

**‘That’s not a proper ethnography’ - A discussion of research methods for a study of
organizational culture amongst nurses in an NHS hospital.**

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Introduction

This paper is a preliminary outcome of a PhD research project in which we, as authors, are involved as research student (Lottie) and academic supervisors (Clair & Sally). The overarching study is to find out more about the culture amongst nurses, nurses’ perceptions of their organizational culture and how ‘innovation –supportive’ the culture is. This paper problematizes some of the interesting theoretical and methodological tensions that have emerged from the initial literature review and methodology preparation stage. Most specifically it raises the overall question: can one go about *doing* cultural research on nursing culture and innovation through ethnography?

Our paper first sets out the background to the overarching study, and briefly explores how the government agenda has arrived at innovation as a possible antidote to the public sector squeeze currently affecting healthcare services within the UK. Following from this we introduce and critique the extant theory on innovation culture in nursing and notice the predominately positivist-based research that currently informs understanding. Through a narrative ‘Lottie’s story’ we introduce the problem of researching innovation culture in nursing through ethnography and we introduce some specific questions: Is ethnography an appropriate and real methodological choice for inquiry into innovation culture into nursing? What is a ‘proper ethnography’ and is it possible to generate ethnographic understanding without participant observation?

Innovation as antidote: Government rhetoric?

In the current economic climate, with growing financial burdens and increased public awareness, the media and anecdotal evidence highlights the mounting pressure on public service providers to improve efficiency, to increase value for money, put simply to 'do better with less'. Driven by the Government's reform agenda and the need to make considerable financial cuts, public service organizations are experiencing a period of intense change which will require them to experiment and adapt. The Audit Commission report "Seeing the Light" (2007) highlights that in order for public service providers to meet growing public expectations, innovation is required.

Innovation is often discussed within the realm of new product development or new technologies; (Jassawalla and Sashittal, 2002, Brockmann and Morgan. 2003). However innovation is just as relevant within the provision of services - we argue that finding new, more efficient ways of providing services, working within the service sector and creating more efficient processes and creative problem-solving are innovations just the same. Mair (2002) refers to this innovative use of resources as "day-to-day entrepreneurship" (p51) and describes it as being directed at doing things in an entrepreneurial, innovative and unusual way. From the perspective of public sector services, Andrew Adonis, former Director of Institute for Government acknowledges the need for innovation and asserts that;

"If public sector leaders are to meet the challenges of reforming our public services over the next few years, this kind of entrepreneurial mind-set will be essential. We need to break away from a view of public services that focuses on the efficient and effective distribution of state resources and instead focus on the opportunities to improve people's lives, wherever these opportunities exist and whoever is best placed to take advantage of them."
(2011, p6).

Contextualising this further on healthcare provision within public services, a recent report 'Innovation, Health and Wealth' (DoH 2011) explains that a growing population with an extending lifespan, increasing demands from the public as well as an expansion of its own capabilities means the NHS is facing increasingly higher demands. Further to this, it is likely that for the foreseeable future these needs must be funded from current (and frozen)

budgets, and that in parallel to this Health Boards and Trusts are expected to make improvements to service provision. The report concludes that “simply doing more of what we have always done is no longer an option. We need to do things differently. We need to radically transform the way we deliver services. Innovation is the way – the only way – we can meet these challenges. Innovation must become core business for the NHS” (p4).

So it is arguable that at this level innovation may be critical – ‘the only way’ of moving forward and should become a ‘core part of business strategy. The report (DoH 2011) indicates the government’s view, but what about at the practitioner level or what workers at the frontline, the nurses, believe? It is not known whether the culture amongst nurses supports radical transformation or innovation initiatives. It is not clear to what extent the views of health service leaders and management permeate down to frontline staff, how aligned the values are with the organization’s culture and what level of resistance there may be. Or whether the converse is true, whether nurses are attempting to be innovative yet being stifled by the organizational culture.

Innovation culture in nursing: a reality on the wards?

So how can an organization ‘foster an innovative culture’? Do employees in such an organization feel and believe that they are part of an innovative culture? If one considers public service organizations such as the NHS, , which are historically not renowned for their entrepreneurial or innovative cultures, to what extent can this change – can the culture be aligned with the new goals of innovation and entrepreneurship or will the employees continue to hold the same values and continue with their long-established practices and behaviours?

Cultural values and beliefs can be supportive of innovation but equally culture can restrain innovation if a conflict exists between the culture and the innovation (Coeling and Simms 1993). There is widespread agreement that organizational culture has a significant impact on practitioners’ behaviour and organizational culture studies within the health service abound (Scott et al 2003). However, there have been relatively few organizational culture research studies with the emphasis on nursing (Scott-Findlay and Estabrooks 2006) and fewer still that focus specifically on nursing culture and innovation. In one of the few studies of the subject, Coeling and Simms (1993a) highlight the importance, for managers, of

assessing a nursing unit's organizational culture prior to attempting to introduce innovation or risk failure. They note that: "managers remain puzzled as to why the excellent innovations they proposed often did not take hold at the work group level. They did not understand why these changes often remained changes on paper only rather than becoming changes in behaviour. They did not understand that the culture of an organization must be considered in the process of transforming an organization." (p46) They also call attention to the presence of subcultures within nursing and note that these must be considered when assessing organizational culture. "...cultures of staff nurses differ from cultures of the midlevel nurse administrator groups. Various professionals have different cultures... In addition, differing work groups within the same profession are recognized as having different cultures. The culture of one nursing unit can be very different from the culture of another unit just down the hall. And units that have staff who work permanent shifts report that different shifts in the same unit can differ dramatically." (p48)

They discuss four reasons why culture affects innovation:

- Culture is broad and affects almost all behaviours: "nursing units are not empty vessels waiting to be filled with managerial innovations" (p49) – they have their own personalities and management changes must engage with these in order to be successful.
- Culture is subtle and it is easy to overlook the fact that one is making changes to it when trying to implement an innovation. Resistance often arises simply because something doesn't 'feel right' to staff – they may not consciously know why they resist. This resistance is a natural response to an attempt to change a culture.
- Culture is powerful: "it is what staff feel they must do to survive" (p49) when a change is suggested they will often stick to their current cultural behaviours. They need to decide to change before any change can come about.
- Culture is unique to each work group. Innovations will be accepted, opposed or changed in different ways depending on the subculture.

Of the other studies in the area (below), a number stressed the importance of organizational culture in the adoption of innovations, however the language used was often different, referring instead to *service improvements*, *evidence based practice*, or *implementation of research*. Tagney and Haines (2009) note that "There is no doubt that

organizational culture has a major influence on the development and implementation of evidence and research into practice. “ (p488). They add that a lack of support may stifle innovative developments as nurses may not feel empowered to apply research that requires changes in practice. Gerrish and Clayton (2004) also adopt the view that culture is important for nurses wanting to introduce changes, noting that “Although nurses appeared more confident about their ability to begin to effect change, lack of authority and a ward culture that was not receptive to change were seen to militate against changing practice.” (p119). Melnyk et al (2010) agree that a supportive culture and igniting *a spirit of inquiry* is necessary in promoting evidence based practice, whilst Pipe et al 2008 add that “Successful adoption of innovations requires culture change at all levels: institutional, work unit, and individual nurse” (p 271).

Whilst several researchers highlight the importance of organizational culture on the creation, adoption, dissemination or sustainment of innovation, a literature search revealed only one study that described the organizational culture within a nursing unit, the nurses’ perceptions of it, and its relationship to innovation. Scott and Pollock (2008) carried out an ethnographic study of a nursing unit and found the culture to be unsupportive of innovation. They reveal that “ A hierarchical structure of authority, routinized and technology driven work at the bedside, a workplace ethos that discouraged innovation, and an emphasis on clinical experience acted together to teach nurses both that they were to do as they were told and that they were not expected to use research.” (p298). In addition to the hierarchy they discovered a risk – averse culture which is not innovation supportive. They describe a situation where “Nurses reported that colleagues and managers responded to errors punitively, so nurses were not willing to take the chance to try anything new. The message was that the only safe course of action was to do as they were told, an attitude not conducive to innovation, to trying new practices, or to research use. The fear of making a mistake prevented nurses from having the confidence to test out new practices. In essence, the environment was one in which errors led to punishment rather than learning” (p303). The study also describes how nurses were socialized into this culture: “Nurses noticed the lack of receptiveness to change most when they first arrived on the unit. Through the response of others who had been on the unit for a while, newcomers learned that

challenging the status quo and asking questions were not expected and, in some cases, not acceptable” (p 304).

Given the review above it would seem then, that despite the widespread agreement that organizational culture is important in the spread of innovation amongst nurses, there is a dearth of research that examines organizational culture at the nursing level and even less research that looks specifically at its impact on innovation and therefore the proposed study will contribute to knowledge in the area. This said, how should one go about researching research into innovation culture, and especially within the highly regulated hospital environment?

Problematizing research into innovation culture

We now present Lottie’s story (her voice/ personal narrative is in *italics* throughout the remaining paper) which sets up our discussion on whether one can go about doing cultural research on nursing culture and innovation through ethnography and the problems and choices that this entails.

In a doctoral supervision session with Clair and Sally, we talked about the way forward and what methods I would use for my study. Sally suggested that this would make a great ethnography and after much discussion we decided that I would apply to undertake a period of observation, in the district general hospital, of nurses at work and complement this with depth interviews with nurses and nurse managers. I readily set about writing up my proposal and made an appointment with the Research and Development managers in the local health trust to discuss my project and how to gain access to the hospital. The R&D team, whilst being very helpful, made it clear to me that applying to observe nurses in clinical areas was fraught with ethical issues – mostly to do with patient safety and confidentiality and access to vulnerable persons. Whilst these issues were not insurmountable, I would need ethical approval as well as R&D approval and the process would likely take six months or more – and even then I might be refused. I was at this time a year into my PhD studies and had already had a number of delays and so couldn’t risk further postponements. I was advised that without the observation component my study would only require R&D approval and would likely proceed fairly quickly. Given the time pressure I was under I needed to take the quicker option even if this meant changing my plans. I decided to change my data collection

methods and to carry out interviews and focus groups with nurses and to try to attend meetings (that were not in clinical areas). I decided to administer a cultural questionnaire, this would have a dual purpose – on the surface it would be about gathering quantitative data, but also it would be another opportunity for interaction and discussion with nurses and for observation of the organization and environment. I would also keep field notes of all my interactions with the nurses and with the organization. This could be classed as the sort of observation that Easterby-Smith et al (2002) refer to as 'Interrupted Involvement' (P113) where the researcher is present sporadically and moves in and out of the organization.

However this left me in a dilemma – would my study be a 'proper ethnography' without being a participant observer?

We can tease out some questions through Lottie's narrative above: Is ethnography an appropriate and real methodological choice for inquiry into innovation culture into nursing? What is a 'proper ethnography' and can one generate ethnographic understanding without participant observation?

Is ethnography an appropriate methodology?

The extant literature reveals a number of methods of assessing the culture of an organization each with their advantages and disadvantages, each stemming from a different standpoint. Given the opposing ways of viewing culture, it is not surprising that there are opposing views on how to *do* cultural research. There has been a long running debate amongst researchers of organizational culture as to whether cultures can be compared and measured (Denison et al 2005; Hofstede 2001). There are those who believe that the underlying levels of culture such as beliefs, assumptions and symbolic meaning do not lend themselves to comparative measurement and analysis and can only be *understood* using qualitative research methods such as an ethnographic approach (Schein 1992; Martin 2002). Other researchers feel that qualitative methods can lack validity (Saffold 1988) and generalizability and therefore whilst many acknowledge the limitations of quantitative research for understanding the deeper levels of culture, they have continued to develop systematic approaches to comparative measurement. (Denison et al 2005)

Hofstede suggests triangulating methods: “what is needed is a combination of a qualitative approach for depth and empathy with a quantitative approach for confirmation.” (2001 p393). Martin calls for cultural researchers from both camps to look to gaining a greater understanding for each other’s work. Despite admitting she leans towards a qualitative approach she warns against rejecting studies out of hand simply because of their methodological approach:

“Thus whole bodies of cultural research are dismissed as unworthy: for example, ‘That’s an ethnography-just anecdotes about a single organization. A journalist could have written it [...] or, equally dismissive, ‘No one can capture the complexity and richness of a culture in a sequence of numbers.’ This kind of dogmatism in the cultural arena severely limits the range of studies that are viewed as able to contribute to understanding.” (2002 p12)

It would seem therefore that culture has both observable, tangible, measurable aspects and deeper more intangible, subjective meanings and one must study both.

As for our perspective, we can appreciate the usefulness of a questionnaire in gathering an overview of nurses’ views of the culture and providing a broad indication. However, we feel it doesn’t answer the deeper questions most specifically the ones that interest Lottie for her PhD research, the whys and the hows; it doesn’t explain the rationale for choices, the underlying beliefs and feelings that led to the choices. These can only be discovered using qualitative methods, by in depth conversations with people and by observing interactions and questioning their meaning. Whilst observation of visible artefacts can provide clues about the culture, without verifying these with the members of the culture, one is merely making assumptions.

We agree that whilst the essence of organisational culture, the deeply held assumptions and beliefs exist in the minds of the organisation’s members, this essence can be expressed physically in an organisation’s artifacts and practices- its symbols, heroes and rituals. By both observing these visible attributes and practices and also drawing out the hidden assumptions held by an organisation’s members, one can obtain a fuller, richer picture of an organisation’s culture.

What is a 'proper ethnography' and can one generate ethnographic understanding without participant observation?

In Lottie's mind ethnography was synonymous with participant observation, indeed many research textbook definitions of ethnography subscribe to this idea. Bryman (2004) notes that:

"While some caution is advisable in treating ethnography and participant observation as synonyms, in many respects they refer to similar if not identical approaches to data collection in which the researcher is immersed in a social setting for some time in order to observe and listen with a view to gaining an appreciation of the culture of a social group." (p267)

Similarly Hussey and Hussey (1997) state "The main method of collecting data is participant observation where the researcher becomes a full working member of the group being studied" (P68)

So if I wasn't going to be a participant observer, spending a lengthy period of time in the culture of the natives/nurses was I 'doing an ethnography' at all? It would seem to me that what needs to be teased apart in order for me to answer this is the difference between methods and aims.

Whilst participant observation is the *method* of data collection most commonly used in ethnography it is used with the *aim* of immersion in and understanding of the world of the native and the meanings of their behaviours. As Easterby-Smith et al (2002) explain: "[In an ethnography] the researcher tries to immerse him or herself in a setting and to become part of a group in order to understand the meanings and significances that people put upon the behaviour of themselves and others." (p49)

So is it possible to become immersed and understand these meanings and significances without using participant observation? Does one need to spend months living as a native to know what's really going on? Does Lottie need to observe nurses doing their jobs day and night, week in and week out to be able to provide thick descriptions of their culture? Or can this be done using 'interrupted involvement'? Brewer (2004) suggests that a variety of methods can achieve this aim:

“Ethnography is a style of research rather than a single method and uses a variety of techniques to collect data. This style of research can be defined as: the study of people in naturally occurring settings or ‘fields’ by means of methods which capture their social meanings and ordinary activities, involving the researcher participating directly in the setting, if not also the activities, in order to collect data in a systematic manner but without meaning being imposed on them externally ... The methods used must therefore permit access to people’s social meanings and activities and involve close association and familiarity with the social setting. This does not necessarily mean actual participation in the setting, so ethnography’s repertoire of techniques includes indepth interviews...discourse analysis ... personal documents and vignettes alongside participant observation “ (p312)

Scott- Jones and Watt (2010) also observe that it is possible to do an ethnography without participant observation (although interestingly they do differentiate between an ethnography and a ‘proper’ ethnography):

“In bringing together a range of ethnographic examples from across the social sciences, we have found diversity in approaches to field settings and how fieldwork was conducted. I am the only one of all the contributors who actually lived long term with their field subjects; to my undergraduate social anthropologist sensibilities this would make my work the only ‘proper’ ethnography. However [...] one can move in and out of the field setting and yet still immerse oneself in a particular social world. The relationships created and maintained with field subjects can be just as meaningful (and close) [...] some research might only last a week or two and yet[...] a wealth of ‘thick’ data that is certainly ethnographic can be obtained.” (p6)

Scott-Jones and Watt go on to discuss a number of core values common to ethnographers that shape the way they see their research and their discipline and “identifies them as ethnographers rather than ‘just’ qualitative researchers” (*ibid*). These core values include participation, immersion, reflection, thick description and understanding:

Participation –the authors recognize that participant observation is not always possible; they note that the ethnographer is committed to participate in the social worlds of the subjects on a number of levels.

Immersion – the ethnographer aims to immerse him or herself in the culture and to ‘learn the language’.

Reflection, reflexivity and representation - the ethnographer is continually reflecting on their work , on their place within the research and on their relationships with the subjects.

Thick description – ethnographers strive to record, not only what happens, but as much detail and context as possible in order to allow real understanding to occur.

The authors argue that “at the heart of all ethnography’s core values is ‘understanding’...Weber’s concept of ‘*Verstehen*’, with its aim of creating interpretative bridges or frameworks for ‘understanding’ are at the very centre of everything that ethnographers seek to do.” (p10)

So my study might not be a ‘proper ethnography’ in the eyes of the anthropologist as I will not be living in the field but it is still an ethnography yes? This would seem to me to be a situation where ‘the proof of the pudding is in the eating’ or rather the proof of the ethnography is in the understanding. I will not know if I can truly understand the culture by using this method until I have done it.

We feel it important at this juncture to reveal Lottie’s position as researcher.

I am an ex nurse, I spent twelve years working within the NHS and ten of those years were spent at the district general hospital where this study is based. So, despite leaving nursing over ten years ago I have already been a participant within the culture of this hospital. Once upon a time I was a native. This surely has an impact on my ability to gain a rich understanding of the culture. Perhaps I will be able to do a proper ethnography despite only having interrupted involvement because I already know much of the culture. Or conversely perhaps I already know too much and will therefore miss certain things, take things for granted that an ‘outsider’ would spot straight away. Either way this highlights for me the importance of the ethnographer in doing the ethnography. What I produce at the end of this study is likely to be vastly different, because of my experiences, from what another person

produces. It also highlights (again) that ethnography is not the method, the observation, the immersion, but what one does with that observation. How one interprets it and presents it, what one writes.

As we know, the word ethnography comes from the Greek '*ethnos*' meaning folk or people and '*grapho*' meaning to write. So ethnography is literally writing about people, and the story we tell will be based partly on what we observe and partly on our interpretations of those observations. Ethnography is the product, the writing, the portrayal of the fieldwork not the method itself. Geertz (1973) puts it plainly "What does the ethnographer do? – he writes" (p6). Van Maanen (1988) adds 'To portray culture requires the fieldworker to hear, to see, and, most important for our purposes, to write of what was presumably witnessed and understood during a stay in the field. Culture is not itself visible, but is made visible only through its representation.'" (p3)

To use an artistic analogy, observations are the media, the clay, the paint colours– ethnography is the sculpture or the painting and as such the ethnography cannot exist without the ethnographer, the sculptor, the painter. So to return to the question: can Lottie 'do a proper ethnography' without participant observation or can she create a true picture without all of the colours? This comes down to what makes an acceptable ethnography, what is a good enough picture?

This could be determined by whether or not the ethnography complies with Schutz's (1967) 'postulate of adequacy'; he believed that:

"Each term in a scientific model of human action must be constructed in such a way that a human act performed within the life-world by an individual actor in the way indicated by the typical construct would be understandable for the actor himself as well as for his fellow-men in terms of common sense interpretations of everyday life."(p44) .

Put simply, the ethnographer's account needs to be recognizable to the research subjects. Lottie's narrative needs to provide a blueprint for how to fit in as a nurse in the study site, has she really understood the culture? As Geertz puts it:

“The claim of attention of an ethnographic account does not rest on its author’s ability to capture primitive facts in faraway places and carry them home like a mask or carving, but on the degree to which he is able to clarify what goes on in such places, to reduce the puzzlement- what manner of men are these?- to which unfamiliar acts emerging out of unknown backgrounds naturally give rise. This raises some serious problems of verification...of how you can tell a better account from a worse one. But that is precisely the virtue of it. If ethnography is thick description and ethnographers are those who are doing the describing, then the determining question for any given example of it, whether field journal squib or a Malinowski sized monograph, is whether it sorts winks from twitches and real winks from mimicked ones.” (p5)

The determining factor as to whether or not this is an acceptable ethnography is whether Lottie achieves thick descriptions of the culture which explain ‘what is really going on here’.

Conclusions

Our paper has problematised *doing* cultural research on nursing culture and innovation through ethnography. We have presented the current (political) drivers for engendering a culture of innovation in public services, health care and nursing, and have questioned whether such rhetoric is aligned with the reality of nursing on the hospital wards. Following this, we have critiqued the key contributions within the fields of culture and innovation culture most especially focussing on the context of nursing. Through Lottie’s personal narrative, we have introduced questions which we have attempted to unpick, and form a critical, academic opinion on:

Is ethnography an appropriate and real methodological choice for inquiry into innovation culture into nursing? What is a ‘proper ethnography’ and can one generate ethnographic understanding without participant observation?

We have shown that ethnography is an appropriate methodological choice for inquiry into innovation culture in nursing, however there are practical considerations to take into account in terms of the actual ‘doing’ of the research . We examined what is ‘proper ethnography’ and whether one can generate ethnographic understanding without

participant observation. The stance we take is that yes one can 'do an ethnography' without using participant observation if one has a commitment to the core values of participation, immersion and reflexivity, but most importantly if one's aims are to truly understand the culture from the point of view of the research subjects and to present it in a way that is recognizable to them and understandable to the outside world.

Yet is this a 'proper' ethnography? We argue that the traditional notion of 'proper' ethnography i.e. the cultural anthropologist living with the researched culture, is economically, logistically, and pragmatically an almost impossibility within today's Business School for both experienced research academics and students. It is very difficult to secure funding for longitudinal ethnographies and as such makes such research either the privy of the wealthy independent academic, or just non-viable. Time out of the office, away from family commitments, and securing longitudinal access in fast-paced, competitive, secret organisations can create further logistical barriers. The Research Excellence Framework (REF) has intensified pressure to publish in top ranked journals (Willmott 2011), of which few accept ethnographic work. Pressure to publish could arguably lead to a culture of 'quick and dirty' research – fast turnarounds with minimal exposure in the field. Such is the changed nature of doing research we argue that for organisation and management research traditional notions of ethnography are 'improper' and not realistic in today's academic and organisational environments.

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