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Introduction

A few years ago, I attended a small symposium focused on the use of ethnographic research to explore cancer care. It was organised at a well-known university in the UK and was attended by experienced academics (anthropologists and other social scientists) working on cancer in the UK and abroad. I was asked to be a part of the discussion panel in the last session of the day. Since the goal of the panel was to bring together the main themes that had emerged during the day, I wanted to provide my reflections on the current state of ethnographic research on cancer and propose ways to take it forward.

One of my reflections was that ethnographic cancer research tends to be divorced from the realities of those who could use the findings. I talked about the benefits of ethnography, the additional layers of knowledge generated by this approach, its insight, its commitment to the value of human thought and experience. My argument was that these findings, these additional layers of meaning, were often left in articles or books and were not being used to improve the services patients received, the support provided to carers or the work conditions of staff delivering care. I then went on to explain how anthropologists working in more applied settings were developing approaches such as rapid ethnography and collaborative ethnography. As I mentioned these terms, I could see expressions around the room change. I continued to talk about the need to involve other stakeholders from initial stages of study design, to understand how they might view cancer care and see if any of the findings of the study would be useful to them. This led to a bit of murmuring.

My brief presentation then queried the way in which we share the findings in ethnographic research: Could we be doing this as the study is ongoing, could we share the findings in accessible ways? These questions led to some angry faces in the audience. Needless to say, several hands went up to ask questions straight after I finished talking. After a few minutes of heated discussion with quite senior academics (I was a research fellow at the time), I concluded that I would not be coming out of that room with any form of agreement or even an 'agree to disagree' stance in relation to ways in which we could make ethnographic research more timely and accessible. Had I proposed something so radical to generate this type of response? Why did my proposal to do this type of research make so many anthropologists feel uncomfortable?

I wasn't oblivious to the fact that the term 'rapid ethnography' was considered contradictory by some anthropologists who define ethnography in relation to the long-term engagement with a particular 'field'. Ethnographic research and fieldwork have

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changed so much since our traditional Malinowskian past that I did not expect such a rigid response from the audience. We are used to reading about multi-sited ethnography, mobile ethnography, virtual ethnography, auto-ethnography and even fiction ethnography, all with different coverages of spaces, time, materiality and aspects of the imagination.

The questions from the audience also alluded to concerns about producing ethnographic research with others. If the ethnography is co-produced, is the voice of the ethnographer censored in some way?, I was asked. There were interesting dynamics about the authority over social realities and authority over the text emerging. My reply went along the lines of: Isn't this authority always negotiated, even if we do not explicitly co-produce our ethnographies? The audience was not interested in seeing beyond the potential 'dangers' of doing ethnography rapidly or collaboratively.

Had I hit a nerve? Was there something about disciplinary identity here? If we reduce the time-frame of ethnography, if we change ethnography in its 'purist' form, then everyone will be able to do it. If everyone can do it, what will be our role as anthropologists in the production of knowledge? There was a hint of defensiveness in some of the comments, but what had I attacked? Or better yet, what were they defending?

My reflection and obsessive dissection of the events that transpired that day allowed me to see that the proposal of doing rapid ethnography could potentially pose deeper questions about what ethnography is. If ethnography is not defined by the amount of time one spends in the field, then what makes a study ethnographic? What is (or should be) the purpose of the work we do? What is our responsibility towards those who share their time and stories with us? If we are able to share findings at times when these can be used to inform decision-making processes, then shouldn't it be our responsibility to do so? In addition to introducing you to the vast landscape of rapid ethnographies, these are the questions I deal with throughout the book. Hopefully you can help me find some of the answers.

Timeliness and Research

Timeliness has been highlighted as a factor influencing the utility of research and evaluation findings in healthcare (McNall et al. 2004; Nunns 2009). As I was putting the finishing touches on this book, our world was dealing with the impact of the COVID-19 pandemic. My editing days were shaped by a country on lockdown, hundreds of daily deaths and requests from colleagues and healthcare authorities to assist with the development of rapid research to capture much-needed qualitative data to inform response efforts. Rapid research approaches and the expertise of our research team (the Rapid Research Evaluation and Appraisal Lab, RREAL) never felt more relevant.

Even beyond the context of global pandemics, only research findings shared at time points when they are able to inform decision-making will be able to produce improvements in care (Kilo 1998; Reed and Card 2016; Etchells et al. 2016). This has prompted the development of a wide range of rapid research approaches that aim to make findings available when they are most needed (McNall and Foster-Fishman 2007). These approaches are characterised by the short duration of research, use of multiple methods for data collection and teams of researchers, formative research designs where findings are fed back while the research is ongoing, and the development of actionable findings (adequate for purpose) to inform changes in policy and/or practice (McNall and Foster-Fishman 2007; Anker et al. 1993; Beebe 1995, 2014).

In the UK, the interest in rapid approaches to research has become more evident, with greater emphasis placed on the need for timely findings and rapid, relevant and responsive research. The National Institute for Health Research (NIHR) has recently funded two rapid service evaluation teams (called RSET and BRACE) that aim to reduce the amount of time involved in setting up national service evaluations. I have been involved in the development of an additional center in the UK called the Rapid Research, Evaluation and Appraisal Lab (RREAL), which seeks to expand and improve the use of rapid research approaches in healthcare through an intensive training programme, support during research design and implementation, and the development of rapid research to test out new approaches and methods.

The Center for Medicare and Medicaid Innovation in the US has created a Rapid Cycle Evaluation Group to test new payment and service delivery models and inform decisions at a policy and practice level in a timely manner (Shrank 2013). This shift towards rapid research is mirrored globally by transnational organisations such as the WHO, with their development of methods for rapid evidence synthesis to inform decision-making and the design of rapid advice guidelines for public health emergencies (Tricco et al. 2017; Garritty et al. 2017).

The field of rapid research has advanced considerably in the last few decades and now covers a large number of techniques and approaches (i.e. rapid appraisals, rapid ethnographic assessments [REA], rapid qualitative inquiry [RQI], rapid assessment procedures [RAPs], rapid assessment, response and evaluation [RARE], and quick, focused or short-term ethnographies). Rapid evaluation methods have also been developed in the form of real time evaluations (RTE), rapid feedback evaluations (RFE), rapid evaluation methods (REM) and rapid-cycle evaluations.

One approach that has become increasingly popular is rapid ethnography. Rapid ethnographies are informed by theories and methods used in conventional, more long-term ethnographies, but seek to deliver findings over shorter periods of time. Rapid ethnographies emerged in the 1980s and have diversified to

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include a wide range of approaches for conducting ethnographic research as a lone researcher or in teams. Proponents of rapid ethnographies have argued that rich ethnographic data and meaningful engagement with field sites can be achieved in shorter studies as long as ethnographers are able to develop mechanisms for intensive fieldwork, a different (more targeted or focused) delineation of the field, and strategies for collaboration (with participants or other researchers) (Handwerker 2001; Knoblauch 2005; Pink and Morgan 2013; Wall 2014). A recent review we carried out on the use of rapid ethnographies in healthcare showed a notable increase in the use of rapid ethnographies in the last five years and their expansion beyond the social sciences (now becoming more popular in nursing and medicine) (Vindrola-Padros and Vindrola-Padros 2018).

Even though rapid ethnographies are now widely used in the social sciences and beyond, their expansion has not gone uncontested. Some authors have argued that the use of the ‘ethnography label’ poses potential risks for rapid ethnographies, where researchers might sacrifice the use of theory for the sake of brevity, fostering an instrumental and acritical research approach (Culpit et al. 2018). Others have also argued that rapid ethnographies are not ethnographies at all and need to be named differently to avoid confusion with terminology (Beebe 2004). In these cases, shorter study time frames are inextricably associated with lower quality of research, not capable of developing the insight and understanding conventional ethnographies are able to produce. As a consequence, rapid ethnographies are often represented as a ‘quick and dirty’ exercise (Pink and Morgan 2013; Vindrola-Padros and Vindrola-Padros 2018).

The aim of this book is to present a critical overview and analysis of the use of rapid ethnographies. I have designed the book to provide a detailed description of how different rapid ethnographic approaches have been used in the past, critically analysing their use, but also highlighting their potential. As an applied medical anthropologist who has carried out health-based research in several countries over the years and has supervised graduate and post-graduate students in different fields, I have become convinced that rapid ethnographies, if designed and implemented properly, can make important contributions to our study of social phenomena, while helping to inform changes in policy and practice. Rapid ethnographies can also help question research designs used in conventional ethnographic approaches by testing underlying assumptions on the relationship between time spent in the field, the building of relationships and the production of knowledge. In many ways, rapid ethnographies can lead to a basic question: If ethnography is not defined by the length of time in the field, then what makes a study ethnographic? Even though this book is an introduction to rapid ethnographies, this question, concerning all ethnographic research, will feature prominently throughout the chapters.

What Are Rapid Ethnographies?

Ethnographies propose a way of thinking and a way of being-in-the world that is quite different from other perspectives. Ethnographers seek to see and understand the world through the eyes of others, by participating actively in their daily lives. They tend to combine different methods to explore the particularities of thought and practice, developing rich layers of insight into human experiences (Watson 2011). The detail of the everyday, obtained by an immersion in the context of research and active participation in the lives of others, is used as a window into the particularities of the locale, but also as a connection to other relevant scales (van Maanen 1996; 2011). Ethnographies maintain a multi-scalar view, where through the analysis of the local, they are able to capture processes operating at other, more abstract, and perhaps more global levels (Xiang 2013; Tsing 2005).

Ethnographies have also been characterised for their conceptual openness. According to Dalakoglou and Harvey (2012), ethnographies are able to locate material and social relations without needing to decide in advance on the ontology, the scale or the extension of such relationships. In other words, ethnographies rely on the ethnographer's capacity to be surprised, to encounter the unexpected. Rivoal and Salazar (2013) have argued that a key characteristic of the ethnographic method is serendipity, or 'the art of making an unsought finding' (Van Anel 1994: 631). This requires approaching the field with a critical reflection of one's own preconceptions and undergoing a continuous exercise of self-reflection to ensure openness to ways of thinking and behaving that might not have been expected. As Olivier de Sardan (1995: 77) has argued, 'anthropologists are trained to observe what they are not prepared to see.'

Ethnographies also promote the decentering of analysis, through their focus on reflexivity, where a dynamic relationship is acknowledged between one's own positionality and the locality and mobility of the topics, people and things under analysis (Osterlund-Potzch 2017). This dynamic relationship is constantly negotiated by the ethnographer, participants and the fieldsite and permeates all levels of ethnographic interpretation.

Traditionally, ethnographic research has relied on extensive periods of fieldwork (Marcus and Faubion 2009). As Beebe (2004: 3) has argued, 'the case for prolonged fieldwork advanced by anthropologists [. . .] is based on tradition and the argument that it takes time to develop intellectualized competence in another culture, to be accepted, to develop rapport, to be included in gossip, and to get information about social change.' Other authors have queried this long-standing assumption, arguing that the traditional long periods of fieldwork in anthropological doctoral training are continuously reconfigured to adapt to the context where the research will take place, the needs and inclinations of the researcher and more general trends in

anthropological thought and practice (Marcus and Faubion 2009). These authors have also sought to unpack what we mean by fieldwork, highlighting instances where the researcher is not physically in the field (i.e. in a library, archive or discussing with colleagues at their university) but is still carrying out research that constitutes fieldwork (Marcus and Faubion 2009).

Developments in the field of rapid ethnographies have also questioned equating ethnography with long-term research (Pink and Morgan 2013). There is an evident time issue when defining rapid ethnographies, but what are the other features of this type of design? Definitions of rapid ethnographies vary. In a recent review of the use of rapid ethnographies in healthcare (Vindrola-Padros and Vindrola-Padros 2018), we found at least five different labels associated with rapid ethnographic research (quick ethnography, focused ethnography, rapid ethnographic assessment, RARE and short-term ethnography). After reviewing these definitions and the ways in which the rapid ethnographies were designed, we proposed a working definition that could envelop all of these approaches into one genre. Rapid ethnographies were defined in relation to the following characteristics: (1) the research was carried out over a short, compressed or intensive period of time; (2) the research captured relevant social, cultural and behavioural information and focused on human experiences and practices; (3) the research engaged with anthropological and other social science theories and promoted reflexivity; (4) data were collected from multiple sources and triangulated during analysis; and (5) more than one field researcher was used to save time and cross-check data (Vindrola-Padros and Vindrola-Padros 2018). We also argued that rapid ethnographies needed to be transparent and include detailed reporting of the design and implementation of this study. This was in response to the low quality of reporting we found in the articles included in the review, which we will discuss later on in the book.

The first characteristic included in our working definition creates problems for many researchers, as there is no consensus on what we mean by rapid, short, compressed or intensive periods of time. Whilst some authors suggest that the entire research process (from design to dissemination) should take place in less than six weeks for some rapid studies (Beebe 2005) and ninety days for rapid ethnographies (Handwerker 2001), recent literature reviews have highlighted variability for both, with study duration including three weeks (Pearson et al. 1989), seven weeks (Wilson and Kimane 1990), or two to three months (Bentley et al. 1988). In this book, I use a time frame of five days to six months to define rapid ethnographies on the basis of recently reported evidence (Vindrola-Padros and Vindrola-Padros 2018), with a view to capturing a wide spectrum of rapid ethnographic designs. I also cover examples of longer ethnographies that have designed rapid feedback loops for disseminating findings as I think these share some design characteristics with rapid ethnographies.

Vignette: When research needs to be rapid

Many years ago, I was approached by a senior manager in a children's hospital who was looking for a research team to evaluate a new service he had implemented in the hospital. The purpose of the new service was to provide some of the care required by patients as an outpatient service, reducing the need of children and their parents to travel to the hospital. A few months after the service had been rolled out, it was not providing care to the numbers of patients that had originally been estimated. This low number of patient cases was mainly due to staff members' unwillingness and inability to refer patients to the service.

I was asked to put together a team to carry out a diagnostic study to identify the main reasons why staff were not referring patients to the service. The caveat was that important decisions would need to be made about continuing or discontinuing the service at the next board meeting. This meant findings would need to be delivered in two months. From my point of view, this meant I would need to assemble a team, design a study protocol, collect data, analyse it and disseminate it in a user-friendly way in less than eight weeks.

It was not an easy process, but we managed to carry out a rapid appraisal of the main barriers to referral. We carried out interviews with staff, observed referral processes and the delivery of care in the outpatients area and carried out documentary analysis. We developed a visual summary of the findings (similar to an infographic) and shared it by the deadline. The board decided to continue with the service with the condition that the service leads develop action plans to address each of the referral barriers we had identified in our appraisal. The main changes that needed to be made were the development of better educational materials for hospital staff on what services the outpatient clinic could provide, the simplification of the paperwork required to refer patients (as some staff found this to be too time consuming) and the creation of a follow-up system where staff who referred patients to the outpatient service would be informed about these patients' outcomes after they were seen in outpatients.

Why Do We Need Rapid Ethnographies?

Over thirty years ago, Scrimshaw and Hurtado (1988: 97) asked an insightful question: 'must one spend a year in the field collecting ethnographic data

in order to make useful recommendations for a health program?’ Their question emerged out of an honest desire to use ethnographic research to inform the design and delivery of interventions aimed at improving the healthcare of communities. They did not, however, have the time and needed to share findings when they could be used to shape health programmes.

Many of the contexts where we work, whether these are in education, health-care, urban development, sanitation, etc. usually experience some sort of time and financial pressure. This means that if research is going to be used to inform decision-making in relation to new strategies, interventions or modifications to existing services, it needs to be delivered in a timely manner. As McNall and colleagues have argued for rapid evaluations, ‘the timeliness of information is no less critical than its accuracy, as exigencies often force program managers to make decisions before thorough analyses can be completed’ (2004: 287). Timeliness can mean developing rapid studies as well as designing longer studies with rapid feedback loops so findings can be shared at specific time points (i.e. before key meetings are to take place).

Another reason why we need rapid research is because long-term research might not be feasible. This is the case of researchers working in areas of conflict or in the context of complex health emergencies (Johnson and Vindrola-Padros 2017; Skaras 2018). In these cases, it might not be possible for researchers to carry out long-term fieldwork because it might put them at risk (Skaras 2018). They might also need to move quickly between communities or facilities to capture flows or shifting information that might not be available at a later date (such as in the case of researchers tracking the spread of epidemics) (Abramowitz et al. 2015).

Field research can also be expensive, and researchers might be working with limited budgets (Handwerker 2001). Different cost-cutting strategies might also need to be used during the analysis phase, with more focused analysis or selected transcription of interview recordings and observation notes (Johnson and Vindrola-Padros 2020). I have seen this occurring more frequently with doctoral students who are self-funding their fieldwork, and, therefore, have to become more ‘research-efficient’ and be strategic about how they cover their research expenses.

Another reason why rapid research might be used is that researchers might acknowledge the fact that long-term research is not necessary to obtain the data required to answer their research questions. Rapid research, if carried out properly, is capable of delivering high-quality studies. Some researchers have developed a series of strategies for guaranteeing the high quality of research and validity of the data despite the short study time frames. We will discuss these strategies across the book.

Vignette: The use of focused ethnographies in doctoral fieldwork

I teach an intensive course for doctoral students on rapid ethnographies. The course has a limit of attendees set at seventeen people. The first year I taught the course, about three to five people attended. The second year it was around eight people. Now, in its third year, the course is fully booked, with a waiting list. A reason for the increase in the number of attendees could be that it takes time for people to hear about these courses, and since it is an optional course, students need to hear from other students that the course is worth registering for. Another reason could be that students and supervisors are hearing about rapid research approaches and they are becoming more open to accepting these as a valid form of research design.

There is clearly a need for rapid or focused ethnographic approaches in many doctoral programmes. In the UK, doctoral programmes are normally three years long (with options for extending to a fourth year, in some cases). Many doctoral students in healthcare-related fields are encouraged to carry out a systematic literature review in their first year and will then focus on passing an upgrade examination, which moves them from MPhil to PhD candidate status. Many try to leave the last year for analysis and write-up, which means that, after factoring a study set-up period and ethical review, they have six to nine months for fieldwork. One of the main questions I receive from students taking my course is, 'I only have six months and need to make the most of it. Is this enough time?'

The trend described here mirrors other changes in ethnographic fieldwork during doctoral training discussed elsewhere (Faubion and Marcus 2009), yet, for the purpose of this book, it is important to highlight that the increase in the uptake of rapid or focused ethnographic research approaches by doctoral students and their supervisors can point to a potential radical expansion of the field of rapid ethnographies in forthcoming generations. It can also point to its reconfiguration, as many of these early career researchers are approaching rapid ethnographies with the passion and curiosity characteristic of many doctoral students. Their rapid ethnographies are many times independent projects, and although they must adhere to academic standards and departmental guidelines, they are often free to experiment more than those of us working in applied health fields who are accountable to external funders and clients. I see their work as an active test-bed of approaches and these students as the next leaders in this emerging field.

What Are the Challenges of Rapid Ethnographic Research?

A series of challenges for conducting studies of this sort have been identified in the literature (Vindrola-Padros and Vindrola-Padros 2018) (see Table 1.1). Researchers can face tensions between the breadth and depth of data, which might raise questions regarding the validity of data (Manderson and Aaby 1992a, 1992b). For instance, short-term fieldwork might not allow researchers to capture changes over time, understand all relevant sociocultural factors at stake or document conflicts and contradictions in findings (Bentley et al. 1988; Harris et al. 1997), thus potentially leading to unfounded interpretations and conclusions.

Rapid ethnographies often rely on the use of teams of field researchers (in contrast to the traditional lone-researcher model in ethnography) to collect greater volumes and wider diversity of data (Manderson and Aaby 1992b; Bentley et al. 1988). Team-based ethnographic research might influence the reliability of the data, as not all researchers will collect and analyse data in the same way. Shorter fieldwork periods also raise questions in relation to the representativeness of samples, as researchers may need to rely on the participants who are most accessible, losing diversity in experiences and points of view (Manderson and Aaby 1992b; Bentley et al. 1988; Harris et al. 1997; Utarini et al. 2001). Researchers might not have time to follow-up with participants to cross-check information or explore additional topics. Periods of data analysis might need to be compressed, affording little time for critical reflection (Utarini et al. 2001; Pink and Morgan 2013).

Another challenge for conducting rapid ethnographies is overcoming its representation as a ‘quick and dirty’ exercise with limited theoretical grounding and lack of critical analysis. In part, this association is the product of the history of rapid research, namely rapid assessment approaches, that tended to separate anthropological theory and method to produce instruments or tools for rapid fieldwork (Manderson and Aaby 1992b; Pink and Morgan 2013). Current debates, particularly in relation to rapid ethnographies, have highlighted that overreliance on the production of ‘actionable findings’ might make ethnographies too instrumental and lose sight of ‘how well quality improvement endeavours are aligned with the cultural context and the interests of those working or receiving care in the setting’ (Cupit et al. 2018). Some authors have also called into question the nature of the knowledge produced through rapid ethnographic research (Cupit et al. 2018; Manderson and Aaby 1992b). Furthermore, if rapid ethnographies are framed solely as research for improvement, ethnographers might have to limit the research to the elements of interest to the improvement teams, producing what other authors have referred to as ‘ethnography lite’,