledge contribution (deep and surface learning) and varying levels of learner recognition and awareness of IPL.

THE INDIVIDUAL & INTRINSIC INFLUENCES	EMERGING THEORETICAL FRAMEWORK	THE ORGANISATION, GROUPS & EXTERNAL FACTORS
<p><b>Creating Space &amp; Time for IPL</b></p> <ul style="list-style-type: none"> <li>Time being a barrier to critical care team</li> <li>Overcrowded ICU spaces, complications, logs</li> <li>Social Theory: equality between patients &amp; staff</li> <li>Task being sub-optimal learning zones</li> <li>Flexibility: open to new, varied jobs</li> </ul>	<p><b>Collaborative IPL</b></p> <ul style="list-style-type: none"> <li>Collaborative team effort partnership approach</li> <li>Knowledge Exchange: shared, distinct</li> <li>Flexibility: flexible, presence, ratio, equity</li> <li>Roles: expertise, HCA, doctors, supervisors</li> <li>Responsibility: workload &amp; IPL accessibility</li> <li>Technology: ICT, electronic, email</li> </ul>	<p><b>IPL &amp; Hierarchical Values</b></p> <ul style="list-style-type: none"> <li>Non-hierarchical: emerging, shared, joining, freely</li> <li>Security: trust, respect, boundaries</li> <li>Empire: critical incident, shared, reflector</li> <li>Flexibility: coping, connecting, support, hidden</li> <li>Motivation: shared, social, self-worth</li> <li>Flexibility: not, best, overwhelmed, hard, cut, low</li> </ul>
<p>IPL CULTURE is affected by the changeable ECLECTIC IPL CLIMATE: PSYCHOLOGICAL, PHYSICAL, ORGANISATIONAL, SPIRITUAL, INTELLECTUAL OR SOCIAL</p>		

**EMERGING KEY POINTS**

- Interprofessional Learning (IPL) is apparent within the adult critical care setting and it is complex.
- IPL is not linear, the depth and duration of IPL is variable.
- IPL is influenced by internal drivers, such as organisational and an individual's personal responsibilities.
- It is also affected by external influences, such as external motivation and professional regulations.
- The adult critical care IPL culture can be shaped by the organisation and by process, but also individual in the setting.
- Variability can be accounted for theoretically by considering a multiplicity: nurses, IPL, 'hidden' which is repeatedly influenced by the individuals in the setting at any given time.

**CONCLUSION**

Whilst data collection remains exploratory, preliminary findings shed light on the intricate and influencing factors leading to interprofessional learning within adult critical care.

This research reveals numerous ways interprofessional learning takes place within adult critical care settings and the influence factors have been found to be multi-faceted. Critical care staff can be affected by both intrinsic and extrinsic influences. Therefore, individuals behaviour and engagement with IPL may be supplemented by these extrinsic factors.

3 research themes are emerging: 'Creating Space & Time for IPL', 'Collaborative IPL' and 'IPL & Hierarchical Values'. The emerging theoretical framework is incorporated with social constructivism, socio-cultural learning theory and complexity.

**IMPLICATIONS FOR PRACTICE**

This study provides increased understanding of the components which facilitate effective IPL in the adult critical care setting. It has the potential to improve the quality of care for patients and to promote knowledge development of critical care staff.

The research findings could optimise the environmental design of learning zones in adult critical care, 'Creating Space for IPL'. The experience of sub-optimal time and opportunity for IPL could also be factored into adult critical care practice and adopting a narrative approach to IPL and team working may also prove beneficial to IPL in adult critical care settings.

This exploratory study invites further research into IPL in adult critical care settings to improve the quality of care provided.

**REFERENCES**

Franks, T., Lunde, M., Puntis, K., Ozden, M. A., Alsumari, A.H. J., Hill, D. & Reeves, S. (2014) 'Delivering interprofessional care in intensive care: A scoping review of all ethnographic studies' *Intensive Care Medicine* 29 (1) 66-1207238

Franks, T. (2015) 'Interprofessional collaboration in the ICU: how to deliver?' *Nursing in Critical Care*, 16 (1) pp 6-13.

Hugler, A.M., van de Wal, A.C., Hoogstraaten, M. & Boelgevoen, A. (2012) 'Intra- and interprofessional learning: 'Creating the critical care workplace' *Journal of Interpersonal Care*, 28 (2) 96-110-1141

# Phase Four: *Reviewing Themes*

## Data Analysis: *Using NVivo*

Nodes

Name	Files	References
IPL definition_small talk_interview close	22	53
Reflexivity	23	206
Access	20	126
Acceptance	14	34
first impressions	6	11
friendly	11	16
gatekeeper	6	8
Introductions	13	26
limited access	5	7
publicity	4	5
Unfriendly	9	14
Researcher role	19	80
drawing data	2	3
explaining research for consent	8	12
Introductions for consent	5	11
Observation data	4	4
outsider position	13	25
triple role	8	17
writing field note data	4	6
THEME 1_Embedding IPL_opportunities	40	712
THEME 2_Collaborative IPL_Community, connections COP and teamwork	38	420
THEME 3_Humanising IPL_being human	36	154

## Phase Four: *Reviewing Themes*

# Data Analysis: *Using NVivo*

THEME 3\_Humanising IPL\_bein x

nothing going on with that patent” but when a relative comes in, they think: oh my God. All they see is all these wires attached to them. So I think I try to make the area bit more ‘normal’, rather than say, human.

I: Yes.

Reference 7 - 1.78% Coverage

### Environment

P: It’s not as frightening as if it’s just your normal working environment, or your normal... Yeah, your normal environment. It makes it easier and you feel more relaxed and more receptive to learn or ask questions and... And often, I think a lot of the learning that goes on, you’re oblivious it’s actually happening. I think you know, like things like clinical supervision, we keep [saying] we do it, but we just don’t write it down. You know? And, because it’s just chit-chat and I think people learn an awful lot just by chatting away there at the bed space. Without realising. And to be honest, people are obsessed about revalidation at the minute and I keep saying... You know, [name], our educator said “we’ll be fine. Our unit is fine. We all have the right [indiscipherable 9:50] to ours” and I keep saying “you know, we’ve just had a chat there now. That could be ‘reflection’”.

I: Absolutely. Yes. Oh, thanks for that; that’s what I’ll do for mine.

<Files\\010603 transcription> - 5.5 references coded [15.41% Coverage]

explaining research for consent

Atmosphere

Questions

Being human

Socialising

Personality

Patent Centred

Power and hierarchy

Motivation

Reflection

Emotion

Humour

Coding Density

Summary Reference Text

Section 1 of 3

Phase Five:  
Designing &  
Naming Themes

# Data Analysis: Central Organising Concepts

## — Defining each theme —

### THEME ONE Embedding IPL

The first theme captures the different ways that IPL is embedded into the learning culture of adult critical care. It considers the opportunities to integrate IPL into the culture, and how PL culture can be enhanced

e.g. finding time, resources, Professional roles, space, goals, drivers: external / internal

### THEME TWO Collaborative IPL

This second theme acknowledges the finding that learning between professionals (IPs) is enhanced with collaborative interprofessional working. Theme two considers all of the factors which can influence how people work together to improve IPL.

e.g. dialogue, IPW, boundaries, language, morale, openness, teamworking

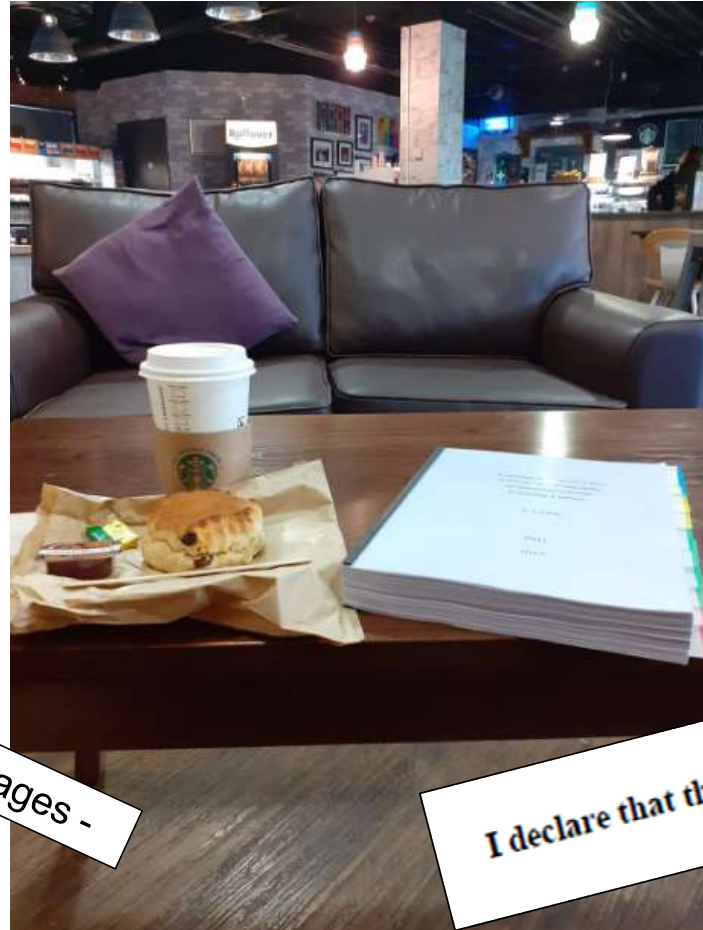
### THEME THREE Humanising IPL

The final theme really emphasises the finding that professionals are people first. Being human fosters IPL in adult critical care and this theme recognises the influence that people within a system have on culture.

e.g. being human, agents of change, role modelling, family, shared identity, solidarity/humour

**Phase Six:**  
*Writing Up*

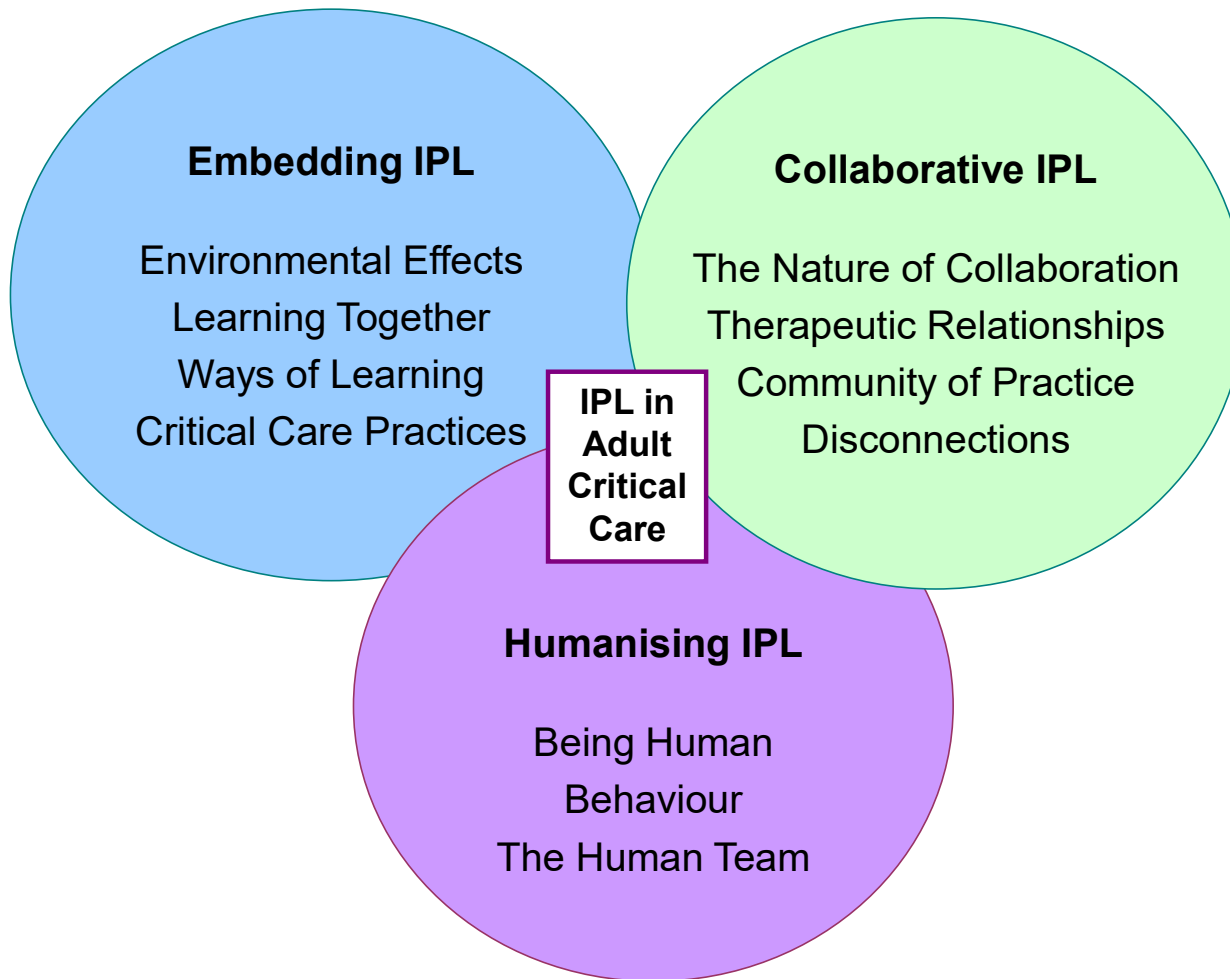
**Data Analysis: *The Thesis & the Summer of '19***



- 466 Pages -

**I declare that the word count of this thesis is 92,268 words**

# Data Analysis & the Findings



Analysis

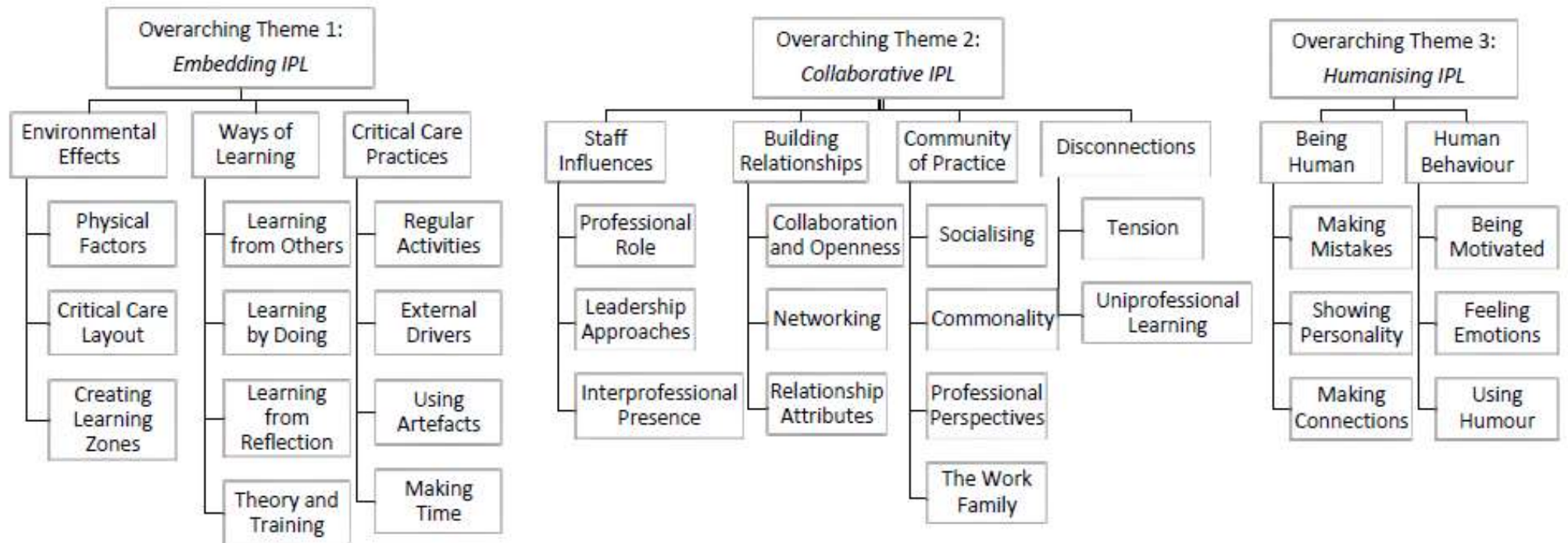
*Thematic Analysis*

3 Overarching Themes

11 Themes

38 Subthemes

**Figure 5.2** IPL Culture in Adult Critical Care: *A thematic map of findings*



**Central Organising Concepts**

<p>Overarching theme 1 captures the different ways that IPL is embedded into the learning culture of adult critical care. It considers the learning environment, opportunities to integrate IPL into daily critical care practices and the ways IPL culture can be enriched.</p>	<p>Overarching theme 2 acknowledges the finding that learning between professionals is enhanced with collaboration. Collaborative IPL explores factors which influence how people work together and interact in relation to IPL in adult critical care.</p>	<p>Overarching theme 3 emphasises that health professionals are people first. Being human fortifies IPL in adult critical care and people within a system or organisation can influence IPL culture by virtue of being human.</p>
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My Ethnographic Findings: *Read all about it...*

## My thesis & conference presentations



<http://nrl.northumbria.ac.uk/id/eprint/45621/>



[https://researchportal.northumbria.ac.uk/en/researchers/vi-kki-park\(d3da55d0-3ad1-4925-aeca-5fead2127b8b\).html](https://researchportal.northumbria.ac.uk/en/researchers/vi-kki-park(d3da55d0-3ad1-4925-aeca-5fead2127b8b).html)

*Thanks for listening...*



**Dr Park**

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