Being embedded: A way forward for ethnographic research

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Abstract

At a time when ethnography (as both method and methodology) is seen to be 'at risk' from strictures placed upon it by ethics approval procedures and the like, it is increasingly valued by the wider, non-academic community. This is particularly true of organizations involved in processes that aim to effect change (social, cultural, behavioural), and individuals who are, like the ethnographers, trained and encouraged to be reflexive practitioners. Based primarily on a case study of research with a new public health organization (Fresh: Smoke Free North East), we propose an approach to ethnographic practice which we term 'embedded' (but which others may choose to describe as collaborative) as a means to securing the future of ethnography. We identify the key elements of embedded research, whilst arguing that its fundamental value still derives from the 'traditional' principles of participant observation and ethnographic fieldwork.

Keywords

ethnography, embedded research, collaborative research, participant observation, immersion fieldwork, reflexivity, reflexive practitioners, tobacco control, public health

Reflecting on the current situation of ethnography, George Marcus – co-author of the seminal *Writing Culture* (Clifford and Marcus, 1986) – suggests that by taking a conceptualizing perspective on 'what ethnography looks like today' (Marcus, 2008a: 1) anthropologists might come to understand why the activity of 'doing ethnography' appears to be of increasing value to the wider, non-academic

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community. This is of marked importance at a time when, somewhat ironically, all forms of qualitative inquiry are considered within academia to be at risk from the strictures placed upon them by ethics approval procedures and funding bodies (Simpson, forthcoming). As sociocultural anthropologists 'doing' the kind of ethnography that Marcus discusses – that is, working in collaboration with, rather than as sociocultural apprentices to, our 'subjects' (2008a: 7) – we are drawn to consider what it is that the wider community values in our research activity, how the responses received from collaborators in research have moulded the way we now conduct ethnography, and if and how we have adapted our approach to facilitate the rigours of ethical approval and the like. That we ponder these issues from the anthropological point of view is unavoidable (reflexively speaking, our disciplinary background must inform our interpretations), but taking a view which uses anthropology's ideal of immersion fieldwork as it is conceptualized and applied sheds valuable light on the issue of ethnography's future.

This attempt to respond to Marcus's suggestion will be made by drawing on our experience of ethnographic research conducted in new organizational forms in public health, in particular a three-year study of Fresh: Smoke Free North East, the UK's first dedicated, semi-autonomous but still publicly funded office for tobacco control. This project will be discussed in detail, but experience of similar research conducted elsewhere informs the reflections that follow (for example, see Lewis et al., 2006). We have worked alongside experts in their field who are also reflexive practitioners, and have engaged in mutual 'knowledge exchange'.[1] Some studies have been conducted over lengthy periods, and the organizations concerned have invited researchers to engage in forms of action-oriented or formative research. It is the extent of this engagement that informs the proposal made within this article – that 'embedded research' (Reiter-Theil, 2004) such as this might be one route to preserving ethnography's health.

Embedded research: Definitions and applications

Some points of clarification are needed before moving on, not least an explanation of what we mean by an ethnography grounded in embedded research. We should make it clear that our understanding of ethnographic research relates to what Brewer terms 'ethnography-understood-as-fieldwork' (2000: 17), rather than to any definition that suggests ethnography can stand for qualitative research per se. This position could be considered an artefact of our disciplinary training, were it not for the fact that fieldwork still seems to lie at the heart of most contemporary forms of ethnographic research. The embedded research we will go on to argue for is but one of a number of ways qualitative researchers from a variety of disciplinary backgrounds are choosing to describe and explain contemporary ethnographic approaches – for example, collaborative ethnography (Lassiter, 2005a) and engaged ethnography (Eriksen, 2005; Plows, 2008) – but fieldwork remains a common denominator. Neither are we alone in our choice

of the term, as the literature we draw upon will show (see also Jenness, 2008), despite differences in the way each researcher uses it.

Our perspective is driven by disciplinary principles: anthropological[2] fieldwork, whether focused (as traditionally) on a single locality or dealing with the 'unbound-edness' (Candea, 2009: 28) of a globalized world, requires the researcher to immerse him or herself fully in the chosen field of study, learning the day-to-day and extraordinary stuff of social and cultural life by 'being there'. Students have long been taught that this means spending a lengthy period in the field; long enough, ideally, to observe and experience a full cycle of activity (Wolcott, 1988). Elsewhere, however, Wolcott insists that 'time alone provides no guarantee that one has come to know and understand a setting thoroughly' (1985: 189) – or, we would argue, that less time necessarily results in a lesser ethnography. What, then, is the constant of ethnographic practice? It lies perhaps in an attitude toward 'being there' sufficient to experience the mundane and sacred, brash and nuanced aspects of socio-cultural life and, through observations, encounters and conversations, to come to an understanding of it. Having ourselves conducted both the traditional immersion-style fieldwork and its often fragmented contemporary forms, we do not underestimate or deny the challenges posed by an approach that, in any of its settings, aims to understand the 'chaos and complexity of social life' (Brewer, 2000: 36). What we argue for here is not a replacement for it, but an acknowledgement of how its principles are being pragmatically adapted to new contexts. We are proposing embedded research as a situationally appropriate way of 'doing ethnography' that is founded on the principles and practice of immersion fieldwork while being responsive to working with reflexive collaborators, adaptive to the requirements of ethics and other forms of research regulation, and accommodating to audiences eager for new forms of ethnographic output.

Two key elements characterize embedded research, each of which are shared with other writers keen to promote the approach. The first is that the research is conducted as 'some kind of team member' (Reiter-Theil, 2004: 23). It is 'some kind' because, clearly, researchers cannot generally engage as a participant in clinical practice, for example. In the same way, the first author of this article could not practise as a qualified community development worker when researching a community health project, but that did not stop her working alongside her 'co-workers' in the community. Although always explicit about her role as a researcher with the community health project, she helped to deliver activities in the community. As a result, community members and recipients of the health project's interventions associated her closely with the project, whilst recognizing that she was also separate from it. Later, in one-to-one interviews, detailed and shared knowledge of the health project's activities, coupled with the participants' awareness that the researcher now understood the context of their lives in a disadvantaged community, generated very revealing data. Reiter-Theil reports a similar effect: 'what we learned as well', she says, 'was that our interviewer who was *independent from, but familiar with* the department [. . .], received very open feedback [from patients], even about more problematic aspects of the experiences'

(2004: 22, emphasis added). This co-presence of independence and familiarity will recur as a theme throughout this article, and we will return to it in the final discussion.

A second key element relates to the relationship between the researcher and his or her 'co-workers', or collaborators. Again, research independence and role are constantly reiterated by the researcher to the collaborators, but the depth of knowledge acquired by the researcher will be of most value to the organization being studied if fed back as soon as possible, so that the research can influence current activity. Whilst other members of the organization can and do gather their own data, the grounded but most importantly critical analysis provided by the embedded researcher is likely to be highly valued by an organization attempting to establish itself, or improve its practice. Jenness describes embedded research as 'extending the idea [of ethnographic research] beyond immersion in the typical way it is promoted among ethnographers [...], to include a sustained didactic element in the engagement' (2008: n6). In other words, what the researcher is encouraged – indeed, expected – to do by the 'researched' is to give formative advice (much as one colleague to another) even if the news is uncomfortable to hear. An example of this kind of feedback is included in the case study below. It provides insight into how the researcher can offer recommendations that are explicitly based on research data interpreted within a theoretical frame, but in a way that is meaningful to collaborators and their objectives.

A third point sheds light not on our definition of embedded research, but rather on the need for this new approach to ethnographic practice.[3] Professionals working in education and health have for some time been trained and encouraged to develop as *reflective* practitioners; that is, to become 'self-aware, and therefore able to engage in self-monitoring and self-regulation' (Mann et al., 2009: 596). However, as other researchers will have realized, many of the practitioners with whom we now conduct research have, by way of experience, become *reflexive* practitioners.[4] Whether it be an innovation for reducing smoking prevalence or an initiative in community health and well-being – programmes, that is, that aim to effect change – health or social care practitioners consider the impact of their beliefs, actions and the programme's presence on the people they are working with, and respond accordingly. They also formulate and test what Rolfe terms 'informal theory', and thereby collapse the gap between theory and practice (1997: 97). In contemporary inter-professional environments, the aim is for a Bourdieu-esque 'collective' reflexivity that encompasses all individual practitioners/knowledges, the programme itself (with all its aims, objectives, resources and challenges), and their inter-relatedness (Bourdieu, 1977; Bourdieu and Wacquant, 1992). If ethnography is to remain contemporarily relevant and acknowledge itself (to itself) as such, the reflexive researcher must be prepared to engage with this (dialectic) arena and apply a methodological approach that works within such reflexive practice environments.

One final note before we close this section and move on to our case study. Our use of the term embedded research largely flows from our research experiences and

is, to some extent, a label applied 'after the fact'. It was first used by one of the co-authors seeking a means of describing the research she had found herself doing – formative, action-oriented, that used traditional ethnographic methods, but with reflexive research subjects that analysed and argued back. This article is by way of an extended definition of our understanding of the term and is the product of lengthy reflection, but it is an approach that informs the way in which we now formulate study designs and which is increasingly anticipated by our prospective collaborators.

An embedded experience: Fresh: Smoke Free North East

In this section we examine a case study of embedded research. Its focus is Fresh: Smoke Free North East (hereafter, Fresh), the first dedicated office for tobacco control in the UK.[5] Consisting of a team of some half dozen individuals, it is headed by a Director and is accountable to a multi-agency Advisory Panel for the delivery of the North East region's tobacco control strategy. To achieve this it needs to work in partnership – nominally within the region, but also nationally and internationally – with everyone who works in tobacco control or smoking cessation (usually through health care organizations), has professional or regulatory obligations concerning tobacco (for example, Trading Standards and Environmental Health), or is involved with local alliances for tobacco control or other interest groups. Rightly, too, the team would also argue that it is ultimately responsible to and working in partnership with the region's public: individuals, families and communities, smokers and non-smokers alike.

From this point the term Fresh will denote the dedicated office team, and we use the term 'partner' for all those who have an interest in tobacco control and the research.

Foundations

Around the time of Fresh's inception in May 2005 the North East region of England included some of the country's most socioeconomically disadvantaged communities, and had one of the highest smoking prevalence rates in the country (29.1%, using combined data 2003–2005, NEPHO, 2008). In some of its communities, anecdotal evidence put prevalence at significantly higher levels. Tobacco control research has shown a clear link between socioeconomic deprivation and high smoking prevalence (Jarvis and Wardle, 1999) and has also demonstrated that individuals from poorer communities have more difficulty in quitting smoking than their more affluent neighbours (Giskes et al., 2006). Links between smoking and ill-health have also been well rehearsed, and – unsurprisingly, given this combination of factors – smoking is heavily implicated in the maintenance of health inequalities (Graham et al., 2006). If the health of the North East's population was to improve (and thus, among other benefits, support regional economic and business development) and the region was to contribute to meeting national targets

for prevalence reduction[6] by 2010, the new and more ambitious approach to tobacco control that Fresh symbolized was badly needed.[7]

The idea was in part inspired by the co-ordinated, state-wide California tobacco control programme that had delivered impressive results over the previous decade (Fichtenburg and Glantz, 2000). The impetus to put the idea into action came initially from an EU funding call and, although the bid for funding was unsuccessful, so many key decision-makers gave support to the idea it became impossible to halt the process. The financing eventually came from a top-slice off the budget of each of the region's NHS Primary Care Trusts (PCTs), to fund a team that operates away from and 'unconstrained by traditional public sector delivery models' [interview transcript, AP5/Advisory Panel member]. In other words, whilst staying accountable to a regional Advisory Panel of representatives from the PCTs and other partner organizations,[8] Fresh has a certain freedom to innovate and to be political (for example, by lobbying for legislative change) and has resources to fund region-wide public relations, mass media and social marketing activity. Fundamentally, though, the purpose of the organization is to work in partnership to deliver co-ordinated tobacco control. 'Making it broader than the NHS seems to be very significant', said another Advisory Panel member, adding that 'one of the things we were keen to do was to start spreading ownership more broadly' [AP2].

Bringing a wide range of partners into tobacco control was significant: local authorities, for example, have a responsibility for but also ways of tackling health inequalities that are not easily accessible to solely NHS initiatives. Partnerships for tobacco control were not new to the region. The region's largest city, Newcastle upon Tyne, for example, already had a tobacco control 'alliance' with members from several agencies. A dedicated regional committee of interested members, drawn largely from health care organizations, had tried for many years, without a budget, to further a regional perspective on tobacco control. Dedicated or shared posts existed within PCTs, with staff responsible for delivering tobacco control activity in their area, and the region was already in receipt of money from central government to fund a 'Regional Tobacco Programme Manager'. It was into this existing network that Fresh and its operational team – well-funded and with top-level support – was inserted, not without some resentment from those who had struggled for some time to put tobacco control on the regional agenda. It was the appearance of this new organizational form on the regional health care map that inspired our research project.

The research was collaborative from the outset, with the Fresh Advisory Panel being involved with the development of the proposal and offering support to the funding application. The purpose of the three-year project was to describe and analyse the fluid and negotiated relationships within this complex network, and to understand how the groups and individuals concerned came to terms with what was then a new and (for the UK, at least) unique way of organizing resources to provide a coherent regional approach to solving a public health problem. Although supplemented by quantitative methods (for example, interpretation of available statistical data sets on smoking prevalence over the life of the project), the primary

methods used by researchers were ethnographic. These included the 'shadowing' of Fresh staff members, semi-structured interviews with staff and members of the Advisory Panel, and embedding in and analysing the complex web of documents and electronic communications that the team generated. It also, of course, included participant observation at the team's base and at the numerous meetings convened or attended by the team, the latter of which allowed the researcher to engage with Fresh's wider partnership across the region and to establish her own 'unmediated' relationships with the members of that wider partnership. Participant observation also included engaging in shared reflexivity with Fresh; routine team meetings, for example, became an arena for the shared, iterative appraisal of practice and a site of collaborative reflexion on how that practice (which took account of the ongoing ethnographic research) was impacting on the success or otherwise of Fresh's programmes and the delivery of the region's tobacco control strategy.

In addition, given that Fresh staff had a proactive role at national as well as regional levels, research was also conducted at national meetings, and interviews were conducted with tobacco programme managers from other regions who lacked, at the time, the level of resources available to Fresh.[9] The potential existed, therefore, for the research team to work not just with the operational team itself, but with the fullest range of Fresh's partners.

Being embedded

Not only was the organization embedded in the process of study design, and the researcher then embedded within the organizational network in order to conduct the research, but the research project came to be embedded into the organization's own systems. Under the heading of monitoring and evaluation in its Business Plan, Fresh listed as a Key Performance Indicator, 'Continue to work with Durham University on the NPRI project examining "SFNE Office – a model of good practice for England?"' (Fresh, 2008). For an organization attempting to embed itself into an already established and at times fairly hostile infrastructure, being tied to an external, academic research project was seen as beneficial. It also indicated to new partners that the organization was not only serious about disseminating information on good and evidence-based practice, but also about investigating its own effectiveness. Interestingly, however, this apparent appropriation of the research project did not appear to affect the relationships the researchers had with the organization's many partners.

We have already made reference to research skills and techniques and to building on the disciplinary ideal of immersion fieldwork, but in this complex research environment the personal skills and experience of the researchers cannot be ignored. We draw here on Wong's analysis (2009) of collaborators' perceptions of having an embedded researcher working alongside them. The research identified a number of characteristics deemed necessary for successful embedded research, which are listed under knowledge, skills, practices and dispositions. The researcher should give time to understanding the aims, objectives and processes of the

programme in question, and of its practitioners. He or she should be able to communicate well and openly, and without jargon. The researcher should participate fully, work collegially and not interfere with the programme's or organization's goals. Finally, the researcher should be honest, trusting, realistic, objective and down to earth (Wong, 2009). These are all factors we recognize from our own experience. Length of engagement and ensuring that the researcher shared in partners' experiences at all levels of the regional tobacco control programme was significant in ensuring that those outside the Fresh team felt that they too were part of, could engage with and have ownership of the research process. For example, one member of the wider partnership took research feedback on young people's use of illicit tobacco that had been disseminated through a regional meeting, and presented it to his local committee to persuade them to take action on the problem in their communities.

The field researcher also made sure that she was approachable and open, and took care to demonstrate her own trustworthiness (an active form of ethical behaviour that goes beyond the filling in of forms). Establishing trust, according to Tope et al., 'is often a matter of time and repeated interaction', adding that, in contrast to studies based on interviews alone, 'participant observers are able to demonstrate trustworthiness over time, through various symbolic trials with co-participants' (2005: 486). In sharing difficult situations and joyous celebrations, and in the demonstration of confidences maintained, trust grew and the researcher was able thus to operate 'in-between' the Fresh team and the various partners, to be embedded in the whole process rather than simply within the team, and to provide critical feedback to all parties.

The parallels between the researcher's role in this process and anthropological concepts of liminality emanating from the study of *rites de passage* (Turner, 1966; van Gennep, 1909 [1960]) are made apparent in these descriptions of being 'betwixt and between'. Applying the concept of the liminal to management research and to working as academic-cum-consultant, Czarniawska and Mazza (2003: 271) argue that when consultants work with an organization to encourage change, they can share a 'special sense of community with the others in the limbo' (where limbo refers to the liminal phase in the ritual or rite of passage process that marks the period between leaving behind an old mode of being and incorporation into a new). The Fresh initiative required a lengthy transition to new ways of working, and the examples that follow demonstrate how the research team was able to mobilize 'in-between-ness' to the advantage of the Fresh programme, but also to the benefit of the academic enterprise.[10]

Practical embeddedness

One of the key events to occur during the research period was the consultation on and subsequent implementation of England's comprehensive smoke-free legislation on 1 July 2007. Although the creation of smoke-free public places is undeniably a major step in public health, further and ever more complex measures are said to be

required (for example, action on illicit tobacco) if the desired reductions in smoking prevalence are to be achieved, hence the importance of cross-agency partnership working. Tobacco control 'alliances' are considered instrumental in facing these challenges (CDC, 1999), and Fresh had encouraged the creation of partnerships at a local level (coterminous with PCTs). There are currently 14 such alliances in the North East region, the majority of which have been established since Fresh was launched and which in their early stages have received considerable organizational and management support from the Fresh team. They draw their membership from a number of agencies, although they tend still to be dominated by the health sector.

Despite early support from the Fresh team, a number of the alliances struggled to move beyond the rather goal-oriented implementation of the smoke-free legislation and toward becoming groups able to tackle more complex issues by proactively applying evidence-based practice and knowledge generated from within the regional Fresh partnership, the alliance membership and the communities in which they work. Alliance co-ordinators expressed these concerns to Fresh staff, but the team's staffing levels did not allow for a continuation of the levels of support that had characterized the first two years. Indeed, by this point in the development of the regional programme (late 2007) Fresh was aiming to reduce rather than increase its input, and thus avoid a culture of dependency which would work against future sustainability. In the meantime, alliance members had also voiced anxiety about the functionality of these local partnerships to the researchers, and the research team had taken steps to investigate further. At an event in April 2007, researchers asked alliance representatives to participate in a focused discussion on their situation. Analysis of responses revealed significant problems in relation to partnership working, including lack of role clarity, marginalization of new members, and unequal division of tasks. A report on the responses was presented both to Fresh and to a meeting of the region's alliance co-ordinators, and the research team agreed to collaborate on finding a solution.

Working together, the principal researcher and a member of the Fresh team developed the Alliance Toolkit. The full toolkit comprises a six-stage iterative process based on a decision cycle loop, aimed at supporting the incremental development of the alliance. A brief introductory document outlines the rationale and structure, while the six stages of the interactive toolkit itself are focused around Powerpoint® presentations, which are provided on a CD-Rom. The explicit content relating to tobacco control – provided by the Fresh team member – was guided by international good practice, the North East of England's own regional tobacco control strategy and UK national guidelines. The researcher's contribution was to provide a theoretical framework for the finished tool, without baffling the collaborators. Building on Goffman's (1974) theories of framing interactions, analyses of partnership working and organizational studies of 'communities of practice', collaboratively we created a user-friendly toolkit 'embedded' with sound social science theory. The alliances knew that this tool had been developed in response to their concerns (a preliminary research report had been disseminated) and had

the stamp of academic authority, and the experience served to embed the research further into regional activity.

Critical embeddedness

There was also a third strand of the research, which was conducted at a distance from the Fresh team. According to the original proposal, the purpose of the third strand of research was to 'study public perceptions of smoking using in-depth qualitative methods'. The field chosen for this research was an ex-mining village, also one of the region's more socioeconomically disadvantaged communities. Three of the larger employers in the area allowed semi-structured interviews to be conducted with volunteers in working hours, but research was also undertaken in working men's clubs, at smoking cessation 'drop-ins', in a community centre and with young people through a youth work initiative. Time and opportunity did not allow for extended engagement: instead, what was created from the various encounters was a bricolage or montage (Yardley, 2008) of stories, observations, poems and posters that allowed for interpretation of individual stories within a collective and contextualizing landscape. But this work had an impact on the embedded research. The knowledge gained of the contexts within which public health practitioners actually work, and the challenges they face and the opportunities the research offered for those practitioners to speak to the researcher about their relationship with Fresh as a regional organization (and the way that organization did or did not affect their professional practice) – was both facilitated by but also benefited the embedded research process. An example will illustrate the point more clearly.

Toward the end of the research project, a member of the research team visited and interviewed senior tobacco control co-ordinators. Each PCT funds a tobacco control post, but the level of local funding and the range of responsibilities each individual has vary across the region. They are accountable to their local PCT for delivering an agreed locally focused plan, but they are also responsible – via Fresh – for contributing to the region's objectives in reducing prevalence. In some cases, local tobacco control posts pre-dated the creation of Fresh, and pre-Fresh media campaigns (with local branding) had received local support. Although early resentment about the creation of Fresh and the subsequent replacement of local with regional branding subsided over time, some concern remained that Fresh did not fully appreciate the impact of local political arrangements and constraints on service delivery and on practitioners' ability to fulfil regional responsibilities. Others, who had come more recently to tobacco control, felt overwhelmed by the need to satisfy both local and regional demands. Local co-ordinators felt sufficiently trusting of the researcher to reveal these anxieties, and were aware that she knew the history that informed their concerns and the way in which these conflicts were likely to play out 'on the ground'. With the permission of the interviewees, the researcher gave a confidential report back to Fresh that anonymously detailed partners' worries and offered research-informed opinions on the

possible ramifications of taking no action. The result was a reformulation of Fresh's plans for its relationship with alliances over the coming year, and a greater awareness of its need to be sensitive to the pressures faced by local co-ordinators.

The ethical maze and adaptive methods

It has been suggested that the formal processes of gaining research permission from ethics committees have serious implications for ethnographic research (Simpson, forthcoming), and there is little doubt that it has affected the way we think about designing and conducting our research. For those of us working in health-related areas, in addition to adhering to professional codes of ethics we are likely to have to satisfy two research ethics committees; one's own academic department and the local NHS Research Ethics Committee. Recent changes to the NHS Research Ethics Applications systems have streamlined the process,[11] for example, the application process is 'centralized', meaning that the research team no longer has to apply to each PCT involved. In addition, the application form now aims to cater more appropriately for qualitative research. The applicant is still faced with challenges, however. The guidance notes for a section entitled 'How long will you allow potential participants to decide whether or not to take part?' instruct that:

- 'Potential participants need time to consider fully the implications of taking part in research. They should be able to ask questions and reflect. Participants should not be rushed into decisions.'
- 'There are no fixed guidelines for the time to be allowed to participants. It has been common practice to suggest a minimum of 24 hours, but this is not an absolute rule. Each study should be considered on its own merits. If you feel that a shorter period is reasonable in the circumstances and taking into account the nature of the study, please justify this in your answer.'

Whilst the guidance invites the researcher to propose and justify a shorter time-frame for decision-making, gaining informed consent from participants is often incompatible with the kinds of participant observation undertaken in ethnographic research. For example, it is unfeasible at each meeting attended during fieldwork to provide the required information and ask all attendees to sign the approved 'informed consent' sheet before the meeting commences. In the case of the Fresh study, the reality was that the researchers involved had to be pragmatic and rely on ensuring that their affiliation and their reason for attending was made clear at each meeting. Often, a speedy explanation undertaken as part of the usual preliminary round of attendee introductions had to suffice. It is unlikely, however, that an ethics committee would have given formal approval to approaching a research encounter in this way.

Another issue arising from the guidance notes (above) is that opinions expressed during periods of participant observation are, theoretically, unusable as data. Our 'embedded' solution was to use the meeting to understand or track the evolving

structural *relationships*, whilst noting emergent themes – particularly professional and interpersonal – to be tested in semi-structured interviews. Obtaining informed consent from interviewees is less problematic and is 'auditable' (by NHS Research Governance units, who visit to check that approved procedures are being adhered to) and the resulting verbatim data are more readily accepted within a hierarchy of health and medical research models that still views qualitative research with some suspicion. Yet interactions in a meeting or other research encounters cannot be expunged from the research imagination and go on to inform all future research encounters. This must be, perhaps, our bittersweet solace.

Returning, however, to working within the constraints, we should also note the different challenges that emerged when considering the relationship between the researcher and the Fresh team members with whom the most extended contact was maintained. In accordance with the ethics committees' requirements, detailed procedures for obtaining informed consent were followed at the start of the research process and, as one might anticipate, they implied a clear separation between researcher and 'subject' and the maintenance of research impartiality. In the context of long and sustained research contact, and particularly where a new organization is moving through the stages of forming and storming (Tuckman, 1965) and seeking as much friendly support as possible, the fear might be – not unreasonably – that this 'distance' between researcher and researched might be eroded. Might the researcher 'go native', and lose his or her critical perspective on the field of study?

A number of factors persuade us that this is not the case. The first, and perhaps most relevant to embedded research (or, indeed, any of the contemporary forms of ethnography that are collaborative in ethos), is that those we are working with are themselves 'reflexive subjects', and they are aware that it is not in their interest to undermine the critical research perspective that could so benefit their own objectives. Second is the effect on the researcher of being in a research relationship with an extended partnership: it is unlikely that, situated within a network of often competing opinions, the researcher would align so strongly with one that critical perspective is lost. Third, the fundamentals of ethnographic research such as participant observation (which has always required us to be both insider and outsider) and the reflexive practice that accompanies the writing of fieldnotes work to 'discipline' the research process. Fourth, the researcher returns regularly to his or her academic base, where findings are likely to be subjected to professional critique. Finally and practically, the need to report back regularly to the research project's Steering Committee – and satisfy the demands for academic output – means that the academic agenda remains in view.

Although the current NHS ethics procedures have made some accommodation for qualitative research, the process is still unsuited to research that requires any sustained engagement. We cannot know today what we might need to ask tomorrow, and to pretend we did would deny one of the basic values of ethnography (or, indeed, any 'grounded' forms of research): that it can deal with complex, fluid contexts and their emergent and unanticipated issues. It is to be

hoped that, given the apparent value attached to qualitative inquiry and hence the increasing demand for it, ethics approval processes will become more amenable to ethnographic research. In the meantime, we continue to accommodate its requirements – after all, its rigours can be 'good to think with' – and acknowledge that our collaborators trust us to conduct the research in a morally responsible manner. Embedded and other forms of collaborative research are inherently 'ethical', insofar as they are based on knowledge-sharing aimed at equalizing or reducing power differentials (Wong, 2009: 107; see also Heckler and Russell, 2008b) that can undermine all forms of research in organizations.

W(h)ither ethnography?

When the team leader of another organization we have worked with first discovered that an academic was coming to work with her team, she was none too pleased. However, she later wrote (in a text produced collaboratively with the researcher) that her: 'preconception of an elitist, detached, middle-class academic, who would construct barriers between the [team] and its constituents, was, over the course of the first few months of the project's establishment, put firmly to rest', adding that '[the researcher] has managed to give new perspectives and insights, related to her field of expertise, approach and objectivity. However, many of her conclusions will come as no surprise' (Lewis and McMahon, forthcoming).

In these few words, she sums up many of the messages within this text. First, she notes the shift in what research is or can be. The researcher turned out not to be the distanced, aloof academic she anticipated. As Marcus points out, collaboration is now the primary means of 'organizing endeavour at all levels and in all places' (Marcus, 2008a: 7). As ethnographers working in business or health, studying national or international organizations that are required to work through multi-agency partnerships, the practice of collaboration is all but unavoidable. It should come as no surprise, then, that our research 'subjects' expect us to conduct our research in a similarly collaborative manner (and to engage in collective reflexivity). That the team leader had cause to reassess her preconceptions about academics was not the fault of the research team itself, because we had no way of allaying her fears beforehand. We could not explain our intended approach because we had few preconceptions ourselves of how this research would or should be conducted: 'collaboration as a method', as Marcus also notes, 'is still not developed explicitly' (Marcus, 2008a: 7).

Second, our collaborator notes the perspectives and insights provided by the research. Embedded research allows the researcher to experience the 'worldview' of the organization, its members and their partners (and is akin, therefore, to immersion fieldwork), but also requires the researcher to assess that experience in the light of academic knowledge and give the resulting insights back to the organization critically and formatively (as with forms of action research or process evaluations),

so that they can make operational use of those insights. Yet, if one purpose is to provide formative insight and advice, what of the comment about conclusions that come as no surprise? Such things should not necessarily worry us. For our collaborators, it is recognition that we have come to understand their world. It engenders trust in our conclusions.

The above provides what might have been anticipated; that is, a summary which accounts for the co-presence of (and symbiotic relationship between) research independence and ethnographically sourced familiarity. However, our commentator also mentions the researcher's objectivity. For ethnographers who have been trained that objectivity is a stance that is neither needed nor feasible, her comment should take us aback. What it reveals, however, is how the 'in-between-ness' of the embedded researcher is experienced by our collaborators. At one moment the researcher is inside their world, the next he or she is demonstrating an ability to offer an outsider's perspective. It is perhaps something of a paradox in this discussion of embedded, collaborative and collectively reflexive research, but what we as academics see as an inter-subjective research experience, our collaborators can also rationalize as 'objective' and external. In part, this is a product of the insider/outsider dynamic of participant observation, but where the ethnographer traditionally stood in-between her research 'subjects' and the ethnographic product, now she must stand between a multiple set of collaborators, contexts and dissemination demands. Cited in Siltanen et al. (2008: 47), Marcus again captures the essence of the positioning required of the contemporary ethnographer as a 'nomadic, embedded analytic vision constantly monitoring its location and partiality of perspective in relation to others'. That this type of interaction calls for a development of the skills traditionally required for ethnographic fieldwork should by now be clear, but what should also be apparent is that it also builds on the tried and tested methods of ethnographic research.

In participant observation there is a sense of what Ingold terms 'understanding in practice', where 'learning is inseparable from doing' (2000: 416), but Reiter-Theil suggests that researchers must 'modify' their participant observation skills to accommodate the fact that their 'participation', especially in a clinical setting, is restricted (Reiter-Theil, 2004: 23). For example, few researchers in the field of public health can deliver a smoking cessation service or take someone's blood pressure. Is 'learning by doing' therefore not curtailed? Our ethnographic heritage argues against this conclusion. Fieldworkers have always faced such limitations, whether it is the inability to experience initiation at the highest level of a cult or the lack of need or desire to use crack cocaine to understand the lives of drug dealers living in poverty-stricken neighbourhoods (Bourgois, 2002). How, then, have fieldworkers produced an ethnography based in 'doing'? The answer, again drawing on Ingold, lies in the imagination that is intimately related to knowledge of the world. The researcher may not be able to engage in actual practice but can, where that imagining 'is carried on within the context of involvement in a real world of persons, objects and relations' (Ingold, 2000: 418), 'plan' in his or

her [ethnographic] imagination, reflexively, how that actual practice might play out.

Ingold's premise offers another insight for this discussion. It is in 'doing' this contemporary ethnographic fieldwork that we lay the foundations for understanding – and conceptualizing, for the future of ethnographic practice – what it is we are doing. For ourselves, we have come to realize that while the locations and with whom we do ethnographic research may have changed, the whys and the hows of ethnography remain fundamentally the same. Potvin et al. stated that 'if we accept that health is a resource at the core of everyday life, we need conceptual tools that allow us to have an in-depth understanding of everyday life' (2005: 591). What approach is better suited than ethnography to develop those conceptual tools? And so, whilst anxious debates about the future of ethnographic research have gone on around us, we have quietly been getting on with adapting to these new contexts and still, stubbornly, asserting our identities as anthropologists. We still work as individual researchers in the field: that core 'aesthetic' (Marcus, 2008b: 49) of individual enterprise remains. But other things, such as the scope of our own reflexive practice, have changed. Just as reflexivity is shared with our now 'reflexive subjects', it is also now shared as academic colleagues. In this, we relate to the idea of working 'separately together' which, explain Siltanen et al., 'is perhaps best understood as an on-going critical conversation between the self, the research subjects and other members of the research team with the goal of constructing ''a common understanding'' ' (2008: 56).

We opened with the words of George Marcus, and we turn to him again in bringing this discussion to a close. He writes from the perspective of an anthropologist, for anthropologists, but we would suggest that his words – and the story in this article – are applicable to any fieldworker/ethnographer working in embedded or collaborative research. 'It is on ethnography's frontiers or edges of contemporary application', he says, 'where anthropologists are redefining the time-space and practical boundaries of their projects in multiple theatres of reception, that basic questions of scale, function, purpose and ethics are being asked anew' (2008b: 48). For us, embeddedness enables us to respond to our collaborators and ethnography's needs and expectations while allowing us simultaneously to withdraw, reflect and work with a certain critical distance – to set, that is, one of those practical boundaries. It is an approach that encourages the practice of an active, engaged and impactful form of ethnography, whilst remaining critically aware of its, and our, political situatedness. It is thus an action-oriented tool with which to challenge and change institutions and corporations from the inside.

It may be some time before the textbooks on contemporary ethnography – collaborative, engaged, embedded, or whatever one's preferred and nuanced term might be – begin to emerge. In the meantime, we will continue to respond to the requests that come from potential collaborators that value the continuing power and relevance of ethnography and who do not seem willing to see it wither. We will therefore continue to 'embed' ourselves and our approaches into collaborative

worlds, while taking more time to reflect and contribute to redefining what the future of ethnography might look like.

Acknowledgements

Notes

1. We use the term 'knowledge exchange' as a considered alternative to knowledge transfer, going some way to acknowledge the critique of the term 'knowledge transfer' in applied social research offered by Davies et al. (2008).
2. The introduction here of anthropology, as distinct from ethnography, is deliberate. As Ingold (2008) has recently (re)stated, they are not the same. If ethnography is a method of actively engaging with and in a world, anthropology is a discipline that seeks to draw comparisons within and between dynamic worlds always in process and, thus, toward considered generalizations about human life. It is a distinction of practice that informs our deliberations.
3. We are concerned here with the 'doing' of ethnography, rather than the writing of it (that is, production of the traditional, textual, academic product). Methodologists promoting, for example, collaborative research (see Lassiter, 2005b) would argue for collaboration in dissemination too.
4. Behind differently nuanced interpretations, the chief purpose of reflexivity remains to ensure that no one version of knowledge is prioritized; that is, '[a]cting reflexively means that practitioners will subject their own and others' knowledge claims and practices to analysis' (Taylor and White, 2001: 55).
5. Tobacco control goes beyond smoking cessation, which alone would be unable to deliver the prevalence reductions aimed for. Tobacco control encompasses a range of activities such as smoking-related health information, legislative controls and action against illicit tobacco.
6. The UK government's 'Health of the Population' public service agreement (PSA) target was to reduce adult smoking rates to 21 percent or less by 2010, with a reduction in prevalence among routine and manual working groups to 26 percent or less by this date (NICE, 2008).
7. For a full discussion of the initiatory stages of Fresh, including the setting up of the Advisory Panel, see Heckler and Russell (2008a).
8. Membership of the collaborating Advisory Panel included senior managers from the Strategic Health Authority, the region's Primary Care Trusts, the Association of North East Councils (including regional representation for Trading Standards and Environmental Health), and representatives from regional level organization of the Trades Union Congress, Chambers of Commerce and voluntary sector.
9. This situation has since changed. In 2009, both the South West and the North West regions opened their own versions of a tobacco control office.

10. We thank one of the reviewers for giving us the opportunity to reflect on and make explicit this important feature, fuller discussions of which lie outside the scope of the current article, but which we intend to expand on and publish at a later date.
11. See IRAS, the Integrated Research Application System: https://www.myresearchproject.org.uk/

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