

QUALITATIVE RESEARCH

Qualitative research methodologies: ethnography

Scott Reeves,¹ Ayelet Kuper,² Brian David Hodges³

¹Department of Psychiatry, Li Ka Shing Knowledge Institute, Centre for Faculty Development, and Wilson Centre for Research in Education, University of Toronto, 200 Elizabeth Street, Eaton South 1-565, Toronto, ON, Canada M5G 2C4

²Department of Medicine, Sunnybrook Health Sciences Centre, and Wilson Centre for Research in Education, University of Toronto, Toronto, ON, Canada M4N 3M5

³Department of Psychiatry, Wilson Centre for Research in Education, University of Toronto, Toronto, ON, Canada M5G 2C4

Correspondence to: S Reeves
scott.reeves@utoronto.ca

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The previous articles in this series discussed several methodological approaches commonly used by qualitative researchers in the health professions. This article focuses on another important qualitative methodology: ethnography. It provides background for those who will encounter this methodology in their reading rather than instructions for carrying out such research.

What is ethnography?

Ethnography is the study of social interactions, behaviours, and perceptions that occur within groups, teams, organisations, and communities. Its roots can be traced back to anthropological studies of small, rural (and often remote) societies that were undertaken in the early 1900s, when researchers such as Bronislaw Malinowski and Alfred Radcliffe-Brown participated in these societies over long periods and documented their social arrangements and belief systems. This approach was later adopted by members of the Chicago School of Sociology (for example, Everett Hughes, Robert Park, Louis Wirth) and applied to a variety of urban settings in their studies of social life.

The central aim of ethnography is to provide rich, holistic insights into people's views and actions, as well as the nature (that is, sights, sounds) of the location they inhabit, through the collection of detailed observations and interviews. As Hammersley states, "The task [of ethnographers] is to document the culture, the perspectives and practices, of the people in these settings. The aim is to 'get inside' the way each group of people sees the world."¹ Box 1 outlines the key features of ethnographic research.

Box 1 Key features of ethnographic research²

- A strong emphasis on exploring the nature of a particular social phenomenon, rather than setting out to test hypotheses about it
- A tendency to work primarily with "unstructured data"—that is, data that have not been coded at the point of data collection as a closed set of analytical categories
- Investigation of a small number of cases (perhaps even just one case) in detail
- Analysis of data that involves explicit interpretation of the meanings and functions of human actions; the product of this analysis primarily takes the form of verbal descriptions and explanations

Box 2 Nine observational dimensions and their descriptions¹¹

Space—Physical layout of the place(s)
 Actor—Range of people involved
 Activity—A set of related activities that occur
 Object—The physical things that are present
 Act—Single actions people undertake
 Event—Activities that people carry out
 Time—The sequencing of events that occur
 Goal—Things that people are trying to accomplish
 Feeling—Emotions felt and expressed

Examples of ethnographic research within the health services literature include Strauss's study of achieving and maintaining order between managers, clinicians, and patients within psychiatric hospital settings; Taxis and Barber's exploration of intravenous medication errors in acute care hospitals; Costello's examination of death and dying in elderly care wards; and Østerlund's work on doctors' and nurses' use of traditional and digital information systems in their clinical communications.³⁻⁶ Becker and colleagues' *Boys in White*, an ethnographic study of medical education in the late 1950s, remains a classic in this field.⁷

Newer developments in ethnographic inquiry include auto-ethnography, in which researchers' own thoughts and perspectives from their social interactions form the central element of a study⁸; meta-ethnography, in which qualitative research texts are analysed and synthesised to empirically create new insights and knowledge⁹; and online (or virtual) ethnography, which extends traditional notions of ethnographic study from situated observation and face to face researcher-participant interaction to technologically mediated interactions in online networks and communities.¹⁰

What should I be looking for in an ethnographic study?

Ethnographers typically gather participant observations, necessitating direct engagement and involvement with the world they are studying. Owing to the complex nature of social life, ethnographers need to record a variety of elements in their field notes (box 2).

This is the third in a series of six articles that aim to help readers to critically appraise the increasing number of qualitative research articles in clinical journals. The series editors are Ayelet Kuper and Scott Reeves.

For a definition of general terms relating to qualitative research, see the first article in this series

Box 3 Triangulation in ethnography

Triangulation is a term linked to navigation or surveying: people discover their position on a map by taking bearings on landmarks, and where the lines intersect is where they are positioned. As well as methodological triangulation, Denzin¹⁴ outlines three other types:

Data triangulation, which uses different sources of data to examine a phenomenon in several different settings and different points in time or space

Investigator triangulation, which uses multiple researchers to generate a complex range of perspectives on the data

Theory triangulation, in which researchers approach data with different concepts and theories to see how each helps to understand the data

During their observations, ethnographers routinely use informal or conversational interviews, which allow them to discuss, probe emerging issues, or ask questions about unusual events in a naturalistic manner. Because of the “casual” nature of this type of interview technique it can be useful in eliciting highly candid accounts from individuals.

Box 4 An ethnographic study of professional relationships

This ethnographic study took place in a large general hospital in the United Kingdom.¹⁵ It aimed to understand, in depth, the nature of hospital based nurse-doctor relationships in the wake of changes to health policy and to the delivery of professional education.

The author, a nurse, undertook participant observations for 10 months, during which she worked as a nurse (on an unpaid basis) with doctors, nurses, managers, and auxiliary staff on both a surgical and a medical ward. To gain a candid insight into these professionals' views, she undertook informal interviews with staff while they worked together. She also collected 57 tape recorded interviews, each lasting 60 to 90 minutes, with nurses, doctors, auxiliaries, and managers. These explored in more depth participants' views of their interprofessional relationships. Documentary data were also generated through analysis of organisational documents and through attendance at professional and managerial meetings.

The author undertook an inductive approach to data analysis, in which meanings emerged from the data through exploration of all data sets. In addition, she used data from different sources (observations, interviews, documentary data) to generate a more comprehensive understanding in the emerging analysis. The author drew upon negotiated order perspective—a sociological theory developed by Strauss to frame and illuminate the findings from her analysis. She also discussed her reflexive role in the study, and as a nurse, how that helped her secure access into this clinical setting, and how it helped her attain richer insights into the nature of nurse-doctor relationships in relation to how they negotiate professional boundaries in their clinical work.

Further reading**Books**

Atkinson P, Coffey A, Delamont S, Lofland J, Lofland L, eds. *Handbook of ethnography*. London: Sage, 2001.

Fetterman D. *Ethnography: step by step*. 2nd ed. London: Sage, 1988.

Fielding N. Ethnography. In: *Researching social life*. London: Sage, 1993:155-71.

Hammersley M, Atkinson P. *Ethnography: principles in practice*. 2nd ed. London: Routledge, 1995.

Spradley J. *The ethnographic interview*. New York: Holt, 1979.

Journal articles

Atkinson P, Pugsley L. Making sense of ethnographic research in medical education. *Med Educ* 2005;39:228-34.

Charmaz K, Oleson V. Ethnographic research in medical sociology: its foci and distinctive contributions. *Sociol Methods Res* 1997;25:452-94.

Fine G. Ten lies of ethnography. *J Contemp Ethnogr* 1993;22:267-94.

Jeffrey B, Troman G. Time for ethnography. *Br Educ Res J* 30:535-48

Savage J. Ethnography and health care. *BMJ* 2000;321:1400-2.

Ethnographers also gather formal in-depth interviews and documentary data such as minutes of meetings, diaries, and photographs.

Participants or situations are sampled on an opportunistic or purposive basis. It is also usual for ethnographers to focus upon specific features (for example, medical ward rounds) that occur within a research setting.

Analysis of ethnographic data tends to be undertaken in an inductive thematic manner: data are examined to identify and to categorise themes and key issues that “emerge” from the data. Through a careful analysis of their data, using this inductive process, ethnographers generate tentative theoretical explanations from their empirical work.

Reflexivity (that is, the relationship a researcher shares with the world he or she is investigating) is a central element of ethnographic work, owing to the relationship the ethnographer shares with participants and the ethical issues that flow from this close relationship. Within research reports, reflexivity is presented in the form of a description of the ethnographer's ideas and experiences, which can be used by readers to judge the possible impact of these influences on a study.

To enhance the quality of their work, ethnographers will often provide a detailed or “thick description” of the research setting and its participants, which will typically be based on many hours of direct observation and interviews with several key informants.¹²

SUMMARY POINTS

Ethnography is the study of social interactions, behaviours, and perceptions that occur within teams, organisations, and communities.

Ethnographic studies typically gather participant observations and interviews; through using these methods ethnographers can immerse themselves in settings and can generate rich understanding of the social action that occurs

Owing to the relationship the ethnographer shares with research participants, reflexivity (whereby ethnographers describe the relationship they shares with the people and world they are studying) occupies a central element of this type of research

Ethnographers commonly triangulate (that is, compare and contrast) interview and observation methods to enhance the quality of their work; this technique is important as what people say about their behaviour can contrast with their actual actions

In addition, ethnographic work commonly uses methodological triangulation—a technique designed to compare and contrast different types of methods to help provide more comprehensive insights into the phenomenon under study. This type of triangulation can be very useful, as sometimes what people say about their actions can contrast with their actual behaviour.¹³ Box 3 provides further information about triangulation and the different types that can be employed within ethnographic research.

Ethnographers often draw upon social sciences theory—for example, interactionism, feminism, and postmodernism, to strengthen their research focus and analyses. (The use of theory within qualitative research is examined in more depth in another paper in this series.) See box 3 for an example of an ethnographic study.

Why choose ethnography?

Ethnographic research offers several advantages. For example, the use of participant observation enables ethnographers to “immerse” themselves in a setting, thereby generating a rich understanding of social action and its subtleties in different contexts.

Participant observation also gives ethnographers opportunities to gather empirical insights into social practices that are normally “hidden” from the public gaze. Additionally, since it aims to generate holistic social accounts, ethnographic research can identify, explore, and link social phenomena which, on the surface, have little connection with each other.

Ethnographic research can be problematic. Owing to the relatively long periods of time ethnographers spend talking to participants and observing actions, it can be difficult to secure repeated access, especially if institutional gatekeepers are concerned that the research may cast their organisation in a poor light. Obtaining formal approval from research ethics

committees can be complicated. The direct interaction that occurs between ethnographers and patients or clinicians during fieldwork can be regarded with suspicion, as traditional notions of health services research rest on researchers’ detachment rather than involvement. Comprehensively recording the multifaceted nature of social action that occurs within a clinic or ward is a difficult task, as a range of temporal, spatial, and behavioural elements need to be documented (see box 1). In addition, the unpredictability of social (and clinical) life often means that ethnographers have to be flexible, patient, and persistent in their work, as data collection activities can be disrupted or access withdrawn as local circumstances and politics change.

Conclusion

Ethnography is a highly useful methodology for addressing a range of research questions within the health professions. In particular, it can generate rich and detailed accounts of clinicians’ professional and interprofessional relationships, their interactions with patients, and their approaches to delivering care, as well as in-depth accounts of patients’ care experiences. Understanding the foundations of ethnography and its key elements will help readers when they come across reports that use this methodology. A later article in this series will provide readers with a more formal framework to use when critically appraising qualitative research papers, including ethnographies. Readers interested in undertaking such research should refer to the works listed in box 4.

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- Hammersley M. *What's wrong with ethnography? Methodological explorations*. London: Routledge, 1992.
- Hammersley M, Atkinson P. *Ethnography: principles in practice*. 2nd ed. London: Routledge, 1995
- Strauss A, Schatzman D, Ehrlich R, Bucher M, Sabshin C. The hospital and its negotiated order. In: Freidson E, ed. *The hospital in modern society*. New York: Free Press, 1963:147-69.
- Taxis K, Barber N. Causes of intravenous medication errors: an ethnographic study. *Qual Saf Health Care* 2003;12:343-7.
- Costello J. Nursing older dying patients: findings from an ethnographic study of death and dying in elderly care wards. *J Adv Nurs* 2001;35:59-68.
- Østerlund C. Genre combinations: a window into dynamic communication practices. *J Manage Inf Syst* 2007;23:81-108.
- Becker H, Geer B, Hughes E, Strauss A. *Boys in white: student culture in medical school*. Chicago: University of Chicago Press, 1961.
- Reed-Danahay D. *Auto-ethnography: rewriting the self and the social*. London: Berg, 1997.
- Britten N, Campbell R, Pope C, Donovan J, Morgan M, Pill R. Using meta-ethnography to synthesise qualitative research: a worked example. *J Health Serv Res Policy* 2002;7:209-15.
- Hine C. *Virtual ethnography*. London: Sage, 2000.
- Spradley J. *Participant observation*. New York: Holt, 1980
- Geertz C. *The interpretation of cultures: selected essays*. New York: Basic Books, 1973.
- Strong P. *The ceremonial order of the clinic*. London: Routledge, 1977.
- Denzin N. *The research act in sociology*. London: Butterworth, 1970.
- Allen D. The nursing-medical boundary: a negotiated order? *Social Health Illn* 1997;19:498-520.