"That's not a proper ethnography": a hybrid "propportune" ethnography to study nurses' perceptions of organisational culture in a British hospital

Sambrook, Sally; Hillier, Charlotte; Doloriert, Clair

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Abstract

Purpose

This paper revolves around the central question: is it possible to do a 'proper ethnography' without complete participant observation? We draw upon a student's experiences of negotiating NHS ethical approval requirements and access into her research field, a British National Health Service (NHS) hospital, and having to adapt data collection methods for her doctoral research. We examine some of the positional (insider/outsider, native gone academic), methodological (long-term/interrupted, overt/covert,) and contextual challenges that threatened the student's ethnographic study.

Design/methodology/approach

The paper draws on reflexive vignettes, written during the student's doctorate, capturing significant moments and issues within her research.

Findings

We highlight temporal, practical, ethical and emotional challenges faced attempting an ethnography of nursing culture within a highly regulated research environment. Having revealed the student's experience of researching this specific culture and finding ways to overcome these challenges, we conclude that the contemporary ethnographer needs to be increasingly flexible, opportunistic and somewhat covert.

Research limitations/implications

We argue that it is possible to do a 'proper' and 'good' ethnography without complete participant observation – it is not the method, the observation, that is the essence of ethnography but whether the researcher achieves real understanding, through thick descriptions of the culture which explain 'what is really going on here'.

Originality/value

Having identified key challenges, we demonstrate how these can be addressed to ensure ethnography remains accessible to, and achievable for, doctoral researchers, particularly in healthcare organisations. We conclude that understanding can be attained in what we propose as a hybrid form of 'propportune' ethnography, that blends the aim of the essence of 'proper' anthropological approaches with the 'opportunism' of contemporary data collection solutions.

Introduction

Student: I set about writing up my proposal and made an appointment with the Research and Development managers in the local health trust to discuss my project and how to gain access to the hospital. The R&D team, whilst being very helpful, made it clear to me that applying to observe nurses in clinical areas was fraught with ethical issues – They highlighted issues to do with patient safety and confidentiality and access to vulnerable persons. "What, you want to observe in the clinical areas? ... Supposing a patient told you that a nurse had hit them or something like that?"

This article revolves around the question of whether it is possible to do a 'proper ethnography' without complete participant observation, one of the defining characteristics of organizational ethnographies. We believe this is an important question to ask, given the challenges researchers – and particularly doctoral candidates – may encounter when conducting research, as illustrated in the vignette above. We demonstrate how challenging it can be for doctoral researchers to do a 'full-blown' or, as the student called it, 'proper' ethnographic study. Hence, we ask if it would still be possible to do a 'good' ethnographic study. This paper draws upon a student's experiences of negotiating ethics and access into her research field, a British National Health Service (NHS) hospital, and having to adapt data collection methods for her doctoral research. The student's externally-funded project represents an attempt to bring together academics and organisations and collaboration between researchers and informants in an organisational ethnography (Fisher 2021). The study focussed on innovation in the NHS and whether the organisational culture, and specifically nursing culture, was supportive of it. The focus of this paper, illustrated in Figure 1 below, is to consider positional (person), contextual (place) and methodological (process), challenges of a doctoral student (and former nurse) in conducting ethnography in the NHS, particularly the tight constraints imposed on researchers by NHS ethical approval requirements, and the challenges of doctoral research within the neo-liberal performative university business school context, demanding top-ranked publications (Foster 2017, McCann *et al.* 2020), which can preclude lengthy periods in the field.

Figure 1: here

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Borrelli (2020) comments that while accessing and entering the "field" is of crucial relevance, ethnographic accounts often only partially disclose which hurdles were encountered, limiting or contesting researchers' aspirations to conduct fieldwork. To address this, we reveal the various hurdles encountered in a small study in a hospital setting. We draw on reflexive vignettes, written during the student's doctorate, capturing significant moments and issues within her research. Breuls (2020) argues that there is analytical value of addressing practical and emotional challenges during fieldwork. We give voice to the student's positional challenges and critically explore what constitutes good ethnography in today's neo-liberal research climate, and particularly in a public sector healthcare organisation (Oute and Rudge, 2019.

In addressing our central question, we differentiate method (observer participation) from aim (understanding) and argue understanding can be gained from thick descriptions not necessarily gained from full-blown, anthropological, participant observation. Evans (2012) argues that ethnography is not a mystical rite of passage or vague process of "deep hanging out". The aim is whether the researcher achieves thick descriptions of the culture which explain 'what is really going on here' (Geertz, 1973). Geertz argues ethnography's principal method of enquiry is 'fundamentally a project of thick description' through which behaviours and the meaning behind social and cultural acts and activities are used to 'figure out what people are really up to' (Harrison 2018, p860).

First, we present the 'problem' and share the student's attempt to access and engage in ethnographic observations in the healthcare research context. We then consider what constitutes a 'proper' or 'good' ethnography. Having revealed some of the temporal, practical, ethical and emotional challenges faced doing ethnography of nursing culture within a highly regulated research environment, we then present potential solutions demonstrating how these challenges can be addressed to ensure ethnography remains accessible to, and achievable for, doctoral researchers, particularly in the NHS. We conclude that the contemporary ethnographer needs to be even more flexible, opportunistic and (sometimes) covert. We propose a hybrid form of 'propportune' ethnography, that blends the aim of the essence of 'proper' anthropological approaches with the realistic 'opportunism' of contemporary data collection solutions.

Trying to do ethnography: initial ethical issues of observation

A fundamental – anthropological - aspect of ethnography is participant observation, not without challenges. Kozinets (2021) notes ethnographers spend much time considering the contestability and problematizing of participating in a field, particularly with the advent of technology and possibilities for virtual interactions and netnography, ==particularly post-Covid==, for example. However, our student 'simply' wished to physically enter and observe nurses in a hospital site. This context raised the first challenge.

Student: I had my supervision session today. We talked about the way forward and about suitable research methods I would use for my study. Ethnography came up and we decided that I would propose to undertake a period of observation, in the district general hospital, of nurses at work and complement this with depth interviews with nurses and nurse managers. I was told in my meeting with the hospital's Research and Development team that I would need ethical approval as well as R&D approval and the process would likely take six months or more – and even then I might be refused because of the period of observation. I was at this time a year into my PhD studies and had already had a number of delays and so couldn't risk further postponements. I was advised that without the observation component my study would only require R&D approval not ethical approval and would likely proceed fairly quickly. Given the time pressure I was under I needed to take the quicker option even if this meant changing my plans. I decided to change my data collection methods and proposed to carry out interviews, questionnaires and focus groups with nurses and to try to attend (non-clinical) meetings.

The student's conversation with the R&D team hints at the dominant form of research within the NHS, where ethics committees assess the benefits and risks of (quantitative) clinical trials involving vulnerable patients. While the student had no intention of involving vulnerable patients, observing nurses in clinical settings could compromise patient safety. NHS organisations, and particularly R&D teams and ethics committees, obviously wish to ensure no harm to patients or staff, and perhaps also ensure no harm to their reputations. Kristensen (2023) introduces the concept of meso-ethics, where organisations are defined as a distinct type of research participants, which differs from individual participants. The student was not only wishing to engage with nurses, but also had to navigate the organisation itself. The health organisation in this study had been under the public spotlight due to several performance/patient-related issues. We are careful not to reveal too much as this would compromise anonymity. The organisation-level reluctance to encourage and support

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prolonged observational inquiry, and its risk-averse stance, may not be representative of the UK public sector, or even the National Health Service as a whole, although there is increasing regulation, scrutiny and litigiousness here. Organisations such as the NHS possess resources to assert power and are stakeholders with a vested interest in the research, whether clinical, economic, managerial and/or reputational. Within meso-ethics, there is a flexible and relational power relationship between researchers and organisations, which includes a potential vulnerability to harm on both sides. To minimise potential harm, the organisation used its resources of R&D teams and ethics committees to dissuade the student from engaging in participant observation of nurses in clinical practice. The alternative methods proposed had a dual purpose – on the surface they were an 'acceptable' way of enabling the student to gather data that would be likely gain approval from the R&D panel, but also, and more importantly for her, they were all opportunities for interaction and discussion with nurses and for observation of the organization and environment. She proposed to keep field notes of all these interactions with the nurses and with the organization. However, would the study be a 'proper' ethnography if she was not a 'full blown' participant observer?

What's a 'proper' ethnography?

Ethnography is synonymous with lengthy periods of participant observation. Bryman (2004) advised caution in treating ethnography and participant observation as synonymous but maintained that 'they refer to similar if not identical approaches to data collection in which the researcher is immersed in a social setting for some time in order to observe and listen with a view to gaining an appreciation of the culture of a social group' (p.267). Watson (2011, p.204) adds: 'we cannot really learn a lot about what 'actually happens' or about 'how things work' in organizations without doing the intensive type of close-observational or participative research that is central to ethnographic endeavour.'

Waring and Jones (2016) argue healthcare researchers using the term 'ethnography' should retain a commitment to a 'unified understanding of ethnography' as a package of methods, methodology and, importantly, the production of an account shaped by the researcher's interpretation. Similarly, Jowsey (2016) argues ethnography in healthcare is not simply a method of *collecting* data but also includes *theoretical analysis and interpretation* of those, which requires a researcher's recognition of their own positionality. Figure 1 illustrates the student's positionality. Cupit *et al.,* (2018) review the use of the ethnographic label in studies within healthcare and note that while researchers have adapted methods, they have attempted

to retain some of the anthropological 'essence' of ethnography, which is what the student also attempted. Engaged in externally-funded research, the student had limited time. Yet, Cupit *et al.,* (2018) argue there is no reason why limited time should determine the usefulness of any ethnographic work. Pink and Morgan (2013) make an analytical distinction between intense, anthropologically rooted and theoretically engaged short-term ethnographies, which can still produce valuable ways of knowing about people and their environment. Similarly, Günel *et al.,* (2020) argue for 'patchwork ethnography', involving short-term visits to the field but maintaining 'long-term commitments, language proficiency, contextual knowledge, and slow thinking' characteristic of traditional anthropology.

To answer whether a 'proper' ethnography can be achieved without 'full-blown' participant observation requires de-coupling the methods and the aims of ethnography. Whilst participant observation is the *method* of data collection most commonly used in ethnography it is used with the *aim* of understanding the world of the native and the meanings of their behaviours. Brewer (2004) suggests that a variety of methods can achieve this aim and argues that ethnography is a research style, as opposed to a single method. It uses a variety of techniques of data collection all of which aim to study people in naturally occurring settings and to capture their social meanings. He adds that the methods used need to '…permit access to people's social meanings and activities and involve close association and familiarity with the social setting. This does not necessarily mean actual participation in the setting' (p.312). Scott-Jones and Watt (2010) also observe that it is possible to do ethnography without participant observation. The researcher can 'move in and out of the field setting and yet still immerse oneself in a particular social world. The relationships created and maintained with field subjects can be just as meaningful (and close) […] some research might only last a week or two and yet […] a wealth of 'thick' data that is certainly ethnographic can be obtained' (p.6). However, they do differentiate between ethnography and a 'proper' ethnography by suggesting that the latter is achieved by living long term with field subjects. They discuss core values common to ethnographers that shape the way they see their research and their discipline and 'identifies them as ethnographers rather than 'just' qualitative researchers' *(ibid).* These core values include participation, immersion, reflection, thick description and understanding:

> *Participation* – Scott-Jones and Watt (2010) recognize that participant observation is not always possible; they note that the ethnographer is committed to participate in the social worlds of the subjects on a number of levels.

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Immersion – the ethnographer aims to immerse herself in the culture and to 'learn the language'.

Reflection, reflexivity and representation - the ethnographer is continually reflecting on their work, on their place within the research and on their relationships with the subjects (positionality).

Thick description – ethnographers strive to record, not only what happens, but as much detail and context as possible in order to allow real understanding to occur.

Understanding – 'at the heart of all ethnography's core values is understanding,' Weber's concept of '*Verstehen'*, with its aim of creating interpretative bridges or frameworks for 'understanding' are at the very centre of everything that ethnographers seek to do' (ibid p.10).

The student's first hurdle was negotiating 'some' participation in the nursing social context. Through various activities, such as engaging on a return-to-practice course, the student was able to partially immerse herself in the hospital culture and learn the current nursing language. She engaged in reflexivity and monitored her positionality (Figure 1). Hague (2021) outlines the challenges of managing positionality during ethnography in a contested field, such as the NHS, and how to 'take sides' (whether the nurses' or managers', for example). Furthermore, the student engaged in thick description to develop understanding.

Thick description is a much-debated part of cultural anthropology and ethnography. Some critically explore and discuss its limitations (Harrison, 2013; and Balmaceda, 2023), some question the 'fetishization of thickness' and 'the ridiculousness of hyperthickness' (Jackson, 2013), whilst others make the case for 'thin description' (Dan-Cohen, 2019). What is generally accepted is the fluid use of and evolution of the term (Dan-Cohen,2019). We argue that thickness has continued to evolve as landscapes, parameters, power dynamics and timescales for doing ethnographic research have further shifted. Dan-Cohen criticises the current positional use of thick description as 'aesthetic markers' and 'thick aesthetics' (2019, p907) within texts, where aesthetics such as 'richness, texture and detail' are incorporated 'with no obvious collective function or utility' (ibid).

Linked to the notion of thick description is understanding. If we see understanding as the aim of ethnography then we argue that it possible to become immersed and understand these meanings and significances without using (long-term) participant observation but through

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'interrupted involvement' (Easterby-Smith *et al.* 2002, p113). Given the temporal challenge (if not impossibility) of spending a long period of time with nurses (in clinical settings) in the hospital, the student had to adapt her data collection methods. Her interaction with the field could now be classed as 'interrupted involvement', where the researcher is present sporadically and moves in and out of the organization.

Student: I spent ten years working at the district general hospital where this study is based. So, despite leaving nursing over ten years ago I have already been a participant within the culture of this hospital. Once upon a time I was a native. This surely has an impact on my ability to gain a rich understanding of the culture. Perhaps I will be able to do a proper ethnography despite only having interrupted involvement because I already know much of the culture. Or conversely perhaps I already know too much and will therefore miss certain things, take things for granted that an 'outsider' would spot straight away. Either way this highlights for me the importance of the ethnographer in doing the ethnography. What I produce at the end of this study is likely to be vastly different, because of my experiences, from what another person produces. It also highlights (again) that ethnography is not the method, the observation, the immersion, but what one does with that observation. How one interprets it and presents it, what one writes.

In this vignette, the student acknowledges that she had been a nurse in that hospital, so she knew nursing and she knew the building. This earlier experience of being an 'insider' suggests some nativeness, yet she had been away for 10 years, pursuing academic studies, and contemplating becoming an academic, perhaps now judged an 'outsider.' We further contribute to the insider/outsider debate by nuancing the student ethnographer's experience (Rosales 2021) in these fluid (Bruskin 2019), social (Lake *et al*. 2014) and fluctuating (Gosovic 2018) identities. Here the student reveals how she is working the hyphens (Cunliffe and Karunanayake 2013) and attempting to negotiate these supposed either-or roles, such as insider-outsider, overt-covert, nurse-academic, and even home-field (Günel *et al.* 2020). She had been an insider and yet had been distanced for 10 years. Yet, she knew her way around, both the culture/language/profession of nursing and the physical hospital building, although this had somewhat changed during her absence. How did she manage this insider-outsiderness? When she decided to pursue doctoral research, she had to navigate the neo-liberal university, with pressures to perform, and particularly to complete her doctorate within

the specified 3-year timeframe and write journal articles. She appeared to be an insider in the business school and yet resisted its culture. When she decided to conduct research in the NHS (related to her external funding), she embarked on a return-to-nursing course, affording some partial return to being an insider, which yielded access to the nursing culture and opportune participant observations. Yet again, the student was navigating the hyphen between overt and covert observations. These transitions across boundaries, whilst challenging, provide opportunities to gain advantages of pre-understanding as well as address criticisms of being native. This incorporation of different identities and responsibilities is similar to Lake *et al'*s (2023) concept of braided identities, where nurses are professionals, clinicians and employees. The student was not 'just' a researcher, but embraced a braided (and perhaps blurred) identity of former nurse, management graduate, potential academic, and current return-to-practice student nurse. This also resonates with Fox and Sangha (2023), who reflect on how they are paradoxically both privileged and oppressed in the social context of higher education. In our study, the student was privileged to be a funded researcher and privileged to be allowed access to the NHS organisation but was also somewhat oppressed as a qualitative management student in a positivist neoliberal university business school and impeded from engaging in participant observation of nurses. Such personal identity tensions and role dualities within the powerful NHS research site precluded the possibility of a 'proper ethnography' However, this did not constitute ethnographic failure (Verbuyst and Galazka 2023).

The study might not be a 'proper ethnography' in the eyes of the anthropologist as the researcher was not living in the field, but it can still be a 'good' ethnography if we separate fieldwork, headwork and textwork (Van Maanen, 2011). Ethnography is the product, the writing, the portrayal of the fieldwork – not only the data collection method itself. 'To portray culture requires the fieldworker to hear, to see, and, most important for our purposes, to write of what was presumably witnessed and understood during a stay in the field. Culture is not itself visible, but is made visible only through its representation' (Van Maanen, 1988 p.3). So, if the student cannot do/write a 'proper' ethnography, can it at least be a 'good' one?

What makes a 'good' ethnography?
Our central question is: Can the student do a proper ethnography without participant observation? This revolves on what constitutes an acceptable ethnography, one that is good enough. Watson (2011) suggests: 'What a good ethnographer does, in effect, is to write

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about the understandings they acquire as they learn the ropes of a particular organizational or occupational setting (or type of setting) in such a way that ,,, any reader would be able to cope and survive on board such organizational vessels whether they board those vessels as sailors, passengers or officers' (p.209). Put simply, the ethnographer's account needs to be recognizable to the research subjects.   So, for our student, her narrative needs to provide a blueprint for how to fit in as a nurse in the study site; has she really understood the culture? Is her account recognisable to the nurses themselves? Would her account of it enable an outsider to cope and survive in the local hospital?

Geertz (1973) argues that what makes a good ethnography is the degree to which one is able to clarify and 'reduce the puzzlement' of what is happening in a given cultural context. Geertz opines that one can distinguish a better account from a worse one by 'whether [a study] sorts winks from twitches and real winks from mimicked ones' (p.5). What determines if this is an acceptable ethnography is whether the student achieves thick descriptions of the culture which explain 'what is really going on here'. Having identified some of the challenges of doing either 'proper' or even 'good' organisational ethnography, we next consider possible solutions for the contemporary (student) ethnographer, which raise some additional ethical dilemmas.

Being a contemporary organisational ethnographer?

Hague (2021) outlines the challenges of managing positionality during ethnography in a contested field, such as the NHS. Given the various temporal, practical and ethical challenges, arising from the student's positionality (Figure 1), we argue that doing a 'proper' ethnography is not necessarily pragmatic in today's contemporary organisation and management research climate. However, Watson (2012) argues for everyday, opportunistic ethnography. If we accept that it *is* possible to do 'good' ethnography using interrupted involvement, how does this work in practical terms in the field and what can we learn from the student's experiences? In the following vignettes we demonstrate how important it is to maximise ethnographic data collection opportunities and how the ethnographer needs to be flexible by not limiting data collection to formal 'interruptions' such as interviews, but to also include preliminary meetings, chance encounters and informal observations, some of which may be done more informally. As such, we introduce the contemporary organisational ethnographer as i) flexible/opportunistic and ii) (somewhat) covert.

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- **The Flexible/Opportunistic Ethnographer**

To collect as much rich data and gain as much understanding of the field as possible, the student was flexible in terms of her interactions with the organisation. and every interaction was seen as a potential opportunity for data collection, all valid parts of the patchwork (Günel et al. 2020). This included phone calls, office visits, chance encounters, recruitment situations and even times when she herself was a patient in the hospital, augmenting her interview and focus group data.

Additionally, as nurses were working around the clock, the student made sure she was available outside normal office hours. She scheduled interviews and focus groups with nurses in the evenings and during night shifts as well as during the nine to five to facilitate nurses' attendance, although we acknowledge this is not always possible, given domestic responsibilities.

Even before access was granted, the student was recording her experiences and interactions with the organization. On reflection, she noted how important this was as these encounters informed her thinking and facilitated the development of her interview questions. For example, her experiences with institutional gatekeepers gave her valuable insights into the way the organization works. Gatekeepers not only constrained access intentionally as described earlier but also inadvertently, driven by organisational bureaucratic processes which procedurally hinder progress (Buskermolen, 2023). Additionally, some gatekeepers can simply be so busy that despite claiming they are keen to facilitate the research, access is delayed because they do not return emails or calls promptly. Often gatekeepers at managerial level do not answer their own phones or email (Smith 2001) and so the researcher has to manage another level of gatekeepers – the personal assistants to the managerial gatekeepers. The student, having become impatient with the time it took to receive a reply to her emails, found that the best way of moving things forward was to turn up at the gatekeeper's office and speak to the PA. This took considerably more audacity than simply sending a polite reminder email. She circumnavigated this time delay difficulty by pretending that she happened to be in the hospital anyway so thought she would drop in on the off- chance. This was not in any way unethical, but the student felt guilty, almost deceptive, with a feeling of unease (Lindberg and Eule, 2020). However, it was a successful strategy in managing her limited available time in the field.

Student: I arrived at [office] as instructed to get my badge. S (a personal assistant to the gatekeeper) looks up and asks if he can help me.

Me: "Apparently I need to contact you to get my ID badge"

S: 'Have you applied for a badge?'

Me 'Er…I'm not sure what that means – the letter I had told me to contact you'

S: 'Well you have to email me and then I send an email to [department] and they contact you and ask you to come in to have your picture taken'

Me: 'Well I'm here now, is there any way you could email them now?

S. Yes I can and then they'll call you in to have your picture taken.

Me: Oh where are they based? '

S: 'They're just downstairs'

Me: "Well (again!) I'm here now, it seems silly to have to go home and be called back - could I go and ask them perhaps?'

S: (finally seems to 'get my point') " Er ..I'll come down with you"

We walk downstairs to [department], the woman there greets us both – she greets S as though she knows him well. I explain that I'm there to have my photo taken for my badge. S is standing next to me and confirms I have his approval.

The woman says to S " have you sent an email?"

S "No, do I have to send one as well [as coming down here]?

Woman says that he does.

S shakes his head and goes back upstairs after asking me to sit and wait till he's sent the email to the woman. He then brings me a hard copy to show to the woman who then calls me in to have my picture taken.

Me: "how long will it take for my badge to be made?"

Woman: "we try to process them as quickly as possible."

It strikes me that if I'd just asked the question 'how long does it take to make the badge' without recording my experience and observations I would have a whole different view of what goes on here. I would have been told that they move things through as quickly as they can whereas in fact they are highly process-driven and do not stray from the rule path. This scenario speaks volumes about the culture in the hospital yet it is unlikely I'd have got this from an interview.

This vignette reveals much about bureaucracy in an organisation attempting to support innovation, which was the student's main focus, and particularly gaining access to study this.

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The student had to develop guile to establish and maintain relationships with gatekeepers. Buskermolen (2023) notes the difficultly of gaining access to conduct ethnography in a bureaucratic organisation, and questions the view of access as an official, singular and straightforward activity before commencing fieldwork. Instead, research in such a bureaucratic setting requires reflexivity to gain and maintain access and relationships in the field. While Buskermolen (2023) suggests the study of bureaucratic organisations is a relatively new field of investigation, such discussion is beyond this paper. What this vignette also reveals is opportunism in data collection, exposing much about the culture.

The 'data collection phase' can begin from the moment one has any contact with the organization and experience of seeking access speaks volumes about the organization. Breuls (2020) noted challenges, such as distrust from organisational gatekeepers, disruptions of organisational routines, and feelings of powerlessness, which related to emerging theoretical themes where difficulties in conducting research revealed organisational cultural difficulties. The theme of powerlessness is particularly interesting and the student was able to innovatively (and somewhat covertly) overcome this, as revealed above. Smith (2001) suggests this kind of opportunism is an asset when doing field research; we don't know when a chance encounter will lead to a valuable insight. However, while chance encounters can provide some interesting and useful stories, this is not unproblematic. One difficulty with using every interaction as a chance to learn more about the organizational culture is that it can raise ethical dilemmas for the researcher about what data can be used and how and where it would be appropriate. Even if these instances are not retold, they can still inform the researcher's thinking, analysis and writing. This leads to our second point.

- **The Covert Ethnographer**

Through maximizing opportunities and being flexible for data collection, the student's ethnography became somewhat covert, and inherent in this are ethical problems and emotional dilemmas which the student needed to address. Calvey (2008) recognises 'even when doing overt research, you can find yourself in a blurred situation with regard to confidentiality and consent' (p908). He refers to this 'consent to what' problem in that social research is often contingent and all possibilities cannot be covered by the consent form. Similarly, Lugosi (2006) argues that concealment is sometimes necessary and often unavoidable and being covert/overt is continuously negotiated throughout the fieldwork period. Strudwick (2019) discusses the tension between overt and covert observations in a

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district general hospital as being 'much more grey, fuzzy and unpredictable. There were times when the observation was covert and obvious to all involved, and then there were other times when it was not appropriate due to the nature of the work at the time to remind participants that I was there observing' (p193).

Student: *I haven't had approval to observe nurses on the wards, but I have had approval to recruit nurses on the wards to ask them to complete my questionnaire or to come and take part in a focus group. I can put up posters and hand out flyers. This means that I can put my name badge on and just walk onto the wards, I can go into the staff rooms, and I can chat to the nurses when they have a spare moment. To be honest only one person so far has looked at my name badge, it keeps twisting around on its lanyard so it's on backwards and so it could be blank as far as anyone can tell but nobody seems bothered. Given the difficulties I had with getting approval I would have thought access would be more difficult than this, but it seems that out here on the floor if you have a lanyard round your neck and a clipboard in your hand nobody really questions you. I wonder if it's my previous experience as a nurse that has taught me how to blend in or whether I'd find it easy anyway? Either way, I feel like I've sidestepped the gatekeepers!*

Later in the study …
Today I visited the wards to try to recruit nurses to do the questionnaire, a few asked about the project, and when I told them that I was studying the organizational culture they made comments about the organization, one or two laughed or joked about it. Afterwards I made notes about these conversations in my notebook and instantly felt duplicitous. Should I have told them I was going to be taking notes? Should I have asked if I could quote them? Did they think they were just chatting or did they mean me to hear their stories for my research? Even though they know I am a researcher I feel like a spy because while my research is overt, my thinking is covert. I'm keeping diaries of my experiences and notes about all my interactions, but do they belong to me? Can I use them as data or would that be unethical because I have not overtly said that I'm writing stuff down? But if I do overtly say that then perhaps nobody will tell me anything."

These last two reflections and the badge vignette reveal some of the dilemmas of what might be considered covert research and might raise meso-level (Kristensen 2023) ethical issues. However, we are confident that the student was compliant with ethical considerations. She

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had consent to obtain the badge to engage in her research activities and she does not name or potentially reveal the identity of any persons involved in her account. We adopt Humphreys and Watson's (2009) fictionalisation strategy, blurring certain 'facts', such as not revealing the names of persons involved in securing the badge. This is similar to Yim and Schwartz-Shea' s (2022) notion of constructing 'composite' actors as a means of protecting participants. Just as the student was navigating between being native and going academic, working the hyphen (Cunliffe and Karunanayake 2013) as insider and outsider, she was also navigating the hyphen between doing overt-covert research.

The student experienced fluidity and fuzziness (Strudwick 2019) between the covert and overt, which presented ethical dilemmas. Our student reflects upon 'feeling like a spy', something also observed by Baum-Taylor (2019), who argues that gaining participants' trust often requires researchers to participate overtly or covertly in people's daily lives. Similarly, Burgois (2007) questions whether 'building rapport' is a covert way of saying 'encourage people to forget that you are constantly observing them and registering everything they are saying and doing?' (pp296–7)

What is important is critically and authentically reporting such dilemmas. As Calvey (2008) states 'A proportion of covert practices are routinely glossed over in sanitized overt accounts. Moreover, it is difficult to plan, or indeed cleanse, research so that ethical dilemmas don't arise. In certain research contexts it is difficult to maintain a strict either/or division between overt and covert hence the messy reality is more akin to a continuum' (p909). Our student critically reflects upon the dilemmas she experienced and the fluidity of shifting between the overt and covert providing a sense of transparency and 'ethical reflexivity' (ibid).

Ferdinand et al., (2007) highlight a number of ethical dilemmas raised during covert ethnography such as gaining informed consent or witnessing illegal or unethical behaviour and conclude that researchers need to be aware of these ethical issues and judge each situation on its own merits considering their moral responsibilities and commitments to research participants and broader society. Advocates perceive covert ethnography as a valid method of research which offers access to data they would otherwise be unable to obtain, whereas opponents highlight it as ethically unsound and dishonest (Lugosi 2006). Apart from the debate of whether covert ethnography is 'fair' to the research participants, there is the added issue of stress for the covert ethnographer. Continually having to deceive people that

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we are building relationships with can cause considerable personal distress (Bok, 1986). Strudwick (2019) summarised this debate by highlighting tensions in conducting overt or covert ethnographic observation. We propose there is a middle ground in professional contexts, such as nursing, teaching or policing, balancing overt and covert observation. We suggest the researcher can overtly participate in formal data collection organisational encounters, such as observing staff meetings, but not in professional activities, such as dealing with clients (patients, children and offenders) and can covertly participate in peripheral, research-methods related activities, such as gaining ethical approval and access and arranging data collection.

Discussion

What can we learn from the student's experience, about doing 'proper' organizational ethnography in the NHS? We argue it *is* possible to do 'good' ethnography without full-blown, anthropological-type participant observation. We have identified considerable temporal, practical, ethical and emotional challenges and propose strategies for dealing with these locally, although such potential solutions are not without their own dilemmas.

Access to the field is always an issue for the ethnographer because of the intense and intimate nature of observational research, and is especially difficult within healthcare settings because of the highly regulated environment and presence of vulnerable persons/patients. Oute and Bjerge (2019) highlight the difficulties in gaining access to care organisations, and Buskermolen (2023) considers similar challenges in bureaucratic organisations. We suggest researchers need to be able to navigate ethics boards and adapt their data collection activities to fit their temporal frameworks. Often, ethics boards in health settings are geared up to deal with medical, clinical trials and board members may not be familiar with the aims and needs of ethnographic studies (Wainwright and Sambrook 2010). In our study, the student had to restrict access to nurses in non-clinical settings, but this was sufficient to enable her to study nurses' perceptions of their organisational culture. Thus, the student was able to fully and overtly observe as a participant in selected non-clinical activities, and covertly observe as a participant in peripheral, research-methods related activities, both of which yielded valuable data about the organisational culture. Although some chance encounters initially appeared inconsequential, upon reflection and interpretation, they offered opportune, insightful windows into the culture, crafting elements of a patchwork ethnography (Günel *et al.* 2020).

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We have identified that as well as the ethical barriers to access, there are practical issues and challenges to doing a traditional ethnography such as time spent in the field away from academic duties and research output demands. Although 'proper' ethnographies are associated with long periods spent living/being with the researched, such temporal issues need not diminish the quality or usefulness of an ethnography (Cupit *et al.,* 2018). Vindrola-Padros and Vindrola-Padros (2018) propose rapid – or 'quick and dirty' – approaches to data collection in ethnographies for generating findings within timeframes that can be actionable and improve health services.

To make sense of the student's experiences, and distinctions between 'proper' and opportunistic ethnographic approaches, we construct a potential continuum with 'proper' anthropological ethnography at one end and opportunistic, commercial ethnography at the other. In the middle, we propose a hybrid form of 'propportune' ethnography, that blends the aim of the essence of anthropological approaches – that is gaining understanding from rich descriptions – with the pragmatism of contemporary data collection solutions, whether quick and dirty, or even technologically oriented (Kozinets 2021, Alcadipani and Cunliffe 2023).

Conclusions

Günel *et al.* (2020) note 'how ethnographic practices are being reshaped by researchers' own lives and our multiple professional and personal commitments.' We have examined some of the challenges that threatened the former nurse, native gone academic, doctoral student doing 'proper' ethnography,' particularly the tighter constraints now imposed on researchers by NHS ethical approval requirements which prevented 'full blown' participant observation. Despite this, we demonstrate how 'good' ethnography can be achieved. We respond to Borrelli's (2020) comment that ethnographic accounts often only partially disclose which hurdles were encountered that limited fieldwork, and often fail to reveal positional (identity) and emotional struggles. To address this, we reveal the various challenges encountered in a small study of innovation in nursing culture in an NHS hospital by a (former) nurse. Although our context is the UK, managing health care more effectively is important in all countries (Swayne *et al*., 2008) and the discussion of exploring innovative ways to observe and understand complex, regulated healthcare organisations is transferable to other similar contexts.

Despite becoming increasingly difficult in practice, due to regulatory constraints and bureaucracy, we argue the need to find innovative ways of gathering data and achieving

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immersion to gain 'real' understanding to ensure ethnography continues to flourish. The student had to revise her research design, to exclude participant observation in the clinical setting, in the light of ethical requirements, and this led to her using every encounter with the organization as an opportunity for understanding the culture. This consequently led to personal, ethical dilemmas about the covert thinking behind her overt research. Yet this combination of overt interviews and focus groups and opportunistic, somewhat covert observations enabled a deep understanding of the culture. We cannot argue that more 'real' understanding would have been gained if formal observations on the ward had been permitted, nor that such observations were unnecessary. We can say that ward observations were not permitted and perhaps could have enriched our story, but our key point is that ethnographers sometimes, and increasingly, have to work in constrained conditions. We could also argue that the student's somewhat covert observations allowed for a more objective (real?) assessment of the culture than say an insider, ward nurse researcher. The student was able to write a good ethnography, based on interrupted involvement, given her ability to maximise every opportunity to gather data, and interpret this in a way that is both recognisable to the nurses she studied and useful to other readers of her account.

We also share how the doctoral researcher had to work the hyphens (Cunliffe and Karunanayake 2013) and navigate positionality (Hague 2021). Through reflexive vignettes, illustrating significant aspects of the student's journey, we have explored various challenges, addressing Breuls' (2020) argument that there is analytical value of addressing practical and emotional challenges during fieldwork. We have explained the student's positionality, and recognise that other researchers will inhabit different positionalities, so it is problematic to assess whether our student's specific approach could be adopted by someone who did not have the professional background and former experience in the chosen site, which yielded some depth of understanding. This again raises the insider/outsider, native gone academic debate. However, we also acknowledge that someone attempting to adopt our 'propportune' approach without the student's background might see and report something very different, which might be equally 'good' ethnography.

We argue that while it might not be possible to do a 'proper' ethnography (from an anthropologist's perspective) without complete participant observation, we can still achieve 'good' ethnography. It is not the method, the observation, that is the essence of ethnography but whether the researcher achieves real understanding, through thick descriptions of the

culture which explain 'what is really going on here'. We conclude that this can be achieved in what we propose as a hybrid form of 'propportune' ethnography, that blends the aim of the essence of 'proper' anthropological approaches with the 'opportunism' of contemporary data collection solutions.

Our contribution is to assist doctoral students to engage in 'good' ethnographic research within (potentially) risk averse host organisations, such as the NHS, whilst being located in neo-liberal performative academic organisations (Foster 2017, McCann *et al.* 2020). We wish to contribute to the journal to ensure good ethnography is accessible and achievable to (particularly) doctoral researchers, having to navigate complex challenges, exacerbated by pressures in both the host and home cultures. We wish to see doctoral researchers survive and thrive in producing good organisational ethnographies to ensure such research is published (Watson 2012), cognisant of the pressures and targets to publish in top-ranked journals (Jones *et al.* 2020).

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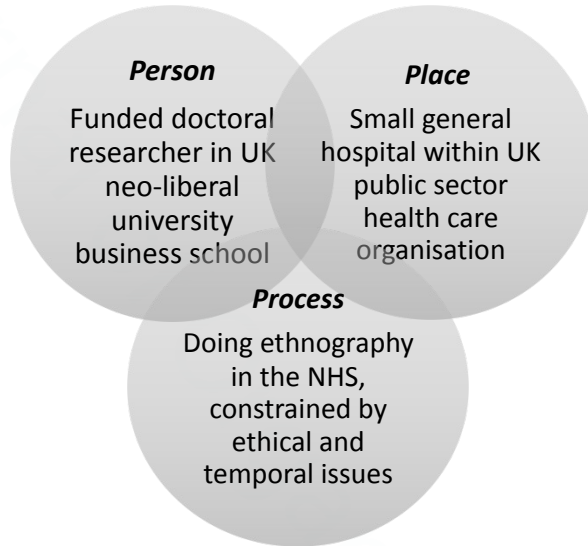
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Figure 1: Positionality of being a doctoral researcher within a neo-liberal university, conducting ethnography in the NHS

Person

Funded doctoral researcher in UK neo-liberal university business school

Place

Small general hospital within UK public sector health care organisation

Process

Doing ethnography in the NHS, constrained by ethical and temporal issues