25

When Ethical Procedures Can't Do the Job: Ethical Dilemmas of Undertaking Critical Organisational Ethnographies in Social and Health Research

Jason Bantjes and Leslie Swartz

Organisational ethnographies are an important mode of enquiry in critical social and health research (Reeves, Peller, Goldman, & Kitto, 2013; Savage, 2000; Yanow, Ybema, & van Hutst, 2012). The value of organisational ethnographic research lies in its potential to draw analytic attention to the symbolic significance of practices in institutions such as schools and hospitals to illuminate how shared systems of meaning act as interpretative schemes which shape practices within these social systems (Morgan, 1986). Organisational ethnographies can highlight the socially constructed relationships between institutions and their environments and make explicit key values which shape the behaviour of the individuals who inhabit them (Morgan, 1986). They also can be instrumental in exposing injustices and disrupting unfair and potentially harmful practices thereby having a special relevance for addressing fundamental questions of transformation of institutions in unequal and oppressive societies (Carspecken, 1996; Madison, 2005). Their deeply political nature, however, brings ethical challenges which are not always easy to resolve. In this chapter, we describe our experience of undertaking critical organisational ethnographies in a school and a healthcare unit to illustrate how the political dimensions of this work led us into a minefield of potential ethical conflicts and dilemmas. Our stories show how we were challenged into reconsidering conventional ideas about informed consent, privacy, confidentiality, and nonmaleficence. They also demonstrate how our responsibility for protecting

---

J. Bantjes (✉) • L. Swartz
Stellenbosch University, Stellenbosch, South Africa
e-mail: jbantjes@sun.ac.za; lswartz@sun.ac.za

C. I. Macleod et al. (eds.), *The Palgrave Handbook of Ethics in Critical Research*,
https://doi.org/10.1007/978-3-319-74721-7_25

research participants is complicated by our responsibility accurately to describe what is observed. We discuss the challenges of balancing 'social good' against the interests and rights of the individuals inserted into and reproducing institutions. Furthermore, while traditional approaches to research ethics are commonly predicated on the assumption that the researcher is separate from the field being researched, our stories illustrate how critical ethnographies can render permeable the boundaries between researcher and researched, and relationships potentially complex.

Ethical Considerations in Ethnographic Research

Traditional approaches to research ethics are commonly predicated on the assumption that we, as researchers, are separate from the field being researched, that research participants are strangers with whom we have no prior relationship and plan no future interaction, and that our primary ethical responsibility is to protect the privacy of participants and to do no harm. This approach to research ethics, which fits comfortably with clinical trials and outcome studies, positions research participants as vulnerable, in need of protection, separate from the researcher, and at the centre of the research inquiry. This obscures the reality that critical social and health research sometimes has a relational component, often has a broader social and political context, and that researchers may have social and political advocacy responsibilities that extend beyond the individual rights of research participants. Social science researchers, as agents of social change, have a moral responsibility to explore, describe, and theorise about the nature and function of organisations (Chari & Donner, 2010). This is a responsibility that may entail exposing practices and injustices for a greater social good that extends beyond the narrow self-interests of the institutions being studied. Critical ethnographies, and especially those with a participatory component, often make the boundaries between researcher and researched permeable, and relationships potentially complex (Rosen, 1991). In the narrative which follows, we draw on the first author's personal experience of conducting ethnographic research in a school and in a medical setting to illustrate these ethical considerations and to discuss the ethical implications for critical social and health research. As is the tradition in ethnographic research, the personal experiences of the first author are presented as a first-person 'I' narrative of the process as it was experienced. 'Our' and 'we' indicate the voices of both authors.

Disruptions and Permissions

Early in my career as a researcher, I had the opportunity to conduct an ethnographic study of a school[1] (Bantjes & Nieuwoudt, 2011, 2014) at which I was employed as a consultant psychologist. My job entailed promoting the psychological well-being of the pupils, which, of necessity, required that I confront and challenge practices at the school that compromised the pupils' psychological health. During my time at the school there was a rather bizarre incident in which a group of senior boys engaged in disruptive behaviour that included the destruction of school property and verbal attacks on members of staff. These incidents were startling, particularly as the behaviour was uncharacteristic of the boys concerned. The incident perturbed the school community and sparked numerous conversations and questions about what might have prompted the boys to behave in this way. It occurred to me that the incident, as unfortunate as it was, revealed something important about the culture of the school, something, perhaps, that the boys were trying to bring to the attention of the school management.

As an insider, I was uniquely positioned to examine the cultural context in which this behaviour had occurred and to explore its symbolic meaning. Suspecting that the culture of the school was in some way implicated in precipitating this event, it occurred to me that it would be most appropriate to employ an ethnographic method of enquiry. Importantly, by employing this methodology, I would need to consider my position and role in the school. In other words, I would have to acknowledge that I was part of the system and culture that had given rise to the behaviour I wanted to examine. Reflection led to a decision to include an auto-ethnographic component into the research design, thereby allowing as data personal observations, experiences, and reflections. The appropriate methodology was clear but the ethical dilemmas that this project could occasion were less clear perhaps because of my lack of information.

The first dilemma encountered was a concern about permission to conduct the study. Did I need the school's permission to research and write about the incident? Did being a member of the school community entitle me to report on what had been witnessed, or did the school have sole claim to the story because it had occurred in the geographic boundaries of the institution? I knew that writing about the incident with insider knowledge of the culture of the school might expose aspects of the everyday functioning of the school to public scrutiny. Furthermore, because the form this scrutiny might take could not be predicted, it was impossible to determine the exact risks for the school.

Did the risks that public scrutiny occasions compel me to seek permission before embarking on the study? And, assuming that permission was required, who had the legitimate authority to grant it? Furthermore, being an insider meant I was positioned differently from outside researchers who would approach gatekeepers of institutions. How would this complicate the endeavour to obtain institutional permission?

I was aware that I had a relationship with the school which should be preserved. Maintaining this relationship meant that I could not press on with research without consulting the school principal. Thus, apart from an ethical responsibility to seek permission, the decision to consult the school principal was based as much on an ethical imperative as it was on a pragmatic and self-serving desire to maintain a good working relationship and also my employment. Seeking formal permission was, at least in part, an attempt to minimise the risks to myself which were the direct result of insider status.

I met the school principal and explained what I wanted to do, but it was not possible to describe exactly how data would be collected or what the potential risks might be. In truth, I did not believe that there were serious risks. It only occurred to me much later that the concept of informed consent might be meaningless in the context of institutional ethnographic research. How can any institution be sure of what an ethnographic study would reveal, or what might be exposed by placing institutional culture under the microscope? Even if an institution gives permission for research, can it be said that this consent is informed? I could not articulate exhaustively the risks and benefits of the research, nor could I define research questions nor determine methods of data collection without first engaging in preliminary investigation. When describing their approach to ethnographic research, Bosk and De Vries (2004, p. 253) note:

> [W]e cannot state our procedures any more formally than we will hang around here in this particular neighbourhood and try to figure out what is going on among these people. We want to know how they make sense of their world, how they navigate in it, and how understanding their world helps us better understand our own.

Because I could not articulate all the possible risks associated with the study, it was mutually agreed that the school principal and I would discuss and agree safeguards to protect the school,[2] and that the best way to do this was for the school management to be enlisted as co-researchers in the process of setting the research agenda and helping to make sense of the findings. We also agreed that the school principal would have the power to veto key decisions. Among other things, this meant that the school principal could decide that particular findings should not be published in a form available to the public. At the time, this seemed a reasonable solution to concerns about management of possible risks. How else could the school safeguard its own interests? With hindsight, I had been naïve to imagine that there could be a shared set of interests in a large and complex institution. There was in fact a real possibility that my research would be used to further the interests of some stakeholders at the expense of the interests of others. I could not imagine, however, how else to proceed with the research.

I rationalised the decision to allow the school principal to have the power of veto by convincing myself that partnering with the school was akin to participatory research, and that there might be the added advantage of improving the trustworthiness of my findings through member-checking. It later became apparent how problematic this arrangement was. What if I discovered something that had significant social and political implications, but was potentially damaging to the school's reputation? As a researcher, do I have an ethical responsibility to report the findings regardless of what those findings are? Does this outweigh an ethical responsibility to avoid doing reputational harm? I had resolved one ethical problem (that of obtaining institutional permission for the study) by agreeing to allow the school principal to censor the findings, and, in doing so, I seemed to have created another problem. How would I deal with my responsibility to report honestly and accurately what I observed? Is it ethical for an ethnographic researcher to agree to suppress findings in order to protect an institution?

Although I realised that I needed to obtain permission to conduct the study, I am not sure how I would have proceeded if this had been denied. Would I have tried to seek permission elsewhere? Does the management of an institution have the exclusive right to grant permission for an ethnographic study of the organisation? Surely schools, even private schools, are essentially public institutions with many stakeholders beyond the immediate management team? By their nature, public institutions belong to society and hence to everyone. Should the management of such an institution, which may itself be invested in maintaining the status quo, be solely responsible for granting permission and access?

If organisational ethnographies in the social sciences are to be critical and are to take on the important work of drawing attention to harmful or unjust practices, then we need to find ways to deal with the problem of permission and access so that it does not elicit potential censorship. At issue, though, is more than that of censorship. There is the serious question of who may be seen to speak legitimately for and on behalf of institutions, and on what grounds. In the case of my school ethnography, I chose to liaise with the existing formal school governance structure (those with recognised decisional authority) and hence, despite the critical intention behind my work, implicitly to reinforce and legitimatise this power hierarchy. But what if the pupils, or their parents or teachers, held different views about whether the research should take place and how, if at all, the findings should be disseminated? Would it be ethical to conduct organisational ethnographies when the management was supportive but the majority of the other stakeholders in the institution were opposed to the research? Similarly, would it be ethical to go ahead with research vetoed by management but supported by other stakeholders in the institution?

In institutional contexts, different stakeholders are likely to have different investments (which may be diametrically opposed) in what is known and not known about the institution. Sexual abuse in the Roman Catholic Church is a useful example in this regard. For a long time senior clergy had actively prevented the public disclosure of cases of sexual abuse because of personal investment, whereas many ordinary members of the church had strong feelings that the stories of abuse needed to be told (Robinson, 2003). If a critical ethnography of the church had been conducted at that time, whether or not institutional permission was obtained, the ethnographer would have become a participant in deeper institutional questions about what may or may not be said by different stakeholders in the church. Similarly, in my work with the school, it was incumbent upon me to think critically about how research decisions would contribute to power struggles in the school about what constitutes an appropriate, accurate, and legitimate narrative of the school and who should speak on behalf of it.

Boundaries, Care, and the Problem of Representation

Later in my career I became the lead researcher on a large project on deliberate self-harm. The project was another organisational ethnography, this time exploring the organisation of care for self-harm patients in a public hospital in South Africa (Bantjes et al., 2016).[3] I was assisted on the project by Annemi Nel, a postgraduate student with whom I worked to observe practices in the hospital, attending ward rounds, interviewing medical staff, and talking to patients who self-harm, about their experience of receiving care. Data was collected for this project over the course of a year. During this time I became well known to the medical staff in the hospital, and developed a reputation as a psychologist who was interested in suicide and self-harm (there is an association between repeated acts of self-harm and increased risk of suicide).

Initially, it was easy to maintain my role as a researcher. I was an outsider to the hospital, with no clinical responsibilities and no professional standing in the formal hospital hierarchy. As time passed, however, I became familiar to the staff and my presence on the ward became routine; my positioning as an outsider began to erode. One benefit of this was that the medical staff became comfortable talking to me about their experiences of caring for self-harm patients, and this facilitated the research process. It also created expectations regarding reciprocity, and I found myself being consulted about some of the patients. Medical staff knew that I was interviewing patients who had been admitted to the hospital for deliberate self-harm and began to recognise that I might have particular expertise in the assessment of patients at risk of attempting suicide. I had also facilitated a number of professional development workshops on suicide risk assessment during the study period which had been attended by some of the medical staff.

What was the ethically correct response when medical staff engaged me in conversations about the care of patients? It was easy enough not to betray confidences or to share the personal details of my conversations with patients, but did my role as a researcher prevent my offering opinions about the appropriate management of care for these patients? Was it unethical to blur the boundaries between my role as researcher and my role as psychologist by being drawn into these conversations? Alternatively, would it have been unethical not to discuss the care of patients, especially since I believed that offering my opinion was likely to be in the patients' best interests? It is important to note that there is a considerable shortage of access to psychologists in the South African healthcare system, and psychological input is not routinely available in general medical settings (Bantjes et al., 2016). It seems inevitable that boundaries will be contested whenever researchers undertake organisational ethnographies over prolonged periods of time. Does this potential for boundary transgression in ethnographic research threaten the neutrality and separateness of the researcher to such an extent that the ethical integrity of the research is compromised? How can these boundaries be maintained? Can boundaries ever be transgressed ethically?

The write-up of our research in the hospital brought with it additional ethical considerations. I knew that it was important to provide sufficient information about the hospital for readers to appreciate the context framing the research findings. I also knew that I had to take steps to safeguard the identity of the hospital. This, it turned out, was almost impossible to do. It was simple enough to withhold the name of the hospital, but the moment I identified it as a large inner-city academic hospital, it would be obvious to most South African readers that the study site was one of a handful of institutions. If I provided any additional information, such as the annual admissions rate or number of beds, a quick internet search would enable readers to identify the hospital. Knowing this made me cautious about how to represent the findings. I was no longer writing about a disembodied and abstract institution but about a hospital that could be identified and, once the hospital was identified, it would be possible to identify individual medical staff, the doctors, and nurses with whom I had worked.

I encountered further ethical quandaries when considering what to include, and exclude. I could not describe everything that I saw or recount all that I heard behind closed doors. This would not only draw attention to practices in the hospital that were socially unjust, but would be likely to hurt and offend staff of the hospital. A completely uncensored description of what I experienced might have made the stressful, demanding, and fractious work environment even more tense and difficult for the nurses and doctors who do their best under difficult circumstances. The South African healthcare system is critically under-resourced and under considerable strain as a result of four colliding epidemics: HIV and tuberculosis; a high burden of chronic illness and mental health disorders; deaths related to injury and violence; and maternal, neonatal, and child mortality (Mayosi et al., 2012). I had, in a sense, created the ethical problem of how much to reveal in the write-up by allowing myself to be sensitised to the very difficult working conditions in the hospital and by developing relationships with the hospital staff. But how else does one do ethnographic research without developing these relationships? This is partly a tactical question because these relationships gave me access to the information I needed, but, as these relationships deepened, it became difficult to separate the institution from those who worked in it. Consequently, we argue that this is an issue of relational ethics which is elaborated on later in this discussion.

When it came to publishing the study, I chose to describe the setting and present the findings as carefully and as accurately as I could, having weighed every word in an effort not to offend or expose any individuals in the hospital. Was it unethical to provide detail about the hospital that might identify it? Would it have been unethical not to do the research simply because anonymity could not be guaranteed? To what extent should a commitment to protect people working in the hospital prevent me from describing everything that had been observed? These ethical complexities were compounded by the fact that the research was funded by the South African Medical Research Council. In accepting a substantial grant to conduct health systems research, had I assumed an ethical responsibility to advance the collective public good? Did this outweigh my obligation to be respectful of the medical staff? I was also aware that disclosing some information might compromise future access to the public healthcare system, and that this would have implications for my career as a health systems researcher. Did sources of funding and future career prospects compromise my integrity?

Contamination and Control

I was once consulted by a colleague who worked in a medical laboratory. He knew I had an interest in researching organisational dynamics and wanted to know how to go about documenting his experience. He had observed a number of practices that raised questions about the safety of laboratory technologists and their potential exposure to infectious agents. He told me he had tried, in various ways and within the appropriate organisational structures, to question and to bring attention to these practices, but that he had encountered resistance to change. He knew the resistance was not due to a lack of knowledge about safety standards and appropriate operating procedures. In his opinion, it reflected a much more serious problem that was in some way related to the organisation's values, institutional culture, and the way in which decisions are made in medical settings. He did not know it, but he was actually asking me how to conduct an auto-ethnography about laboratory safety in the public health system.

I did not know how to respond to him. I could easily tell him about the methodology, but I did not know how to advise him to overcome the problem of obtaining permission to document his experiences and to publish his findings. There was a clear public health interest in examining this issue. However, the information that he had gathered implicated his work colleagues. Feelings and professional reputations would be more than bruised if he wrote about the things that he had described to me. It would impact on his relationship with his colleagues and employer, and some disclosures might even violate the terms of his employment contract. Not writing about his experiences would leave his working relationships intact, but would leave the unsafe practices unchecked and would compromise the health of laboratory technologists. The problem was that permission to conduct the research would require the formal approval of his line manager, and his application would be subject to a process of departmental ethics review. Thus, the very same department that had resisted confronting the issue of laboratory safety had the power to approve (and reject) the research. Had the departmental ethics review committee denied permission to conduct the research, would it have been in order for him to publish his experience of having permission denied? Is it ethical to stay within the bounds of an institution's ethical procedures even when one is forced to remain silent, or is one obliged to ignore institutional procedures to make one's observations public?

Conclusion

There are no simple solutions to the ethical dilemmas inherent in ethnographic research, and ethical review processes in universities do not always facilitate resolutions to these ethical issues. There is an established literature describing how discontented ethnographers have become with the review of their research proposals by institutional ethics committees (Bosk & De Vries, 2004). In part, the problem is that ethical review processes often focus on procedural ethics and mandated procedures to address informed consent, confidentiality, the right to privacy, and the protection of human subjects from harm (Guillemin & Gillam, 2004). Unfortunately, it is often the case that ethnographic research occasions ethical dilemmas that cannot be solved easily with checklists and consent forms. Instead, these dilemmas test the extent to which a researcher acknowledges and values mutual respect, dignity, and connectedness (Brooks, 2006; Lincoln, 1995).

As ethnographers, the ethical issues we face are likely to be situational ethics; the context-specific, unpredictable, and subtle ethical decisions have to be confronted in the field and on the run (Goodwin, Pope, Mort, & Smith, 2003; Guillemin & Gillam, 2004). The stories described in this chapter illustrate how situational ethics require ethnographers to balance a range of competing ethical imperatives, such as their responsibility to individual research participants balanced against the collective public good and social justice. Beyond procedural and situational ethics, ethnographers also have to confront relational ethics which demand that researchers acknowledge their interpersonal duty to others and take responsibility for their actions and for the consequences of their research. Slattery and Rapp (2003) describe relational ethics as a reflexive process of conducting research in such a way that one remains 'true to one's character and responsible for one's actions and their consequences on others' (p. 55). Relational ethics focuses on the role of relational context and on the experience of relationships in influencing moral choices (Bergum, 2004). Relational ethics has much in common with the ethics of care (Gilligan, 1982; Noddings, 1988) and is well aligned with principles of respect (Bergum & Dossetor, 2005) and with advocacy work (MacDonald, 2007).

As the examples sketched in this chapter illustrate, in organisational ethnographic research boundaries become blurred and roles shift as we submerge ourselves in the daily life of institutions, as we develop relationships with the individuals who people these institutions, and as we allow ourselves to become part of the cultures and systems we investigate. These endeavours force us to navigate ethical dilemmas that are not adequately addressed in ethics conventions premised on the emotionally detached application of universal and contextual ethics principles (Gadow, 1999). Vague and generic prescriptions such as 'do no harm' and 'obtain informed consent' do not always help to guide the decisions we confront in the field, or the decisions we make when documenting our findings. Fortunately, as Ellis (2007) has noted, the increasing documentation of researchers' experience in ethnographic work can help us identify those ethically important moments and guide us through ethical decision-making processes (Adams, 2006; Carter, 2002; Etherington, 2005; Kiesinger, 2002; Marzano, 2007; Perry, 2001; Rambo, 2007). It is important that, as ethnographers working in critical social and health research, we continue to write in an authentic, open, and non-defensive way about the ethical challenges we confront and the decisions we make to resolve them. Being reflective about our practices and inviting others to witness and comment on our decisions is an important ethical safeguard integral to a relational ethics.

Acknowledgements Financial support for this work was in part provided by a Career Development Award from the South African Medical Research Council, awarded to Jason Bantjes.

Notes

1. This research was conducted for a doctoral study in the Department of Psychology at UNISA. The relevant ethical permissions were obtained in accordance with the ethical procedures of the Department of Psychology in 2009.
2. This research was conducted at a private school so I did not need to obtain permission from the provincial Department of Education—which would have complicated matters even further.
3. Ethics approval to conduct this study was obtained in 2013 from the Health Sciences Research Ethics Committee at the University of Stellenbosch (HREC reference: N13/05/074) and the University of Cape Town (HREC reference: 645/2013). Institutional permission for the study was obtained via the Department of Health.

References

Adams, T. (2006). Seeking father: Relationally reframing a troubled love story. *Qualitative Inquiry, 12*(4), 704–723. https://doi.org/10.1177/1077800406288607

Bantjes, J., Nel, A., Louw, K. A., Frenkel, L., Benjamin, E., & Lewis, I. (2016). 'This place is making me more depressed': The organisation of care for suicide attempters in a South African hospital. *Journal of Health Psychology*. https://doi.org/10.1177/1359105316628744

Bantjes, J., & Nieuwoudt, J. (2011). A group-analytic formulation of an incident of disruptive behaviour in a school. *Psycho-analytic Psychotherapy in South Africa, 19*(2), 30–65.

Bantjes, J., & Nieuwoudt, J. (2014). Masculinity and mayhem: The performance of gender in a South African boys' school. *Men and Masculinities, 17*(4), 376–395. https://doi.org/10.1177/1097184X14539964

Bergum, V. (2004). Relational ethics for nursing. In J. Storch, P. Rodney, & R. Starzomski (Eds.), *Toward a moral horizon: Nursing ethics for leadership and practice* (pp. 485–503). Toronto: Pearson Education Canada.

Bergum, V., & Dossetor, J. B. (2005). *Relational ethics: The full meaning of respect*. Hagerstown, MD: University Publishing Group.

Bosk, C. L., & De Vries, R. G. (2004). Bureaucracies of mass deception: Institutional review boards and the ethics of ethnographic research. *The Annals of the American Academy of Political and Social Science, 595*(1), 249–263. https://doi.org/10.1177/0002716204266913

Brooks, M. (2006). Man-to-man: A body talk between male friends. *Qualitative Inquiry, 12*(1), 185–207. https://doi.org/10.1177/1077800405282796

Carspecken, P. (1996). *Critical ethnography in educational research: A theoretical and practical guide*. New York: Routledge.

Carter, S. (2002). How much subjectivity is needed to understand our lives objectively? *Qualitative Health Research, 12*(9), 1184–1201. https://doi.org/10.1177/1049732302238244

Chari, S., & Donner, H. (2010). Ethnographies of activism: A critical introduction. *Cultural Dynamics, 22*(2), 75–85. https://doi.org/10.1177/0921374010380887

Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry, 13*(1), 3–29. https://doi.org/10.1177/1077800406294947

Etherington, K. (2005). Writing trauma stories for research. *Lapidus Quarterly, 1*(2), 25–31.

Gadow, S. (1999). Relational narrative: The postmodern turn in nursing ethics. *Scholarly Inquiry for Nursing Practice: An International Journal, 13*(1), 57–70.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.

Goodwin, D., Pope, C., Mort, M., & Smith, A. (2003). Ethics and ethnography: An experiential account. *Qualitative Health Research, 13*(4), 567–577. https://doi.org/10.1177/1049732302250723

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and ethically important moments in research. *Qualitative Inquiry, 10*(2), 261–280. https://doi.org/10.1177/1077800403262360

Kiesinger, C. (2002). My father's shoes: The therapeutic value of narrative reframing. In A. P. Bochner & C. Ellis (Eds.), *Ethnographically speaking: Autoethnography, literature, and aesthetics* (pp. 95–114). New York: Altamira Press.

Lincoln, Y. (1995). Emerging criteria for quality in qualitative and interpretive research. *Qualitative Inquiry, 1*(*3*), 275–289. https://doi.org/10.1177/107780049500100301

MacDonald, H. (2007). Relational ethics and advocacy in nursing: Literature review. *Journal of Advanced Nursing, 57*(2), 119–126. https://doi.org/10.1111/j.1365-2648.2006.04063

Madison, D. S. (2005). *Critical ethnography: Methods, ethics, performance*. New York: Sage.

Marzano, M. (2007). Informed consent, deception, and research freedom in qualitative research. *Qualitative Inquiry, 13*(3), 417–436. https://doi.org/10.1177/1077800406297665

Mayosi, B. M., Lawn, J. E., van Niekerk, A., Bradshaw, D., Abdool Karim, S. S., & Coovadia, H. M. (2012). Health in South Africa: Changes and challenges since 2009. *The Lancet, 380*(9858), 2029–2043. https://doi.org/10.1016/S0140-6736(12)61814-5

Morgan, G. (1986). *Images of organization*. London: Sage.

Noddings, N. (1988). An ethic of caring and its implications for instructional arrangements. *American Journal of Education, 96*(3), 215–230. https://doi.org/10.1086/443894

Perry, J. (2001). *Sibling relationships and care of parents: Deconstructing memoirs and personal narratives*. PhD dissertation, University of South Florida, Tampa.

Rambo, C. (2007). Handing IRB an unloaded gun. *Qualitative Inquiry, 13*(3), 353–367. https://doi.org/10.1177/1077800406297652

Reeves, S., Peller, J., Goldman, J., & Kitto, S. (2013). Ethnography in qualitative educational research: AMEE Guide No. 80. *Medical Teacher, 35*(8), e1365–e1379. https://doi.org/10.3109/0142159X.2013.804977

Robinson, W. (2003). *Betrayal: The crisis in the Catholic Church*. London: Little Brown.

Rosen, M. (1991). Coming to terms with the field: Understanding and doing organizational ethnography. *Journal of Management Studies, 28*(1), 1–24. https://doi.org/10.1111/j.1467-6486.1991.tb00268.x

Savage, J. (2000). Ethnography and health care. *British Medical Journal, 321*(7273), 1400–1402.

Slattery, P., & Rapp, D. (2003). *Ethics and the foundations of education: Teaching convictions in a postmodern world*. Boston: Allyn & Bacon.

Yanow, D., Ybema, S., & van Hutst, M. (2012). Practising organizational ethnography. In G. Syman & C. Cassell (Eds.), *Qualitative organizational research: Core methods and current challenges* (pp. 331–350). London: Sage.