



## Probing problems: Dilemmas of conducting an ethnographic study in a disaster-affected area

Rosaria Indah<sup>a,b,\*</sup>

<sup>a</sup> Faculty of Medicine, Syiah Kuala University, Indonesia

<sup>b</sup> Sydney School of Education and Social Work, The University of Sydney, New South Wales 2006, Australia



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### ABSTRACT

Natural disasters may have perplexing effects on the lives of those who live through them, in physical, mental and emotional ways. For years researchers have explored the long-term health impact of disasters, which can include anxiety, depression, PTSD and more. These conditions may manifest and be observed for many years after traumatic events. Awareness of these conditions is vital for researchers who immerse themselves in observational research involving disaster-affected participants. These researchers should be prepared to deal with potential problems related to the specific conditions in the field, and also within themselves as researchers. This article draws on autoethnography and reflexive practices to explore the process of employing ethnographic methods while researching medical education during fieldwork in Aceh, Indonesia. I highlight three persistent dilemmas: engaging with safety protocols, building rapport with vulnerable participants, and preventing myself from secondary traumatic stress. Reflecting on my experiences, I came to realize the importance of probing not only the gaps and problems in the core domain of research, but to also probe participants' problems, as well as their own predicaments.

### 1. Introduction

Research in medical education is often dominated by positivistic paradigms that emphasize quantitative evaluations and randomized controlled trials. Yet, in recent years a number of scholars in the field of medical education have been utilizing ethnographic approaches to illuminate phenomena beyond what surveys and the concomitant research methods can capture. By using this approach, researchers are able to study the phenomena that interest them through a 'native view' as well as firsthand experience instead of observing it from a distance [1]. Driven by a research paradigm that understands knowledge as socially constructed and context-dependent, ethnography offers powerful tools to help researchers learning about different meanings that each unique context provides [2]. Participant observation, the main feature of data collection method in ethnography, enables researcher to generate knowledge by "relative immersion" in a particular context of research by producing thick descriptions. These descriptions provide elaboration on the results of observation as well as the specific context's details (i.e., where the observation occurs) to enable researchers and readers to make meaning beyond the superficial appearance [3].

Early ethnographic works in medical education included research

by Becker, Geer, Hughes and Strauss [4], Hunter [5], and Sinclair [6], who powerfully described overlooked medical students' experiences such as stress, complicated life and illnesses due to medical training. Among these classic ethnographic works, only Simon Sinclair used an 'insider' perspective as a clinician and medical teacher, while other acted as non-medical observers.

Subsequent ethnographic studies in medical education were mostly written by medical teachers with clinical backgrounds. They described interactions between health stakeholders [7], the institutional and professional culture of medical education [8] and the problematic relationship among researchers [9]. Quilligan [10] used ethnography when she was exploring how students learn communication approaches during ward-rounds, and how the hidden curriculum is taught implicitly by medical educators. These scholars used ethnography as a method to shed light on what actually happens in medical education processes, beyond the largely qualitative research that focuses primarily on perceptions of medical students, teachers and administrators [11].

Despite the advantages offered by ethnography, such how it can provide rich sources of behavioral data, capture unarticulated needs and reveal the discrepancies between what people say they do and what

\* Correspondence to: Medical Education Unit, Gedung E, Fakultas Kedokteran Universitas Syiah Kuala, Jl. Tgk. Tanoh Abee, Kopelma Darussalam, Banda Aceh 23111, Indonesia.

E-mail address: [rosaria.indah@sydney.edu.au](mailto:rosaria.indah@sydney.edu.au).

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they actually do [12], researchers working within this methodology must prepare themselves to face the challenges that may be created by the method itself. For example, having a common attribute (such as race, gender, profession) with the participants does not directly translate the researcher into a particular insider status [13] or easier access to the field. Even if a relatively strong insider status is attained, this multifarious role can be conflicting, as loyalties with research participants vary and problems emerge in representing the health community that they write about [13,14]. Moreover, conducting ethnographic research in a sensitive context such as a post-disaster area involves participants with various degrees of loss.

In the next section I discuss the lessons learned from conducting an ethnographic research in my hometown Banda Aceh, Indonesia, with my own students, yet in an unfamiliar setting due the location which was far from my university. The research is inspired by my community's knowledge of surviving a tsunami; embodied wisdom that literally saved my life from disaster. When I had no clue what to do after a big earthquake, my community urged me to run away to a higher ground. They rescued me, and I am indebted to them. Therefore, the hope to give back to the community has been a passion that motivates me to pursue this study, and one that encourages me to overcome any challenges I face. As I reflected on the predicaments encountered during my research, I explored strategies to overcome those challenges related to research processes in the hopes that they might benefit other researchers who are immersed in similar context.

## 2. Autoethnography and researcher reflexivity as methods

The paper draws on autoethnography and reflexive practices during an ethnographic study of a medical education program in Aceh, Indonesia. The larger study explores the experiences of doctors and patients in post-disaster areas to highlight the ways in which community-based medical education may transform interpersonal interactions and medical consultations between medical students and their patients. As a part of this broader study, I conducted 220 hours of ethnographic observation by participating in the clinical encounters in health centers, home visits, lectures, and including informal interactions (e.g., having lunch and socializing with students). In addition to these observations, I also interviewed doctors, medical students and community members about their experiences. During data collection, I made several different kinds of writings: field notes as well as theoretical, analytical, and methodological memos [15–17]. The methodological memos were constructed based on the plan of how the data 'should' be collected, and then juxtaposed with the actual experiences during the research [17]. The changes that needed to be made in order to achieve the highest quality of data possible, particularly in some challenging situations, were also captured and explored in those methodological memos. In some instances, these difficult situations required a thorough consideration regarding the safety for both sides: the researcher and the research participants. Subsequently, I reflected on those memos and this article reports on the findings of my methodological investigation and a critical rereading of the memos captured before, during and after my data collection. These reflexive writings were analyzed thematically as well as contrasted and comparing with other researchers' experiences of working in similar situations. I consider this piece as a micro autoethnography, as it written based on a reflexive practice of my own experiences during a larger ethnographic study. As such, the other data from the larger study will be reported elsewhere.

Other than a research methodology, autoethnography is one kind of experimental ethnographic presentation alongside dialogic ethnography, polyphonic accounts and performance [1,18]. The style of writing in autoethnography is aligned with the use of a researcher's personal experiences as primary data [1,18,19]. It is also acknowledged as a suitable and powerful tool for educators, health professionals and social workers to describe interpersonal interactions in multicultural settings [19] and in this account it is used to describe the interaction

between the researcher and the research participants. Its unique approach encourages researchers to journey alongside the participants to shed a light on complex experiences in their lives [20]. Despite the strengths of this ethnographic writing approach, authors using this style need to be careful not to fall into the traps of excessive reliance on personal memories, the tendency of self-indulgence, or negligence of ethical standards [19]. By utilizing this particular methodology and presentation for this article, I describe and analyse my personal experiences of how to collect data safely in disaster-prone areas. As a small aside, writing autoethnographically has also reinforced for me the immense importance of reflexivity as a means to enhance the quality of one's research.

Reflexivity is considered as an 'intellectual movement' that encourages a researcher to think critically about the three-partied relationship between research-the researcher(s)-the research participants [1]. It is commonly used by qualitative researchers to 'legitimize, validate and question research practices and representations' [21]. It encourages the researcher to contemplate on who has conducted and write the research, how, and under what conditions the study was constructed [1,21]. Studies that employ reflexivity as a method offer a different perspective to readers of academic writings: a hint that what the researcher describes is just a matter of interpretation [1]. In other words, a study that includes reflexivity provides a realization to the reader that the same set of data can be interpreted differently by others, and that one's interpretation is influenced by the researcher's own background and experiences. Writing up my dilemmas as a reflexive piece allowed me to highlight aspects often overlooked in qualitative research: the fieldwork's influence on the researcher, as well as a researcher's influence on the fieldwork [22]. Early works utilizing reflexivity as a method in disaster-context research can be appraised from Oliver-Smith's 'crisis dyad' [23], which described dilemmas encountered by physician-researcher studying social changes after a big earthquake in Peruvian Andes. More contemporary works were published by Regmi [24] who employs reflexivity on the emergency response after Nepal's 2015 big earthquake, Figueroa's reflexive journal during research in post-conflict Guatemala [25], Atallah et.al's reflection on their strategies to engage Palestine community with research [26] and Desmond's last chapter of his Pulitzer-winning book: 'Evicted,' which is a reflection of his journey researching severe poverty as a social disaster in the 'prosperous' United States of America [27]

Utilizing reflexivity pushes me to be constantly aware of the lens that I use to interpret each phenomenon I observe, the lens that was shaped by my background. I am aware that a researcher's background, in my case is a medical professional and educator, influences the constructions and interpretations of the quandaries encountered during research [28,29]. My own positionality as a Muslim woman who grew up with a rather strict Acehese traditional values and moral stances in the home also affects the ways in which I see problems. I experienced the time when Aceh has been through a reconstruction process after two major disasters: 30 years of armed conflict between the Free Aceh Movement and Indonesian central government; and 2004 Indian Ocean earthquake and tsunami, which killed more than 283,000 people and displaced more than 2 million others [30,31]. Along with the reconstruction process, Aceh is the sole Indonesian province that is starting to implement some provisions of Islamic criminal law alongside largely-secular laws. On one hand, the combination of reconstruction and implementation of Islamic law produces unique and perplexing outcomes in the social system. On the other hand, this complex and rather restricted environment for an 'outsider' researcher offers ample opportunity for indigenous researchers to thrive and immerse deeply in the context to generate knowledge of the interesting phenomenon. In other words, for me personally and other 'insider' researchers, Aceh provides an interesting landscape for ethnographic research to take place.

I also understand what it means to be a doctor working in rural areas and affected by disasters. I lived a period of my life struggling

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