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Ethnography: participatory approaches and the role of the researcher.

Liz Dixon
Teacher Educator  PhD student  Hospice director  
Hospice volunteer  Trained nurse  Interest in participatory research
Background to my research

• Year 2 of a PhD
• Research is looking at the everyday work of volunteers in a hospice.
• The contribution volunteers make to a hospice.
• The relationships between paid staff and volunteers in a professional workplace
• Situated workplace learning
Also:
• Inform the policy and practice of using volunteers in a hospice.
• Develop the research capacity of an independent organisation within the voluntary sector.
Research ethos

The research is designed to:

• Enable people within the organisation to feel valued enough so their voices are heard and debated.
  
  (Hockley, Froggatt, & Heimerl, 2012)

• Actively encourage staff and volunteers to share in the research process

• Create a ‘communicative space’ across the organisation.

  (Kemmis, 2001)
Hospice details

- Situated in North of England, opened in 1981
- Purpose built 12 bedded In-Patient Unit (IPU) and Day Hospice opened in 1995
- Currently 492 volunteers registered with the hospice
- Roles include: IPU, Day hospice, Drivers, Receptionists, Gardening, Fundraising, Charity Shops, Board of Directors ...........
• Research into palliative care: symptom control, care of patients and families, volunteers
• Researching everyday practice is less common
• Published research into volunteers and informal learning is scarce
  (Duguid, Slade, and Schugurensky 2006).
• Use of creative, representational methods to enable self-expression is underdeveloped.
  (Goodman, Froggatt and Mathie 2012).
Development of the hospice movement

• 1967: World’s first modern hospice founded in London - St Christopher’s
• Network of independent hospices developed within the UK within the charitable sector providing holistic, palliative care to people in the final stages of life
• The early hospice movement attempted to ‘escape’ from organizations (Hockley, Froggatt, & Heimerl, 2012)
• Workforce has always included both volunteers and paid staff in all aspects of the service they provide
• Palliative end of life care has now developed into a complex medical specialism in its own right
Some ‘facts and figures’

- £1.6 million spent per day on hospice care
- Only one third of that cost met by government
- UK volunteer workforce approx 70,000 in adult hospices
- Economic value of volunteers in independent hospices estimated to be over £112 million per year (Help the Hospices 2014).
- Increasing demand for volunteers as hospices expand their services.
Relevance of the research?

- Individual hospice
- Other organisations using volunteers
- ‘Volunteers’ undertaking placements and work experience, especially in care settings
Ethnography

- Ethnographers study the lived experiences, daily activities, and social/political context of everyday life from the perspectives of those being studied and typically the researcher immerses [herself ]in the natural setting for long periods of time to gain a deeper understanding of people’s lives.

(Buch and Staller 2013).
Multiple methods of data collection

- Observation and shadowing within the hospice
- Attending hospice meetings
- Formal and informal interviews
- Metaphorical modelling: group sessions based on the principles of LEGO® Serious Play® (LEGO® Open-source).

- The purposes of opening up different modes of communication is not necessarily to reach a single neat answer as ‘triangulation’ might suggest but to reveal the complexities of lived experience.

(Clark and Moss 2003)
3 Ethnographic time modes:

- Compressed: short period of intense research. Complete immersion over a period. Seeks access to all available places and people as are available.
- Recurrent: sample the same temporal phases eg Induction, Inspections, effects of change over time. More systematic approach.

(Jeffrey and Troman 2010)
Insider / Outsider

- Insider: detailed working knowledge acquired over 30 years
- Routines and practices might look so familiar that I would not see them as an outsider would. (Goodwin et al 2003).
- Spending time in places and situations within the hospice outside my usual role as a director: strategic to day to day)
- Experience and familiarity, whilst at the same time finding my curiosity and interest aroused by immersing myself in the detail and space of the day to day hospice activity – a very different perspective.
Explaining the research

- Significance of the dual role – director and researcher (power and trust)
- Building relationships with participants
- Like Herding Cats!
- Importance of verbal, visual and virtual communications. Photos of Lego sessions
- Volunteers’ meetings as a ‘gateway’
Informed consent?

Consent as a dynamic, on-going collaboration working out the details as they unfold in real time and real place – not a de-contextualised consent document that gets ‘signed-off’ (Kelley and McKee 2012)

• Informal chats and discussions – airbrushing out conversations?
• Consent in public spaces
• Bureaucratic paperwork
Research: Volunteers at Overgate

The research project
I am a Senior Lecturer at the University of Huddersfield currently undertaking research for a PhD at the university. I am also a Director at Overgate hospice.

I am carrying out my research with volunteers and staff at the hospice.

As part of my research, I will be spending time observing and speaking informally to volunteers and paid staff in the hospice. Today I will be spending some time ‘shadowing’ volunteer sessions at Overgate. This will give me an opportunity to find out more about volunteers’ role and the contribution they make to the hospice.

Taking part in the project
Participation is completely voluntary and there is no obligation to do so. If you would like to know more about the project there is an information leaflet available on reception. If you would prefer not to be involved please feel free to talk to me at the hospice about any questions or concerns. Alternatively my contact details are:

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Practical issues: Shadowing and observation

Reception area / Day hospice

- Where do I position myself?
- Who am I and what is my role?
- How to capture the data?
- The art of conversation
Practical Issues: Interviews

- Time
- Place
- Informality?
- Unexpected
- ‘Simple’ questions?
- Impact on me
Practical issues: Meetings and informal conversations

- Airbrushing out the data?
- Importance of follow up
- Anxious for results
- Influencing policy decisions
The Lego Process: Communicative space, Playful space, Reflective space
Rationale for using visual methods

My own prior experience using the technique

Advantages:

• Combines individual responses as in interviews, with group interactions characteristic of focus groups
• More considered, expansive responses
• Hearing the stories of others – organisational development
• Novelty – encourages participation
• Staff gain experience of a technique which might then be used more widely in the hospice.
Practical issues: Visual methods

- New territory for me: pilot
- Group make up: staff / volunteers / mix?
- Management of any organisational issues that emerge
- Time and space in a workplace setting
- How effective will it be?????
Vignette 1 – the volunteer drivers

Brian: I brought a patient this week and it was her first time of coming to the hospice. She was terrified. I realised as soon as I collected her... but she was great going home. She’d loved it and I couldn’t stop her talking!

Dave: You never know what you’ll find when you get there. You just have to use your initiative. They might have gone to hospital. They might have just gone out...they might have died and nobody let the hospice know....’

Mary: and they chat to you on the way home.... There was an empty chair for a couple of sessions and she asked me where x was. I had to tell her he’d died. She’d waited all day to ask.....
Vignette 2 – the volunteer receptionist

- Front of house
- Deal with everything that comes through the door
- Phone calls
- Staff
- Patients, relatives, visitors
- Money / donations / sales
- Deliveries
- Enquiries
Vignette 3: the day hospice patient

• Guess the Movie, which was led by one of the volunteers. Sitting next to a patient who talked to me about coming to the DH.:

• ‘When they suggested I try the DH I thought no – that’s somewhere to go to die. Then I thought about it and well I am dying so I’ll give it a go…….There’s everything you want here. People always here, lots of chit chat – they’re such special people – they must be handpicked – especially the drivers…….’

• It made me realise how challenging it all is. Although the atmosphere is full of smiles and banter – deliberately so. Sherry and Baileys tipple before lunch. Lots of laughing. But at the same time you are sitting talking to someone quite openly about them dying. What a span of emotion in the same breath! There’s no explicit training for the volunteers – and could you train someone anyway?

(Journal entry)
Emerging issues

- ‘I’m only a volunteer’
- Complexity of work – emotional overlay, invisible work, dealing with the unexpected
- Volunteers are a conduit for patients between staff and themselves? (Liminal space)
- Relationships between researcher and participants
- Importance of reflexivity
- Emotional impact of research – participants and researcher
Emotional aspects

• Research is not emotionally detached – lonely, turbulent, highs, lows, exciting, unpredictable ........
• The research process can have an emotional effect on the participant
  – ‘Safe questions’ can prompt unanticipated emotional responses
• Dealing with your own emotional responses
  – Exposure to events during data ‘collection’ in the field
  – Revisiting data: listening to transcriptions, writing up and sharing research experiences – as today.
  – Combining work and research role: out of one into the other.
• Implications for supporting researchers – off loading, debriefing, role of academic supervisors
Anxious not to lose sight of the messiness of doing research. It often comes across as being quite straightforward in the research journals. Researchers go in, collect data and leave.

For me an ethnography has slowed down the research process - almost slow motion?

Making me more thoughtful as a researcher.
Conclusions

• The nature of the research setting and the use of ‘novel’ research methods
  – combined to shine a spotlight on, what for me, were some taken for granted assumptions about the research process.
• Reconsider my approach to research
• Re-evaluate my skills as a researcher
• Raises issues about research supervision
• Arguably
  – applicable to research in general,
  – other methodological approaches,
Thank you for listening
References


http://www.helpthehospices.org.uk/about-hospice-care/facts-figures/
