



Major Article

Implementation in the midst of complexity: Using ethnography to study health care-associated infection prevention and control



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Background: Contextual factors associated with health care settings make reducing health care-associated infections (HAIs) a complex task. The aim of this article is to highlight how ethnography can assist in understanding contextual factors that support or hinder the implementation of evidence-based practices for reducing HAIs.

Methods: We conducted a review of ethnographic studies specifically related to HAI prevention and control in the last 5 years (2012-2017).

Results: Twelve studies specific to HAIs and ethnographic methods were found. Researchers used various methods with video-reflexive sessions used in 6 of the 12 studies. Ethnography was used to understand variation in data reporting, identify barriers to adherence, explore patient perceptions of isolation practices and highlight the influence of physical design on infection prevention practices. The term ethnography was used to describe varied research methods. Most studies were conducted outside the United States, and authors indicate insights gained using ethnographic methods (whether observations, interviews, or reflexive video recording) as beneficial to unraveling the complexities of HAI prevention.

Conclusions: Ethnography is well-suited for HAI prevention, especially video-reflexive ethnography, for activating patients and clinicians in infection control work. In this era of increasing pressure to reduce HAIs within complex work systems, ethnographic methods can promote understanding of contextual factors and may expedite translation evidence to practice.

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Health care-associated infections (HAIs) continue to pose a major challenge to health care professionals, patients, and their families or caregivers, often prompting additional diagnostic and therapeutic interventions. HAIs are associated with increased morbidity and mortality and generate additional costs.¹ In recent years, considerable headway has been made in decreasing the incidence of some HAIs. However, the Centers for Disease Control and Prevention still describes the current situation as critical because many HAIs remain a challenge to effectively prevent.^{2,3} Many evidence-based and best practice guidelines and tool kits now exist to reduce HAIs.⁴ These resources have been developed by collaborative work between the

Centers for Disease Control and Prevention and organizations such as the Society for Healthcare Epidemiology of America, the Association for Professionals in Infection Control and Epidemiology, and the Agency for Healthcare Research and Quality.⁵ Despite these efforts, the reduction of HAIs remains a formidable task.⁶

HAI prevention practitioners and researchers are now emphasizing the how, or the process of moving evidence into routine practice. Studying the how means first understanding the context in which implementation takes place. Because of the complex nature of the health care system at the microlevel (hospitals and departments) and the macrolevel (national and regional health care systems), recent implementation studies suggest the necessity of using study designs that capture the context.^{7,8} A scoping review of what is meant by context identified 4 elements: the physical relationship (hospital units), location, identity (personal context such as working teams, leaders, and managers), and culture (values, practices, and rules). The interplay between these elements helps to define the context.⁹⁻¹¹ Implementation scientists recommend thoughtful consideration of

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context, particularly when dealing with complex environments such as health care. Ethnography is one methodology that can be applied to uncover key contextual factors that influence implementation in complex settings.

ETHNOGRAPHY

Ethnography includes a range of qualitative and quantitative methods. With origins in social anthropology, ethnography can be described as the study of groups or communities of people as they go about their everyday lives—usually studied for extended time periods. Researchers using ethnography typically become immersed in the culture of the group or community and use observations and interviews to report beliefs and practices and environmental factors—whether in a community or work setting.¹²

Typically, ethnography consists of exploring a small number of cases in detail with the researcher interpreting actions and interactions.¹² The interpretation of the data, which is considered unstructured data, is left to the ethnographer and others on the research team. The attempt to understand things from an insider's viewpoint is central to this method; however, there is a realization that the best combination for good research is using both insider and outsider viewpoints. Well-delineated methods for ethnography did not emerge until the 1960s; however, the primary goal with ethnography (no matter what method is used) has always been to become part of a community or group and gain the trust of individuals to provide a rich description of everyday events.¹³ Researchers typically do not embark on ethnographic study with the goal of generalizing findings; therefore, ethnography brings tension between exploring the nature of something and testing a hypothesis.

Controversy and debate exist about the definition of ethnography. Researchers do not agree about what constitutes a true ethnographic study. Most ethnographers can agree, however, that ethnography is usually a long-term endeavor, is done in a natural setting, uses observations and interviews, uses various ways to document the data, emphasizes the meaning that people assign to things, and is holistic in focus. Figure 1 depicts one way to graphically represent ethnographic components.

There is also tension among researchers about the qualifying adjectives used to describe ethnographic methods. In an article “What is ethnography? Can it survive? Should it?,” Hammersley identifies many adjectives, including focused ethnography, casual ethnography, digital ethnography, micro-ethnography, rural ethnography, virtual ethnography, educational ethnography, and collaborative ethnography, to name just a few.¹⁶ This author postulates that, even if researchers agree that methods and definitions vary, there may still be tension about how ethnography links with other social science approaches and asserts the future of ethnography as uncertain because of the wide-ranging approaches and methods.

Ethnography in health-related environments

Just as communities are complex social environments, so is the health care work environment. For example, even at the unit level, there are multiple levels of health care professionals coming and going hourly, patients with varying levels of acuity, tests being ordered, varying communication channels between shifts, and a hierarchy of professionals not seen in many other work systems.¹⁷

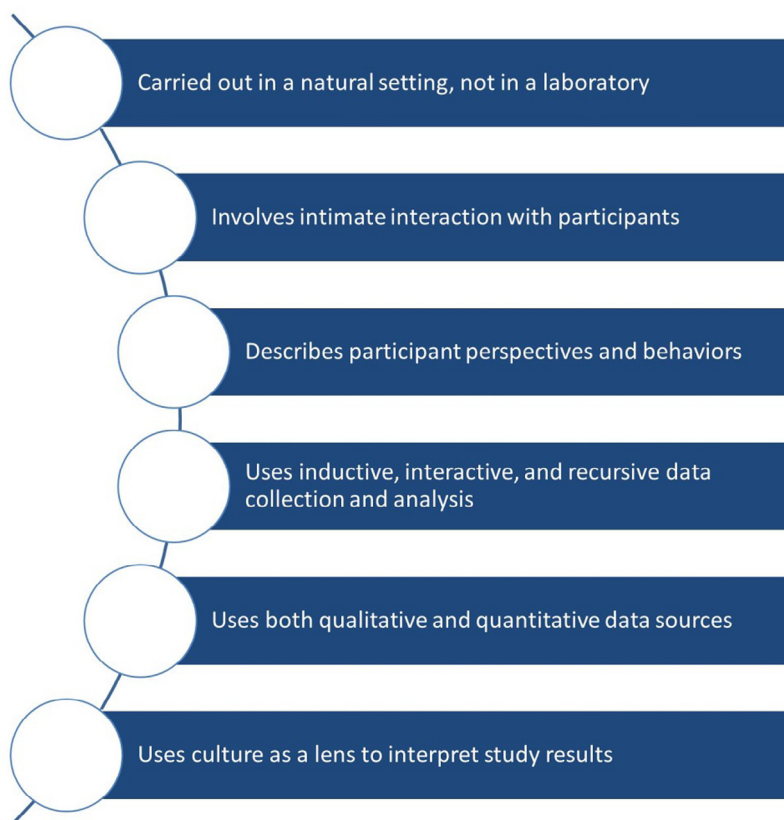


Fig 1. Key characteristics of ethnographic research.¹⁴ Reproduced with permission by LeCompte and Schensul¹⁵ as cited in Goodson and Vassar.¹⁴

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