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Qualitative Inquiry 2008; 14; 1480
DOI: 10.1177/1077800408318318

The online version of this article can be found at:
http://qix.sagepub.com/cgi/content/abstract/14/8/1480

Published by:
SAGE
http://www.sagepublications.com

Qualitative Inquiry
Volume 14 Number 8
December 2008 1480-1499

10.1177/1077800408318318
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Conspicuous Invisibility

Shadowing as a Data Collection Strategy

Elizabeth Quinlan
University of Saskatchewan

Shadowing entails a researcher closely following a subject over a period of time to investigate what people actually do in the course of their everyday lives, not what their roles dictate of them. Behaviors, opinions, actions, and explanations for those actions are reflected in the resulting thick, descriptive data. There is little written that describes the uses of shadowing as a data collection strategy; this article sets out to respond to this deficit. Based on shadowing experiences, the article explores the dimensions of conspicuous invisibility: being there but not being there, negotiating distance within the proximity to subjects, and maintaining an identity as a researcher while forming enduring friendships. It argues that shadowing is useful as a data collection technique for institutional ethnography.

Keywords: *data collection techniques; health care studies; institutional ethnography; nurse practitioners*

Multidisciplinary primary health care teams are being introduced in many regions in Canada with the goal of improving the coordination of care (Kouri & Winquist, 2004). In addition, this reform is aimed at reducing burnout among health care professionals (Canadian Health Services Research Foundation, 2006). Another health reform currently underway across Canada is the introduction of a new professional group, nurse practitioners (NPs), as part of a broader initiative to expand the role of nonphysician providers in primary care delivery. These two health reforms are being ushered in simultaneously in Saskatchewan, a province that has a notable history of progressive initiatives in health care. In Saskatchewan, NPs are institutionally situated as the cornerstone of the multidisciplinary care teams.

Against the backdrop of the evolving order of the Saskatchewan health care system, I set out to explore the teams' "knowledge work," which I have defined as the set of discursive practices by which new knowledge is

collectively created through the translation of discipline-specific knowledge. As a result of my study, I found that the introduction of multidisciplinary teams represents a shift in the mode of coordinating knowledge work. Instead of the work being coordinated by the authority historically granted to certain professions, teams coordinate their knowledge work through the communicative action of the team members. I report the findings in full elsewhere (Quinlan, in press); this article is concerned with the process of collecting data for the study.

The orienting methodology of the study was institutional ethnography (IE), an approach to sociological inquiry developed by Dorothy Smith (1987, 1999, 2005). IE investigates the coordination of people's work as it is embedded in an institutional order, that is, the complex of relations and hierarchical organization of distinct functions. It has recently attracted health researchers because of its particular applicability to exploring system-level coordination of everyday experiences (Campbell, 1998; Green, 1991; Mykhalovskiy, 2001; Rankin & Campbell, 2006).

IE facilitates an inductive method of analysis, moving from the particular experiences to the general analysis of the social relations. It starts by taking a "standpoint," an experience of everyday practice that is embedded in an institutional order. The subsequent analysis explores that order to uncover factors that shape the standpoint. The standpoint of an IE, then, is the entry point for the researcher to discover "the social while not subordinating the knowing subject to objectifed forms of knowledge" (Smith, 2005, p. 10). My study took the standpoint of the NPs as the portal into the social processes by which teams perform knowledge work. To develop a standpoint of the NP, I shadowed these newly minted health professionals into their workplaces, homes, and hearts.

Over the course of the shadowing, I found more than what might be expected from the formal education on field methods that we receive as qualitative researchers. Much has been written on how to access the field, on the prescribed methods of taking field notes, on how to leave the field, and finally on the interpretation of data once we leave the field. Yet, there is little written that describes the experiences of shadowing while collecting data for a research project. This article responds to this deficit by sharing my reflections on shadowing.

Most studies that have used shadowing as a means of collecting data have failed to link the collection technique to their research design assumptions and implications (McDonald, 2005). This article takes up MacDonald's call by exploring the links between shadowing and the epistemological and ontological assumptions of IE. My review of existing IE studies indicates

that shadowing has not yet been employed by institutional ethnographers. Through my reflections on my shadowing experience, I hope to demonstrate that this particular data collection technique is especially compatible with the goals of IE. Data collection techniques are generally not the topic of interest for institutional ethnographers. Perhaps the reflective account offered in this article will stimulate further interest in interrogating data collection techniques with special reference to their compatibility with the assumptions and goals of IE.

The article starts with a brief description of shadowing and a history of its use and then provides an outline of the features of IE before moving to my reflections on the experience.

Shadowing: Its Features and Its Uses

Shadowing entails a researcher closely following a subject over a period of time to investigate what people actually do in the course of their everyday lives, not what their roles dictate of them (Pickering, 1992). Data from shadowing are grounded in actual events rather than reconstructions of previously occurring events as in focus group and interviewing collection techniques. As a data collection strategy, shadowing is particularly suitable to answering research questions where the unit of analysis is not the individual but the social relation; positions are explored within a complex of interrelated processes. As this article will demonstrate, it is a technique that is useful for interpretative research methods.[1]

Shadowing is well-known in vocational education. It is used to expose young students to potential careers or trainees in particular trades or professions to the everyday activities of seasoned veterans. Many secondary schools have instituted designated "shadowing" days for students to observe their parents in their workplace (Levesque, Lauen, Tetelbaum, Alt, & Librera, 2000).

In the research domain, shadowing has been used in classic management studies and organizational change research as an outgrowth of the industrial time-motion studies of the 1940s and 1950s. In this context, shadowing was used for the purpose of increasing efficiency and productivity and is generally associated with the positivist assumptions of quantitative research methodologies (e.g., Walker, Guest, & Turner, 1956).

Beginning in the 1970s, the use of shadowing shifted from being a tool for quantitative measurement to a perspective-gathering mechanism and a vehicle to enhance an understanding of roles (McDonald, 2005). In this

context, made popular by the well-known management theorist Henry Mintzberg (1970, 1999), shadowing is a form of structured observation that aims to capture both behaviors and opinions. The purpose of shadowing in this context is to capture the patterned messiness of organizational life and provide answers to not only the what and how questions, but also the why questions. In contrast to a participant observer, often recently installed in the role, a shadowed individual with seasoned knowledge and experience of the role can more ably answer the why questions.

When shadowing is used in a interpretive vein, both actions and explanations for those actions are reflected in the resulting rich, thick descriptive data. With an often overwhelming amount of data, the subsequent analysis requires considerable time and effort. This can be a significant drawback in an era of increasing time-pressed research deadlines.

Data for my study were collected by shadowing as it is outlined above in the context of the interpretivist methods. The particular method I adopted was IE, a description of which now follows.

Institutional Ethnography

IE combines Marx's attention to material forces, Foucault's forms of power represented in discourse, and Garfinkel's ethnomethodology with insights gathered from Smith's involvement in activist feminism of the 1960s and 1970s. IE neither produces objective knowledge by ignoring the researchers' position, as does conventional sociology, nor does it explicitly present the subjective understandings of informants, as does say, autoethnography and other nonconventional sociologies. Like grounded theory (Charmaz, 1983; Glaser, 1978; Glaser & Strauss, 1967), IE does not aim to test preconceived hypotheses; unlike grounded theory, however, IE has no need to "subordinate what informants have said to an interpretation that is not theirs." (Smith, 2005, p. 143).

The first stage of data collection captures the local, everyday experiences that are situated within an institutional order. For instance, Pence (2001) starts with the experience of survivors of domestic violence in the context of police reporting systems, Mykhalovskiy and McCoy (2002) with the experience of people living with HIV/AIDS within their formal and informal caregiving networks.

Through a second stage of data collection and analysis of an IE study, relations that govern the everyday experiences but are not peculiar to the individuals, are investigated to explicate the forms of coordination inherent in the social organization of everyday activities. The second stage of collection

and analysis is carried out by interrogating the written, replicable texts that flow through the relevant institutions.

The resulting multistage analysis of an IE connects the actualities of people's everyday experience to the social organization that governs the local setting. Through this staged process, IE starts with an individual's experience, but also brings into focus relations that are not peculiar to that individual, "relations that reach beyond and coordinate what she or he is doing" (Smith, 2005, p. 41). Attending to both levels of analysis is what distinguishes IE from its ethnographic cousins (Campbell & Gregor, 2002).

IE does not prescribe any particular data collection strategies to investigate the everyday experiences. The techniques commonly used by IE investigators include individual interviews (Campbell, 2001), focus groups (Smith, McCoy, & Bourne, 1995), and participant observation (Diamond, 1992). Not being rooted in a positivist epistemology, IE holds no commitment to maintaining social distance between the observed and observer. "Going native" (Ackroyd & Hughes, 1992) and overidentifying with informants are identified by mainstream sociology as some of the "risks" associated with field methods (Bryman & Teevan, 2005). IE shares no such concern about such effects of being in the field.

The Study's Standpoint

IE starts by taking a "standpoint" and from that standpoint "looks up into" the social organization (Diamond, 2006). That is, from the lived experience, the IE researcher seeks to identify the social processes that shape that experience and describe how they operate as the grounds of the experience.

In this study, I take the standpoint of the NP. Their scope of practice includes both medical and nursing functions: ordering, performing, and interpreting screening and diagnostic tests; prescribing and dispensing drugs; performing minor surgical procedures; and diagnosing and treating common medical disorders (Saskatchewan Registered Nurses Association, 2004). Spanning the nursing and medical bodies of knowledge, they have the potential to bridge interprofessional boundaries and facilitate the creation and adoption of new knowledge within the teams.

In Saskatchewan, the necessary legislation introducing NPs was passed in 2004 (Saskatchewan Registered Nurses Act, 1988). Within the emerging multidisciplinary teams, Saskatchewan's NPs are often the most stable, central, and sometimes the only full-time, team members. Most teams consist of a core of practitioners, including a physician and other professionals who belong to more than one team, such as dieticians, pharmacists, and

social workers. Thus, the NPs are institutionally positioned to be the "hub" of the teams. The standpoint of these naturally occurring informants provided me with the guiding perspective to explore the changing institutional order of the health care system in Saskatchewan.

To develop a standpoint of the NP for the research on health teams, three NPs were shadowed, one from an urban, one from a rural, and the third from a remote region of Saskatchewan. The shadowing took place over an elapsed period of several weeks; because it was more convenient to do so, the remote NP was shadowed in a concentrated period of a week, whereas the urban NP was shadowed over several day-long sessions. All were recruited with the help of the Saskatchewan Registered Nurses Association, the professional organization for the province's NPs. The aim of recruitment was to maximize diversity in terms of the health care team's tenure and its geographical location. The NPs who were interested in the study then secured approval for the shadowing from their respective teams.

In keeping with the traditional IE approach, once a "standpoint" had been secured, data from interviews with appropriate policy analysts and health care administrators were collected to identify some of the institutional processes that shape the knowledge work of the teams. During this second data collection stage, texts were also explored as constituents of social relations implicated in the institutional transformations that have dominated primary health care reform over the past several decades. The focus of this article, however, is the first stage of the IE, the development of a standpoint, a focus to which we will now turn.

Barred, Admitted, and Welcomed: Stepping Into the NPs' Worlds

Prior to entering the field, I applied to the behavioral ethics committee of my academic institution for ethics approval for the study. Because institutional ethnographies are rarely planned out fully in advance, as each step determines the direction of the next, the application was made in stages. In the first stage of the application, I detailed the measures taken to assure the NPs' right to informed consent, safety, confidentiality, and anonymity. Interestingly, the application process did not require that these four ethical commandments be considered with respect to the other team members whom I would naturally encounter over the course of the shadowing.

Ethical approval processes, such as the one achieved for the purposes of this study, are generally rooted in a positivist research orientation and

therefore assume the research will be disinterested. Yet, over the course of shadowing the NPs, I increasingly became "interested." I observed NPs perform their duties, I overheard their telephone conversations, and I was privy to their interactions with their coworkers, from receptionists and inventory clerks to maintenance staff. We traveled together to off-site meetings. We shared meals and birthday celebrations.

All of the NPs were extremely generous with their time and were inclined to provide full commentary on their actions pertaining to their work in the breaks in the flow of their work. In the quiet moments of these "debriefing" sessions with the NPs, they would offer their interpretations, explanations, and conclusions concerning the day's events. Some aspects were emphasized and privileged with thoughtful analysis, others were not mentioned. What was belabored, as well as what was omitted, shaped the direction of the research.

These debriefing sessions facilitated the informants' conscious self-reflection on their actions and provided the occasion for us to validate elements of the emerging analysis and explore further questions or inconsistencies. Returning to the informants to check elements of the emerging analysis is a fundamental procedure for institutional ethnographers. The analysis of an IE "begins in experience and returns to it, having explicated how the experience came to happen as it did" (Campbell, 1998, p. 56). This form of validation was made easy by my close proximity with the informants over a period of time. In the debriefing sessions following a day of shadowing, I would ask the NP, "Is what I observed today typical of what goes on around here?' On reflection, they would say, "Oh yes that's the way it usually rolls . . ." to be followed by her description of how the team interacts, or, "Most days, I spend more seeing patients, but today I had a lot of e-mail to catch up on." Validity of the findings was further reinforced by my return to the field after the initial data collection and analysis was completed to review my tentative conclusions with some of the teams. I asked the team members, "Do you see yourself in this description?" During the ensuing discussions, they questioned some of my assumptions, proposed alternative interpretations, and confirmed some of my findings.

Throughout the shadowing, the NPs held the ultimate power to refuse or allow me entrance to various aspects of their world. Each of the NPs made decisions regarding my access based on the anticipated reaction of other team members to my standing request to follow the NP everywhere.

Some of those requests made by the NP on my behalf were refused. One in particular offered provisional acceptance if and only if I solicited and received agreement from all the clinic's patients to cover the my overhearing

phone calls and/or meetings during which client situations might be discussed. This expression of a legitimate concern regarding confidentially was ironically accompanied with a request for me to disclose the identify of other sites participating in the study.

In the field, there were conversations from which I was excluded. One NP told me, after the fact, that she had purposely did not invite me to a meeting because my presence might have hindered an open and honest airing of resentments between two team members who had been locked in a heated dispute long before I arrived. The individuals needed to release their hostilities as a first step to achieving a truce. In her informally assigned role as conciliator, the NP sought optimal "safety" for the meeting and, in her assessment, that would be more easily achieved without the presence of an outsider.

Another NP admitted me access to her consulting room, although this was not part of the data collection for the study as it was originally conceived. The focus of the study was the intra-team exchange of knowledge, not the provider–patient interactions, and the ethics approval was granted on that basis. Before each consultation, the NP would ask the patient for his or her approval for me to remain in the room. Only one of two refused; most readily agreed.

Having been shadowed before by visiting clinicians, this NP knew the value of my seeing her work in the full context of her team's patient population and the nature of the team's practice. Seeing me in the same chair that had recently been occupied by one such visiting clinician, the NP commented on the visitor's reaction to what she had observed: "I think she was surprised because she was expecting to see things like sore throats. And, that's just not how it goes down here. We see sore throats, but they're attached to somebody who is being abused and who has no food." From the team meetings, I knew well that their patient population experienced disproportionately high rates of addictions, HIV, hepatitis C, other communicable diseases, teenage pregnancy, and other health problems associated with poverty. However, it was during the NP's consultations with her patients that the full weight of these complex problems bore down on me. As profoundly moving as it was to witness their overwhelming need during the consultations, it was equally moving to behold the respect, compassion, and humanity with which she helped the patients confront their extraordinarily difficult lives.

Although my admission in the consulting room resulted in some extremely valuable data, the process of obtaining consent from these patients for me to remain in the consultation room did not conform to the usual ethics boards' requirement of signed consent forms. The patients' decision to admit me

was based only on the faith they had in their NP that she in turn trusted me to adhere to the ethical commandments. These sessions gave me significant insight into the NP's motivations, values, and philosophy of care—insight I did not anticipate being as significant as it turned out to be. Had I known the value of these data, I would have applied for ethics approval before entering the field.

Another NP not only allowed me access to her practice, but to her home as well. In our preliminary planning conversations, when I inquired about lodgings, she suggested that I come and stay with her and her family. We traveled together to and from work each day. Our evening-time conversations were filled with details of her life and the lives of the residents of the small rural community: who was married to whom, who still lives in the area, who had been lured away to seek fame and fortune in the distant, urban centers, and so on. On arriving home after a day's work, I poured over the family photo albums and local towns' history books, while she cooked the supper meal. What emerged from the photographs, and her accompanying narrative, was a complicated and overlapping web of social relations. At the center of the web were the district's homesteaders of 100 years ago, including her grandfather and her husband's grandfathers. The concentric circles of descendants took in most of the patients served by the NP's health team.

While shadowing her at work, I had noted how the NP used her knowledge of the patients and their families in her own practice, and when appropriate, she shared this information with other team members to support their collective clinical decision making. Yet, it was during the time we shared together in the evenings when the full extent of her embeddedness in the community became clear to me.

Struck by the breadth and depth of her knowledge of the patients that she brought to the team, in one of our debriefing sessions, I asked her to reflect on her role as a repository of knowledge about the patients' lives for her health team. She responded by recounting a particularly revealing incident: "I can think of the time Dr. Smith had an individual who was very difficult as far as managing his mental illness. Then I explained to him that this fellow was related to another patient with severe mental illness, whom Dr. Smith knew but had never linked the two together, even though they were the same last name." Then, imitating the physician's widening eyes and nodding head, she repeated his words, "Oh well, that explains it; no wonder there's such a problem."

Driving home together from the clinic, the NP talked about the impending loss of the clinic's general practitioner (GP). Like many rural physicians, this GP had his sights set on a medical practice in the big city where the

patient population was younger and more diverse. She said "I've gathered all kinds of information for the Board to help them find a replacement. We might have to think outside the box. But, we'll manage somehow. Being without a GP is risky, but people here are use to living with risk and relying on their own capabilities. We often have to make life-and-death decisions about our animals with nobody around to help." Her experience afforded her a confidence in the ability of the community to manage without a GP. She was not frazzled or distraught by the turn of events, but took a philosophical stance on the what would be a crisis to some.

As we passed farmhouse after farmhouse, what she was describing as the harshness of the physical environment and the required resiliency of the homesteading occupants was immediately apparent to me.

Our work-time and home-time blurred into one another. Moving with her from one sphere of her life into another, I gained considerable insight into, and an appreciation for, the demands and satisfactions of her paid and unpaid work, her adeptness at juggling both, and the depth of her dedication to her patients. Had the more traditional shadowing of the industrial time-motion studies been used, centering on the activities of only paid labor, the way the roles of the paid and unpaid work overlapped would not have been as visual to me.

Distance and Closeness

Not encumbered by the established protocols governing the relationships between researcher and researched used in traditional sociological research methods, the NPs and I were relatively free to craft our own terms of interaction. Together, we settled into a place that allowed us to share aspects of, and yet maintain our separate identities, a "conscious partiality," a simultaneous distance from, and closeness to, one another (Mies, 1983).

The distance, on one hand, was an inevitable consequence of my lack of familiarity with the clinical terminology, processes, and practices. The world of diagnostic and treatment procedures was quite foreign to me: I had no formal training in any of the health sciences and my trips to the family physicians' office were for nothing more serious than colds, influenza, and uncomplicated pregnancies.

Other health researchers have pointed to professionals' use of language that excludes outsiders, and consequently advocate the benefits of researchers' first-hand knowledge of the discourse, procedures, and practices of institutionalized health care when studying care-based interactions (e.g. Ellingson, 1998). However, as an institutional ethnographer, my lack of familiarity

with the clinical discourse was an advantage. It helped to move beyond the ideologically driven account of the informants' doings.

One of the most difficult problems in interviewing informants for an IE is that they have been "trained to use the very concepts and categories that IE researchers wish to unpack" (DeVault & McCoy, 2002, p. 760). The risk of not moving the talk from the institutional discourse to what actually happens is that the resulting data are merely an articulation of the institutional ideology and therefore not useful for an IE. The problem is even more difficult to overcome when both the informant and the researcher are familiar with the institutional discourse.

I was not socialized by the professional training and consequently I did not have the stock of "insider," tacit understandings of the professionals' work. That is, I did not have access to the institutional discourse, with all of its embedded, unspoken assumptions that the way the work is organized and coordinated is inherently rational (Smith, 2005).

With little exposure to the norms, interests, and institutional discourse of the health professions, I was able to observe each of the team members as proxies for the bodies of professional knowledge and witness their discursive actions of clinical decision making. I was able to trace out team meetings as series of "many-to-many" interactions between bodies of professional knowledge, interactions that are mediated and moderated by the individuals. I did not, because I could not get distracted by the technicalities of the exchanges. In the debriefing sessions, I would often ask for clarification in natural (i.e., nonexpert) language following an explanation offered by the NP. Consequently, the processes by which teams named, filtered, evaluated, compared, and negotiated knowledge claims were more visible to me.

The closeness, on the other hand, was a consequence of the IE's project of constructing experience through dialogical exchange between researcher and researched. IE's ontology takes experience as an authentic representation of reality. Rather than conceptualizing experience as occurring before the telling, Smith draws on the philosopher Bahktin in her assertion that "experience actually emerges only in the course of its telling" (Smith, 2005, p. 126). The intent of IE, therefore, is to construct "experience" by working out together through the constraints and exclusions, the ordering, the logic of categories, and distinctions of the discourse, to produce an experiential account. Thus, the constructed experience is a kind of truth, although we can not claim universality, because speech is already shaped in speech and so experience "is so deeply committed by the lexical determinations of discourse that it is already a misrepresentation of actuality" (Smith, 2005, p. 126). But, because the task of IE is not to produce an "accurate" account of what

transpired, the fact that experience is mediated by language is not a problem for IE.

In contrast to interview strategies, in which the informant is reporting on their actions, shadowing provides the ethnographer with a grounding in the informants' "doings," and this serves as a starting point for the exchanges. Through the exchanges, the informants' assumptions and taken-for-granted understandings are reconsidered. As understandings are asserted, evaluated, and negotiated, boundaries between the researcher and the researched further dissolve. New, mutually shared meanings are collaboratively and communicatively achieved; that is, the informants' experience is "co-created."

As co-creators of experience, the NPs and I quite naturally and fluidly shared with each other some of our hopes, apprehensions, and frustrations about our jobs, families, and lives in general. If we did not give voice to our most intimate thoughts and feelings, it was because we were still in the formative stages of friendship, not because I was a researcher, and they were "subjects." I found that I could readily bend to the emotionality of these relationships, while not compromising my integrity, indeed my identity as a researcher.

In fact, it was precisely because I felt my identity as a researcher to be so solidly intact, while shadowing one NP in particular, that I had the freedom to assume a different identity for a time. One day while shadowing her, I asked her about a disconcerting cough that had been bothering me for what seemed too long a time. Without hesitation, she directed me to her examining table and within minutes, I was inhaling and exhaling deeply at one end of the stethoscope and she was listening intently at the other. With a diagnosis confidently and professionally delivered, she then offered assurances of a full recovery and gently suggested ways I could treat myself in the meantime. For those moments, bathed by her care and concern, I was sure I was her only patient on the entire day's roster. Then, with the same ease and adeptness with which we had assumed the roles of patient and health care provider a short time before, I resumed my ethnographer's post in the corner of the room as she ushered in the next patient.

Conspicuous Invisibility

As qualitative researchers, we are encouraged to use audio tapes to reduce the selectivity of note-taking and to allow the participants to speak for themselves. However, there were times during my shadowing when I purposefully kept the tape recorder turned off, as my goal was to be unobtrusive, an invisible part of the local culture. Only when I sensed the group's

comfort with my presence did I even open my notebook. Sometimes, team members would explicitly express concern about the use of a tape recorder. On other occasions, their apparent, albeit unarticulated, apprehension held me back from turning on the tape recorder or bringing out the notebook. The longer I was on site, the more comfortable the team members became with my presence. Yet, even when I had been with the NP for a while, I sometimes would still resist the urge to document all that was transpiring for the sake of maintaining the trust that had been established. Instead, I used a system of taking "head" notes (Schultze, 2000)—storing the essence of conversations and exchanges in my head until I could exit to the nearest washroom and there make short notes. Later, in the evenings, based on these short notes, I would rerun the "film" of the encounters in my head, complete with facial expressions and other elements of body language, and make much more extensive notes. To facilitate recall, I organized the notes temporally. According to Emerson, Fretz, and Shaw (1995), this approach better attends to the rhythms of its subjects and the site of study and helps the ethnographer by allowing one remembered aspect of an event to trigger recall of an entire sequence.

The Hawthorne effect is inevitable in all observational data collection techniques; that is, by virtue of being observed what is being observed changes.[2] In shadowing, one of the most commonly found Hawthorne effects is the disruption of the normal flow of activities (McDonald, 2005). Indeed, the shadowed NPs often fell behind in getting through their patient roster. During one particularly lengthy conversation with a NP, who was enthusiastically sharing her reflections about her practice, the clinic's receptionist poked her head into the office and addressed the NP in a forceful voice, "Could you please hurry along, we've got a full waiting room still to go." I quickly left the NP's office so she could attend to her patients, went into the kitchen, and rolled up my sleeves to contend with a sink overflowing with dirty dishes. If I couldn't be invisible, at least I could be helpful.

Being unobtrusive meant different things at different sites. At one site, it meant sitting for hours in the waiting room, elbow to elbow with the clinic's patients, while the NP attended to her patients. At another, cooking for the lunch-hour meetings was the best way to blend into the background. At another site, after a team meeting was called, I followed the NP in, and because there wasn't a vacant chair, other than those at the board table, I perched on a cardboard box against the wall. The GP was late in arriving. While waiting, the convened members filled the time with chit-chat. On entering the room, the GP turned to me, and in place of a hello, he said in a satirical voice "Oh, I forgot you're not here. You're an undercover agent."

At yet another site, the Wellcrest Clinic, my conspicuous invisibility was even more paradoxical when I became the very visible subject of an intense debate within the team.

The Wellcrest Clinic's founding charter specifies that decisions are to be made based on the principles of inclusivity, consensus-building, and respect and responsibility for the "other." Weekly team meetings are attended by the social worker, receptionist, medical staff, administrator, and clinicians. The purpose of the meetings is to socialize, discuss current problems, develop new policies and practices, and facilitate supportive, nurturing relationships within the team. Work often mixes with play during these meetings. The meetings are informal, their tone most often jovial. However, because these meetings are the place where the team carries out the collective, creative work of developing new policies and procedures to fit their local conditions, the meetings are sometimes protracted, fracas-filled, and not for the faint of heart.

Over the course of one such team meeting, the subject of the discussion was their way of managing interpersonal interactions. The registered nurse (RN) raised the issue of how difficult it is to adhere to their shared commitment of authenticity and sincerity in their dealings with one another while managing the day-to-day demands of the clinic's practice. Some previous events and conversations were reviewed, not for the purposes of rehashing old debates, but rather, as the RN identified, to "fix the communication thing." The rest of the team members listened to her concern and responded thoughtfully and respectfully. During reference to a prior interaction between two of the team members, refreshed emotions surfaced and became the focus of the discussion. It was at this point that one team member became increasingly uncomfortable with my presence. She interrupted the meeting to express her concern:

Counselor/Meeting Chair: Excuse me.
Receptionist: Yea. I want to say one thing . . .
Counselor/Meeting Chair: I'm really uncomfortable with her (pointing to me) while we're airing out our dirty laundry and playing the tape . . .
NP: OK, and I'll address that.
Counselor/Meeting Chair: OK.
NP: When I came to the collective and asked that Liz be . . . that we permit Liz to come and do a research project on how the interdisciplinary team connected with each other and how . . .
Counselor/Meeting Chair: And, they fight with each other . . .
NP: And the notes that Liz is . . .
RN: I think it's very important that she's hearing this.

NP: The notes that . . .
Counselor/Meeting Chair: But, we're airing our all problems . . .
NP: Any identifying, Liz signed a confidentiality agreement, just like we do. Anything that identifies you or me or Stewart or Christine, will be removed from this report.
Counselor/Meeting Chair: OK, so she goes to Realtown and she works at the Pathways Hospital and this is how Wellcrest Clinic gets along . . .
NP: No, no, no.
Counselor/Meeting Chair: *(trying to talk over her)*
NP: She signed a confidentiality agreement. And, we have to trust that Liz is a professional and a researcher and that in keeping with her principles and the ethics of research, that she will hold these confidences. We have to trust that. And, I do trust that.
Me: The way the research gets written up it really can't even be identified what city we're in, what clinic we're in.
NP *(jokingly)*: Except that part about the counselor with the long hair *(the Counselor has long hair)*
(lots of laughter and jokes)
NP: Sometimes, we just have to have faith, and . . .
Administrator: Yea.
NP: And, I mean, research is important.
Receptionist: But, I also think that you can't go into being able to research or trying to write about this, about working in a collective. . . . I mean, we're not perfect and we do have our arguments and how do we settle those?
NP: And conflict is part of relationships.
Receptionist: Yea.
RN: I think it is a very positive thing. I think by voicing that, it opens up the doorway for everyone listening to know it is a type part of problem that groups have . . .
NP: Yea, I haven't seen Liz once go *(mimes a rolling of her eyes and shaking of her head)*.
(group laughter)
RN: And, she brings food.
(lots of jokes and laughter)
Administrator *(jokingly)*: You were worried about poison, were you?
Me: Maybe I should bring more dessert next time?
NP: So, if you're comfortable Martha, can we just continue on?
Counselor/Chair: Yea, OK, sure.

The exchange reveals a good deal about the team's interaction, discourse ethics, and sense of identity. First, the team grants each member the right to raise concerns, regardless of their professional status. It happened to be the counselor who raised the objection to my presence, but in the course of

doing so, she never appealed to her status as a means of strengthening her argument. It was the nature of the concern alone that solicited the serious and thoughtful responses from the team.

Second, collectively made decisions carry significant weight; yet, even these are open to review in the light of new circumstances. In her first response to the counselor's concern, the NP reminded everyone that she had previously come to the collective with a request for a researcher to be in the clinic for a period of time and the request was granted by the collective. Yet, that previous decision alone is not sufficient grounds for the NP to dismiss the counselor's concern. After referring to the previous collective decision, the NP proceeded to address the concern by raising other points. She appealed to the force of confidentiality agreements, the professionalism of researchers, the value of research, and the lack of an obvious negative reaction from me. She made her points with humor and patience, until finally, she saw that the counselor's fears were allayed.

Third, team members are guided by an ethic of shared responsibility. The objection to my presence was motivated by a concern about the team being misrepresented in the course of the research. With the interests of the team in mind, the counselor was apprehensive about the possibility that an outsider might breach the norm of confidentiality and expose what she considered their "dirty laundry" to the rest of the world. She wanted to protect the team from ridicule that might be the result of giving an outsider (me), with limited understanding and legitimacy, the power to expose and misrepresent the team's working relationships and practices. In this team, the members' shared commitment to care for one another, and for the team as a whole, is as stalwart as their commitment to care for their patients.

With such laudable motivations and behaviors, each of these team members promptly and readily secured my unqualified admiration. I couldn't imagine my invisibility being made conspicuous under any more worthy circumstances.

Conclusion

Amid the restructuring, cost-containment measures, and the destabilizing of the existing administrative and professional orders within the health care system, I entered the field to shadow three NPs. Using the everyday experience of these NPs as the portal into the social processes by which teams perform their knowledge work, I gained insight into how these teams establish

their patterns of interaction, discourse ethics, and sense of identity. Without consciously directing or formalizing my effort, over time, I found myself adhering to the norms of each of the teams, becoming "one with my social universe," and allowing the consequences of our shared space and time to take their own shape. Being the focus of a team discussion at Wellcrest was one such consequence. Ironically, it only made what I was there to explore more visible.

My presence unsettled some team members at the study sites. Others embraced the opportunity to have aspects of their worlds opened up for public viewing. Still others met my attempt to be invisible with humor and playful mockery, acknowledging me with "Hello, Shadow." As I shadowed these health professionals, I had to negotiate the tension between my need for invisibility and the maintenance of my identity as a researcher. Yet, my paradoxical, close-but-distant relationship with my informants worked to satisfy two of the important goals of IE: coproducing the data with informants and avoiding the ideological account of the informants' doings.

IE's descriptive analysis is valid and reliable, albeit not in the traditional, quantitative-based sense of those criteria, but in the sense that it should be always able to refer back to the experiential base of the study's informants. As Campbell (1998) describes, the analysis of an IE "begins in experience and returns to it, having explicated how the experience came to happen as it did" (p. 56). Thus, returning to the informants to check elements of the emerging analysis is a fundamental procedure for institutional ethnographers. Ongoing validation and exploration of further questions or inconsistencies is made easy when researcher and researched are in close proximity over a period of time, as they are in shadowing. In any IE interview, the data are produced through dialogical exchange by subject and interviewer. In the debriefing sessions of shadowing, the production of data is made more collaborative, the dialogical exchange more egalitarian, because the researcher has already had glimpses of the lived experience, rather than simply relying on a recounting by informants.

Shadowing is not without its disadvantages, however. First, as noted in the article, the technique often delivers an overwhelming amount of data; consequently, the subsequent analysis requires considerable time and effort on the part of the researcher. Another drawback of shadowing, this one to the informants, is that it disrupts the normal flow of activities in the site of study, as it did in the course of my shadowing of the NPs.

Furthermore, there are ethical quandaries that inevitably arise in the course of developing and managing relationships with our informants while

shadowing. Quite unexpectedly, my shadowing of one NP took me into her home life, thereby extending the focus of previous shadowing studies on paid work roles to the unpaid roles and the overlap of the two. Also unexpectedly, I was invited into the consulting room by another NP. The patients' agreement was based only on the faith they had in their NP, who in turn trusted me to adhere to the ethical commandments. Entrance into both of these dimensions of the NPs' work and lives gave me significant insights into their motivations, values, and philosophy of care, insights I could not anticipate being as significant as they turned out to be. How I could refuse these offers? Yet, the process of obtaining consent to the domains did not conform to the usual ethics boards' requirement of gaining the boards' approval before entering the field.

It is impossible to identify all the individuals that our shadowees will encounter over the course of a day (and in my case, night). Ethics approval procedures are not designed to cover the exigencies associated with a collection technique that is especially suited to collecting data on social relations in action. Rather, they are based on the assumption of pre-existing, perfect knowledge of the field. A recommendation, then, for others entering the field to shadow is to expect that the informants might offer you entrance to domains that you have not considered. Because they have knowledge of the field that you might not, their suggestions can be worth pursuing. However, it means making ethical (and moral) judgments in the moment and without the previously acquired stamp of ethics boards' approval. A further recommendation for those wishing to shadow as a means of collecting data is to expect that relationships with informants will develop with time. We can never completely equalize the power between researcher and informant, given the prevailing structural inequalities along axes of race, gender, class, ableness, sexual orientation, and so on. However, my experience confirms that it is possible to establish mutually satisfying relationships with shadowing informants. Others might be cool and uninspired, perhaps even acrimonious. Regardless of their character however, relationships with shadowed informants do become more robust over time.

Notes

1. By *interpretative methods*, I most generally refer to the general class of methods that are underwritten by the epistemological assumption that we come to understand the social world through people's interpretations of their world.

2. The effect is named after a famous case in which subjects reacted to the fact that they were in an experiment more than they reacted to the treatment of the experiment (Neuman, 2004, p. 358).

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Elizabeth Quinlan is a postdoctoral fellow, funded by the Canadian Institutes for Health Research, in the Department of Sociology at the University of Saskatchewan, where she teaches and conducts research in the sociology of health.