

## Rethinking ethnography: reconstructing nursing relationships

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**Aims of the study.** Critical ethnography is being adopted increasingly by nurses as a legitimate form of research methodology. This paper explores the research practices and dilemmas that emerge from this methodology using a recently completed ethnographic study of nurse–nurse and nurse–doctor interactions in a critical care hospital setting.

**Background.** Critical ethnography provides a useful methodology that facilitates mutual dialogue among participants. It may be limited, however, by the central role of researchers and by a tendency to negotiate participants' realities according to a particular 'truth'. These concerns have been strongly critiqued by poststructuralists using concepts such as discourse, subjectivity and power. By incorporating the notion of a poststructural analysis into critical ethnography, researchers are in a position to examine critically the tensions in their own practices, and their struggles with documenting and analysing ethnographic accounts.

**Design.** Six registered nurses comprised the participants of the research group. Through the method of professional journaling, the first author of this paper explored her professional interactions with doctors and other nurses in her role as a nurse in the critical care setting under investigation. Other methods included participant observation, and individual and focus group interviews with nurse participants.

**Issues of methodological concern.** This paper considers three issues of methodological concern: researcher/participant subjectivity; the movement from empowerment to reflexivity and the construction of one form of ethnographic 'truth'. These issues are discussed in reference to the research relationships with the nurse participants and the process of analysing ethnographic accounts.

**Conclusions.** In working with critical ethnography using a poststructural analysis, we were able to generate valuable insights about previously hidden areas of relationships among nurse participants in a research group during all stages of the research process. It also provided a means of informing the analysis of ethnographic texts.

**Keywords:** methodology, research process, critical ethnography, poststructuralism, absolute truths, reflexivity, power relations, nursing, medicine

## Introduction

This paper explores the methodological challenges arising from a critical ethnographic study using a research group of nurse participants to explore nurse–nurse and nurse–doctor interactions in a critical care setting in Melbourne, Australia. Critical ethnography has been described as: ‘an ‘appropriation’ and ‘reconstruction’ of conventional ethnography so as to transform it into a project concerned with bringing about human emancipation’ (Hammersley 1992, p. 96). Our study had a much more modest goal than human emancipation. It drew upon the principles of critical social science (Carr & Kemmis 1994) with the intention of revealing the power relations inherent in the research situation, and also amongst those at work within the research process. Like others before us (Giroux 1988, Lather 1992a, McLaren 1992, Street 1992, Bruni 1995), we decided to address the limitations of a critical ethnographic approach, by adopting a design that incorporated some poststructural strategies into the analytical process (Manias & Street 2000).

It is not our intention here to discuss the research findings of the study, as these have been published elsewhere (Manias & Street 2000, 2001). Rather, this paper considers two major areas: first, the research relationships between the nurse participants in the research group and ourselves and second, the process of analysing the ethnographic texts of the study. We address these areas by drawing upon three issues of methodological concern: researcher/participant subjectivity; the movement from empowerment to reflexivity and the construction of one form of ethnographic ‘truth’.

## Overview of critical ethnography and poststructuralism

An early aim of critical social science was to provide an environment in which individuals could become empowered in their struggle for self-emancipation. Nurse researchers have sought the potentially liberating effects of critical social science to reconstruct power relations in nursing (Street 1992, Skelton 1994). The intent is to ‘interrupt particular historical, situated systems of oppression’ (Lather 1992a, p. 121) informing nursing activities on the understanding that society is unequally constructed and regulated by dominant ideologies that suppress alternate understandings. The critical approach recognizes the importance of helping nurses to develop a greater degree of self-consciousness or self-reflection with their practice (Carr 1986). This self-consciousness particularly relates to the ‘contextual factors which give rise to, sustain and possibly distort their beliefs and understandings’ (Fealy 1997, p. 1063).

Critical ethnographers value the history of the research setting and recognize the political dimensions of the researcher–participant endeavour (Hammersley 1992). In other words, critical ethnography allows the researcher to consider social and organizational practices, and the research endeavour itself, as flexible sets of power relationships. Most importantly, participants are considered central to the process of doing collaborative research. As a result, critical ethnography can provide a forum for consciousness-raising from which nurses can ‘work together in an endeavour to understand and restructure their clinical practices’ (Street 1995, p. 36). By raising questions about these relationships, researchers and participants are better able to challenge practices that sustain unequal power relations in the culture. Inherent in a critical approach is the understanding that through communicative practices and reflection, researchers and participants discern an absolute truth of the culture.

This possibility of ascertaining an absolute truth of the culture under investigation has been strongly critiqued by poststructuralists. Discounting grand narratives of truth, beauty and justice, they explore the effects of the interactions between discourses, subjectivity and power (Weedon 1992). Discourses are ways of forming knowledge that affect how we think, the way we act and what we say and write (Cherryholmes 1988, Davies & Harré 1990). Dominant discourses, such as medicine, science and law, have secure institutional bases, but they are constantly open to challenge. For instance, nurses are affected by many competing and complementary discourses, such as the discourses of technology, science, caring and medicine. Nurses move between these discourses as they practise, depending on their past experiences, the values placed on these discourses and the context.

Subjectivity is also an important consideration of poststructuralism. According to Weedon (1992), individuals adopt particular subject positions within a range of discourses available to them. Within one working shift, nurses may take a subject position that moves from comfort carer with one patient to technical expert with another. These various subjectivities are taken up and established into a hierarchical network of power relations. For poststructuralists, power is not a commodity; rather it is viewed as a dynamic relation that is exercised within discourses (Weedon 1992). The interactions that occur between discourse, subjectivity and power are visible within research groups as members seek to maintain respect and reciprocal understanding amongst themselves.

## The study under consideration

Our ethnographic study examined the practices informing nurse–nurse and nurse–doctor interactions in a critical care setting. More specifically, the study sought to examine the complex power relations underlying verbal communication processes, such as the nursing handover, ward round, meetings and underlying written forms of communication, such as policies and protocols.

Previous research has focused on the use of particular categories to develop understandings about these professional interactions. For instance, previous constructions of nurse–nurse and nurse–doctor interactions involve categorizations such as ‘oppression’, ‘self-limiting behaviour’, ‘medical dominance’, ‘patriarchy’ and the ‘care-cure debate’ (Turner 1986, Elliot 1989, Skillings 1992, Carter 1994, Laschinger & Weston 1995). The uncritical use of such categorizations tends to simplify the complexities of these interactions and to serve the particular interests that benefit from maintaining these interpretations. In addition, most understandings of nurse–nurse and nurse–doctor interactions in the research literature have focused on quantitative scales of collaboration, decision making models and apolitical group processes (Weiss 1985, Giardino & Jones 1994, Baggs & Schmitt 1995, Higgins 1999). There is little critique of these analyses in explaining the complex nature of nursing interactions in the clinical setting. Furthermore, these analyses fail to acknowledge the power relations that exist among nurses, between doctors and nurses, and between nurses and researchers. Critical ethnography was used as a methodology to address these concerns.

Six registered nurses worked in the critical care unit under investigation and comprised the participants of the research group. Through the method of professional journaling, the first author of this paper explored her professional interactions with doctors and other nurses in her role as a registered nurse in the critical care unit. Other methods, including participant observation, and individual and focus group interviews, provided the nurse participants and ourselves with opportunities to deconstruct the conflicts and contradictions inherent in nurse participants’ activities with doctors, other nurses and with each other. For the participant observation method, we observed each participant on three separate occasions during the course of one shift. The observations were documented in the form of field notes. Two in-depth interviews were conducted with each participant in order to gain further understanding of how participants were located in the power relations that shaped their interactions in the critical care unit. Three focus group interviews provided opportunities for participants to raise

common issues of concern with other members of the research group.

It is important to disclose our positions as ethnographers and the nurses’ positions as research participants for the study (Manias & Street 2000). We encouraged the participants to enter a sustained encounter with their nursing and medical colleagues, and to examine how their subject positions may lead to oppressive moments impeding effective collaboration in the clinical environment. For example, we asked participants to consider questions such as: ‘Whose voice is being heard? Whose voice is being left out? Do people feel constraints against speaking? Are all voices equally informed?’ (Powers 1996, p. 212). Research participants were supported to make a preliminary analysis of the study findings. During verbal feedback sessions for individual interviews, participant observation and focus group interviews, we encouraged participants to interrogate the issues that were important to them. This analysis of the ‘surface layers’ provided participants with an opportunity to disrupt their taken-for-granted views on the practices informing their interactions in the critical care unit. In our position as researchers, we analysed the ‘deeper layers’ of the study findings using poststructural ideas, which involved our identification of competing, interdependent and supportive practices of nurse–nurse and nurse–doctor interactions in the critical care unit. This process of analysis helped us not to become seduced by dominant practices that were privileged in the nursing literature, but rather to be aware of the practices that mattered to the nurse participants of the research group (Manias & Street 2000).

## Researcher/participant subjectivity

The literature surrounding participant observation details arguments about the extent to which a researcher acts as observer or participant, and the competing roles in between (Gold 1958, Spradley 1980, Johnson 1992). Within this objective role, the ethnographer as participant observer grapples with the dualistic concerns of objectivity as a researcher, and of subjectivity as a participant (Spradley 1980). Critical ethnographers address this issue by acknowledging the subjective contribution of the researcher and by seeking to reveal the power relations inherent within the research process. Critical ethnography identifies ‘the complexity of social relations and the researcher’s own socially determined position within the reality that one is attempting to describe’ (McLaren 1992, p. 84). Thus, critical researchers engage participants in exploring the effect of the ethnographer’s role in the process of gathering and disseminating information.

In critical ethnography, the researcher and the participants are positioned as interdependent entities, in which the tensions arising from different power relations are acknowledged. For this study, our intention was to engage the research participants in a collaborative and democratic process to develop negotiated ethnographic texts of clinical practice. Unlike an action research study, the goal was not to bring about change but rather, to enable participants to explore their practices collaboratively and reflexively. It is important to consider, 'whose interests are [being] served by one's work' (Simon & Dippo 1986, p. 196) and the advantages that particular research practices afford certain interests (Anderson & Irvine 1993). As such, critical ethnographers view their research practices as a social and political undertaking rather than an objective activity. In other words, these practices are not arbitrary; rather, 'the practices available to us very much limit both what we can do and how we make sense of our engagements with the people and things around us' (Simon & Dippo 1986, p. 198).

### The dominance of hierarchical nursing relationships in the research group

This issue of seeing research practice as a social and political undertaking was very important for this study. As participants shared a common work environment, they experienced power struggles within the research group. Despite attempts to set up the group sessions as democratic spaces, the institutional hierarchy of the critical care unit was reproduced through relationships within the group. As a result, the relations of power were reproduced according to the nursing hierarchy of the critical care unit. Nurses who had senior positions in the unit were the most vocal in the group, while those with less experience or who worked in junior positions, were the least vocal. This issue manifested as a constant struggle for us, as we valiantly attempted to equalize power relations when the group met. As a means of addressing this issue, early in the research process, we encouraged the participants to declare their interests and values in order to create a more democratic group process. As researchers, we believed in the importance of sharing our thoughts and understandings in a collective and collaborative manner.

To understand how practices enable and constrain individuals' experiences, critical ethnographers emphasize the contextual and historical relations of the research setting. More traditional forms of ethnography consider these practices as obvious and taken-for-granted. By raising questions about familiar assumptions underlying these practices, critical ethnographers and participants alike are better able to

challenge ways that perpetuate unequal power relations in the culture (Anderson & Irvine 1993).

As we explored the contextual and historical relations of the critical care setting, we were confronted with several constraints and enabling possibilities. As one of us had worked in the setting for 8 years prior to data collection, it was relatively 'natural' to accept the current situation without interrogating practices. In view of the perceived familiarity with the setting, participants often assumed that the first author was fully aware of particular events as they occurred in the setting. As a result, we, as ethnographers, had to make a concerted effort to encourage participants to amplify details of these events during interviews.

### Ethical dilemmas

This working association with the setting also created constraints in the form of ethical dilemmas. Knowing that detailed observational field notes were maintained, the nurse manager of the critical care unit asked if she could examine these notes. The nurse manager insisted that the notes might help to provide insight into a particular participant's interactions with nurses who had voiced complaints about her practice. This ethical dilemma created enormous discomfort as the nurse manager viewed us as informants who could assist in resolving a disciplinary problem within the setting. We did not allow the field notes to be examined by the nurse manager. To justify our action, we explained that the nurses in the research group consented to participate on the basis that their identity would not be divulged. Morris *et al.* (1998) encountered similar ethical problems in their ethnographic study, where the boundaries between the roles of researcher and field worker were blurred. While employing ethnographic approaches that observe principles of partnership, openness and integrity, ethnographers need to balance participants' desire for confidentiality with a respect for the boundaries set by participants on disclosure (Morris *et al.* 1998).

### Openness of the research group

In addition to constraints associated with working in this familiar setting, there were also enabling possibilities. As the participants were familiar with us, they rarely experienced difficulties in discussing very sensitive issues pertaining to their critical care activities. For example, nurse participants spoke openly about the way they perceived particular doctors and nurses who worked in the setting. One medical consultant was acknowledged during the first focus group interview as 'Dr Kill' because participants believed that he

characteristically made decisions that did not support ongoing treatment of critically ill or terminal patients.

Aside from the contextual and historical relations, the types of methods used can also impact on the political nature of knowledge production in critical ethnography. Participants interrogated the issues that were of importance to them and attempted to disrupt their taken-for-granted views about their work practices. Yet, in our position as researchers, we worked with the ethnographic texts in a more complex and theoretical way. Participants did not wish to engage in this complex level of analysis as it involved a poststructural interpretation of competing and complementary practices of nursing interactions in the critical care unit (Manias & Street 2000). Thus, the participants and we, as researchers, contributed collectively to the construction and analysis of the ethnographic texts.

### Moving from empowerment to reflexivity

Ultimately, the goal of adopting a critical ethnographic approach is empowerment for the participants and, indeed, for the researcher (Anderson 1989). According to proponents of critical theory (Fay 1987), empowerment is an important process that creates the practical intent, by encouraging people to undertake liberatory activities where they stand up to their oppressors. As described by Fay (1987), empowerment becomes something performed by a central agent for individuals who are yet-to-be empowered. This central agent assumes the position of empowerer. Therefore, in conventional critical ethnography the researcher assumes the subject position of a 'transformative intellectual' (Giroux 1988, p. 90) or the agent of empowerment. In this position, the researcher carries 'the imperative to judge, critique and reject those approaches to authority that reinforce a technical and social division of labour that silences and disempowers researchers and participants' (Giroux 1988, p. 90). In this way, the researcher is positioned as central to facilitating the process whereby participants can be empowered. Researchers who appropriate this position may be prompted to ask: 'How do our very efforts to liberate perpetuate the relations of dominance?' (Lather 1992a, p. 122). This view also encourages participants to accept the truth of the researcher's preferred discourse (Bruni 1995) and positions participants as 'the problem' and the researcher as 'the solution' provider (Lather 1992b, p. 94).

In seeking to emphasize the cooperative and collaborative nature of ethnographic experiences, we adopted the subject positions of coparticipant and researcher for this study. In this way, we intended to encourage mutual dialogue in which no one would have the final word. The participating nurses

were encouraged to contribute freely, critically and reflexively by having access to research data. For example, in the initial stages of the data collection process, we gave the field notes and transcripts of interviews to participants for verbal and written feedback. Participants were to read through these texts and include any changes as they felt the need. This process was a practice designed to establish reciprocity and the opportunity to challenge taken-for-granted ideas (Lather 1992b).

Yet, this process created problems. We were concerned to address the issue of inequality of the researcher-researched relationship as it occurs in traditional ethnographic studies and so gave the participants the full transcripts of their interviews and focus groups, and the field-notes of their participant observation. The participants found these transcripts and field notes difficult to read and very long. They often commented on their own inadequate grammatical expression as reflected in the verbatim transcripts and their inability to converse constructively. Because of these concerns, no one requested changes to the data. Participants viewed the distribution process as a very disempowering situation, despite our efforts to the contrary.

### Exploring the 'multiple voices' of the researcher and participants

Poststructural ethnographers have explored this issue of liberating the yet-to-be empowered, and have attempted to reconfigure different ways of viewing the processes of empowerment. For poststructural ethnographers, a more feasible option to bring about empowerment involves the participants and researcher exploring the politics of their own knowledge production (Bruni 1995). This process involves examining the positions from which participants and the researcher are speaking and creating spaces from which the marginalized are heard. Such an attempt to empower the voice of participants can be also found in the work of Anderson (1989, p. 261) who argued that 'multiple voices' occur within society where some voices are legitimated and, therefore, acknowledged, while other voices are not legitimated and therefore remain unspoken. According to this view, the multiple voices of participants and the researcher constantly struggle to achieve control for legitimacy. The practice of interrogating these multiple voices works to interrupt power relations of dominance, and challenges the role of the researcher as 'the universal spokesperson' (Lather 1992b, p. 94).

In questioning the possibility of empowerment for participants, Stacey (1988) contended that there could never be a fully equitable ethnographic account, although a partial

account is possible. Her research experiences identified conflict between maintaining respect and reciprocal understanding with participants, and having to confront ethical dilemmas, potential betrayal and manipulation in her position of ethnographer. There was also a greater likelihood of participant exploitation because of the mutual and intimate ties she developed between participants and herself. Another area of contradiction between her principles and her ethnographic practices involved the discord between establishing a collaborative, reciprocal research process and creating a research product, which is ultimately a concern of the researcher. Stacey maintained that the researcher narrates and 'authors' the ethnography, a stance that increases the possibility of exploiting and betraying participants. She also acknowledged the influence of self-critique in helping her to address these difficulties. Such an approach encourages the researcher to negotiate meanings rather than impose meanings on situations (Lather 1992b).

In an attempt to create a space from which the nurse participants could be heard, we embarked on an alternative method of distributing ethnographic texts in order to address any omissions. In our study, we helped the participants to prepare a preliminary analysis of issues with examples from the texts. This method encouraged the participants to challenge the thoughts expressed through the issues. Participants also felt valued because 'their' data were used to provide a 'sophisticated' analysis of the complex practices in the critical care setting. This method shifted emphasis away from the perceived disjointedness and inadequacies of the raw data, to the creation and critique of issues. In our position of coparticipants, we also spoke to the participants about the issues that arose from their experiences. This verbal process of feedback reinforced the importance of the oral culture in the communication of nurses' concerns (Street 1992).

### The strategy of reflexivity

An additional strategy of poststructuralism that encourages the interruption of power relations between the researcher and participants has been the presence of reflexivity in contemporary ethnographic work (Marcus 1994). Reflexivity involves the researcher intimately interacting with texts to make some sense of their meaning. A reflexive researcher is 'aware of the ways in which self affects both research processes and outcomes, and ... rigorously convey[s] to readers of research accounts how this happens. Thus the researcher's self is brought to the foreground of readers' attention' (Williams 1993, p. 578). In addition, reflexivity involves an ability to point out that all aspects of a textual

account are told from particular positions, indicating the multiple voices of the participant and researcher within the culture (Brodkey 1987, Goodey 1998).

Also relevant is that the reflexive process extends to the production of ethnographic accounts. Here, the researcher is concerned about the extent to which an ethnographic text represents the 'reality' of participants' experiences (Clifford & Marcus 1986, Geertz 1988). An important concern of reflexive ethnographic accounts is to show how in textual constructions of the culture, there is also a construction of the researcher self (Williams 1993). In producing these texts, researchers are also challenged to ask, 'How can it be performed without implicating ourselves in the very hegemonic processes that are the object of the critique implied in our work?' (Simon & Dippo 1986, p. 199). Furthermore, researchers sometimes neglect to disclose what participant experiences might be missing from the texts, because these omissions are of marginal interest to them. Sultana (1992, p. 19) described these omissions as the 'silences, gaps and absences' that exist in the 'process, content and political effectiveness' of ethnographic texts.

Our reflexivity was important in the research process. The following excerpt from field notes after an individual interview with Marguerite, a participant, demonstrates the potential value of reflexivity at work. Marguerite had spent an enormous amount of time restructuring a roster plan for nurses working in the critical care unit. After speaking with nurses and displaying the results of her efforts on the unit notice board, she was very concerned and disappointed that she received little feedback.

Marguerite conveyed to us her concerns about the perceived apathy of nursing staff in response to her new roster plan ... We suggested that perhaps by incorporating nurses in the early stages of the development, this could have created a greater sense of collective ownership and responsibility toward the task. Marguerite initially seemed quite enthusiastic to accept comments and constructive criticisms about her efforts towards improving the roster system. However, after we provided her with our views, she became extremely defensive. We could not fathom her hostility towards the matter, especially after this possibility was presented in a fairly innocuous way. 'How on earth are you going to get all part-time nurses to attend ongoing group sessions to discuss this issue with everything else which is going on in their lives?' she asked ... She even proposed disbanding her efforts on the whole process if other nurses were not satisfied with her approach and start again (field notes of Marguerite's second interview).

What we failed to recognize in this situation is the myth that nurses can work effectively as a functional team and are willing to change previously unquestioned practices (Street 1995).

Meyer (1993, p. 1070) also encountered this situation in her study, in which she questioned whether she had 'the right to be a catalyst of such unwelcome unrest'. As ethnographers, we encouraged Marguerite to involve other critical care nurses in developing and implementing a roster plan. After examining our comments and acknowledging Marguerite's values, we began to uncover the benefits of using reflexivity to make a difference. During our initial interview with Marguerite, we overlooked the potency associated with the nurses' tendency to work individually in effort to accomplish a task. For nurses to engage in group work, they must create space where they can share opinions, analyse possible strategies and implications, develop strategic plans, and evaluate their impact. In the critical care unit under investigation, there were 20 full-time and 70 part-time nurses. Nurses also rotated between day and night duty. Engaging in group work was a huge challenge for these nurses. Addressing our reflexivity as ethnographers meant that we could acknowledge the value we placed on nurses' construction of collaborative group processes. This method of reflexivity also challenged us to identify the complexities and contextual barriers associated with this construction. As a result, we were able to acknowledge our own taken-for-granted values and to think about how they impinge upon our judgements towards nurses whose values were very different.

### **The construction of one form of ethnographic truth**

The omissions in ethnographic texts may encourage the researcher and participants into accepting one form of ethnography as 'the' regime of truth. As a result, critical ethnographers may continue to remain detached from marginal interests of the culture. Instead, Sultana (1992) invites us to problematize the silences of the texts. Tyler (1986, p. 136) further argued 'every attempt will always be incomplete, insufficient, lacking in some way, but this is not a defect because it is the means that enables transcendence'. Hence, instead of viewing ethnographic texts as complete truths, the contemporary ethnographer is challenged to contest these texts, to critically examine the silences and to accept the texts as 'partial truths' (Clifford 1986, p. 1).

Denzin (1997, p. iv), in considering ethnographic writing as 'messy texts', has provided the means by which researchers can see social and organizational practices in less static ways. Messy texts help to redefine the ethnography by explaining individuals' experiences in more flexible ways. As described by Denzin (1997, p. iv), 'Messy texts are many sited, open ended, they refuse theoretical closure, and they do not indulge in abstract, analytic theorizing. They make the writer

a part of the writing project'. Hence, messy texts reject the principles of traditional ethnography that offer authoritative accounts of the culture.

It was anticipated the ethnographic information from our study would read like a messy text, with different interpretations of the data evolving and coexisting together. However, the difficulty in appropriating this view related to the required constructs of completing the research. According to traditional academic guidelines, a research study is a linear, progressive exercise with a beginning, middle and end. As we attempted to grapple with the notion of messy texts, we found ourselves having to contend with producing a linear, progressive document. The participants also expected that their messy texts would be translated into a coherent account with no loose ends and a series of clear strategies upon which to proceed.

Moving beyond a linear system of inquiry to articulate and construct alternative ways of thinking about issues remained a struggle. In the textual analysis, we attempted to adopt a nonlinear approach of sketching out the issues and their complex interconnections on large pieces of butcher paper. We sought to constantly question the texts, searching for lateral mappings rather than linear, central 'truths'. However, we also found ourselves experiencing difficulties in making arbitrary decisions about where to position the information for analysis, without destroying the integrity of these lateral mappings.

Our experiences confirmed the value of integrating a poststructural approach in an attempt to explore the complex, multiple truths inherent in this ethnographic study. Examples from our textual analysis illustrate how we explored lateral mappings. In the critical care setting, nurses and doctors either subjugated or acknowledged nurses' knowledge in different ways when making decisions about patient care. Nurses participated in the practice of subjugating their knowledge in which they provided opportunities for doctors to draw upon their medical knowledge. Within this practice, nurses sometimes deferred to the doctor in the first instance, without drawing on their own repertoire of knowledge. More inexperienced nurses, who adopted the subject position of a docile nurse, commonly expressed this deference. Part-time nurses also sometimes demonstrated this obsequiousness. Sometimes nurses privileged their knowledge by not seeking the doctor in the first instance when making a decision concerning patient care. Senior, experienced or full-time nurses, who adopted the subject position of a competent, resourceful nurse, commonly expressed this privileging of nurses' knowledge.

Another example of complex lateral mapping from the textual analysis related to doctors' legal and institutional

responsibilities for decision making. To fulfil these responsibilities, decisions had to be documented in the patients' care plans as a record of ongoing patient assessment and management. As these forms of documentation required a doctor's signature, junior doctors rather than nurses wrote them up. As a result, nurses' efforts in constructing these decisions largely went unnoticed. The junior doctors' signatures on the patients' care plans allowed them to claim ownership of the decisions and of the changes arising from nurses' interrogations. This complex mapping of nurses' use of knowledge illustrates the multiple dimensions of how nurses and doctors interacted during decision making.

## Conclusion

During our study we discovered that critical ethnography created space for restructuring relationships in nurse research groups and interpreting textual material of ethnographic analysis. However, this methodology was inadequate for determining the complexities of participant relationships in the research group. While we initially constructed the study using a critical ethnographic methodology, we moved to include elements of poststructuralism to address some of the complexities.

Critical ethnography provides a useful methodology that facilitates mutual dialogue among participants. However, this methodology is limited by the central position played by the researcher and the tendency to negotiate participants' realities according to a particular 'truth'. By uncritically accepting these limitations, researchers face the danger of perpetuating constraints of authority and common sense in their ethnographic pursuits. By incorporating the notion of a poststructural intent, researchers are in a position to examine critically the tensions in their own practices, and their struggles with documenting and analysing ethnographic accounts.

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