

Paper

Unintended consequences? The ethics of data collection in an ethnographic study of the psychological contracts of health and social care employees:

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Introduction

In this paper, we address the conference theme by considering the political and ethical challenges involved in conducting ethnographic managerial/OB research within the highly regulated health and social care context. We explore the extent to which such ethnography is at 'risk' from much closer forms of regulation and control researchers now face in light of the emergence of much more stringent 'ethical approval' policies and requirements set by University 'research ethics' committees and Local Research Ethics Committees (LREC) within health and social care. In our attempt/requirement to protect 'vulnerable' employees, we consider the extent to which ethnographic managerial research is likely to be unduly restricted and potentially threatened by these developments. We present evidence to suggest that some employees either did not wish to be protected or, conversely, felt compelled to reveal their identities, which raises questions of their motivation and the paradox of unintended consequences. We also question whether or not nurse ethnographers should challenge or simply learn to adapt to the dominant moral certainty and universal authority of ethical research codes of practice, particularly when LRECs are dominated by 'medical scientists' and university ethics committees populated largely by 'positivists'.

This paper draws upon a study where Delia is investigating the psychological contracts of health and social care employees, examining who is contracting with whom. Despite the large body of literature examining psychological contracts, the context of health and social care has largely been ignored and the use of ethnography as an investigative approach to the subject has been underutilised. Delia is both doctoral researcher and team leader/manager within this context. Here, we focus on the use of ethnography in an OB/managerial context, Delia's insider-outsider role and the complex issues this raises for research ethics.

First, we consider the implications of the difficulties of accessing NHS organisations for ethnography, examining the process through which ethical and governance clearance must be obtained from various committees, such as NHS Local Research Ethics Committees (LREC) and organisational Internal Review Panels (IRP). Here, we also examine the difficulties this causes qualitative researchers because of the

complexities of the application processes, but also because of the built-in expectations of such committees that all research put before them will conform to medical ‘hierarchies of evidence’ models in which randomised controlled trials predominate, and where qualitative research can often encounter a lack of understanding and a high level of scrutiny. Second, we explore the ways ethnographers can cope with such suspicious environments, and consider the implications of engaging in such processes on getting research accepted. When we are required to explain our research to those grounded in different methods, how can we do this without losing what is distinctive about our research? Finally, we examine what happens when we get access to NHS organisations, considering a specific case.

Our paper is structured as follows: we begin with a brief review of literature on research ethics and then present our understanding of the ethical regulations currently existing within the NHS. These shaped our initial approach to the research. Next, we consider the issues that arose during data collection, with participants voluntarily revealing themselves. Finally, we reveal the struggles of being an ‘insider’ researcher and the tensions this raises for data analysis.

Research ethics

‘The role of Research Ethics Committees is both to protect the interests of human participants and to promote research that is of real value’ (Department of Health 2005). Local Research Ethics Committees (LRECs) were formed in the UK in 1968 and all research involving NHS patients or staff or carried out on NHS premises has to be approved by a NHS ethics committee. For a researcher who is also employed by the NHS there is an array of additional guidance which may be accessed, some of which can be provided by the researcher’s professional body. In this case, Delia is a nurse, and she made reference to both Royal College of Nursing (RCN) and Nursing and Midwifery Council (NMC) guidance relating to the conduct of research and the NMC code of professional conduct.

Greener (2007) argues that, because of the significant opportunities to acquire government funding for research that examines the NHS, research is expected to be both policy and organisationally relevant, meaning that it is expected to produce knowledge that has the potential to find answers to difficult or even unsolvable organisational problems. This is perhaps most clear in the recent ESRC funding calls considering ‘public service delivery’ where the programme director made clear in briefings the importance of creating a ‘legacy’ and warned that ‘government was watching’. Given these pressures, we ask to what extent can ethnographic methods be expected to produce such knowledge, but also what is the potential cost of leaving government-funded research to quantitative researchers claiming to be able to link complex notions such as inequality, performance and culture in over-simplistic ways?

From our experience, ethics (LRECs) and governance panels (IRPs) are, unsurprisingly, not exactly geared up to assess proposed ethnographic work. If we study the composition of the committees who have to scrutinise research proposals in the NHS, they are usually made up of clinical experts who clearly have extensive knowledge of medical research, but are less informed about research methods that do not conform to the gold standard (as they regard it) of the randomised controlled trial. As such, it is not unusual for some strange (to the qualitative researcher) questions

about the validity of the research proposed, along with detailed requests about the exact questions to be asked, interview schedules and the resource implications of allowing a researcher to enter into a clinical setting without a structured agenda. Gaining the approval to work inside health settings then is not a simple matter of getting agreement, but also sometimes of negotiating across paradigms where little respect for qualitative research exists.

Within the ethnography literature there has been debate about the relevance of ethics frameworks for some social research (Goodwin et al 2003). This is not to say that ethnographic research does not exist within the NHS. Various studies explore, for example, the relationships between surgeons and managers (Hughes et al 2006), the everyday world of nursing practice (Rudge 2008), and nurses' working time (Toffoli 2008). However, there are particular problems encountered by the ethnographer.

First, medical-positivist research presents with a clear, defined set of questions, where the data collector is an objective, distanced researcher. Compare this with ethnographic research where the interview schedule is semi-structured and flexible to follow new leads, and where the researcher is the data collection tool herself during observations. It is not possible to anticipate exactly where the interviews will lead, and ethics committees appear to have difficulty with this – how can the participant give informed consent? Second, the detached scientist is portrayed as being value-neutral and objective, whereas the ethnographer comes to the project with a special interest and develops relationships with her participants. The ethnographer can be insider and/or outsider and this raises special problems. Ferdinand et al.'s (2007) 'A Different Kind of Ethics' details the dilemmas they faced when conventional 'codes of ethics' became somewhat problematic in their research. We suggest that orthodox ethical frameworks do not provide any hard-and-fast answers to complex political situations and ethical dilemmas, particularly where the moral judgements that researchers bring with them into the field cannot be completely 'bracketed out' of the research process. Third, as insider, there are 'difficulties, dilemmas and sometimes dangers' that can arise when the ethnographer is immersed in the field but also trying to record the lived-reality of participants in a way that is both recognizable to them but also accessible and meaningful for a wider audience. In our case, Delia is both student researcher and team manager, which creates ethical-political problems. To try to overcome this, Delia agreed to gather data from her team members through an anonymous questionnaire – even though she would have preferred to conduct interviews, this was deemed inappropriate given her managerial role, and a necessary feature of her research design that we fully recognise and accept. Ferdinand et al. highlight the unavoidable practical and ethical problems that can appear insurmountable, and it is one such practical and ethical problem that we examine here. The traditional response to the paradoxes and problems of field research has been to incorporate reflexivity in research accounts, to acknowledge not only the limitations but also the politics that lie at the heart of conducting research.

As an 'insider' working in the service she was researching, Delia has had few access issues. However, like Higgins (2007), Delia is conscious that she may have influenced her participants completing their questionnaires simply due to her role within the team. As an insider-outsider, Delia's own identities alternated from student researcher to team manager, trying to 'see' her participants from a critical and analytic perspective.

Many have questioned the legitimacy of ethics committees, particularly when considering projects of an ethnographic nature. Hammersley and Atkinson (2007) suggest that, 'the decisions of ethics committees can only have limited intellectual legitimacy' (p226). They highlight that committees are themselves culturally bound and that it is up to each researcher to consider the tensions between, 'the demands of regulation and the methodological or practical requirements of their research' (p225). Given this, we might suggest that ethnography is at 'risk' within health and social care and that ethnographic 'managerial' research is likely to be unduly restricted and potentially threatened. Yet, we now share our own experiences of conducting such research in this context.

Research context: ethnography within a health and social care team

Delia is a Team Manager for a Community Learning Disability Health Team. The team is currently undergoing a period of change. There is a move towards section 33 arrangements. Section 33 of the Health Act (revised 2006) allows for the integration of the health and social care elements of certain services (including learning disabilities) and this provides the context to the research. The team will become integrated in the delivery of services, the health employees remaining employed by the NHS Trust and the social services employees will remain employed by the local council. There will however be some policies which will be joint and cover both sets of employees equally. The change process is inevitably likely to have an impact on the psychological contracts of the team members.

Delia is also currently studying for a PhD and has a role as an insider researcher, and could be described as a practitioner-researcher (Bell and Nutt 2002). Drawing on the concept of reflexivity, we include entries from Delia's research journal to illustrate some of the tensions she faced in this role.

Sally and Delia are both nurses, engaged in ethnographic research within health and social care. 'Being a nurse ethnographer in a healthcare setting has advantages, since it enables the capturing of nuances and the selection of data that may be missed or deemed insignificant by a non nurse ethnographer' (Hammersley and Atkinson 2007 p161). However, it also had disadvantages as Delia is also the manager of some of the participants, attempting to conduct 'insider' research.

I was due to send out questionnaires to the team this month, however I have now decided to leave this for a while longer. I have recently had to carry out an audit in the team and as a result of this it has been necessary for some team members to put in a lot of extra work over a short period of time so I am definitely not miss popularity right now. I am worried that if I send the questionnaires out at the moment that people might not fill them in because they are so busy or also because they aren't very happy with me right now. This has made me think again about the potential advantages and disadvantages of being so tied into the research on a personal level. I have the advantage of knowing that my timing may be bad to send out the questionnaires and the disadvantage of having had to create the situation where this is the case. Firstly when I am at work I am a manager and have to perform management tasks even if I know they could hinder or delay the

progress of my research. I am starting to realize the potential difficulties of having this dual role when in the work setting. (Research journal October 20th 2008).

Adler and Adler (1996) state that, 'where people assume dual research/membership roles, their involvement in and commitment to one aspect of this role may be stronger than to the other,' (p42). They further suggest that in their own case their attachment to one role more than the other was due to it being 'primary, deeper, longer lasting and more central to our core identities and goals' (p42). Within this research process Delia's role as a manager is longer lasting than her role as a researcher and will go on after she have finished her PhD. '*I am ultimately in a position whereby my job role must come before my researcher role if there are occasions of potential conflict.*'

Sally had previously supervised Delia's MSc, and acquiring ethics approval for that, both from the School of Healthcare Sciences and LREC, had been a challenging experience. Reflecting on this, we both anticipated that seeking ethical approval for the PhD would be equally demanding. However, much to our amazement, the ethics committee didn't really have any major issues with the research design or data collection methods identified. Of course, we had thought through the potential ethical-political issues very carefully, but were surprised not to have been more robustly questioned. There were minor issues around the wording of a couple of questions that if misinterpreted by the respondent could lead to their identity being revealed, but that was all we were required to amend.

I couldn't quite believe that it had gone so well. There were minor adjustments to be made but I was immediately relieved when the discussion was about taking out a couple of questions not taking out the whole questionnaire because of the proposed sample! The committee were very nice even though there seemed to be hundreds of them. The whole thing went well. (Research journal 17th July 2008)

Delia's dilemmas of data collection

Traditional ethnographic data collection methods were used, including participant observation, interviews (not of those line managed by Delia) and document analysis. Less traditionally, anonymous, open ended questionnaires were used with the express intent of protecting the participants' anonymity, given Delia's managerial role. In addition, participants were requested to complete the form electronically to avoid recognition through handwriting. This was a condition of ethical approval by both the Local Research Ethics Committee (LREC) and the University's Ethics Committee.

Initially at the first stage of data collection I sent out questionnaires to those in the organisation whom I directly line manage. I would have liked to carry out interviews with this group but I was aware of the potential ethical implications of this as I line manage approximately half of these individuals. I was constrained by the power dimension (political) in my role as manager of these employees. As a direct consequence of these considerations, open-ended questionnaires were chosen rather than interviews. This was a source of some frustration as within the field of psychological contract research many studies are quantitative in nature and questionnaires have been frequently used. It

would have been possible through interviews to gain a richer understanding of this complex concept particularly in terms of the integration. (Research Journal 12th Nov 2008)

Despite her frustrations, we clearly recognised the potential ethical and political issues, and Delia complied exactly with the LREC requirements and began her first phase of data collection.

Well I now have some data to analyse. I have had an approx 42% response rate from the team, which was disappointing. I had been hoping for more, although at least some of them filled it in. I kept getting excited that more might come back as quite a lot of people have mentioned that they are going to. On reflection I think it was too long and a couple of the team made the comment that they thought it was too complicated. However I also think it had a lot to do with people's time. The team is very busy, I know myself that filling 'forms' in, which is how the questionnaire could be viewed can be an arduous task, I had to make myself complete a questionnaire for someone the other day. If I wasn't so deeply involved in the research process and so close to understanding the importance of responding then I probably would have thrown it away...so I shouldn't be surprised....' (Research journal 7th Nov 2008)

However, during data collection, participants revealed their participation, often explicitly advising Delia that they had completed and submitted their questionnaires, or implicitly revealing themselves through their handwritten responses, when they had been urged to use the computer to anonymously type their responses. Thus, during data analysis, Delia could individually identify approximately two thirds of the 12 questionnaire participants, of whom six deliberately identified themselves.

I had not been drawn to questionnaires as a data collection method and this approach was only taken as a practical measure to 'protect' the participants' identity. It was apparent to me during data analysis that I could individually identify approximately eight of the participants. This did initially cause a degree of anxiety as the research ethics committee had asked me to remove one of my original questions as they felt that the response would lead to me being able to individually identify participants. It led to two questions for me: one about how to protect the identities of individuals as I write up the research as, if I could recognise them then surely so could others; and two, had they intentionally revealed their identities to me through their responses (and if so what was their motivation for doing this) or had I inadvertently administered a questionnaire where their anonymity was compromised if they responded accurately? This led to the additional question of, were they concerned about their anonymity? Three participants had completed the questionnaire using handwriting, despite clear instructions not to and three had told me when they had completed the questionnaire and placed it in my drawer. I did intentionally not look at any of the questionnaires until they were all in to try to reduce the likelihood of being able to identify individuals, it was not as I have already suggested entirely successful. (Research journal 22nd Jan 2009)

It can be argued that ‘accepted practice embedded into ethical guidelines and legal requirements may not always be experienced by respondents in the ways anticipated by the researcher’ (Grinyer 2002 p4). There is evidence that research participants may not want their anonymity protected and that research participants may actively seek to have their identities revealed (Grinyer 2002). Asai et al (2003) suggest that where there are power differentials in play when a questionnaire is involved, the authenticity and truly voluntary nature of the process and data needs to be questioned. It was also difficult to judge whether team members were responding to Delia as a researcher or as a manager. Delia was asking members of her team about their psychological contracts. Several respondents mentioned the line manager and the phrase ‘my direct line manager represents the trust views and ideals’ is echoed in the literature as line managers are often seen as agents of the organisation (Rousseau 1995, Rousseau and Greller 1994). Shore and Tetrick (1994) believe that the employee is likely to view their manager as the chief agent responsible for establishing and then maintaining their psychological contract and within this research this position appears unchanged from the team member’s perspective. Regarding who the psychological contract is with the majority of respondents felt that their psychological contract was with their line manager - Delia. What are the ethical and epistemological implications of this?

Discussion

As Greener (2007) argued, any government-funded research must demonstrate relevance for ‘public service delivery’ and produce a ‘legacy’ of knowledge, generally falling within a positivist quantitative design. Does conducting close-up, personally funded research have to comply with such government pressures, and could ethnographic research produce more relevant and meaningful knowledge, rather than trying to link complex notions such as inequality, performance and culture in oversimplistic ways? Rather than conduct another quantitative survey, where NHS staff suffer from survey fatigue, we aimed to develop a deeper understanding of the psychological contract within one specific health and social care context, with the purpose of enabling a better understanding from both employee and manager perspectives. We argue that, despite being constrained by having to administer an anonymous questionnaire, Delia was able to gather rich, qualitative data from her team members without abusing her ‘powerful’ position. Delia had pre-empted the valid concerns of the LREC – by requesting anonymous, computerised responses - and complied with their request to remove certain questions to prevent the possible identification of individuals. Yet, the responses have presented a paradox of consequences.

The responses to the questionnaire led to the examination of the ethics of this data collection method. How do we protect the identities of individuals in insider research? Delia adopted every possible tactic to prevent revealing the identity of her team members. Why had they intentionally revealed their identities through their responses? We could suggest that their motivation for doing this was to ensure the researcher/manager was aware of their participation as an act of subordinate fear, coercion and compliance. Were they trying to offer responses that would ‘please’ their manager? In this case, were they less concerned about their anonymity and more concerned about revealing their obedience? What status can we afford their responses, and thus Delia’s analysis of these data and contribution to knowledge? Would these participants have responded differently if it was Sally gathering the data?

Alternatively, we might argue that was just an act of friendly collegiality, Delia was their line manager and they wanted to help with her research, so perhaps in this case, they were genuinely unconcerned about their anonymity. This may also raise epistemological issues, with the participants demonstrating socially desirable behaviour.

As well as the obvious declaration of having completed the questionnaire, two other participants have perhaps been inadvertently revealed. We now question whether we administered a questionnaire where their anonymity was compromised if they responded accurately? We did remove several questions as requested by the ethics committee, and they were happy to approve the final data collection tool. Without any possibility of knowing how participants would respond, it is difficult to suggest how we could have more carefully secured their anonymity. But again, were they concerned about this, or did they not realise that their responses might reveal their identity to Delia? Delia is now in an uncomfortable position, knowing things about individuals' psychological contracts, and is struggling to deal with the ethical issues this raises. It has also caused Delia to question what she thought she already knew as a manager.

When analysing some of the data it was interesting to be in the position to know whether individual respondents did have an i-deal (idiosyncratic deal) as for most of them it would have been negotiated with me in the first instance. I would have said as a gut reaction that most of the team did have i-deals and that these had been formed to effectively motivate and retain individual team members (Rousseau, Ho and Greenberg 2006). I have been involved in the negotiation of two different i-deals that were aimed at encouraging team members to stay, as they were valued members of the team and without the degree of flexibility employed they may have gone to another team. One team member whilst not threatening as such was open about their intention to leave if a deal could not be negotiated. I was also aware that these deals created situations whereby they increased what the member wanted but also met service needs and demands. I was surprised generally by the responses to questions regarding i-deals as there did appear to be a degree of ambivalence to the whole idea. It has also made me examine my management practice as I do not go out of my way to create i-deals but am open to negotiation when approached. Also individual team members do not go out of their way to broadcast their individual arrangements, this has also caused me to reflect as the literature suggests that an i-deal if open and fair should be able to be held up to the light and fully scrutinised. Am I being furtive with my team? (Research journal 18th Dec 2008)

This entry suggests that, from this phase of her study, Delia has certainly learned aspects about her managerial practice and psychological contracts with her team, advancing her own knowledge, but what about contributions to the wider knowledge base? One aspect of NHS ethical approval judged by an LREC is whether the research wastes NHS resources, by not contributing to advancing knowledge, and we remain conscious of the government's demand for robust knowledge to improve service delivery. In trying to assess the quality of Delia's research, we draw upon Guba and Lincoln's (1994) criteria, (in Bryman 2001). First, we are cautiously confident that Delia's analysis will be credible (trustworthy), despite her powerful,

insider role; adopting good practice, she has gathered multiple accounts of the psychological contract from the twelve team members who participated in this phase of her study and only six have deliberately revealed themselves. We might question whether the findings are transferable, but argue that the multiple accounts provide a thick description of the reality of psychological contracts within one specific area of the NHS and enable others to judge their relevance in other similar contexts. We are confident of dependability in that Delia has kept complete records of all stages of the research process, both formally in her thesis chapters and informally in her reflexive journal. In addition, we are confident of confirmability, in that Delia (and Sally) have acted in good faith and tried not to allow personal values to influence the presentation of the questionnaire results, whilst recognising that complete objectivity is impossible in social research. The final criterion is authenticity: Delia's findings fairly represent the different viewpoints in this particular social setting (fairness); her research does help us better understand the psychological contract in this particular context (ontological authenticity); we suggest that the team members will better appreciate the perspectives of other team members once the findings are shared (educative); we cannot comment on whether the research will achieve catalytic or tactical authenticity (concerned with stimulating and empowering action).

'I recently sent out invites to be interviewed and one of the potential participants contacted me to say they would take part and then laughingly proceeded to tell me a story about a previous research project where when the participants read the final report they could identify each other based on the style of language used in the quote presented. I will have to be very careful when I present both the questionnaire and interview findings because whilst participants may have revealed their identity to me, they have not given any indication that I can share this identity with anyone else. If the accounts are too sanitised, will what has been discovered really speak to anyone?' (Research journal 17th June 2009)

Conclusions

We have considered the political and ethical challenges involved in conducting ethnographic managerial/OB research within the highly regulated health and social care context. We argue that such ethnography can be at 'risk' from much closer forms of regulation and control researchers now face in light of the emergence of much more stringent 'ethical approval' policies and requirements set by University 'research ethics' committees and Local Research Ethics Committees (LREC) within health and social care. However, whilst our earliest experiences support this view, our recent experience was constructive and positive. We might also suggest that ethnographic managerial research is likely to be unduly restricted and potentially threatened by these developments. However, our recent experience provided us with helpful guidance to address potential problems raised by our ethnographic managerial study. To conduct our research, we were required to protect 'vulnerable' employees, but despite our attempts to preserve anonymity, we were faced with a paradox of unintended consequences. Some employees either did not wish to be protected or, conversely, felt compelled to reveal their identities. This raises questions of their motivation – to help, to please, or to ensure the researcher manager was aware of their compliance, for fear of reprimand? – and highlights the social, political and ethical issues faced by insider, and particularly managerial, researchers. From our earlier

experience, we would question whether or not nurse ethnographers should challenge or simply learn to adapt to the dominant moral certainty and universal authority of ethical research codes of practice, particularly when LRECs are dominated by 'medical scientists' and university ethics committees populated largely by 'positivists'. However, our recent experience, albeit one single example, does offer optimism for ethnography within health and social care, but does raise some unintended consequences of conducting insider research. We hope we have made a small contribution by highlighting the challenges of conducting nurse-managerial ethnography, identifying some unintended paradox of consequences, and enhancing insight and understanding within the highly political and medico-ethical health and social care context,.

Finally, as Brannan et al (2007:401) ask: 'Do we have a duty to ensure that we leave the workplace in the state in which we found it?' Can Delia's workplace ever be the same? Will her research have changed her relationship with (some) team members, and if so, for better or worse? Does Delia now have a deeper understanding, not only of the academic concept of the psychological contract, nor simply of her own managerial practice, but also rich insight into the perceptions of her team, which can assist other managers better understand their own practice and how to contract with their teams. In this light, despite the ethical issues raised, we agree with Brannan et al (ibid) that 'ethnography can place researchers in a position to affect change within their fields of enquiry, so their writings should not be discounted as practically valueless documents aspiring only to academic values of 'thick' description.' Yes, there's thick description, but there's also a lot learned that can help other managers within the NHS, and perhaps beyond, which we argue contributes to knowledge and hopefully improves managerial practice.

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