# Sailing through Ethnographic Data Collection

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## BACKGROUND

Fieldwork and particular aspects of data collection within ethnography are not commonly described in detail within health care environment research (1)

## OBJECTIVES

- To describe particular methodological issues of data collection in a remote context.
- To propose strategies to overcome the methodological issues described.

## METHOD & DESIGN

- Focused ethnography; primary researcher lived and worked on site as a participant observer for 6 months by complete immersion (24/7) in a remote setting
- Data Collection consisted of 4 phases (2), entailing observation and participation, collection of and reflection on field notes, 49 semi-structured interviews and one focus group, and document analysis.
- The primary researcher assumed 'participant observer' position, working full time as a RN, and collecting data after hours, straddling the insider/outsider role. This balance was due to having over a decade of previous service with the organisation, and returning a decade later to conduct the research.
- Participants were recruited from the volunteer nurse cohort working and living on board. Approx. 1/3 of the total nurses volunteering throughout the period of study consented to be interviewed.
- Ethics approval was granted. Data collection activities were conducted in an overt manner and formal participant consent was gained.

## SETTING

- A mobile hospital ship providing acute and complex surgical procedures; staffed by approx. 400 volunteers, docked in a port city of a resource poor country for 10 months at a time.
- 5 Operating theatres
- 84 hospital in-patient beds
- CT scanner & medical laboratory
- Specialised teams for patient selection, rehabilitation translation & education

## PHASE 1
- **Gaining access, developing trust**
- **Identifying key informants**

## PHASE 2
- **Recruiting and gaining consent**
- **Conducting 49 interviews**

## PHASE 3
- **Reflecting on observations**
- **Document analysis**
- **Check transcriptions**

## PHASE 4
- **Resolve any ambiguities**
- **Withdrawing from site**

## REFLECTIONS AND STRATEGIES

| CHALLENGES | CONTRIBUTING FACTORS | STRATEGIES |
|---|---|---|
| Role ambiguity and blurred boundaries in researcher position | • Expectation of self and colleagues to commit to 'worker' role can lead to pressure to delay data collection and prefer more urgent needs<br>• Frequent crossing of boundaries related to shift expectations<br>• Relentless volume of work in a LMIC, with limited number of staff at any given time<br>• Ethical and moral dilemma in choosing to meet presenting work needs<br>• Fixed time constraint for gathering data and transcription | • Ensure clear boundaries are defined and articulated to all stakeholders before commencing data collection<br>• Flexibility in circumstances of sickness or increased clinical need, negotiation of hours and time allocation<br>• Needs assessment and realistic plan of research output related to data collection, with frequent adjustment as necessary |
| Geographical remoteness | • Reduced accessibility to phone and internet impacting on outside communication with research team, time difference | • Ensure clear boundaries are defined and articulated to all stakeholders before commencing data collection<br>• Flexibility in circumstances of sickness or increased clinical need, negotiation of hours and time allocation<br>• Needs assessment and realistic plan of research output related to data collection, with frequent adjustment as necessary |
| Security issues | • Possibility of an unsecured data network<br>• Physical threat of danger<br>• Necessity to live where one works to reduce risk of harm<br>• Limitations to withdraw physically or emotionally from the field | • Conduct a comprehensive risk assessment and develop a realistic plan<br>• Develop rapport and an accountability agreement with another colleague on site that can guarantee confidentiality |
| Physical environment | • Lack of private space, impacting on confidentiality, lack of secure office to physically store data<br>• Frequent disruptions to data collection<br>• High turnover of volunteer staff limited potential for member checking and developing trust over a short time frame<br>• An international team means participants may be culturally and linguistically diverse (CALD) so rapport and common understanding may take longer to develop than expected | • Find creative ways to find personal privacy and space within a noisy, hectic environment<br>• Plan meet and greet, and information sessions as soon as possible to secure recruits to study early in data collection phase<br>• Plan for appropriate time for member checking of transcripts and follow up meetings with participant |

## CONCLUSION/RECOMMENDATIONS

**The process of social research, despite best intentions and planning may not always travel the path that the researcher expects his/her rational enquiry to follow.**
**Be aware of the challenges to data collection before commencing the process and being flexible and reflexive in managing issues while in the field.**
**Prior awareness of challenges can help prepare the researcher for the navigational path of data collection and ensure integrity to the ethical principles are adhered to.**

**References: 1 Rashid, M., Caine, V., & Goez, H. (2015). The Encounters and Challenges of Ethnography as a Methodology in Health Research. International Journal of Qualitative Methods, 14(5). doi:10.1177/1609406915621421 2. Emerson, R., Fretz, R., & Shaw, L. (2011). Writing ethnographic field notes (2nd ed.). Chicago: The University of Chicago Press.**