The Weight of Words: co-analysis of thick ethnographic description and ‘friction’ as methodological strategies in a health policy research partnership.

Loblay, Victoria; Conte, Kathleen P.; Grøn, Sisse; Green, Amanda; Innes-Hughes, Christine; Milat, Andrew; Mitchell, Jo; Persson, Lina; Williams, Mandy; Hawe, Penelope

Published in:
Qualitative Health Research

Link to article, DOI:
10.1177/1049732320962438

Publication date:
2021

Document Version
Peer reviewed version

Link back to DTU Orbit

Citation (APA):

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.
The Weight of Words: co-analysis of thick ethnographic description and ‘friction’ as methodological strategies in a health policy research partnership

Victoria Loblay1, Kathleen Conte2, Sisse Grøn3,4, Amanda Green5, Christine Innes-Hughes5, Andrew Milat6, Jo Mitchell7, Lina Persson6, Mandy Williams8, Penelope Hawe1

1The Australian Prevention Partnership Centre, based at the Menzies Centre for Health Policy, Charles Perkins Centre (D17), The University of Sydney, NSW 2006, Australia.

2The University Centre for Rural Health, Charles Perkins Centre (D17), The University of Sydney, NSW 2006, Australia.

3DTU – Technical University of Denmark, Engineering Systems Design, Akademivej, Building 358, 2800 Kgs. Lyngby, Denmark

4School of Public Health, University of Sydney, Edward Ford Building, A27 Fisher Rd, University of Sydney NSW 2006, Australien

5NSW Office of Preventive Health, Liverpool Hospital, Don Everett Building, Locked Bag 7103, Liverpool BC, NSW 1871, Australia.

6Centre for Epidemiology and Evidence, NSW Ministry of Health, Locked Mail Bag 961, North Sydney NSW 2059, Australia.

7Centre for Population Health, New South Wales Ministry of Health, Locked Mail Bag 96, North Sydney NSW 2059, Australia.

8South Western Sydney Local Health District, Waranara Building, Eastern Campus, Liverpool Hospital, Locked Mail Bag 7279, Liverpool BC, NSW 1871, Australia.

Abstract

Co-production partnerships between policymakers, practitioners and researchers are designed to facilitate production of relevant and readily usable research in health policy and practice contexts. We describe methodological strategies for in-depth collaborative analysis based on a co-produced ethnography of health promotion practice, involving ethnographic researchers and government-based research partners. We draw on a co-production dialogue to reflect
critically on the role and value of co-analysing research findings using thick ethnographic descriptions. The ambiguity of ethnographic imagery allowed flexibility in interpretation of findings but also generated friction. Specific ethnographic images became focal points for productive friction that crystallised ethical and analytical imperatives underpinning the diverse expertise in the team. To make the most of co-analysis of thick ethnographic descriptions, we assert that friction points must be reflexively considered as key learning opportunities for: a) higher order analysis informed by diverse analytical perspectives, and b) more cohesive and useful interpretations of research findings.

Introduction

Health policy research is increasingly embracing co-production models of knowledge generation (National Institute for Health Research, 2015; Oliver et al., 2019). The ideal of such models posits that bringing academics and health policymakers together to collaborate on joint research projects will facilitate the translation of research evidence into policy and practice. Arguments in favour of this approach cite reports highlighting “the unrealized practical benefits of significant scientific achievements” (Balas & Boren, 2000) and a 17-year gap between the publication of research and its uptake in practice (Balas & Boren, 2000; Morris et al., 2011). Co-production models are thought to remedy these problems by
producing research that is relevant and readily usable in the health policy and practice context (Heaton et al., 2015). At the same time, emerging empirical work around models of co-production suggests that knowledge creation in such contexts is far from linear (Greenhalgh et al., 2016). In contrast to optimistic claims of closing the research-evidence gap, these accounts depict co-production engagements as messy, unpredictable processes characterised by multiple competing interests and inherent instability (Wehrens et al., 2010; Hinchcliff et al., 2014; Greenhalgh et al., 2016; Oliver et al., 2019).

Against this backdrop, it is clear that the collaborative dimension of co-production research is as much the potential of these models, as it is the challenge. Co-production is one of numerous forms of collaborative research practices such as stakeholder or public engagement and participation, as well as integrated knowledge translation (Oliver et al., 2019). Though there is no agreed upon definition of research co-production (Boyle & Harris, 2009), it has been characterised as a non-hierarchical form of research that moves away from academically led research within the university, and involves a range of scientific and non-scientific expertise (Gillard et al., 2012). Co-production has come to encompass a diverse range of research activities from co-designing research and co-interpreting results, through to embedding researchers within health service or policy organisations (Churruca et al., 2019). Co-production models have the capability to generate profound shifts in knowledge production through increasing reflexivity and social accountability, as well as challenging scientific conventions (Gillard et al., 2012; Oliver et al., 2019). Yet there is scant evidence and limited understanding of which strategies enable co-production to achieve particular aims or outcomes (Boyle & Harris, 2009; Oliver et al., 2019).

Incorporating ethnographic methodology within co-production models of research presents a unique challenge of its own. Ethnography and similar in-depth case study methods aim to produce contextualised, detailed accounts of the underlying mechanisms and social practices
that make up health policy and program implementation. They are a useful approach to develop deeper understanding of what policy and program implementation involves and how things work in practice (Dixon-Woods et al., 2011; Greenhalgh et al., 2011). Despite this, there is little guidance about how to integrate these methods in co-production models of research. While there have been some attempts to develop the concept of collaborative ethnography through notions of “para-ethnographers” (Holmes & Marcus, 2007) these ideas have been only minimally developed within anthropological literature (Mosse, 2011; Boyer, 2015). Meanwhile, the practical and ethical challenges of undertaking ethnographies within policy contexts have been well articulated (Lashaw, 2013; Kowal, 2015; Mosse, 2015).

The challenges facing qualitative co-production research, particularly where ethnography is involved, have resonance within the literature on interdisciplinary and transdisciplinary research collaborations. In particular, understanding the collective dimension of collaborative practice, and how differences within teams add to our ability grapple with complex phenomena, remain underdeveloped (Park & Zafran, 2018; Freeth & Caniglia, 2019). Park and Zafran (2018) assert that in collaborative research, rigour entails reflexive attention to questions raised by different epistemological orientations, and ethical positions of each team member, and how these differences shape research findings.

In this article, we unpack how we used ethnographic vignettes and a process of case-based situational analysis as strategies for co-analysing findings in a health policy research partnership. Applying these techniques in a co-production setting took all members of our research partnership into unfamiliar territory that led to new insights. Through close examination of our team experiences co-analysing ethnographic vignettes, we weigh the value of working with words - in the form of thick description (Geertz, 1973) – in research co-production. We aim to elucidate the role that vignettes can play in co-produced ethnography: the kind of work this mode of analysis can perform, and the outcomes that can
emerge from a collaborative analysis of this sort. In doing so, we situate how the diversity of the team informed our findings from an ethnography of health promotion practice.

Words that work: methods for making meaning and friction through ethnographic stories

Longstanding debates surround the craft of ethnography and how to adequately represent phenomena under observation (Clifford & Marcus, 1986; Winthereik & Verran, 2012). In co-production research, where some members of the research team may be part of a shared community with research participants, the issue of representation shifts toward a question of how to write stories that meaningfully and usefully address the co-created objectives of a diverse research partnership. In their article, “Ethnographic Stories as Generalizations that Intervene”, Winthereik and Verran call on scholars to think through ways that ethnographic stories can work instrumentally in relation to organizational and technological change. “Writing” they argue, “is not a way of resigning where the action is, but allows us to be dealing technological cultures and futures in-the-making long after fieldwork has been terminated” (Winthereik & Verran, 2012, p. 39). By building on the capacity of stories to “represent the world”, the authors draw on Donna Haraway (1991) to argue that ethnographic data should engender in readers a form of “double vision” (Haraway, 1991; Winthereik & Verran, 2012). So, whilst a story may be read from one angle and then produce a particular interpretation, readers should also be encouraged to see certain details in the story from other angles, thereby providing them with a glimpse of the multiple interpretive directions that might follow. We highlight Winthereik and Verran’s theoretical contribution to underscore the importance of enabling ethnographic vignettes to be flexible, with the potential for multiple interpretations. In the context of co-producing ethnography, crafting vignettes that are richly illustrative, but also ambiguous, allows for a co-analysis process that stretches
beyond fieldwork encounters and permits diverse perspectives of team members to engage with the ethnographic material.

At the same time, divergent interpretations of findings can also trigger forms of friction within the research team, particularly in the writing-up stages (Gillard et al., 2012; Park & Zafran, 2018). For the purposes of this article, we draw on a research event which entailed a moment of unexpected friction within our research partnership. We dwell on this particular research event because we found it to be a pivotal and instructive moment for the team. Rather than treating the friction that emerged as a conflict that needed to be minimized, we collaboratively interrogate the event as a productive co-analytic process. In this sense, we build on a concept developed by Park and Zafran (2018), who argue that “bumpy” research events illuminate the different epistemological, moral and ethical stances which influence the interpretive process:

The experience of bumping against the edges and limits of one’s own moral stances and epistemologies often creates challenges in interdisciplinary teams. Yet we found that focusing on conflicts and tensions as epistemological bumps, rather than instances of group dynamics or personality styles, led to the creative crystallization or fusion of our different horizons.

(Park & Zafran, 2018, p. 409)

We reflexively examine our own bumpy team experience in co-analysing ethnographic vignettes.

Consistent with the approach developed by Park and Zafran (2018), we kept audiotapes and notes from team meetings. What we present in this article is based on an audio-recording from a particular team meeting and aims to represent our collective experience as co-authors.
We have co-authored the article through a process whereby Victoria Loblay (an anthropologist) wrote drafts and circulated them, and all members of the partnership commented, corrected and developed the manuscript as it was prepared for publication. All co-authors have agreed that the article provides a faithful representation of the meeting that took place. We recognise that the narrative may have been different if it were driven by other members of the ethnographic research team, or by government partners. Nevertheless, we have sought to preserve the diversity of the team’s stances and demonstrate how this diversity shaped our findings.

The Context: a co-produced ethnographic study of health promotion practice

We are investigating the in-practice use of a purpose-built information technology (IT) system, designed to help deliver and track Australia’s largest ever scale-up of school and early-childhood programs in obesity prevention. The IT system is known as the Population Health Information Management System (PHIMS) (Conte et al., 2017; Green et al., 2018). Within the context of a national partnership research centre (Wutzke et al., 2017) we set out to gain a contextual, behind-the-scenes understanding of how PHIMS was being used in day-to-day health promotion practice. We undertook an ethnographic study of PHIMS use among health promotion practitioners working in local health districts. The commitment was to co-designed research with policymakers and collaborative write-up of the findings (Conte et al., 2019; Conte & Marks et al., 2020; Grøn et al., 2020; Hawe et al., 2020) in the form of published papers, internal reports, conference presentations and participant feedback. The partnership also provided the basis to steward literature synthesis and experiments with graphic forms of data presentation (Conte & Hawe, 2018; Conte & Davidson, 2020). The research is more fully described in our protocol paper (Conte et al., 2017).
The research partnership group collaborating around the ethnographic study (the authors of this article) was formally described as a three-way researcher-policymaker-practitioner partnership. In practice, when we would sit around the table during partnership meetings, the group was made up of a combination of state-level program administrators, bureaucrats, software engineers and designers, a local health district representative, and an interdisciplinary team of university-based researchers with backgrounds in public health and anthropology. While the study design, research questions and the decision to undertake research about PHIMS were jointly conceived, there remained certain boundaries in place as the research unfolded. Crudely speaking, we were split into two institutional groupings based on our different roles and relationships to PHIMS: 1) the ethnographic research team who were university-based academics responsible for collecting ethnographic data through fieldwork in local health districts; and 2) government partners for whom PHIMS was not only an object of study, but also a core business process. Viewed through the lens of closing a research-evidence gap, the underlying intent of our co-production partnership model could be described as an effort to use ethnographic methods to synthesise local level learnings from health promotion practice and health promotion practitioners’ knowledge into a form of evidence that would be useful for policymaking and IT design decisions in relation to PHIMS. It was anticipated that using a partnership approach to knowledge production would encourage the alignment of such technologies with quality improvement processes that would enhance practice and innovation (Conte et al., 2017). Further, it was hoped that the ethnography would capture experiential learnings developed through the process of building and implementing PHIMS, so that they could be shared with other jurisdictions who may be looking to implement similar technological systems.

Given that the ethnography was underpinned by a co-production model of research, the findings from the ethnographic fieldwork were continually shared and shaped through more
than three years of meetings, interviews, workshops, emails and telephone conversations between the ethnographic research team and government partners. As many of the government partners in the group also appeared as actors within the ethnographic data set – some overtly so – delicate attention had to be paid to protecting the anonymity of participants, as well as ethical issues of how the data was framed (Mosse, 2011, 2015). These ongoing interactions resulted in the presentation of ethnographic findings in numerous forms. For example, at one point some government partners suggested that it would be good to get a sense of “how many” people were behind the quotes and themes presented, and so the ethnographers compiled a quantified map of the codebook using Prezi. The interactive presentation showed how many quotes were coded under each theme and subtheme from the data set. In a number of the co-authored publications, the ethnographic fieldnotes were coded and analysed through the extraction of patterns and generalisations (Conte et al., 2019; Conte & Marks et al., 2020; Grøn et al., 2020). However, these approaches to ethnographic analysis represented only one way of understanding ethnographic fieldnotes. We also wanted to use the ethnographic findings to engage the health policy research partnership in a “study of richness” (Greenhalgh et al., 2011; Conte & Davidson, 2020).

Research Event: The Co-Analysis Dialogue

The research event we present draws on a tape-recorded meeting that was organised to actively engage all members of the health policy research partnership in developing one of the manuscripts for publication in a social science journal. In contrast to other co-authored publications developed by the team (Conte et al., 2019; Conte & Marks et al., 2020; Gron et al., 2020), the ethnographic material presented in this manuscript was underpinned by a case-based, situational approach (Greenhalgh et al., 2011; Pedersen, 2017). That is, instead of attending mostly to facilitators, barriers and the diversity of implementation adaptations of
PHIMS across the data set, the goal was to develop more fine-grained understandings of the meanings and logics underpinning the use of PHIMS as social practice (Greenhalgh et al., 2011; Tsoukas, 2017). Through an in-depth analysis of specific occurrences that took place during the course of fieldwork, the situational approach aimed to take readers inside moments of practice, work that is usually unexplored, or obscured from the view of bureaucrats and state-level program administrators. The intent was to enable the government partners – who had not been part of the fieldwork but had some familiarity with the practices under investigation - to get closer to the ethnography. In this sense, the manuscript writing process was intended as a mechanism to collaboratively examine how practitioners were performatively and iteratively interpreting the purpose of the technology and making decisions about the kind of knowledge that was most important to put into the system. Based on portrayals of the ethnography through this case-based, situational approach, we then pursued a dialogical interaction among the partnership group to think together about “what is going on here?” (Agar, 1986; Greenhalgh et al., 2011).

Present at the meeting were four university-based researchers (the ethnographic research team), and six government partners. The ethnographic research team endeavoured to choose vignettes that invoked some of the ambiguities and tensions surrounding the use of PHIMS. The chosen vignettes comprised moments that captured in rich illustrative detail how health promotion practitioners were deciding what to record as notes in the PHIMS system. The ‘notes’ function in PHIMS had been designed as a place where practitioners could input free-form notes (with a character limit) pertaining to their everyday contact with schools and preschools. The ethnographic research team selected these instances because they provided an interesting microcosm of the ambiguities and multiple accountabilities associated with the use of PHIMS in the context of local program implementation. The intention was to use the ethnographic vignettes as the ‘results’ section for a publication exploring how health
promotion practitioners were figuring out what information qualified as ‘data’ in the PHIMS system. In what follows, we describe the dynamics of knowledge generation that emerged in the partnership group through the process of collectively engaging with ethnographic data using this approach. We use quotations from the audio-recorded meetings to illustrate the key themes of the co-analysis dialogue.

**The Form of the Manuscript**

As a group, we deliberated the value of this type of qualitative evidence – where data are ‘words’ crafted as thick ethnographic descriptions - in the continuous improvement of public health programs: Who would need this information, and how could government partners use it? At the outset, the form of the manuscript was unfamiliar for many in the partnership group, in that it did not conform to the structure of an article that government partners were familiar with:

> “it is not the traditional: ‘this is the methods, and this is the results, and these are the limitations, and this is what we find from it’.”

The unfamiliar form of the manuscript, and the fact that it was planned for publication in a journal outside of public health, also led to a question about whether it would show up in a literature search of relevant articles:

> “the thing is, it wouldn't turn up in any reviews of evidence on how you engage health practitioners in the roll-out of such systems… how does that add to the body of knowledge?”

Moreover, the topic of practitioner notes, and how practitioners weighed decisions about what to enter as ‘data’ in the IT system, seemed to one government partner to be very different thing to what they would do in their day-to-day work. Yet when one of the
ethnographers asked whether there was a message in the manuscript that a government partner would want to learn if it was formatted in a different way, the response was:

“That's a very good question. Yes, I would think that there's a message in here that you might want to know. So yes, but in the format and with the different way. Look personally I have to say I get a little bit put off by the personal touch.”

In this way, both the form and style of the manuscript were unfamiliar to the extent that it was obscuring any meaningful message for certain members of the partnership group.

**Exploring a Particular Experience, versus Presenting an Overview**

In addition to the question of relevance, a number of government partners grappled with the presentation of results in terms of a situational approach. As one government partner described:

“there's a diversity of ways that health promotion officers use PHIMS and this paper doesn't capture that diversity”

This was important for some of the government partners because they felt uneasy about the concept of making a decision that would change a course of action based on one instance, or the personal circumstances of one practitioner. The ethnographers were asked how - in this approach where you analyse a particular situation in-depth - do you manage “bias”:

*Government partner: This might be one person, but they might be disaffected by other things that are happening locally and it doesn't reflect the 200 other people who are having a different ... So how do you weigh that as well?*
Ethnographer: So I guess the kind of questions that I'm interested in are not about getting to the facts. That's not what this paper is about, getting to a fact...

Government partner: It’s not about getting to the facts! Oh my goodness.

In responding to these concerns the ethnographers explained that the situational approach to analysing ethnography was not intended to favour one person’s views or experience. Rather, by presenting an in-depth portrayal of an ethnographic encounter, the manuscript aimed to provoke deeper reflections about why this was happening. One of the ethnographic research team articulated this:

*It takes me into a moment. It teaches me about the moment, it makes me ask, "Oh how does it exist at all?"*

In this sense, the approach could be thought of as “a thinking tool” as opposed to a decision-making tool.

Yet, a number of government partners remained uneasy with what they saw as a “problem-focused” approach of the manuscript:

*“The language around it being breakdowns or kind of talking about system failure enforces this idea that we're focusing on all the negative and not taking a more balanced view.”*

It thus became evident that there were significant tensions emerging around the way specific words in the ethnographic vignettes were representing health promotion practice.

*The Promise and Peril of Personal Details*
A topic that emerged as contentious for the partnership group, was the question of whether certain details in the thick description ought to be included in the publication. The vignettes in the manuscript described the quandary of health promotion practitioners facing a choice about what kind of details were appropriate, or important, for health promotion practitioners to enter into their notes in the PHIMS system. In one vignette, a health promotion practitioner mused with the ethnographer about how she had noticed during a visit to a day-care centre, that the Director had been wearing a large engagement ring and long acrylic nails (see Box 1 for full vignette). The practitioner explained that she would note down these things when she got back to the office, because such details were things she often looked out for to help her figure out whether a Director was really involved with the children or played more of an office role. And yet when the practitioner returned to the office and entered her notes into PHIMS, she did not make mention of these details and had to delete a lot of information she was intending to write because of a character limit in the system.

Box 1: Vignette illustrating how health promotion practitioners choose what to put in PHIMS

In a local health district in the suburbs of Sydney, where one of the authors carried out fieldwork in 2017, she meets Darcey*, a health promotion practitioner. Darcey has agreed to let the ethnographer accompany her on a ‘site visit’ to a local day-care centre. The fact that Darcey is doing this site visit at all is the result of a good deal of work. The health promotion team has been working intensively, often in the evenings, to run training programs for day-care staff and school teachers to upskill them in key health promotion areas. At one of these training events, Darcey got chatting to the Director of the day-care centre and has been calling her every second day for two weeks before finally landing the visit. She explains that she doesn’t log these calls into PHIMS. She might document that it has been hard to make contact with the Director, but she would not log every phone call and email unless something significant happened.

Before leaving for the site visit, Darcey receives a phone call from the Director of the day-care service. The Director wants to postpone the visit because it is school holidays and the day-care centre is short on staff. Darcey applies a bit of pressure over the phone and convinces the Director to keep the appointment. At the centre, they are let in by the Director, who appears harried and reiterates that she really should be out on the floor, as office stuff is second priority. As the visit goes on, things start to feel more relaxed, particularly when Darcey asks about the screen-time policies at the centre. This sparks a bit of passion in the Director and by the end of the visit, the time constraints that shrouded the beginning of the exchange seem to have evaporated. The Director offers a tour of the day-care centre, which has been newly refurbished. As they wander around Darcey is visibly impressed as she surveys the brand-
*All names are pseudonyms.

The inclusion of this level of detail in the vignette became the subject of a heated discussion among the group. Some government partners felt strongly that PHIMS notes were not the place for storing “personal” details or information about individuals in the system. As one of the state-level program administrators put it:

“Those sorts of things I would never have expected to be put into PHIMS. And I don't know that PHIMS was built for that level of detail. It was more about just what would be helpful that's very site-specific, not personal.”

As the dialogue unfolded, it became clear that the kinds of decisions facing practitioners - as they weighed what to enter into their PHIMS notes - were also reflected in the choices facing
the health policy research partnership team as we weighed what kind of ‘data’ were appropriate to publish as part of the co-production project. A number of the government partners worried that a vivid description of a health promotion practitioner weighing up small details in relation to their contact with a day-care Director in a publication could jeopardise the reputation of the health promotion programs by potentially damaging relationships:

“it’s like as if our health promotion officers are very judgmental, and they’re not.”

These comments took the ethnographer who had written the fieldnote by surprise:

“I guess I never thought of it as a judgmental comment. I was thinking, ‘how interesting is that?!’ That the stuff that you really need to think about and that jogs your memory is - you don't end up putting in the system.”

Given the reluctance of a number of government partners around certain details contained in the vignette, some suggested that we find a better example. However, as one of the ethnographers explained:

“I feel like we have other examples that we can draw on, but I think the difficulty of this, that we're dealing with right now is ‘how you tell the story’. The approach of the story and I think that's where we've had some struggles with this because the ethnographic approach... it makes you feel empathy. It takes you into the feeling of being a health promotion officer and what that's like, as opposed to some of the more traditional ways of writing.”

In these exchanges, the friction between different perspectives in the room led one government partner to characterise the discussion as “vociferous”. At which point another government partner exclaimed that she loved the part with the descriptive detail, because it really brought the vignette to life for her. She explained how reading the story with the
personal tidbits took her back to a time before she was a bureaucrat, when she herself was a health promotion practitioner:

“it reminded me of the things that I used to remember and that you know, I would write down in my own way, but we didn't have a system like that. And so the things that came out for me were people have always used mechanisms to remind themselves of the people that they interact with in a particular setting.”

From the perspective of this government partner, details like the engagement ring donned by a day-care Director could also be seen as a symbol in the story: an easy way for a practitioner to recall the interaction at the day-care centre. The government partner went on to reflect that working as a practitioner in a time before PHIMS, she used to go around with her notebook and there was no need to think about what was to be kept personal, or what should be entered as data, because all these things were just notes. With these comments, the sense of discomfort around the personal details gave way to the first forms of reflexive analysis in the dialogue.

Moving from Friction to Reflection

Even as government partners expressed their discomfort with the style of the manuscript, the approach to analysis and some of the details in the vignettes, it became clear that many in the room found the vignettes instructive and illuminating. One government partner explained:

“You could argue that the numbers are simpler and that that's the easy option to take, but what you're trying to tackle with this is the much more nuanced and grey issues... what the interpretations foster is empathy with people who are trying to do the best they can.”
A few government partners suggested that if particular details could be removed, then there were some good lessons to be learnt:

“the actual example - other than that little bit there around the engagement ring and the nails - does provide a lot of insights”

Based on this encouragement, the ethnographer leading the discussion decided to try a different approach to move the dialogue into a space where people could reflect on what the stories were teaching them:

“Say this was an internal document, right, say this wasn't about publication… what did it actually make you think about that you didn't know before in terms of PHIMS and what PHIMS means… what did it tell you that you wouldn't have known if you hadn't read these things?”

In response to this, one government partner explained that the stories spoke to her of a form of practice which could relate to many kinds of work:

“so it's about how that kind of a practice which people have done and you know, I'm sure my hairdresser does it as well, is how then do you take that practice and how do you reconcile that when there's a new system”

Another government partner also saw how there were broader lessons at stake than simply stories about PHIMS:

“we had been thinking about the trust issue specifically from a system perspective, like PHIMS perspective. But the flavour I got from this was that it was just general unease about technology and information systems and if you read the news where every second thing is being hacked and the security issues across the board, you can kind of understand why people would take that perspective and then it becomes much
more about broader cultural change and re-enforcing the security arrangements and all the other things that are in place. It's not just about PHIMS per se, it's about the broader social context in which it's being used.”

Given the quality of the insights that began to emerge, one of the ethnographers also wondered:

“maybe these would have been easier stories just to have as an internal thing?”

But as was then pointed out, “unless we had seen the threat” (of publication in the public domain) the discussion may have not been so generative.

Discussion

Reflecting on the bumpy experiences exhibited in the dialogue provides important, relevant insight into the weight and worth of co-analysing thick ethnographic descriptions in a health policy research partnership. The friction crystallised our different epistemological and ethical positions vis-a-vis the ethnographic data. The ethnographic approach to analysis was accompanied by detailed and vivid descriptions that conveyed “nuanced and contingent messages” (Greenhalgh et al., 2011, p. 538) such that we were weighing the meaning of words rather than ascertaining the facts. Engaging in a form of analysis to examine the “instability of meaning rather than defining successful outcomes” (Mosse, 2011, p. 55) did not easily fit with usual policy expectations of the role of evidence to inform decision-making. Developing co-produced understandings of the ethnographic data also forced the ethnographic research team to acknowledge the “multiplicity” (Mol, 2002; Winthereik, 2010) of interpretations beyond the ethnographic knowledge developed through the course of fieldwork. In order to reconcile and integrate these distinct epistemic positions, both the
ethnographic research team and the government partners were forced to grapple with the objects of examination in complex ways that took them beyond habitual modes of analysis.

When the ethnographic research team drafted the manuscript that formed the basis of the co-production dialogue, the ethnographic vignettes were deliberately crafted with the aim of encouraging the government partners to experience the ethnography. As Greenhalgh et al. (2011) make clear, the value of a case-based approach lies in its ability to provoke a deeper level of reflection about social practice. But the value of this approach is contested, particularly in the context of the “bounded rationality” of policymaking (Greenhalgh et al., 2011). Policymakers often need to make decisions within short timeframes – hence the temptation to rely more on familiar styles of evidence which seem to make choices clear. It is therefore up to academics to develop techniques for enabling the richness of case studies to inform policy (Greenhalgh et al., 2011). As the co-production dialogue demonstrates, simply presenting policymakers and program managers with ethnographic vignettes, even where they are framed within a manuscript for publication, is not enough. Encouraging the dialogue to move into a mode where government partners actively engaged with the vignettes, rather than simply feeling that they were foreign or threatening, demanded considerable negotiation and willingness to navigate uncomfortable territory.

The co-analysis dialogue revealed significant tensions within the health policy research partnership around the framing and style of the draft manuscript, as well as the presentation of specific details in the ethnographic vignettes. In many ways, the dialogue hinged on an age-old ethnographic dilemma: How to tell a story? But the deliberations surrounding this question also had a specific quality that reflected the different priorities and research backgrounds of the members of the research partnership. Whereas the ethnographic researchers were faced with doing thick ethnography and not watering it down, for
government partners, the over-riding concerns were whether the results were a) representative of a broader pattern and b) potentially jeopardising to the program of work.

In honing in on a difficult moment in our collaborative engagements, we draw on Freeth and Caniglia (2019), who argue that an important component of learning to collaborate is attending to “discomfort as a trigger for learning”. They underscore the importance of thinking about collaborative research as inherently uncomfortable, and the necessity of embracing discomfort as an opportunity for learning. If collaborators operate only within a space in which they are comfortable and consensus reigns, the experience may be satisfying, but learning is minimised. Stark (2011) has similarly drawn attention to the innovative possibilities that arise from “the friction of contending principles” within a diverse group. In a health policy partnership such as ours, different members may participate in the research work for different reasons and it is the difference between these underlying drivers that can contribute to a sense of discomfort. If this tension is framed in the right way, participants then need to reconcile with many truths. On the other end of the spectrum, deep discomfort that is too confronting may be detrimental to the collaborative endeavour (Freeth & Caniglia, 2019). Highly novel approaches to research collaborations – such as co-producing ethnography – also greatly enhance the potential for deep discomfort (Freeth & Caniglia, 2019). Greenhalgh et al. (2009) observe that interpretivist approaches to evaluating health services research necessarily involve “negotiation and contestation”. As such, research teams should expect “disputes and deadlocks”, viewing these as avenues to “achieving higher-order insights” (Greenhalgh et al., 2009). In the spirit of exploring how discomfort can engender new learning, we consider how the health policy research partnership negotiated tensions that erupted in the dialogue in a way that allowed new insights to emerge.
The central tensions of the dialogue fit with what Freeth and Caniglia (2019) describe as the epistemic dimension of collaborative experience, where researchers and research partners may challenge one another over the centrality or importance of different research questions. There may also be disagreements over how knowledge ought to be produced, as well as the properties and research procedures that constitute “good knowledge” (Freeth & Caniglia, 2019). In our dialogue, these epistemic tensions manifested when government partners questioned whether the topic of practitioner ‘notes’ had any relevance to their own day-to-day policy practice, and asked what the value was of exploring a particular practitioner’s viewpoint, when it did not represent the diversity of practitioner experience. What use was it to examine the comments or experience of select individuals rather than taking a more “balanced” view of the program and the broader context? These questions produced deep epistemic discomfort for the ethnographic researchers, particularly those with backgrounds in anthropology. For an ethnographer, the value of exploring the ‘particular’ and the minutiae of people’s lived experience is taken as a given, and rarely questioned. Particularism is a core value that has been at the heart of cultural anthropology since Franz Boas and Margaret Mead and is a critique of cultural evolutionism (Darnell, 2001). The richness of the particular is seen as a route to understanding universal commonalities. Ethnographers draw on the broad contextual understanding developed through fieldwork experiences in order to select relevant vignettes, that are meaningful representations of wider social processes. From this perspective, suggestions that the ethnography might be better presented in terms of a balanced overview of the patterns across the data set were somewhat threatening to the ethnographers. Similarly, in ethnographic approaches to writing, evocative descriptions and attention to intimate details demonstrate rigour. However, for those more familiar with public health and policy – such as the majority of the partnership group – skilful writing is often
signalled through brevity and plain language. The “personal touch” and discussion of intimate details in an academic publication was disconcerting for some government partners. The most uncomfortable moment of the co-analysis dialogue emerged from the discussions around symbol of the nails and engagement ring. Notably, the vignette with these details had been shared unproblematically in different iterations of co-production processes. Indeed, it was the apparent usefulness of this vignette in feedback presentations with practitioners, and also IT designers, that prompted the ethnographic research team to select this story for publication in the first place. In her study of White researchers working in Indigenous health in Australia, Emma Kowal (2015), following Goffman, has argued that certain details of program implementation may be comfortably discussed only in “backstage” settings where there is no risk of the information being made public. Similarly, the symbol of the nails and engagement ring, though acknowledged as empirically valid, was “profoundly discomforting” (Kowal, 2015, p. 97) for some of the partnership team. This form of ethnographic knowledge, when put on the page for publication, appeared to some government partners as offensive. The instrumental utility of the vignette was displaced by concerns about the reputation of the programs. In a sense, the acquisition of detailed knowledge of the complexity of program implementation might even be said to have “disutility” (Greenhalgh et al., 2011) in that it potentially made other aspects of program implementation, such as relationship building, more complicated.

Conversely, the discomfort of the government partners forced the ethnographers to re-analyse the vignettes from a program management perspective. The concept that the vignette was potentially damaging to the reputation of the health promotion programs, helped illuminate for the researchers some of the “objective structures” of their own “social microcosm” of academic research (Bourdieu, 2003, p. 283). In the realm of academic research, information is privileged as the source of knowledge, and researchers are measured by their ability to
constantly communicate this knowledge. Knowledge, in the academic context of the social sciences, is made visible “through the observer’s efforts at description, and more description makes for more information” (Strathern, 2000, p. 312). To convey cultural variation in a description, the divergent detail is important to include in the anthropological tradition. But for some government partners, more description and more information were – in this case – seen as a threat to the programs. In these ways, the tensions manifested in response to the vignettes produced a form of “double vision” (Haraway, 1991; Winthereik & Verran, 2012), for the ethnographic research team and for the government partners alike. Through seeing interpretations of the vignettes through the eyes of one another, each were forced to clarify their own understandings of what counts as good research.

According to Stark (2011), in moments of dissonance when we are forced to justify our actions, and explain why we ought to do things one way or another, we are both explicitly and implicitly drawing on “principles of evaluation”. In so far as evaluation is “defined by its central task of valuing”, such principles form part of a process of determining the “merit, worth or significance” of something (Suchman, 1968; Gates, 2018, p. 201). In this sense, the diversity of epistemological positions on the weight of words as a valuable form of data forced both the government partners and the ethnographic researchers to surface and reflect on their respective taken-for-granted approaches to knowledge production, and articulate the merit of these distinct approaches.

In weighing up the value of a methodological approach which centred on thick descriptions of particular situations, it was precisely the lack of consensus around the meaning of specific ethnographic imagery – such as the nails and engagement ring - that enabled it to be held up and analysed from the different epistemological and ethical standpoints. Had the meaning of such images been grounded in a notion of factual truth, we would not have had the same opportunity to articulate alternative interpretations of the data. It was precisely because of the
ambiguity and uncertainty of the thick descriptive details that we were able to integrate
different perspectives on the findings. Having aired concerns surrounding the threats to the
programs, and explained the underlying philosophical approaches to knowledge production,
the group appeared to be emboldened to share more personal reflections - “it reminded me of
the things that I used to remember and... write down in my own way” - and interpretations of
the findings (Stronach & Adair, 2014).

The thought experiment in which we imagined that these vignettes were simply “internal
documents” also freed up the conversation considerably, and government partners began to
articulate intriguing insights that were instructive for the ethnographic research team. A clear
theme among these emerging insights was that government partners began to relate the
stories to their own experiences, and became increasingly discerning in relation to the social
practices under consideration. Striking in these responses was a growing awareness that the
stories were not simply about PHIMS, or health promotion practice per se. Rather, there were
themes that could broadly relate to many forms of professional practice and technological
change. This is consistent with what Carminati (2018) identifies as “transferability,” a key
feature of generalizability in qualitative studies, in which the reader is able to actively “justify
the extrapolation and application of findings to other settings and situations” (Carminati,
2018, p. 2099). Further, by relating the stories to broader contexts, the sense of threat that
seemed to dominate the earlier interpretations started to wane. In other words, once the
partnership group were able to experience the ethnography in a way that made the specific
problems or struggles with the PHIMS system less about PHIMS, the dialogue moved to
more productive ground where analysis was able to flourish.

It may be the case that the bumpy nature of this research event was also a function of timing,
in that the manuscript and the corresponding dialogue took place at a point when the overall
results – the big ‘take-aways’ - of the ethnographic research had yet to be articulated or
conveyed to the health policy research partnership. Would the reaction have been different if the ethnographic research team had gone away, produced and shared an overview of all the results in a familiar form (a report) and then come back and then dissected this particular part of the ethnography? Possibly. However, it is also the case that a methodology where academics produce an authoritative account of research findings to the government partners would be a different approach to engaging in co-analysis as part of co-production. As it was, engaging reflexively with the vignettes and embracing discomfort as a partnership could be said to have allowed the group to move into a new mode of collaborative practice. In this mode, researchers felt less pressure to convey results in a pleasing light, and government partners appeared more open to discussing the unpredictable and inconsistent nuances of the social practices under consideration. When the ethnographic research team eventually did produce a comprehensive overview of the research findings to the partnership – nearly a year after the co-analysis dialogue – the report (Haynes & Hawe, 2018) was well received by the research partnership.

**Conclusion**

Following the dialogue, the manuscript under development was set aside in favour of developing this current article and other knowledge products. It seemed important to take time to reflect on the discomfort produced through co-analysing findings as thick ethnographic descriptions, and what we were learning from the process. By exploring the dynamics of knowledge generation that emerge when different members of a health policy research partnership have divergent understandings of what it means to engage in an ethnographic study, we glean a sense of how the diversity of team perspectives shapes the interpretation of research findings in co-production research. The dialogue, in which we collaboratively analysed thick ethnographic descriptions, provided a space where we were able to crystallise different epistemic viewpoints and explain previously taken-for-granted
assumptions that underlay the approach of both government partners and the ethnographic research team. By being forced to explain these distinctions, we came to understand one another better such that we could engage with and integrate multiple interpretive directions.

Our reflexive examination of this bumpy research event also clarifies important functions that this form of collaborative analysis of thick ethnographic description can perform in the context of research co-production. The flexible approach to analysis, where interpretations of findings were partial rather than conclusive, allowed us to inspect the vignettes from numerous angles, so that the health policy partnership group were eventually able to move to an optimal place of integration. This happened when the stories were placed in a broader context in which we could all relate to them on the same footing. Not as ethnographers, who had spent time and listened to the struggles of health promotion practitioners, on the one hand – and government partners who were invested in the reputation of both PHIMS and the health promotion programs on the other.

The outcome of this research event did not, in the end, produce the manuscript that was originally planned. The attempt at co-authoring a research publication in a form more typical of writing ethnography – that is, a different format and style to traditional public health publications - presented a barrier to integrating the contributions of the whole partnership team. In this sense, the methodological approach elaborated in this article is potentially of limited value as a basis for co-authoring publications which seek to write against conventions in dominant modes of scientific writing. Nevertheless, the meanings and interpretations of findings developed through this approach have proved to be useful in developing subsequent publications in more traditional formats.

Research produced through co-production rarely incorporates details of the collaborative methodology in research publications. Yet as our dialogue shows, how participants in a
research partnership work together can have significant bearing on the interpretation and analysis of results. We argue that collaborative methodologies should be more fully explicated in research publications based on co-production models of research - including examinations of what is abandoned and does not get produced - as a source of rich information about how co-production works to transform findings. We contend that the flourishing of analysis in the dialogue was able to happen because of the friction and instability produced through the interrogation of thick descriptive ethnographic vignettes. The onus is now on academics involved in collaborative practice to develop new techniques to enhance their own capabilities, as well as the capabilities of research partners, for embracing friction as a learning tool.

In providing an in-depth reflection of our experience working with these techniques, we hope that other research teams embarking on co-production will feel less reticent about confronting tensions between divergent perspectives. Co-analysing ambiguous findings can take all members of a partnership into unfamiliar territory and provoke discomfort. However, if this discomfort can be framed as productive friction and embraced as a positive learning experience, the research team may be able to move to a more sophisticated and better integrated understanding of the findings. In order for this to happen, it is important to provide space and time for dialogues where team members feel safe to explain what matters to them and why. This can allow the co-analysis process to move to a productive space where findings can be explored in a broad context rather than through the narrow lenses of unquestioned viewpoints.

Ethics

The co-produced ethnographic study of the IT system in health promotion practice, obtained research ethics approval from the Royal Prince Alfred Hospital Human Research Ethics
Committee (X16-0156 and LNR/16/RPAH/194). In addition, the study was also granted approval by the ethics committees of each of the 15 local health districts in New South Wales, Australia.

**Funding**

This work was supported by the National Health and Medical Research Council of Australia (Grant ID: GNT9100001). The NSW Ministry of Health was one of five funding partners of The Australian Prevention Partnership Centre within which this project is situated. NSW Health, ACT Health, The Commonwealth Department of Health, The Hospitals Contribution Fund of Australia, and HCF Research Foundation have contributed funds to support this work as part of the National Health and Medical Research Council of Australia partnership centre grant scheme.

**References**


Conte, K. P., Groen, S., Loblay, V., Green, A., Milat, A., Persson, L., Innes-Hughes, C., Mitchell, J., Thackway, S., Williams, M., & Hawe, P. (2017). Dynamics behind the scale up of evidence-


Morris, Z. S., Wooding, S., & Grant, J. (2011). The answer is 17 years, what is the question: understanding time lags in translational research. *Journal of the Royal Society of Medicine, 104*(12), 510-520. doi:https://doi.org/10.1258/jrsm.2011.110180


