



HDRM 2021 Remote Ethnography



What is remote ethnography?

Ethnography is a research method within which researchers learn about the lives of the people they are interested in through first-hand immersion in their daily lives [1]. It involves the researcher spending time alongside the people they want to research, observing them, speaking with them and taking detailed fieldnotes about their everyday experiences. Researchers who use ethnographic methods seek to convey to the reader *'what actually happens in the setting (work done rather than work as imagined)'* [2]. However, because of the COVID-19 pandemic, it is not possible for the research team to safely conduct a hospital-based ethnography this year. Instead, we have designed a remote ethnographic method which will enable HDRM researchers and hospital doctors to connect remotely to discuss and reflect on their working lives.

What will participation in remote ethnography involve?

If you agree (and consent) to participate in this phase of the HDRM project, it will involve the following:

1. A short interview by Zoom or by phone (30 mins) about your work situation and your experience of working during COVID-19.
2. Signing up to the remote ethnography, which is a 12-week long WhatsApp 'conversation' between you and a HDRM researcher. This will involve you receiving 2-3 WhatsApp messages per week from the HDRM researcher, inviting you to reflect and comment on an aspect of your working life. You can contribute in writing (by text), by recording a WhatsApp audio message and/or by sending on a photograph. All will be integrated into your data transcript for approval prior to analysis.
3. An interview (60 mins) with the HDRM researcher by Zoom or by phone, to discuss some of the remote ethnography messages and to reflect on your recent work experiences more generally.

More Information about the remote ethnography

Why 12 weeks: The 12-week duration of the ethnography is designed to enable us to discuss a broad range of topics about the hospital as a workplace. It will also enable us to consider whether (and how) things change for you over this time-period.

When should you reply to messages: In our initial contact with you, we will ask you what days/what time of day would suit you to receive a message from the HDRM team and we will send our messages at those pre-arranged times/days. You should not feel under pressure to reply to the messages whenever received, but rather reply when you have sufficient time and space to do so, as you would any other non-urgent message. We do not want the messages to interrupt your work, or to add any additional pressure to your life, whether at work or at home.

How can you reply to messages: You can respond to the messages via text, WhatsApp audio message or image, whatever suits you. All will be integrated into your transcript, which will be available for you to review/amend at the end of the study. We would ask you not to include any personal data (e.g. naming a patient or colleague), but we will also remove any identifying information from your transcript prior to analysis.

What if I need to pause my participation?

If you need to pause your participation in the project at any stage for any reason, you can (e.g. if you are too busy, if you have exams, annual leave or other commitments). We will pause your participation and arrange to pick up where you left off at a later date, if that suits. If your circumstances change during the ethnography and you need to stop participating in the study altogether, you can do that at any stage. If you opt to withdraw (for any reason), you will be offered the opportunity to review/amend or delete the data you have already contributed).

References

1. O'Reilly K: **Key concepts in Ethnography** UK: Sage 2009.
2. Cupit C, Mackintosh N, Armstrong N: **Using ethnography to study improving healthcare: reflections on the 'ethnographic' label**. *BMJ quality & safety* 2018, **27**(4):258-260.