Ethnographic Research in an Acute Hospital After an Organizational Merger

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Abstract

This case study describes an ethnographic study in an acute general hospital carried out by a psychologist looking at a hospital merger. The ethnography involved observation of professional, support, and administrative staff which developed into shadowing, whereby organizational members were accompanied while carrying out their work and were asked questions while doing so. This case study also examines the challenges involved in gaining access to a hospital for research and the importance of achieving ethical approval. The research process is described in detail as is the manner in which participants were recruited once organizational permission and ethical approval were granted. Members of the nursing, medical, and administrative staff were observed and shadowed in the course of their jobs. Grounded theoretical approaches were used in the taking of notes and in producing a theory as to what was happening in the organization. The ethnographic approach used was able to highlight the concerns organizational members had about the hospital after it was merged. Also, it was able to show the daily functioning of each ward and the importance of nurses in co-ordinating ward activity. Finally, the ethnographic approach gained insight into the importance of documents and how they at times enabled or constrained hospital activity. Suggestions are made for future research in this area, including the use of mixed methods, such as surveys and in-depth personal interviews, to triangulate the observations of what a hospital worker does.

Learning Outcomes

By the end of this case, students should be able to

- Describe the main elements in organizational ethnographic research
- Recognize the key challenges when conducting ethnographic research
- Propose ways to deal effectively with the stakeholders in the organization, which is the focus of the ethnographic research
- Identify the core ethical requirements when conducting ethnographic research
- Suggest a basic ethnographic research study

Context

I’ve always been fascinated by hospitals, and that’s why I chose to carry out this research. I watched many hospital documentaries while growing up and marveled at how such a potentially difficult setting seems to come together so well. I’m also interested in what hospital workers do to ensure such a high level of patient care.

As a psychologist specializing in occupational, or work-based, settings I examine how all the different professions combine with each other to make hospitals work. In large acute hospitals, there are often
thousands of health care, administrative, and support workers—before we even think about the large amount of patients and their relatives.

Some of the questions I asked myself before I began this research were the following:

- How do hospital professionals manage to work together when they have a variety of training backgrounds and they are trying to do different things for the patient?
- How do hospital workers manage to adapt to other professionals they work with—do they have a specialized language or jargon they develop or do they have to work harder and communicate better to make sure that patient care is provided correctly?
- What can hospitals tell us about how we need to design work systems to make them successful for employees and for service users and customers?

So you can see that the research concerned an important and very interesting area for me as a psychologist—how workers relate to each other to make things happen in organizations.

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## Project Overview

I discovered from newspaper reports that a new hospital was to be built in my region, which would involve the merger of three existing hospitals. I saw this as a great opportunity to look at how the cultures of the three hospitals combined—well or badly—to make the new hospital.

As a researcher, this profound organizational change whetted my appetite, as working out workplace difficulties is what organizational practitioners want to hear—solutions to problems are our stock in trade. So rather than wanting to see problems, I wanted to see how hospital workers coped with their difficulties plus the strategies they used to overcome them.

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## Research Practicalities

One of the first difficulties to be overcome was on my side. Case studies often begin with the researcher immersed in data collection and busy getting to know who’s who and what’s what around the organization. It’s not that other organizations aren’t important, but hospitals have so much at stake:

- Very large budgets;
- Highly developed risk management policies, which analyze the chance of something going wrong and there being an insurance liability or a large financial outlay;
- The health and the lives of many patients;
- Staff professional reputation and career progression.

Thus, they need to make sure that anyone they deal with is a serious, reliable, and trustworthy
individual—particularly in this case as the hospital was going through a profound change process. They did not want to have any extra difficulties, and there was the distinct possibility that they would say something like “thanks for your interest but we’re very busy—contact us when things have settled down and we don’t have so many other [more important] commitments.”

So, receiving both ethical and organizational approval was the first most important thing I had to do—a thing frequently either overlooked or taken for granted in research. There was a very high chance that I could be turned down, and to use a poker metaphor, I had to go “all in” in my approach to the hospital. Perhaps a more formal way of saying that is that my organizational and ethical applications to the hospital had to be of the highest professional standard.

The way in which you approach an organization says a lot about you and will determine a lot about your subsequent relationship. The hospital’s representatives may not have met you before and so will be particularly sensitive to how you act in their company and how well you draft documents seeking their permission.

Because I might not have more than one chance at this, I had to do it correctly. I did the following, which I would recommend to anyone seeking permission to gather organizational data:

- **Think of anyone you know in the organization and approach them.** It could be a friend or relative who works, or has worked, in that organization. They will be able to tell you who the main players are—the people who can make a decision on your research quickly and reliably. I consulted a nurse I know and she was able to suggest I speak to a nurse working in the hospital who was able to brief me on the important organizational changes taking place and the key managers and clinical staff behind them.

- **Approach those with the power to make a decision.** Whenever I want to work with an organization, I try and meet with someone as high up the organizational hierarchy as possible. If you approach someone who is lower down the hierarchy, then they may have to refer the decision to many other people and committees, which will increase the chance that it will be refused. I had worked with a member of the medical staff previously and she was able to vouch for me when I approached the CEO, to request a meeting to brief him personally.

- **Be able to communicate your proposed research briefly but comprehensively by email or letter.** After I sent a detailed letter to the CEO describing my proposed research, he agreed to meet with me to hear a presentation about it. Luckily for me, he is very open to research and welcomed what I proposed to do. However, he said that I needed to present to the hospital’s senior management team and to the heads of the medical and nursing professions within the hospital to gain their approval and to get their buy-in on the research.

- **Be ready and willing to present your proposed research (over and over again!).** Offer to make presentations to all individuals and groups who want to know about your work—this will de-mystify you and make those listening feel they are a part of the research, irrespective of where they are on the organizational hierarchy. Make sure that your presentation is as short as possible while covering
the key areas, as all productive people in organizations are busy and need to be doing other things. When you frame your presentation, consider it from their perspective as well as yours. They will be thinking:

- **Who are you and what's your background?** So describe your professional qualifications at the start of the presentation, briefly but very comprehensively—you need to give the impression that you are a trustworthy individual who has a sophisticated education and professional training background;

- **What are you going to do in my organization and how often have you done it before?** Within the bounds of client confidentiality, give details of organizations (types if you cannot mention names) you have worked with, including how long it took and what was the outcome;

- **How will your research benefit me and my organization?** Those listening to you will be wondering why they should allocate time and resources to this—will there be any benefit to them, their functional area, or to the organization? Be explicit and state what you think the possible benefits are. Set your research in terms of the benefits to similar organizations previously. It can also be useful to advise on organizational issues they may have—if requested to do so, if you feel competent to do it, and if it does not take from your research timetable. I was asked by a number of hospital managers and care professionals for advice, and this added a small amount of time onto what I was doing, but it created goodwill and enhanced my understanding of the organization.

- **Be presentable!** Wear your best business outfit as they will respect you for making the effort for them and they will believe you are able to carry out the research properly.

- **Practice the presentation before people whose opinion you respect.** The more you practice your presentation, the better it will be. Make it succinct—to the point and delivered in a formal but friendly and confident manner. Make a practice presentation beforehand to colleagues who will give you honest feedback.

I made presentations to the senior management team and to the heads of the nursing and medical professions within the hospital, discussing the ethical and organizational aspects of my research. This led to them requesting further details and assurances in writing. The reasons for requesting ethical approval are detailed in many other places, such as in the University College London reference at the end of this case. Suffice to say that you are making a declaration to the relevant organizational authority about the research you propose to carry out and that you agree to abide by their organizational guidelines and the relevant laws of the land. If you do not have a great deal of experience in completing ethics forms, then speak to someone in your own organization who has done so. This will reduce the chance your application is rejected outright or that you have to re-submit and spend time answering further ethics questions.

After many meetings and emails, it took about 4 months before I gained permission from the senior management team and the heads of the nursing and medical sections to begin the research. I then found many people knew about the research and were comfortable participating because it had been given approval at the highest level. However, a mistake I made was in presuming that everyone knew who I was—although I
had obtained permission and had published an article describing my research in the hospital newsletter.

At every stage, you need to be ready to explain who you are, what you are doing, and why you are doing it—organizational members still want to know your background and why you are there. I briefly forgot this when arriving late to a meeting chaired by a senior doctor with members of the hospital’s administration section. The senior doctor had suggested I attend so that I could understand the large amount of work going on behind the scenes to make sure the hospital functions. I should have arrived early so that I could talk individually and collectively to those attending. I then wondered why so few people were making contributions to the meeting! Of course, everyone besides the senior doctor was wondering who this person was who they had never met before and who was taking notes. Realizing what had happened, the senior doctor introduced me at the end. I then said a few words to the effect that I would be very keen to meet them all. I met about a third of them afterward, and from individual interviews, I learned a great deal about how hospital administrators and managers often care a great deal about patients—even if they are not directly involved in patient care. I realized then that no discussion is ever wasted in research and that I might need to explain my research at every opportunity.

The key idea I’d like you to take from this section, before I go into research design, is about the importance of being professional in your approach to any organization, but especially in a hospital where there is a great deal at stake at every level. Those working there see themselves as guardians of patient care and they will tolerate nothing less than the highest research ethics standards in their organization. Thus, it is essential to have thought through your proposed research in detail, with other members of the research group, before you approach them. You only have one chance to make a first impression, so make it count!

Research Design

I chose an ethnographic approach, meaning one in which I went into the hospital environment and observed the interaction between all the people on the ward. As I did not train in an acute general hospital, as most psychologists don’t, I thought it important to get a sense of what hospital life was like before I started my observations. Therefore, I organized some informal interviews with hospital employees, both from this hospital and from others around the country, to get a sense of the key issues in:

- Hospitals in general—budgetary, professional, and workforce challenges in addition to their everyday work;
- Each of the merging hospitals—how they perceived their current organizational culture and any concerns they had about the proposed hospital merger;
- Professional concerns—what was going on in their profession and how they viewed other professions.

I think it’s also important for ethnographic organizational researchers to engage in reflexivity before they begin, that is to consider one’s background and any assumptions or pre-existing ideas which may be
inaccurate. That’s why it was important for me to ask hospital workers about their work—I needed to make sure my knowledge was up-to-date and correct. This is often called the exploratory part of research, or “dipping your toe in the water” as some call it, and it lays the ground for the main part of the research process.

Briefly, what I found from these interviews, in which I took written notes that I summarized later, was that:

- Hospitals are dynamic places in which professionals, support workers, and administrative staff heavily rely on others—the frequent simplistic “us and them” portrayal of warring professional factions in television dramas misrepresents what goes on and underestimates the respect and interdependence of those working in a hospital;
- Documents, such as medical and nursing notes, are important as they evidence how hospital workers structure their work to accommodate hospital and care requirements;
- Nurses play a pivotal role in a hospital ward; while everyone on a ward is doing something contributing to patient care, it seemed that nurses in particular “held it all together” by co-ordinating other professions and functions to make sure that the patients’ needs were taken care of either directly (through diagnosis, accurate note-taking, correct medicine dosage, and alerting medical colleagues to poor patient response) or indirectly (by making sure enough drugs were stored, the ward was cleaned, and student nurses were supervised). This list of activities is not exhaustive!

Before going onto the wards, I knew I needed, in addition to the hospital merger, to look at:

- How the same and different professionals related to each other;
- The importance of forms and documents;
- The way nurses work to co-ordinate ward activity.

The ethnographic approach I proposed to use was one whereby I simply observed what happened on the ward. There is a rich tradition in ethnography of being present to observe what goes on and then taking notes about it. Examples include the famous Hawthorne Studies in the 1920s where the researcher Felix Roethlisberger observed factory workers—at times with, and then without, the workers’ knowledge. In the case of another famous researcher, Henry Mintzberg, he walked around with managers and observed what they did every day.

I decided that I would position myself in public areas around the ward, such as beside the nurses’ station, so all on the ward could see that I was there. The problem with this can be that people’s behavior may change because they know they are being observed and so you may not be seeing their normal behavior. I believe this can be overcome by discussing what you are doing, and then by also being around for sustained periods of time, you will gain the trust of those on the ward. The same applies to patients, many of whom talked to me in detail after I was introduced to them by the nursing staff. Regarding patients, it is doubly important that you remember the assurances you made in the ethics approval process:

- Confidentiality: You should not reveal to others, unless members of your research group on this
project, where you are conducting research unless you have been given permission to disclose this. Also, you should not reveal to others who you were talking to and what they said, unless they give explicit written permission to do so. If given such permission, their comments should be anonymized so that others cannot identify them.

- Anonymization: You should anonymize your data so that the research participants cannot be identified. This may also involve anonymizing the name of their organizational section and any details which may identify their location.
- Professional ethics: You may be a member of a professional body, and as such, you will have agreed to observe that body's code of ethics, including treating research participants with dignity and using their data correctly. Even if you are not a member of a professional body, you should still observe these ethics.

## Methods in Action

Once I had received formal organizational and ethical research permission, I had meetings with hospital functional and professional heads. I asked them to recommend people throughout the hospital I could ask for permission to observe and meet with colleagues on their ward. I then sent many emails and attended many meetings before I gained this permission. Although permission had been granted at the highest level, I felt it was still important that I get the “buy-in” of those at local level.

My ethnography began on the wards, with my speaking to the ward sister and then with her colleagues—medical, support, and administrative. I quickly found out that there were particularly important times I needed to be there, including when the night shift of nurses handed over to the day shift. I decided I needed to be there to observe the typical activities for all parts of the nursing day. Over a few months, I visited a small number of wards at all times of the day and night, during the week and weekends, so that I could see what happened during the 24-hr ward cycle. In addition to gaining a much better sense of the full life of the ward, ward staff believed I was taking the research seriously. I also got to see the full variety of work on the ward.

I found taking notes, and making notes on my notes as I took them, very helpful for highlighting what I did not know about what was happening, and I would ask myself the following questions:

- Why are they doing this or that?
- Who are they talking to and why do they need to talk to them?
- What is that form they are filling out?
- Why do they need to leave the ward and what are they doing when they do so?
- How does this fit into the hospital culture as a whole?
- Are all wards the same as this one and, if not, what makes them different?

To answer these questions in greater detail, I decided to ask nurses and doctors if I could accompany, or
shadow, them while they carried out their work. I asked about 15 people of various levels of nursing and medical seniority, from student nurses to consultant surgeons. I did not ask them all at the same time but would ask them once they had shown an interest in the research and once I thought that they would be comfortable being shadowed for a few days each week. This type of shadowing is known as “non-participant shadowing” as I was not carrying out activities with those I observed. “Participant shadowing” is where a professional observes and participates, taking simultaneous and subsequent notes.

With the shadowing, I was walking around and difficulties emerged as patients and fellow workers asked what I was doing and I had to explain my research a large number of times. Nevertheless, they got used to me walking around with the professionals I was shadowing and became comfortable chatting with me on the corridors.

Ultimately, shadowing helped to improve the ethnography as many questions I had were answered by the person I was shadowing, who was then able to talk to me about the hospital’s culture and its merger. Shadowing someone while they are working is like an extended interview—you do not simply stand by them observing, but you ask why they are doing what they are doing and then you have a great deal of time to discuss organizational and professional matters. A bond of trust and mutual interest can be engendered by the whole process, which will lead to deep and representative observations on your part.

Here is an extract from the field notes I took. In it, a nurse (LR) is working on Ward M and it shows all the things she has to do in an 11-min period (15:08-15:19 hr)—from being on the phone to helping student nurses to deal with a patient’s relative. Her initials and any other identifying details about the ward have been pseudonymized, meaning that they have been given different initials so that they cannot be identified. I did this as I found in an earlier version that “Nurse A” working on “Ward X” became confusing after a while as there were so many different initials. The original, non-pseudonymized, notes are confidential, and these notes are edited versions of the originals, the latter often being hard to read as they were taken down quickly. I recommend that you learn to write quickly and develop your own type of shorthand in which you abbreviate as much as you can.

Nurse LR is working in the nursing station and engages in dialogue with relatives, ward colleagues, and student nurses:

15:08 ... Nurse LR is in the Nursing Station (NS) and a Patient (Pt) is going off to the Operating Theatre (Op Th).

15:11 ... Student Nurses (SNs) are trying to use the chute machine. They are talking to each other about it. LR comes over and tells them that it’s waiting to send a chute, and that it was broken and is now okay. LR seems to be doing clerical work in an A4 hardback book. LR picks up the phone and is interrupted by relatives around the NS. LR is asking the relatives if they’re okay and asks them to come round to the entrance of the NS. She speaks to a relative about a Pt. LR asks the Ward Clerk (WC) about where a particular Pt is. The WC accesses the computer and says that the Pt is under
Dr. L. LR says that the Pt is probably on Ward D…

15:19 LR still has the phone to her face. She seems not to have got a reply.

Practical Lessons Learned

Ethnography is a great way to see an organization up close and “unedited.” I am glad that I did not use surveys of the workforce as, while they can be good for comparing with other similar organizations, I would not have gotten to know the people and the sites I observed in terms of:

- Their particular concerns;
- Their day-to-day activities;
- The people they dealt with to do their job.

With ethnography, you need a keen eye and an ability to observe important things, even if the person you are observing takes those activities for granted—as a mere habitual activity.

When doing ethnography, I’d recommend the following:

- Speak to as many people as possible, but know when to leave people to carry on their work activities. Then once they get to know you, they may suggest other people who will participate.
- Decide whether you want to shadow or observe organizational workers. The one you choose will depend on a mixture of how comfortable you feel with either approach, what works best for the organization, and how comfortable the workers feel with either.
- If people agree to participate, then follow up with them as soon as possible. If you are slow and irregular in your contact, then they may think that you are not reliable or professional in your approach.
- Some people will decline your invitation to take part and may be a little critical of what you are doing. Don’t be dissuaded by this. They may be doing it because they are unhappy with something else, such as the culture within the organization, or they may not like research being carried out in their area. Their objections are often made in good faith, so explain your research to them and thank them for their time. Always situate yourself as a professional researcher who has obtained organizational and ethical permission to carry out the research and is a member of an academic organization and a professional body that takes ethics and confidentiality very seriously. If you are a postgraduate student carrying out such work you should state who your academic supervisor is and that people are free to contact them to ask about you and the research being carried out.
- You can never spend too much time in the research environment during ethnography. Once you get to know the workers well, you are finding out more and more each time you visit. But it is important to take time away to reflect on what you observed and to make notes about your notes and make memos to yourself—as they do in grounded theory—and then to go back and ask further questions.
These notes will help you to evolve a theory of what is happening within the organization.

- Once the research is finished, it is often a good idea to thank those who participated by giving them a small gift. This does not contravene ethical guidelines and is a reasonable acknowledgment of the time and effort they contributed to helping you with your research.

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**Conclusion**

A quote attributed to Winston Churchill is that “if I had my life to live again I wouldn’t make the same mistakes, I would make different ones.” Research is the same—mistakes can be made, but you are always trying to do it better and you learn from those mistakes, although you make more in your next research study! That is why the end of any case study, such as this, contains suggestions about how to do it better the next time. I’ll describe what I found and then at the end suggest some future avenues for research:

- I found that different wards, with personnel from different merging hospitals, carried out their work in subtly different ways—often based on the hospital they had been in before the merger. This related to how and where records were stored and how nursing and medical staff related to each other regarding patients; each of these approaches reflected a different approach to the patient–caregiver relationship.
- Although I heard no explicit complaints about the treatment of professional, support, and administrative staff from the merging hospitals, I felt that many of the staff were “waiting to see” whether one of the merging hospitals did better in terms of promotions and funding.
- The centrality of nursing I had expected was borne out in what I saw on the wards. The important role of diagnosis and prescription by the medical staff, as viewed in the media and in fictional representations, overlooks how nurses co-ordinate activity on the wards. A nurse’s obvious activities include drug dispensing, wound treatment, accompaniment to operating theater, and patient reassurance. They can obscure a nurse’s “behind-the-scenes” work to ensure a patient is provided with the care they need—through tests, surgical procedures, and even making sure that they get the correct meal—both during and after their stay in the hospital. I felt that using a survey would not have highlighted this, as many nurses take for granted seemingly mundane activities which make a great difference to patients’ lives.

If you’re carrying out similar research in future, I would recommend the following:

- A small and unobtrusive “journalist’s” notebook is very helpful, but I feel that using a recording device could help to capture what someone said exactly. No matter how quickly you write, you will miss some words or phrases. The main problem with recording is the ethical dimension, particularly in a hospital. Thus, you may be able to use it in certain parts of the hospital and not in others, due to patient confidentiality. In some organizations, people will only talk on the condition of anonymity, so you won’t be able to record this either, but nevertheless recording is an option you should think about.
• **Triangulation is always worth considering.** This is where you use a number of different methodologies to focus on the same activity from many different angles. Some call this mixed methods, which might involve using a formal survey of staff followed by the ethnography and then a standardized psychological test which had been validated in other hospitals nationally and internationally. I used interviews before and during the research, but the main focus was the ethnography. In future, interviews with organizational members away from work could give more data.

• **Speaking to patients.** Obviously, they are the most important part of any hospital and it would be good to talk to them formally about what they think of the activities around them, provided it is within ethical guidelines. This may have to take place after their hospital stay as they may be unwell or feel vulnerable while in hospital. Nevertheless, their voice would be very useful in filling in the picture of what goes on in the ward and around the hospital.

In summary, ethnography is a time-intensive method which can be extremely useful in getting to the heart of organizational activity. It requires patience and diplomacy as you meet many different people and professions in organizations. Many workers do not realize how simple things they do every day can make a profound difference to other people’s lives, and ethnography is a way those activities can be captured. It can be difficult, but ethnography is a valuable part of the methodological toolkit, especially if you enjoy working out how people and their activities make an organization tick.

### Exercises and Discussion Questions

1. Before the next class/tutorial/lecture, use a time when you are waiting for a bus or train or a friend and take down everything you see over a 10-min period. As you are doing so, write notes and questions to yourself about the people around you. For example:
   a. Write brief descriptions of the people you see and what they appear to be doing. Are they
      i. Waiting?
      ii. Talking to someone?
      iii. Smoking?
      iv. Drinking or eating?
      v. Begging?
      vi. Charity collecting?
   b. How are they doing this?
      i. With great enthusiasm?
      ii. In an uninterested manner?
   c. If you could speak to them, what questions would you ask them? These could be the questions you note for yourself.
   d. After you are away from this ethnographic site, make notes on what you observed:
i. In retrospect, what did you think of the people you saw?
ii. What were they doing, in your opinion?
iii. What remaining questions do you have, that you would ask them if you could?
e. Then prepare a brief presentation for your class or research group with vivid descriptions of the people you saw—where you saw them, what you thought they were doing, and any follow-up questions you may have for them; this is what you would do between ethnographic sessions.
f. Note: make sure that this is in a public place as you may have to ask permission to do even this simple exercise in a shopping center or on property owned by a company. Also, make sure you are unobtrusive—don’t stare at people and learn to write your remarks about someone when you aren’t looking directly at them.

2. "Fly on the wall" documentaries are a great way of seeing ethnographic research. This is where a real-life organization, for example, allows in a camera crew to be present when they conduct their business. They are frequently allowed a great deal of access to meetings, dealings with the general public and to when the organization has problems. If you see that one of these is on television, use a notebook to take notes about the people—what you think about them and questions you would like to ask them about what they are doing and why they are doing it. Do this in the same manner as the first exercise, above, and after the program, make notes on what you thought of the organization. Then make a brief presentation to other members of your class or research group about what you thought of the organization and the people in it:
   a. What does the organization do?
   b. How well do they do it?
   c. Who are the key people in the organization?
   d. How well do those people relate to each other?
   e. How do you think the organization could perform better?

3. Compose a letter to the CEO of an organization describing you, your professional/educational background, and an ethnographic piece of research you would like permission for in their organization.

4. Think about the type of ethnography you would conduct in the following organizations and any possible challenges, such as whether you should be a participant or not:
   a. A factory, making industrial machinery;
   b. A hotel;
   c. The control room of a train company;
   d. A restaurant;
   e. A fast food outlet;
   f. A large open-plan business office.
5. How important do you think ethics are in an ethnographic study, and what do you think are the main ethical challenges? How would you overcome these?

6. In this case study, the possibility of using staff surveys was discussed and rejected. If a staff survey had been used, what questions do you think should have been asked?

7. Some ethnographic studies in the past have used hidden researchers or cameras to record what people are doing. From an ethical point of view, what do you think of this? What are the arguments for and against doing so? In what circumstances do you think it is acceptable, if it is ever acceptable?

Further Reading


Web Resources

BBC documentary series on a call center (“The Call Centre”)—Retrieved from: http://www.bbc.co.uk/programmes/b03mtjjh

BBC hospital documentary series- (“The Hospital”)—Retrieved from: http://www.bbc.co.uk/programmes/b08w8ktf


TEDxBroadway talk by Ellen Isaacs on ethnography—Retrieved from: https://www.youtube.com/watch?v=nV0jY5VgymI

University College London—Retrieved from https://ethics.grad.ucl.ac.uk/why-is-ethical-approval-required.php (accessed July 30, 2017)

References
