

Commentary: Delivering direct patient care in the haemodialysis unit: a focused ethnographic study of care delivery

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It is always a pleasure to be asked to review and write a commentary on a methodology you hold dear. I have used ethnographic methods, which include participative and participant observation, open ended formal and informal interviews, documentary analysis, for 26 years and have had the privilege of teaching these methods and supervising students in their use for the last 20. As this paper shows, an ethnographic approach allows the researcher to embed herself in the field and elicit rich qualitative data which illuminates our understanding of human interactions.

Of course, there are some limitations to a focused ethnography compared to a traditional ethnography, principally, less time in the field. Nevertheless, in this particular case, the data collection lasted nine months which is a substantial amount of time spent in the insider researcher position. Balanced against a shorter time in the field than in traditional ethnography, is the strength of this study which is that the researcher is a nurse in the field she is researching and therefore is sensitive and open to the nuances of what she is observing and describing. As the first author says ‘she was ideally placed to implement an ethnographic approach’ because of her understanding of the background of the unit and the unique opportunities her role and position gave her. As I know from supervision of nursing and midwifery doctoral students, using an ethnographic approach (White et al., 2011), and from my own experience of data collection using participative observation (Allan, 2001, 2006; Allan et al., 2011), combining a research role with a nursing role offers numerous opportunities to get at the *detail of the action* that is not possible if interviews alone are used. But it’s not only the richness of the observations and the opportunities which participant observation allows, it’s the relationships which develop between participants and researcher which are another opportunity for data.

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At the heart of fieldwork are field relationships between the researcher and the researched, those who are studied or observed (Allan and Arber, 2017; Allen, 2004). Traditionally, in anthropological ethnographies of remote cultures this relationship was described as that between *emic*, the cultural insider, and *etic*, the cultural outsider. The outsider ethnographer from the West brought with him (usually they were male, although there were a few eminent female anthropologists) his Western beliefs and values which he used to make sense of what he observed which were written up as ethnographies which were read by other anthropologists (Williams, 1990). Finlay (2002) calls these 'realist tales' in the sense that the outsider view and interpretation of their observations were taken to be true. Relationships were thus constructed as one-way where the ethnographer arrived in a remote culture, observed, wrote ethnographic notes and conducted interviews and then left the culture without having 'gone native'.

Going native was seen as a real risk for ethnographers because it meant empathising with the 'natives' and becoming subjectively involved with them, which resulted (it was feared) in an inability to retain an objective, realist stance. (Early ethnographies were undertaken during the period of the Western empires and are imbued with colonialist attitudes towards those studied.) This objective realist stance meant avoiding emotions or emotional connections with those with whom one lived and at the same time observed (Williams, 1990).

One more important point to note here is that our fieldwork relationships are formed by ourselves but also by our participants, in other words, they are also active in creating our relationships (Bell, 1993). Who we are and how we are seen by our fieldwork participants is an important dimension of both fieldwork and reflexivity.

The author in this ethnography of a dialysis unit describes both the richness of the observations and the field relationships clearly, and her description of her reflexive positioning is neatly captured. As with all good ethnographic write ups, there's plenty of detail in the presentation of findings which brings the field to life. She draws on the field notes and the interview data to illuminate our understanding of practice in the renal unit and the meaning of care for patients.

I wrote in 2006 in this journal that:

It is exactly [the] comparison of data in ethnography that allows multiple stories and realities to emerge, and for the 'blandness' of organisational life to be peeled away and the complexities of practice to be revealed. (Allan, 2006: 397)

The findings in this ethnography show how being in the field and using observation and interviews with a number of participants can capture the complexities of practice.

Savage (2003) suggests that the practitioner researcher moves between the different ways of being in a more dynamic way than is possible in other methodologies and in ethnographies written by non-practitioners. The investment by researchers in the practice setting can result in close relationships resulting in receptivity to changes in practice. The rich descriptions of practice described in this paper may help practitioners compare and reflect on their own practice.

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