



**QUEEN'S
UNIVERSITY
BELFAST**

Institutional ethnography: a sociology of discovery—in conversation with Dorothy Smith

Kearney, G. P., Corman, M. K., Gormley, G. J., Hart, N. D., Johnston, J. L., & Smith, D. E. (2018). Institutional ethnography: a sociology of discovery—in conversation with Dorothy Smith. *Social Theory & Health*, 16(3), 292–306. <https://doi.org/10.1057/s41285-018-0077-2>

Published in:
Social Theory & Health

Document Version:
Peer reviewed version

Queen's University Belfast - Research Portal:
[Link to publication record in Queen's University Belfast Research Portal](#)

Publisher rights

© 2018 Macmillan Publishers Ltd., part of Springer Nature. This work is made available online in accordance with the publisher's policies. Please refer to any applicable terms of use of the publisher.

General rights

Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Open Access

This research has been made openly available by Queen's academics and its Open Research team. We would love to hear how access to this research benefits you. – Share your feedback with us: <http://go.qub.ac.uk/oa-feedback>

Institutional Ethnography: a Sociology of Discovery -

In conversation with Dorothy Smith

INTRODUCTION

Those located at the intersection of sociology and research in healthcare may be familiar with the very distinctive teachings of Dr Dorothy Smith (see 1987, 1990a, 1990b, 1999, 2005, 2006, 2014). The intellectual explorations throughout her career culminated in an approach to inquiry, known as Institutional Ethnography (IE) in the 1980s, which she continues to refine through dialogue with scholars from many disciplines. Her personal experiences inflamed her to critique what she considered the deficiencies of the “mainstream” sociology she had been taught and that she was then teaching and, more broadly, positivist ways of knowing. She considers these ways to “clamp[s] a conceptual framework over any project of inquiry; such a framework determines how the actual will be attended to, dominating and constraining selection and interpretation” (Smith, 2005, p. 50). Smith turned to her reading of Marx’s materialism, Garfinkel’s ethnomethodology, Mead and Bakhtin’s insights on language, to name a few, and in combination with “consciousness raising” learned through her active involvement in the feminist movement of the 1970s, she offered her alternative sociology *for not of* people, aimed at knowledge discovery.

As medical doctors (GK, JJ, NH and GG) educated very much in the positivist paradigm, we are perhaps not the obvious research group to advocate for Institutional Ethnography. However, Dr Michael Corman (MC) whose recent book looks at the work of paramedics using IE (Corman, 2017), introduced us to this approach to inquiry during his time working at Queen’s University Belfast and his enthusiasm was infectious. We understand that this *alternative* sociology may have necessitated some adjustment and pondering for scholars who have spent years studying and considering conventional sociology and a more traditional positivist paradigm; however interestingly, for us as clinicians and educational researchers, the ontological shift proffered by Smith’s IE does not seem so “alternative.” On the contrary, it has an almost instinctive feel; just as we aim to keep patients at the centre of the care we provide, it seems intuitive to keep the subject as the *subject* (as opposed to the object) of any inquiry. IE prioritises the experience of the individual and then moves to explore just how those experiences are put together by social relations of coordination and control, an important theme in healthcare broadly and health professions education specifically.

After our interest in IE was sparked with the numerous opportunities it presented, we were keen to introduce this approach to inquiry into our evolving research world of health professional education in the hope that it will be embraced and taken up as it has in healthcare research. So, when Grainne Kearney was fortunate enough to meet Dr Dorothy Smith at the in-depth workshop that she gives annually with Dr Susan Turner at the University of Toronto, she agreed to discuss her unique teachings and her thoughts about potential applications in health care and health profession education with us.

The conversation below focuses not only on the people involved, but also on how they are situated in their everyday worlds. It took place over three time zones – Belfast (United Kingdom), Prince Edward Island and Victoria (Canada) – and represents true interdisciplinary collaboration; from the

learned to the learners. The unusual sight of four Belfast based doctors huddled around a webcam and screen on a dark Autumn evening would have signalled that something quite unique was about to happen. We celebrate this rare opportunity to hear the essence and ongoing maturation of this unparalleled approach to inquiry from its inimitable architect (allowing for the occasional interruption of both her and Mike's dogs.) The transcript was edited down slightly for clarity and readability; however, the aim was to keep Dorothy's words as authentic as possible. During the early introductions, Dorothy apologised for the fact that she had a lingering cough and that we may at times have to repeat ourselves due to her hearing (she of course turned 92 this year) but she quickly (and correctly) asserted that she wouldn't need to make any apologies for her viewpoint.

THE CONVERSATION

GK Thank you very much for agreeing to do this. We are very excited about the prospect.

DS Yeah hi.

MC It's been a long time Dorothy ... trying to think of the last time I saw you.

DS It seems like quite a long time.

GK I'll give you a brief summary of our world of health professions education. In Queen's University Belfast, we are interested in educating student doctors. Medical education is currently a bit of a mishmash, not quite a separate discipline, with a lot of different fields involved in it, including social sciences, sociology and psychology ... it's a growing area. We are sort of beginning to move beyond the positivist paradigm and increasingly use qualitative methods so hopefully this is a good time to have this conversation and ask your opinion on all this, as the person with the vision of this approach.

So, firstly Dorothy can I ask about the origins of Institutional Ethnography?

DS It's a little complicated. It goes back I remember... A couple of years after I arrived in Canada, when I was teaching at UBC¹, a student came to me and said, "*Can't you sociologists tell us why it is that the whole process of selecting courses and being selected for courses is such a mess?*" Well of course, this is before there was any computerisation of these processes. And I realised that I didn't have any idea how to do that. And I remember during my days in the London School of Economics that I had read *Marx*. And I had read in *Marx* somewhere that he said they wanted a new social science that would not start with concepts or imagination, but that would start with actual people, their work and the conditions of their lives. So, I went back and I read *Marx*, the *German Ideology*. It was not published during their lifetime so it's a very messy document and it's about 700 pages, not simple or fascinating all the time. Nonetheless it *was* fascinating and out of this I got this firm idea ... although I could have a critique of sociology, in taking the notion of ideological practices that *Marx* develops in the *German Ideology*, I could make a critique of sociology but I could not provide an alternative. It took the women's movement essentially to make the next step. It was work that I was doing at the time when the women's movement of the 1970s was developing, in Vancouver and all over BC². I was doing work with some other sociologists to support the work that women activists were doing. One of the things that we ran into was this problem that the sociology we knew how to do, didn't really work very well 'cause what tended to happen is that we ended up studying them and making them the object of study. And studying social movements (or something like this) rather than developing a kind of understanding of what the kind of organisation, institutional organisation that were confronting in efforts to make change. And so, we began to shift the ways in which we undertook to look. We began to start looking from and this of course was something very much in the women's movement since we didn't have in those days a political language even, we started with our own experience, with people's experience, what was actually going on and then how to discover these relations that enter into the organisation, where changes might come from and how they might make them. And to begin to explore from where people were/are, to discover, the actual ways in which things are getting put together.

And of course, a major step then was, I had already been doing work that addressed the ways texts and documents operated, in what I called in those days "documentary reality" and so introducing the understanding of text as the key coordinating medium of what we called the ruling relations in

¹The University of British Columbia

²British Columbia

institutions or large-scale organisations, whichever. That the text is a material object that can be reproduced in multiple different situations and can be therefore entered into a generalised and standardising organisation of what people do. That was key to making it possible to see an ethnographic move into the areas of the objectified large scale institutional relations etc. etc. that are so characteristics of our society. It was then a gradual process because I didn't really know what to do but I saw that it had to be done. But there had been a long process of discovery and through that process, of course, I worked with first of all graduate students and then they went on doing their own work, taking it up themselves and making whatever of it. Like Mike sitting there grinning ...

GK How do you feel that Institutional Ethnography differs from other qualitative approaches, (accepting that it is not a qualitative approach exactly but more an alternative sociology)?

DS Well I think that ... one difference that I've already pointed out ... most of the time in standard sociology (though you have to say that my understanding of standard is currently not all that great because I don't read a lot about it to be frank, so I feel a little restricted in my understanding) that people become, even if the work doesn't necessary start out this way, it may start working with people's experiences but in the course of the kind of transformations that are incorporated into most qualitative methods, there is a process of transforming them into the objects of study rather than remaining as subjects. So that's kind of one aspect that is different in Institutional Ethnography, that you in some sense preserve that presence of people as subjects; their experiences are a very important resource, in terms of how you develop your ethnography.

Now another difference, I was re-reading something of *Bourdieu*, on his notion of *Habitus* and one of the notes of *Habitus* which is very striking is it resolves, kind of you know, what sociology often calls social structural or social organisation into properties of the individual and I think in general that's the difficulty. It's the difficulty actually again with most qualitative methods in [that,] that's what they do, they resolve things back into properties of individuals. This is not the case with ethnography of course, but in most of the qualitative methods, particularly when they have been built into some of the computer driven analytic software; build in that organisation which reduces whatever has been learned from the individuals into categories that can be treated as properties of the individuals. That's something that you don't do in Institutional Ethnography, you start out with real people, as individuals; what you are doing is learning from them about what they know, not taking them as data.

MC What about IE's focus on language Dorothy, do you mind speaking a little bit about that ... I mean I think IE provides a relatively unique lens to look at language and how language carries social organisation.

DS Yes well, I sort of ran into this problem I suppose one time, where making use of the concept of social organisation is a little bit at odds with starting out with actual people. You are starting with an ongoing situation, an ongoing historical process if you like, so how can you sort of . . . build out of that something that you call social organisation which seems to have this character of being independent of that ongoing process. So, one thing that I put some time into was beginning to take a look at words and this is a bit of an odd thing to do. I had put a great deal of time in because I knew that there was language which was really important in the organisation, in what you might call social organisation. But I didn't have a good way of understanding it. I read a great deal of discourse analysis. I read some linguistics though I never really of course became technically adept in that area, and social linguistics, semiotics ... I put a long time into and never found anything that was working for me so at some point, fairly recently, about 3 years ago, I decided that I was just going to say "how

do we make what people say or indeed write, how do we make it ethnographically available and how does it relate to social organisation?" And I had been reading about a soviet neuropsychologist called Alexander Luria whose work unfortunately is not as well-known as it should be ... He was connected with ... may have been a student of Vygotsky's but he took it in a somewhat different direction. He became very interested in, if you like, the social dimensions of language and he made an observation (this was incidental to I think some experimental work that he was doing) that a child who was given a word for a particular physical object shifted how he perceived it to attend to those aspects of it that are made recognisable, if you like, under that word. And so, he put forward this view of words naming objects as kind of organising, he called them "verbal standardising systems." So, beginning to see that in the way in which words may standardise how we view things and how we take them up, not just in relation to physical objects. If you apply this to the institutional relations, you can begin to see that there are little peculiarities about institutional language or the kind of language we use in sociology or in discourses that are taken on, that have this character independent of particular speakers. And it's a matter then of seeing that you can investigate social organisation as it is brought into being and in a sense, being organised in how people talk.

Now, this is not to say that that's the only aspect of how you find social organisation, but it's a very useful one; very helpful and I like that. I don't know whether that responds to you Mike, it's a beginning of a response. I'm wrestling with the problem of social organisation because it also enters into the process of when you are moving from what you've learned from particular individuals to in some sense to assembling it, as you've done with your work on the paramedics, where you are putting together a move towards a social organisation as a way of making visible aspects of how things work, how people are organising things together. That's actually somewhat different from ... at the moment I am in a bit of a muddle about that 'cause this is about language on the one hand and then I've got the other business about what you do with your data.

GK How would you explain the ontological and epistemological shift required to a research community such as ours (health professions education,) traditionally more positivist but trying to embrace the ontological, epistemological shift?

DS One of the things I've had a bit of fun with is, it was in a course I was doing and I just decided to try to clarify something by telling the students that Institutional Ethnography is in some ways comparable to, if you imagine Jane Goodall in Tanzania making observations of chimpanzees ... and learning a great deal about how they put their world together, with each other and to some extent being able to communicate with them. If you imagine this world of chimpanzees, that on top of it you also have this totally strange world which is put together which doesn't in some sense exist, which is all on paper or electronic and organises their daily lives and so on. This is, it is I hesitate to call it a science, but it is scientific; it does have that same kind of grounding that ethology does. It has a grounding in being able to learn about how people actually go about putting things together. I don't like to get into this business of whether it is a science or not.

GK What does IE have to offer in health profession education that perhaps other approaches don't do or can't do?

DS One of the things you learn in Institutional Ethnography is a sense of how to observe how people are putting things together actually and most of the time that's not something we know ... For example, a former student of mine who took a job in the Ministry of Health said that one of the things that she found remarkable about having learned IE was that she actually knew a great deal more and could find out how people were actually putting things together because she could see

things and look for things and recognise things. I wonder Mike, what's your experience in your new job in government? Do you find that IE makes a difference to how and what you know to look for?

MC I come at this question from a couple of different angles, one as a teacher who worked in a nursing school, one as somebody who has lectured to a lot of people who were biomedically trained but then now as somebody who is developing policy. In order for me to make a policy I have to understand how the system is working, how it is organised, how are things organised to happen as they do, so they can be reorganised differently or that I can at least develop a policy that reflects what's going on in practice. And so, I can tell you from my own experience in policy right now, I can't look at any issue without a strong focus on what's going on and what's been organised to happen in certain ways. A lot of the things that I keep telling my colleagues, is that one of the great things about this perspective IE, is that it really draws attentions to context. We know that evidence without context isn't very good evidence and I think going back to my work with nurses, when I taught sociology from an IE lens, we can learn about biomedicine, we can learn about *standardised patient care*. But you hear things like "*there's no such thing as a standard patient*" and we hear things about *patient-centred care, integration, continuity* but these in my mind these are all "blobs" which don't really mean anything in themselves but with the IE lens it asks us to fill these concepts up, to see how they actually look in practice and how they are organised to happen as they do. And so from this framework, I use to try and challenge doctors and nurses and to complement, not to challenge biomedical because I say to my students for example if I am ever in hospital treat me with your evidence based medicine but on the other hand we want to understand what's going on in that patients not only experience but how they got there in the first place because we know, that if we want to make real meaningful change, change that going to happen outside of hospital where we will get the biggest bang for our buck, where we get the best policies and practices, those more what we call upstream endeavours. So, it's a really important lens, it's a hard lens because Dorothy you said it really apt in that we don't really know what's going on.

DS One of the things that I have thought that I would really like to see develop, ... is developing courses or workshops that would be available to professionals to give them a kind of a quick training in how to begin to see and what to look for... A women called Ellen Pence did some very fine work on the legal processes of domestic abuse in Minnesota, such brilliant work, and one of the things that she had as a rule in doing her research (which went beyond research because she went working with for example with the police when they were making changes in how they develop their domestic abuse calls and reports)... she had this rule – no blame, no blame.

MC I would be very interested in that work Dorothy because there is a desire for change but ... [it is hard to make change when individuals] are still working from the same foundation that they are used to working with and to me it's about understanding what's going on so that we can refashion things so that they can benefit those that they are intended to benefit. Right now, most policies (or at least how they play out in practice) are geared towards the system, we talk about the patient, but it's not really happening that way.

DS Yes, I would really like to see an Institutional Ethnography that in some sense go back to its roots like what I was describing in the context of the 1970s women's movement in BC because we did that kind of work. Some recent presentations that I saw were actually quite a good representation of Institutional Ethnographic presentation but I found them a little but disappointing because ... they were like sort mini case studies and they were not making the connections with the possibilities of making change and dealing, opening up problems so they could ... at least think about the possibilities of change even though making it is not necessarily a straightforward matter. So, one of the things that I am concerned about is that I suspect that things like funding and the requirements of doing theses, tends to detach the kind of connections with activism that were part

of Institutional Ethnography's origins, so it becomes something that is sort of ethnographic within a discipline but not related to the possibilities of making change. I don't know how, you know, because of the ways universities operate but it may be in the area that you're concerned with that, there are real possibilities of an Institutional Ethnographic work that could work for beginning to see where and how changes might be made.

GG I just want to react to that Dorothy, medicine and healthcare often has a top down approach; guideline and policy driven - in a very much *imagined* way that we work but that's not the way work is actually *done*. Often the reaction to bring about change, is to provide another set of guidelines; however, we are often inundated with guidelines. Whilst they bring beneficial change - there is a real risk many of them may not actually be used.

DS If you can begin to see that they just aren't practical, how you are going to fix them is sometimes not all that easy.

MC Gerry, that's why I think IE is well poised to really enter into medical education because of how organised it is or perhaps how disorganised it is and yet there hasn't really been that critical look into "*how are things working in medical education from a variety of different standpoints.*" And I'm thinking particularly of the student's standpoint, that I think is often times missed or its kind of taken up to the 14th floor, sort of made into this reified experience. I think Grainne's research as well is geared towards how competence is written up as such and of course that is a very big abstraction from what competence looks like in practice.

DS The health field is one which really has potentiality to make use of what Institutional Ethnography has in its capacity and develop it. One of the things that has been very exciting in being in my situation ... partly its exciting because every time you think you have developed a whole kind of a world of theoretical ... etc. etc. you realise that what you uncovered is in fact a whole lot of new problems that you have to solve, and that's very exciting and I love that. But of course, one of the things that has also been very exciting, is the work that has been done by different Institutional Ethnographers that is very inventive and innovative and you know, Mike's work, Susan Turner's mapping work; there is just some extraordinarily fine work and I do think the healthcare field has a great deal of potential.

When I talk to my daughter in law in Toronto, who teaches in an elementary school, and we talk about the generous conception of work (although I haven't told her that that's what I'm doing) these aspects of what she does that she wouldn't otherwise have been fully conscious of. And it's just extremely fascinating to me. I just think that education is another area that could benefit a great deal from Institutional Ethnographic exploration.

GG Dorothy, in healthcare we have a great predilection towards checklists and tick boxes. For example, when a patient is due to have surgery there are many checklists that need to be completed before, during and after the process. Such checklists have driven quality and patient safety -but despite these checklists – error and adverse events still occur. I recently became aware of an example where despite 'completing' the checklist - an adverse event still occurred; the individuals just went into a ritualistic / automatic mode of saying "yes, yes, check, check..." but there was a problem sitting in front of them and still they don't realise. This top down checklist approach doesn't always translate to work done and carried out.

DS One of the areas that I do think is fascinating to me is the development of these textual realities where there's this work that goes on like filling in a form or checking boxes off where essentially, they are translating the real world into that ... There's a guy called Bob Jessop, who has developed what he calls *imaginaries*, I mean this is a word that has a lot of uses but he's talking about the economy, how it operates and how it is represented by economists. I think yes, this is

something that is going on in the development of systems of management in the healthcare system for example, the development of imaginaries that represent the real world but actually {are] disconnect[ed].

GG Healthcare has many of these.

DS Some of Ellen Pence's work is good in that respect. I know she was doing some work on looking at trauma at the time scheduling of an institutional course of action and people's real lives. For example, one of the instances that she describes was a course of action where something that is identified as a domestic abuse [happens]; police come, they might write a report, charges go to the city attorney, the city attorney decides that charges can be brought, charges are brought and there's this whole kind of sequencing process and eventually then someone ends up on their home doorstep and a charge is being formally made to the person. That kind of notion of the sequential institutional organisation and how it might be completely out of whack with how people are actually living their lives, those kinds of things, have quite a lot of potential for exploration.

MC One of the things that I remember Dorothy from when I took my first or second class from you, was your discussion of virtual realities or text mediated realities and I think this is a really good example. I mean texts are not all polemic, they are not negative, but I think when we know in text mediated ways, when that's how we are judged, then that's how the system recognises what counts as work, they can have dangers. And the paramedics [I spoke to] talked about this as "cook book medics" or "protocol medics" and this is really interesting because we know that protocols have benefits, but how we use protocols are neither simple or straightforward and the work involved in accomplishing that work is very multifaceted and contextual. And I'm thinking about how we teach our students; do we teach this linear way of looking at protocols? Do you teach them how to bend them, how to flex them, how to make them their own to meet the context that they are being activated within? I think this sort of scope for us to think about how we educate students whether they are doctors, nurses or paramedics, you know, context matters but what we are judged upon is not context but as an objectified form of knowing that is decontextual.

DS And I think that one of the things about these kinds of new forms of managers and management and the sort of technologies associated with them, is that they may make it actually harder for people to be responsive to the kind of aspects of what's going on with people that doesn't fit the frame that they are required to. I think this is a big problem.

MC I think analytically, my own work is really critical of viewing technologies as deterministic or "*this technology will lead to better patient care*". I'm really analytically interested in how technologies work out or texts play out in practice.

DS That's one of the things that I have a problem with. There are all these words like 'impact' and 'influence' that actually have a causal logic built into them. You don't use causal logic in Institutional Ethnography, you are hooking the notion of organisation or organising, never impact, never influence, never incorporate casual logic into accounts or how things work.

GK Just to pick up on a point that you made there Mike about whether you can be flexible with the guidelines, and certainly in our world of medical education what that comes up against is a big discourse of accountability, I'm interested to see what you might think about this "*under the new public management*" idea again, which is a massive part of our lives at the moment.

DS I may not respond to exactly what you asked but ... one of the things that I used to think, partly because of my own experience, because of moments in my life, is the distinctive work of nurses. Way back this work was in a sense to deal with the unique particularities of individual patients and say coordinate with the most tricky kind of medical approaches that the physician

would be using, you know what is going on with the patient. I read some of the kind of current work on nursing, particularly the first very striking piece of the work that Janet Rankin and Marie Campbell carried out on "*Managing to Nurse*" (Rankin and Campbell, 2006) which was a wonderful beginning, an opening up of an area research. But that kind of being able to be responsive to the actual context of something is clearly increasingly disappearing and disappearing primarily with these new forms of technological management.

MC That's one of (the) things, Dorothy, that I struggle with as well. I go to meetings all the time [in my current work with government] and I struggle with this notion of what counts in healthcare in Canada, which are those indicators, those very quantitative ways of knowing. But what I keep hearing on the ground is that [the indicators] don't really tell us much; they tell us from an aggregate level, but how do you get at what's going on, on the ground? I think that's the big disjuncture here is that knowing in text mediated ways tells us [a] piece of the puzzle. There's much more going on that is not being counted.

DS Yeah this is one of the reasons why your work on paramedics was very well done but also very useful because you chose to do your fieldwork on professionals working in direct situations which are not controllable, which are particularised, which are never exactly the same. And that is one of the features that if you are really dealing with people as public services organisations in Canada do, then the reality is the individual can never be sort of adequately subsumed with the system of say coding or whatever it may be. They disappear. That disappearance I think is a quite serious problem, in terms of the kind of work organisation that people who have to actually relate and work with their clients or patients or whoever or students. One of the things that I learned, I have supervised to completion something like 44 doctoral dissertations, is how interesting it is that people think differently and the different kinds of ways in which they begin to see things and take up things. Then of course my work was to encourage them to bring that wonderful individuality, if you like, into a kind of context where it can be something that becomes in some sense available to people in their discourses, so that your work fits into a frame that makes it understandable to other people, and that kind of individuation I think is something that was missing altogether. I mean I see in my own kids, you know, two sons who are so different from one another and that is I think the way people are, even two brothers.

MC Dorothy, with regards to that comment you made, one of the things that gets me so excited about this conversation is we know for example burnout is very high, if I can use that term burnout – stress for students, stress for doctors, stress for healthcare workers and I think the analytical lens that IE offers allows us to look at these issues in a much more critical way that's grounded in people's everyday experience rather than beginning from the top down.

DS You can begin to then understand how their experience is actually being put together.

MC It gives us a lens to look at things in different ways.

DS This is one of the things that is a bit trying about my age because I can't sort of think of undertaking research, and I have always loved doing research, and I would love to work in this area but I don't have the energy I'm afraid. [laughing]

GG You look like you've got lots of energy tonight

DS These are very energising situations for me. So, I am appreciative, thank you.

GK This last question is something that alluded to a little bit, yourself and Susan at the workshop

What is your opinion about how strictly a researcher must stick to the specifics of the mode of inquiry of Institutional Ethnography? We've seen people "using concepts of Institutional Ethnography" in research.

DS Well I think that there are concepts that you may find useful but you mustn't use them to impose interpretation. This is one of the things that Alison Griffith and I are kind of writing about in what we call a simple book about Institutional Ethnography. We sort of envisage ourselves, two old ladies, reflecting on what we've learned in that period and what we have to pass on. It's probably going to be a mess, neither of us might survive to finish it. If we don't survive to finish it then we won't be too worried about it! But one of the things that we have is a section where we talk about some of the concepts of it that turned out to be really useful when you are interviewing or when you are doing your research (maybe observing.) The generous conception of work is a very useful one.

Also, texts/material objects which carry messages, are essential but not texts as discourse analysts analyse them. This is not a criticism of discourse analysis, it's just that it does something very different and because it isolates the text from how they actually enter in peoples' courses of action. So, when you are looking at texts as an Institutional Ethnographer, ethnographically you are always looking as they enter into and how they coordinate courses of action and so on. Those concepts and the concepts of discourse were also a useful one.

But none of these are supposed to limit or restrict or more importantly, you don't impose them on interpretations. They're just useful when you enter into ... I think of your ethnographic research as a kind of dialogue ... where you are entering into a kind of process of learning from people not about themselves but about their work, how texts coordinate and so on. And you will be asking the question but you are also listening, listening, listening and that kind of process is one that is a very different sort of procedure from using concepts that you find mostly in sociology ... I've been reading something to get some idea of what sociology looks like ... there is a writer called Michael Billig who has written a book which I have found extraordinarily helpful. It's called "Learn to write badly: how to succeed in the social sciences." (Billig, 2013.) He says that there is a problem in the social sciences of the translation of what people do, their agency or them as agents into nouns that then become in the text the agents that get things done, move things around etc. etc. If [you] begin to look at sociological texts in that way, you find that all kinds are going on where there is absolutely no reference to anyone doing anything.

GG Mike, from someone who has carried out research in the healthcare arena, Grainne's question - ... any comments from your own experiences in our field.

MC My book is very much IE through and through and that's how I think. Once you go IE there's no going back [laughter]. It's true! But in my position, trying to build a research role ... part of the reason that excited me about taking this job [in government] was that I could link up/ converge academia with government. I wanted to run this by Dorothy, there are talks that come across my desk every day and some I kind of latch onto that are very interesting for me and I read the proposal, of course something that I would have done as an academic, but then I think about a way that it could be more useful for me as a policy maker and also get at the socially organised setting in which that topic is being undertaken within. To give you an example we are really keen on trying to [better understand] the top 5% of healthcare "users" who sometimes take up roughly 75% of healthcare services/resources and so I have incorporated this generous notion of work, Liza McCoy's, Eric Mykhalovskiy's and Naomi Nichols thoughts about health work and I designed this entire study around the concept of health work that's informed by the ontological frame of IE but I'm calling it a mini IE 'cause it's going to be done quickly. It's not going to be going up to the "14th floor," it's going to be extremely informative I think, because it's going to bring us to the worlds of these "users" who are (viewed by some) as taking up a disproportionate share of healthcare "resources," which to me is

quite problematic and that's something that we are challenging as well. I was just going to run that topics by you as someone who is now ... I'm an academic but I'm also in government and I want to incorporate IE in a way that's practical ... my research took more than 5 years to do, we don't have that time. So, what are your thoughts on that Dorothy?

DS Well I think one of the things that you can do is do a study like that, but in fact, what you also find yourself doing is actually opening up areas for potential study, this is one of the things that I found a little discomfoting. I referred to being somewhat unhappy about recent IE presentations that I saw, partly because it seemed to me that when people were doing kind of localised studies, which is fine to do in Institutional Ethnography but you need to begin to make visible the forms of organisation that enter into part of the organisation but you're not able to explore. I use this metaphor sometimes of when, a long time ago I went with my son and daughter in law to go cross country skiing in Vermont. We stayed at a very nice little hotel, there wasn't much snow so we didn't get a lot of cross country skiing done but in the hotel lobby there was a map of the trails of the region which focused on where the hotel was. They had this magnifying glass that made the trails that were closest more visible, and in a sense if you think of an Institutional Ethnography as rather like that magnifying glass and that what you are doing is that you are actually bringing out and making visible this area but you are not cutting it off from its connections with others. So that there is this possibility, and I'd like to see it happen more often, of taking up and going from say Janet Rankin and Marie Campbell's work "Managing to Nurse" (Rankin and Campbell, 2006) and learning more about the actual managerial processes that kind of enter into the organisation. I'd like to see it ... but it's very difficult because you don't get funding.

MC Dorothy this is really fascinating ... most health services research adds on qualitative research either pre or post as a sort of validity check, it's really poorly done in my opinion. So, I took this opportunity to sell [some researchers] IE and an innovative way of looking at the health and social care work of these people and how it can really add to not only the [development of policy] but also the academic literature about these frequent users of healthcare, of which there is quite a bit written on them.

DS I think that could be very promising ... I think it's really important to do that because the people when they read their study would see that there is more to be learned (even if you can't necessarily get funding to do the research) which is great.

GG I think we'll wrap things up now. First, we are honoured and humbled that you have taken time out to speak to us, it's just been a real privilege to be here listening to you, certainly worth staying late at work. It's been wonderful.

DS I have enjoyed myself and it's been fun. Thank you very much, thanks for setting it up and thanks for the conversation.

CONCLUDING THOUGHTS

The purpose behind this conversation was to invite those interested in both healthcare and how we train the healthcare professionals of tomorrow, to consider or indeed re-consider Institutional Ethnography as an approach to future inquiry. We believe that many of the issues currently threatening the worlds of healthcare and health profession education, such as prioritising new managerialism over front-line workers or disparities between policy and practice, could benefit from this unique approach which focuses on the work that actually happens and how it is organised to happen as it does. Specifically, we believe that this approach, guided by its theoretically informed “ontological shift,” promotes the ideal of praxis, as we take it up with how “competence,” and the work of producing “competent” doctors, is socially organised (Kearney et al, 2018.)

Here, Dorothy Smith permits us to understand her personal evolution of Institutional Ethnography and provides an unscripted, yet uncomplicated, explanation of the ontological basis of this alternative sociology. She eloquently discusses the distinctive starting point and analytical intent of this approach to inquiry and emphasises the importance of keeping the subject in their everyday world. Smith encourages us to look differently at language and texts, cautioning of how they carry social organisation. Her pride in how her vision has been further developed and expanded through her ongoing collaborations is obvious; but here she reveals her ambition for other potential applications including rapid workshops for the professions. In this interview, she contemplates the particular features of Institutional Ethnography which she feels will be her legacy; such as *the generous conception of work*.

To conclude, we hope that this articulation of reflections of a lifetime’s unique scholarly work will act as an inspiration for researchers to consider this approach to inquiry, which focuses on actualities in the social world and how those actualities are socially organised; continuing to foster interdisciplinary partnerships through a sociology of discovery.

REFERENCES

- Billig, M. (2013) *Learn to write badly: how to succeed in the social sciences*. Cambridge University Press.
- Corman, M. K. (2017) *Paramedics on and off the streets: Emergency medical services in the age of technological governance*. Toronto: The University of Toronto Press.
- Griffith A.I., & Smith D.E. (2014) *Under New Public Management: Institutional Ethnographies of Changing Front-Line Work*. Toronto: The University of Toronto Press.
- Kearney, G.P., Johnston, J.L., Hart, N.D, Corman , M.K., & Gormley, G.J. (2018) Protocol : Exploring the Objective Structured Clinical Examination (OSCE) using Institutional Ethnography. *International Journal of Educational Research*. 88 pp 42-47.
- Rankin, J., & Campbell, M. (2006). *Managing to nurse: Inside Canada's health care reform*. Canada: University of Toronto Press.
- Smith, D. (1987). *The Everyday World As Problematic: A Feminist Sociology*. Boston, USA: Northeastern University Press
- Smith, D. (1990a) *Texts, facts, and femininity: exploring the relations of ruling*. London: Routledge.
- Smith, D (1990b) *The conceptual practices of power: a feminist sociology of knowledge*. Toronto: The University of Toronto Press.
- Smith, D (1999) *Writing the social: Critique, Theory and Investigations*. Toronto: The University of Toronto Press.
- Smith, D. (2005). *Institutional ethnography: A sociology for people*. Toronto: AltaMira Press.
- Smith, D. (2006). *Institutional ethnography as practice*, Maryland, USA: Rowman & Littlefield Publishers, Inc.
- Smith, D.E., and S.M. Turner. 2014. *Incorporating texts into institutional ethnography*. Toronto: University of Toronto Press.