

Undertaking field research

Tayana Soukup¹, Benjamin W Lamb^{1,2},
Nick Sevdalis³ and James SA Green^{4,5}

Abstract

Ethnography, also known as field research, is a social science approach to studying people and groups in their natural setting. The methodology employed is qualitative, including observations and interviews. Analysis of documents, meta-ethnography and further mixed methods to obtain and analyse data collected from the field can be used to complement this. There is a general lack of field research within the healthcare setting, although it is particularly useful for understanding complex systems, and has been employed successfully in recent years to study cultures, safety and to improve quality.

Keywords

Clinical research, ethnography, field research, interviews, healthcare, observations, qualitative data, toolkit

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Introduction

Ethnography, also known as field research, is the study of people and cultures from the point of view of the subject of the study. Ethnography is a social research method (originating from anthropology and sociology) that involves the researcher being immersed into a setting in order to observe participants or the group of interest in their natural, real-world context, such as for example: in their workplace/institution, meetings, hospitals, court rooms, family settings or shopping centres. This is in contrast to experimental studies in a simulated or controlled environment, where certain elements can be manipulated and controlled for.

Ethnographic research is typically conducted in a single setting, using a qualitative approach including observations of and interviews with participants, although further mixed methods (qualitative and quantitative) can be used, to allow a detailed understanding over a sufficient period of time. In some instances, prior to beginning the observations and interviews (i.e. field work), ethnographers may find secondary data analysis useful, in order to explore and learn all that they can about their topic from the available archived data sources (e.g. site documents, policy documents, meeting minutes or

relevant guidelines); and thus, add valuable insight or information to their project. Moreover, cumulative knowledge from qualitative studies can be brought together and analysed using meta-ethnography, which is a method useful for translating studies about a similar topic into one another, synthesising translations and producing second-order interpretations.¹

¹National Institute for Health Research (NIHR) Imperial Patient Safety Translational Research Centre, Imperial College London, London, UK

²Department of Urology, University College London Hospital, London, UK

³Centre for Implementation Science, King's College London, London, UK

⁴Department of Urology, Whipps Cross University Hospital, Barts Health National Health Service (NHS) Trust, London, UK

⁵Faculty of Health and Social Care, London South Bank University, London, UK

Corresponding author:

Tayana Soukup, Centre for Patient Safety and Service Quality, Imperial College London, Saint Mary's Campus, Norfolk Place, London W2 1PG, UK.

Email: t.soukup@imperial.ac.uk

Aims of field work

The aims of field work are:

- To gain insight into the way people, as individuals or groups, go about conducting their activities and tasks naturally in their everyday lives, including activities related to any problems they might be experiencing; and
- To better understand the context in which the behaviours of interest occur, rather than studying behavioural phenomena in isolation, as might occur in experimental studies or trials.

Strengths of field research

One of the strengths of field research is its ability to answer open-ended questions in areas that have not previously been studied, and in turn to allow researchers to generate hypotheses for future research. By generating information and knowledge where little existed previously, researchers may discover new variables of interest to which they can apply quantitative methods in order to answer more specific questions. Moreover, field work can be useful in helping us understand and define complex systems, such as healthcare, by helping researchers to identify the roles of participants in a system, explore factors associated with problems (e.g. failure to recruit patients to clinical trials), developing measures and tools for particular settings (that may currently not exist at all, or be thought of as unsuitable, or simply need adapting).² An additional advantage of an ethnographic approach (i.e. one without a pre-specified hypothesis) is the freedom from constrictions or assumptions built into the original hypothesis, which can allow researchers to focus solely on the discovery of the nature of the phenomenon of interest.

Field research in healthcare

To date, there has been a general lack of research employing ethnographic methodology within healthcare. This may be due to a dominant, longstanding tradition of quantitative, outcome-oriented research, or to limitations in the understanding of the application and methodology of ethnographic research among healthcare professionals^{2,4}; however, it has been suggested that the study of complex systems such as healthcare, with multiple variables simultaneously interacting with one another, may benefit from the detailed, context-driven, open-ended approach that ethnography can offer.² For example, the effect of hospital culture on patient care has been explored using field research,^{3,4} research that was proved important with the publication of the Francis report⁶ showing that negative culture adversely affects patient care and staff wellbeing.⁵ Similarly, ethnographic methods have been used in patient safety research. Field research was used to study medical

errors and then provide explanations as to why these events occurred, which is important in order to prevent future occurrences.^{7–10} Field research can help clinicians to understand their own environment, in order to improve the quality and safety of their services. Through a process of feeding back self-reflective data (making them give a description and feedback), field researchers enabled clinicians to initiate improvement and behaviour change in their working environment.⁸

Field work has also been used to improve understanding of the interaction between patients and healthcare providers, in relation to the effect of the social and cultural background on decision making and clinical outcomes.^{11–12} For instance, studies exploring shared decision-making have suggested that good interpersonal skills and information sharing on the part of the clinician are important in encouraging patient involvement.¹³ Studies into multidisciplinary team decision-making in cancer care have identified the importance of patient-centred information and that case complexity may lead to inconsistency in decision-making.¹⁴ In nursing research, ethnography was used extensively to better understand the inter-relationship between people and their environment.¹⁵

Examples of how ethnography has been used in urology:

- Kaplan AL, Klein MP, Tan HJ, et al. Use of patient ethnography to support quality improvement in benign prostatic hyperplasia. *Health* 2014; 2: 263–267.
- Toye F, Seers K and Barker K. A meta-ethnography of patients' experiences of chronic pelvic pain: Struggling to construct chronic pelvic pain as 'real'. *J Adv Nurs* 2014; 70: 2713–2727.
- Choy I, Kitto S, Adu-Aryee N, et al. Barriers to the uptake of laparoscopic surgery in a lower-middle-income country. *Surg Endosc* 2013; 27: 4009–4015.
- Gillespie BM, Gwinner K, Chaboyer W, et al. Team communications in surgery: Creating a culture of safety. *J Interprof Care* 2013; 27: 387–393.
- Schumm K, Skea Z, McKee L, et al. 'They are doing surgery on two people': A meta-ethnography of the influences on couples' treatment decision making for prostate cancer. *Health Expect* 2010; 13: 335–349.
- Koshy S, Feustel PJ, Hong M, et al. Scribes in an ambulatory urology practice: Patient and physician satisfaction. *J Urol* 2010; 184: 258–262.
- Sinfield P, Baker R, Agarwal S, et al. Patient-centred care: What are the experiences of prostate cancer patients and their partners? *Patient Educ Couns* 2008; 73: 91–96.
- Oliffe J. Transrectal ultrasound prostate biopsy (TRUS-Bx): Patient perspectives. *Urol Nurs* 2004; 24: 395–400.

Limitations of field research

Ethnography requires the researcher to be fully emerged and integrated into the natural setting and context in order to gain detailed understanding of the phenomena in question; however, this will inevitably limit the sample size one is able to work with at a given time. What is more, field work is conducted in a single setting, studying a particular group of individuals; and as such, the findings may not be generalizable to other settings and groups. For these reasons, obtaining funding may present a challenge. In addition, some suggest that field work is subjective and interpretations may vary, while others argue that this can equally apply to quantitative approaches, which are by no means immune to subjectivity. Nonetheless, irrespective of the methodology being quantitative or qualitative, the biggest challenge that faces the non-clinical researcher embarking on field work is acceptance within the environment which they want to observe, in order to gain accurate and valuable insights; this has proven a particular challenge within the healthcare system, where having key local informants or contacts is essential.¹ For clinicians undertaking ethnographic research, taking some distance from the clinical environment within which they normally work may be a challenge; furthermore, training in ethnographic methodologies and in data collection and analysis techniques is required.

Conclusions

An improved understanding of field research and how it can add to the current body of knowledge and help improve safety and quality of the services is invaluable for developing evidence-based, patient-centred, high-value health care.

Take-home messages

1. Ethnography is about being immersed in a natural setting and context, to gain better understanding of people, behaviour and culture.
2. Ethnography is holistic; hence, although the main methodological approach is qualitative, including observations and interviews, this can be complemented using mixed methods, as well as secondary data analysis of existing site documents, prior to conducting field work.
3. Advantages are: Ethnography is discovery-based, hypothesis-free; able to address open-ended questions in unexplored areas; able to generate new hypotheses and variables for subsequent quantitative explorations; able to allow development of new tools and to gain a better understanding of the context, nature of the phenomenon of interest and complex systems.
4. Disadvantages are: Time required to conduct field work; limited sample size; lack of generalizability; acceptance of the non-clinical researcher within the environment of interest; and their ability to distance themselves from the environment, for the clinical researchers.
5. Ethnography in healthcare is not used to its full potential, due to a long-standing quantitative tradition; nonetheless, thus far it has been successfully used to study culture, patient safety and to improve service quality.

Disclosures

Author NS is the Director of London Safety and Training Solutions Ltd, which provides consultancy and advisory services on patient safety, quality improvement and training to hospitals internationally.

Conflicting interests

NS is the Director of London Safety and Training Solutions Ltd, which provides consultancy and advisory services on patient safety, quality improvement, and training to hospitals internationally. Other authors have no conflicts of interest to report.

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Ethical approval

Not applicable.

Informed consent

Not applicable.

Guarantor

TS.

Contributorship

TS, BWL, JSAG and NS conceived the study and researched the literature. TS wrote the first draft of the manuscript. All authors

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