

The Origins and Practice of Ethnography in Health Services Research

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Overview

Origins of ethnography



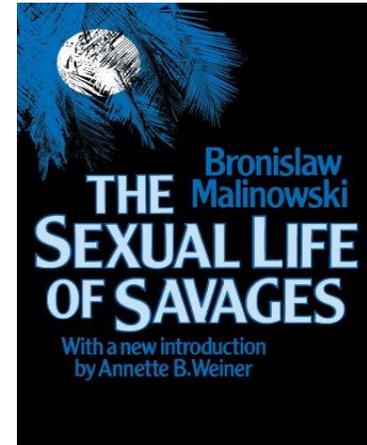
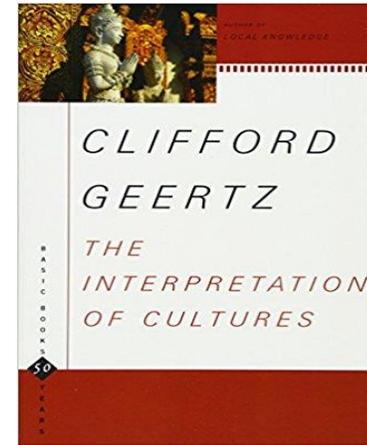
Ethnographic methods in health services research:
practice, appeal and limitations



Selected insights from my research.

Ethnography

- Anthropological roots
- Cultural phenomena
- ‘Thick’ ethnographic description (Geertz, 1973 “The Interpretation of Cultures”)
- Participant perspective?



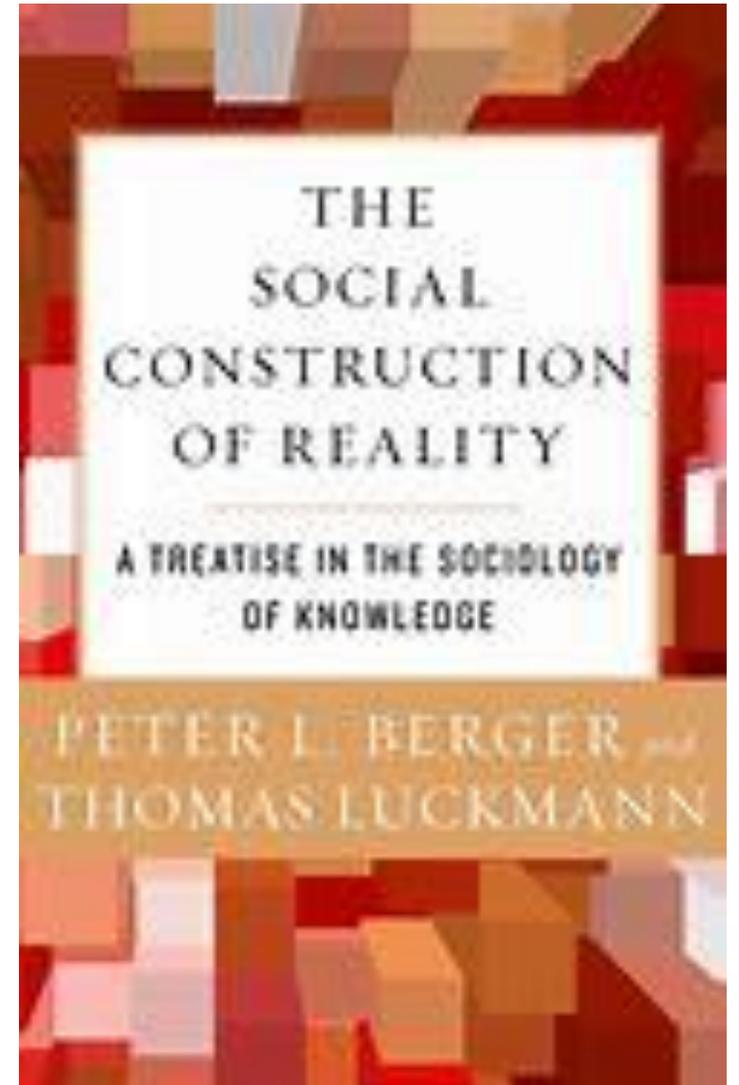
“It obviously is the integral whole consisting of implements and consumers' goods, of constitutional charters for the various social groupings, of human ideas and crafts, beliefs and customs. Whether we consider a very simple or primitive culture or an extremely complex and developed one, we are confronted by a vast apparatus, partly material, partly human and partly spiritual by which man is able to cope with the concrete specific problems that face him”

(Malinowski, 1944)

Lenses

- Epistemology
- Relevant philosophical perspectives -
 - Functionalism
 - Interpretivism
 - Social Constructivism

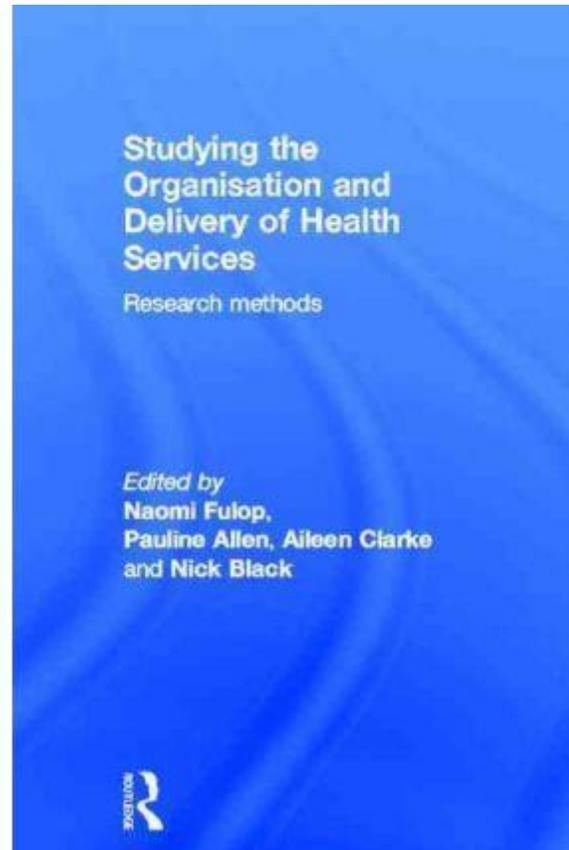
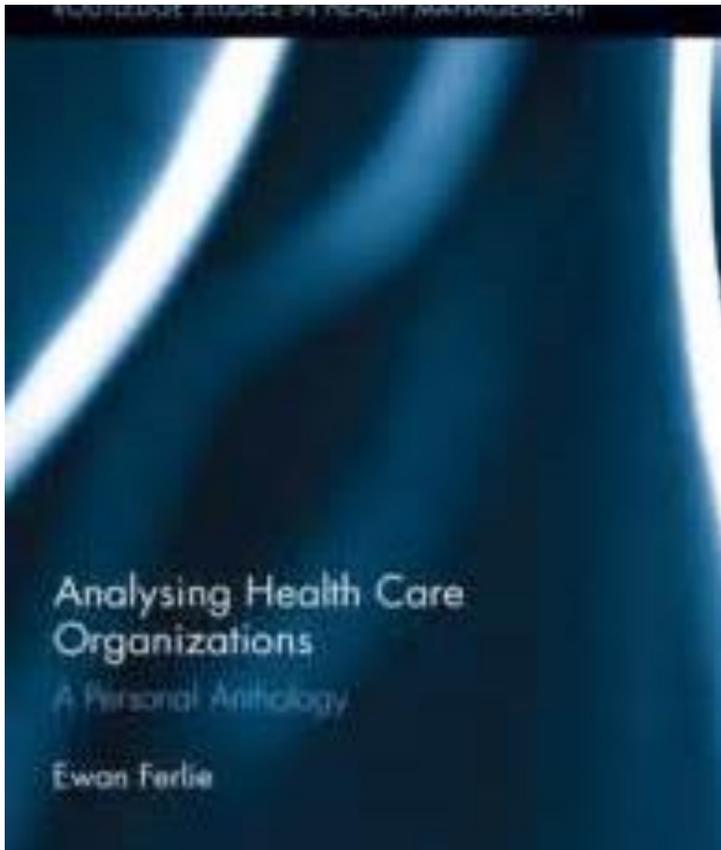
Postmodernism



Methods

- Fieldwork
- Observation – Participant & Non-Participant
- Triangulation with:
 - Interviews
 - Focus groups
 - Documentary analysis
 - Online communities
- Autoethnography & Participatory Methods
- Building ‘cases’
- Thematic analysis
 - IPA, framework analysis, discourse analysis etc.
 - Induction vs. deduction.

Applications in Health Services Research



- Organisational Study
- Understanding Patient Needs
- NHSE – Realist Evaluation (Pawson & Tilley, 1997; Greenhalgh et al., 2009)
 - ‘complex and dynamic interaction among context, mechanism, and outcome’
 - What works, for whom, under what circumstances?
 - *Not neglecting WHY something works.*
- Formative
- Large scale evaluation.

Examples

‘Hidden agendas, power and managerial assumptions in information systems development.’
(Myers et al., 1997)

- Inherently a political activity
- ‘Colonizing mechanisms’

Commissioners’ views of CCGs
(Petsoulas et al., 2014)

- ‘Vibrant market of commissioning support provision’ ?

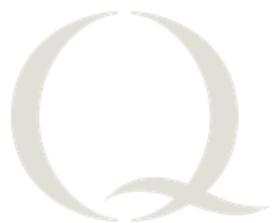
‘How do managers in the NHS respond to service user involvement in mental health services?’ (Rose et al., 2014 – NIHR Report)

- High level of involvement
- But within a system of organisational norms.

Vanguard

“But I think it’s just a new culture and I think it’s whether you’re into change or whether you want the same and for me, luckily I love change”.

(VascMK008)



Blog posts | 27 Feb 2020

Evaluating large scale imaging transformation ethnographically: findings from TOHETI

Q member, Maria Kordowicz shares learning from ethnographic evaluation research, giving an unprecedented insight into the large scale imaging improvement programme.



Maria Kordowicz

I was part of a team of researchers at the School of Population Health and Environmental Sciences, King's College London. We used ethnographic methods to evaluate the implementation of a large-scale imaging transformation and improvement programme.

Transforming Outcomes and Health Economics Through Imaging ([TOHETI](#)) is a £10m Guy's and St Thomas' NHS Foundation Trust programme, funded by the Guy's and St Thomas Charity.

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TOHETI

‘I think one of the difficulties is I think many of us don't have that much experience in research so I think in the beginning and I think now as well, where someone with experience would know certain things like, you know, what we're supposed to do, what box needs to needs to be ticked and things like that, I think it would be easier if someone had experience with research and knew what to do and it wasn't just NHS managers, so I think that's a little bit frustrating and I think just everything is a little bit slow.’

(Participant 199)

EVALUATION

Aims:

- To capture organisational understandings of how the programme develops and how it is implemented
- To assess the outcomes of the CES programme intervention and establish the programme’s impact on healthcare quality across Southwark primary care.

Qualitative & Quantitative Approaches

Evaluation Team:

Dr Mark Ashworth
 Dr Ibi Fakoya
 Dr Maria Kordowicz
 Contact: Maria.Kordowicz@kcl.ac.uk

What did we find?

- Interrupted time series - composite quality of care scores for every single long-term condition improved over the two years of study
- Strongest improvement was for COPD where overall change was significant after the intervention, implying an intervention effect.

Inception	Implementation	Diffusion
Identifying clinical priorities	Navigating a crowded QI landscape	Scale and spread
The role of credibility	Productivity and pause	COVID-19
Initiation into relational quality improvement	A culture of teamness.	
Thorny networks.		



Key ingredients:

- Informatics and analytics
- Patient involvement
- Early facilitation
- Team mix.

Rapid 'Ethnography'

 OPEN ACCESS  PEER-REVIEWED

RESEARCH ARTICLE

Community assets and multimorbidity: A qualitative scoping study

Maria Kordowicz , Dieu Hack-Polay

Published: February 24, 2021 • <https://doi.org/10.1371/journal.pone.0246856>

Article

Authors

Metrics

Comments

Media Coverage



Abstract

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Abstract

Little is known of how community assets can play a role in multimorbidity care provision. Using a rapid ethnographic approach, the study explored perceptions of the role of community assets in how multimorbidity is managed within Southwark and Lambeth in Southeast London, England. The scoping work comprised of four micro-studies covering (1) Rapid review of the literature (2) Documentary analysis of publicly available local policy documents (3) Thematic analysis of community stories and (4) Semi-structured stakeholder interviews. The data were analysed using framework thematic analysis. Themes are presented for each of the microstudies. The literature review analysis highlights the role of attitudes and understandings in the management of multiple long-term conditions and the need to move beyond silos in their management. Documentary analysis identifies a resource poor climate, whilst recognising the role of community assets and solution-focussed interventions in the management of multimorbidity. Community patient stories underline the lack of joined up care, and psychosocial issues such as the loss of control and reducing isolation. The stakeholder interview analysis reveals again a sense of disjointed care, the need for holism in the understanding and treatment of multimorbidity, whilst recognising the important role of community-based approaches, beyond the biomedical model. Recommendations stemming from the study's findings are proposed. Upholding access to and resourcing community assets

'Poor Performing' GPs

R: The GP was scared of patients. And the doctor is not 100% themselves, you can see that and that was the way the doctor was when they were working.'

At this point I spot a mouse climbing the shelves in the old reception area.

R: 'It's 'cause they don't get rid of anything'.

The GP returns. I mention the mouse, the GP says that they have not had the heart to sort this out, and then it is revealed that the GP owns another house nearby, where they wanted to transfer the paperwork from the practice premises, but the builders working on that house ran away with the money '*that's why I am stuck here*'.

Indeed, the sense of victimhood underpins much of the data gathered during the fieldwork with this practice. The practice's low QOF scores are justified by the GP on the basis of external factors such as problems intrinsic to QOF itself and the PCT's inability to understand the practice's unique position in terms of their challenging patient population. I do not recall at any point the GP conceptualising any changes which could have been made to the practice's ways of working in order to attain higher QOF scores as potential improvements. There is also no apparent reflection about how systems or clinical consultations within the practice can be improved to raise the standard of patient care. '*So these are outside factors, nothing to do with the level of patient care*' (GP, Interview 1).

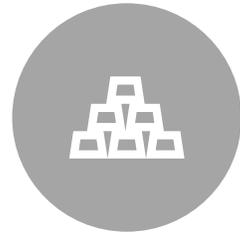
Considerations

- Power
 - Role of reflexivity
- Difficulty of transferring knowledge into action for common good (Inhorn & Wentzell, 2012)
- Expensive/lack of funding.

Opportunities



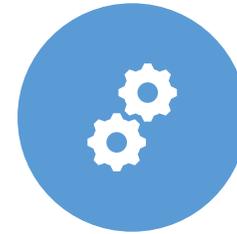
INSIDER
PERSPECTIVE



RICHNESS



HUMAN VALUES



PROCESS &
CONTEXT OVER
OUTPUTS

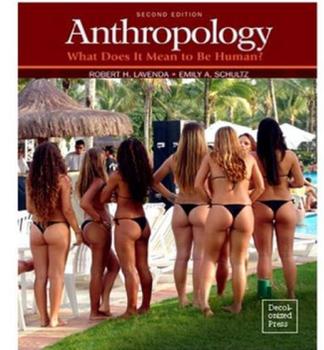
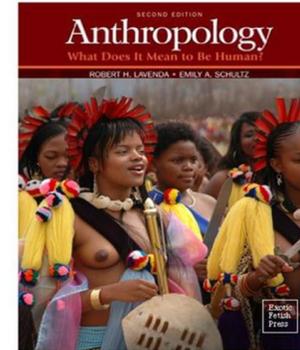


LEARNING.

Barriers

- Time & Access
- Lack of trust 'Targets & Terror'
- Contractual relationships
- Temporal demands of academic rigour
- 'Ethnography-lite'
- Translating into practice
- Managing endings.





Social Impact

- Decolonisation
- Inverting the gaze: https://dori3.typepad.com/my_weblog/2016/04/rebranding-anthropology-textbooks.html
- Collective goals & social change.

'A dialogical approach combines the voices of the researcher whose knowledge is based on scientific analysis with the voices of those whose knowledge is based on personal experience.' (Krumeich et al., 2001)



'Unlike the traditional approaches to research in which researchers generate the ideas for projects, define the methods, and interpret the outcomes, the approaches of participatory research empower community populations to shape the research agenda. Their participation often results in generating greater sociopolitical awareness and effecting systemic change in the community.' (Jason et al., 2004)

Where I am today

- Methodologically grounded in:
 - Protagonist-Led Ethnography
 - Education Movement – Paulo Freire
 - Participatory Action Research – Kurt Lewin



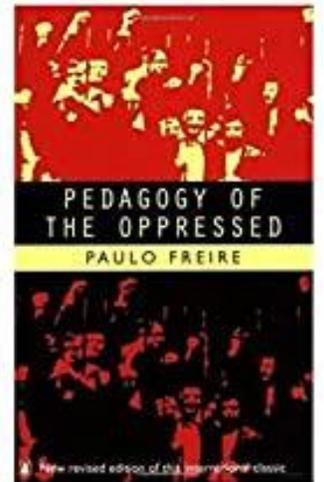
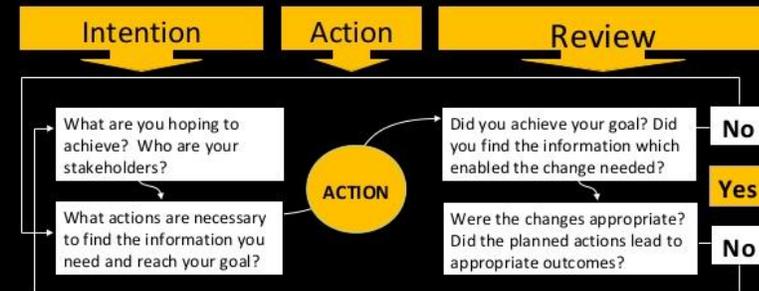
Ethnography literally means 'a portrait of a people.' An ethnography is a written description of a particular culture - the customs, beliefs, and behavior - based on information collected through fieldwork.

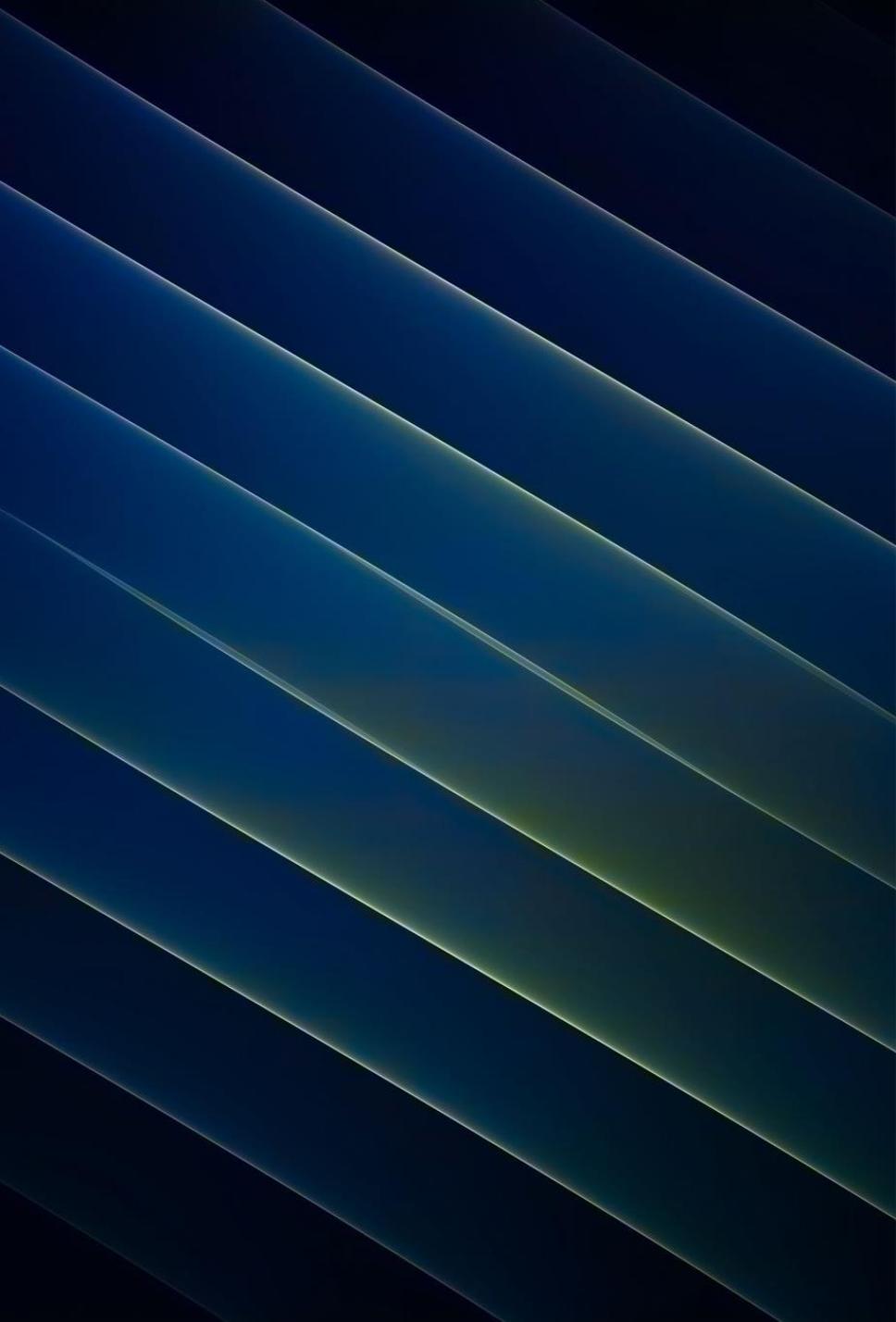
— Marvin Harris —

AZ QUOTES

Participatory Action Research

Kurt Lewin — *planning | action | reflection model*





Key messages

Ethnographically-informed approaches within health services research are gaining recognition

Reflexivity and an awareness of evaluator/client dynamics are paramount

Enable a holistic capture of richness of organisational life beyond the metrics.



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I welcome your questions.

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