Help from Unexpected Places: Access and Assistance from within an Organization

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Three Women and a Cleaning Study

Our section describes how we found our way into a professional medical setting to interview cleaning staff about how their interactions with others in the workplace influenced their experience of the job and feelings about the work, how they did their work, and how they crafted the tasks and relationships in the job. The study participants were a random sample of twenty-nine cleaning staff of a large university hospital. Our project team consisted of three people affiliated with the same university as the hospital: a white female business school professor of organizational behavior, a senior female Ph.D. student in organizational behavior from Ethiopia, and a senior white female Ph.D. student in psychology. We were all new to this topic, although one of us had negotiated research access in hospitals. Our common identity through the university may have eased our access.

Luck with Weak Ties

Access to the setting was indirect and was achieved through an incremental, bottom-up process. The lead author, Amy, managed the access process by building on indirect connections from working with a different faculty member who had hospital contacts with middle management. Our contact suggested that we contact a manager of supervisors in the cleaning department. It is this person (we will call her Grace) who arranged our access and helped us at every turn. Our story of maintaining research access centers on the good fortune of meeting Grace.

Grace managed supervisors in the department of hospital cleaners. Initially, we phoned Grace, explained who we were, how we had found her, and what we were hoping to achieve. She invited us to send a research proposal. We composed one, describing our research purpose, our data needs, and timetable. From that point forward, we conversed with Grace mostly over e-mail. For approximately a year and half, Grace managed our access, as we moved from focus groups to exploratory interviews, and, finally, to the core interviews. As the study evolved, we gave Grace our “wish lists” (e.g., interviewing hospital cleaners from all shifts and units). Each time, she would respond positively, suggesting many ways to ease our next step. Grace would often do complex coordination and scheduling work to make the next project phase happen.

Being in Good Graces

It is an understatement to say that our project would not have happened without Grace. Access to the hospital cleaners was difficult, and so we relied on Grace and her communication with unit supervisors. We were in a vulnerable position; without someone inside the organization willing to champion our cause, it was unlikely that people would have agreed to be interviewed.

To our surprise, Grace volunteered to take this function on as her responsibility. We were willing to stuff mailboxes, schedule interviews, and manage the entire process. Grace seemed to foresee the difficulties we would have as outsiders navigating the system. The cleaners were hard to reach at work, relying on beepers for contact. As well, staff changed with each shift, and unit assignments changed daily in response to other cleaners’ absences.

Grace volunteered to contact all interviewees, describe the study, schedule interview times, and find replacement interviewees, if necessary. As well, she helped us shape a realistic timetable, using her knowledge of how quickly information flowed in her unit and how easily interviews could be arranged. This work was not part of her job, but she treated it as if it were.

Grace’s cooperation exceeded our expectations, and while we attribute much of it to her kindness, we also worked hard to create a positive connection. From the start, we communicated what we needed and shared all relevant information with her. As well, we acknowledged the help she offered after each exchange through e-mail or a phone call. By actively attending to our relationship with Grace, we avoided many pitfalls and the potential for lost momentum.

The Mechanics: Schedules, Rooms, and Time Off

The interview portion of the study was challenging. Cleaners’ supervisors were asked to apprise interviewees of our study and let them know when, where, and for how long they were scheduled to meet with us. Because we did not have direct contact with supervisors, we relied on Grace to play the key linking role. Unfortunately, supervisors did not always relay information to interviewees, and we often had to reschedule interviews. Grace came to our rescue, putting us in touch with the cleaners’ dispatch office, where we could keep cleaners to ask whether we could conduct the interview at the appointed time. In her efforts to help, she even offered to “leave nasty notes” for the supervisors she managed, in an attempt to increase response to our project.

We conducted interviews in the cleaners’ break room or in an empty office in the dispatch suite. Grace established a contact person in the dispatch office for us; Betsy provided invaluable help with interview logistics. We often arrived at the hospital to find that an interviewee had not shown. Betsy would patiently contact the
Developing Rapport

We developed relationships on three fronts: with Grace, with the cleaners, and with Betsy and the dispatch office. Our relationship with Grace eased rapport with the cleaners and facilitated learning hospital terminology. Our first challenge was learning about the cleaning jobs. Many of the unit names and job descriptions were difficult. Sensing our confusion, Grace connected us to Camille, an especially helpful supervisor. Camille described each unit and the meaning of the cryptic job titles assigned to categories of cleaners. Armed with this knowledge, we were able to make informed decisions about sample selection. However, we soon learned that the job tasks and materials had their own mysterious names. We asked cleaners to explain the terms to us, which facilitated our asking for more informed questions. By the end of the project, we could ask questions about “encountering sharps,” “pulling trash,” and “doing a discharge.”

To develop rapport with the cleaners, we gave them full explanations of the study, tried to make them feel comfortable about being audiotaped, and made clear that they could skip questions or stop the interview at any time. This became easier as the interviews progressed, and word that the interviews were enjoyable traveled between coworkers. We tried to show our respect and appreciation for the cleaner’s knowledge and time. We saw our role as that of learners, asking cleaners to describe their work and posing thoughtful follow-up questions.

In weekly research meetings, we reflected on our interview experiences. Although we did not collect data on how race and ethnicity may have affected rapport, we did discuss the subtle and complex dynamics taking place in our interactions with the cleaners, dynamics that evolved around our racial identities. Specifically, the Ethiopian member of the research team had an experience that was repeated in several interviews with African-American cleaners. She described “a look” cleaners would give her, followed by an awkwardness in the flow of the conversation. This look often occurred when she asked for cleaners’ insights about why things happened in particular ways in their interactions with others in the hospital. Having lived in the United States for over seventeen years, she had come to interpret this look as a nonverbal sign that she violated the assumption of a shared racial experience. Although she did not discuss what this look meant or why the conversation was awkward with the cleaner, she wondered about the meaning of the look. Was it meant to convey the message, “How come you’re asking what should be an obvious thing to you as a black person?” She handled the breaks in conversation followed by this look by showing sincere interest and exploring the issues raised in greater depth. She hoped her verbal and nonverbal responses would convey the message, “I’m not pretending I don’t understand, but I cannot assume anything. I need to know, in your own words.” In many cases, she felt her response was met with a dissolving of the awkwardness and a resumption of the dialogue.

When we reflected on this experience as a group, we found an interesting contrast in the experiences of the white members of the research team. Instead of expecting that the interviewer would “understand” racial dynamics, several of the African-American cleaners explained, unsolicited, the race attributions associated with particular incidents and stories. These explanations were meant to clarify the subtleties in the cleaners’ interactions that they attributed to race or ethnicity. Beyond these extra explanations offered to the white interviewers, we detected no other obvious differences in our experiences with the cleaners.

Finally, we were often aware of the possibility that our presence could be an imposition for the dispatch office. For instance, the empty office that was made available to us was actually used by staff to make telephone calls, store supplies, and hang coats. During our interviews, none of the dispatch office staff interrupted us to use the room. While we did not develop a relationship with the staff, we were not made to feel as if we were in their way.

A Graceful Exit?

We made a small attempt to show appreciation by giving cleaners business school coffee mugs. We also sent interview transcripts to their homes, providing an opportunity to correct it or drop out of the study. We also sent our research report to those who requested it.

While we tried to create a reciprocal relationship with the cleaners, we later felt that we had not done enough to give back to them. In several interviews, cleaners shared powerful emotions, personal stories, and often painful experiences of doing this work. On more than one occasion, cleaners cried when recounting negative work experiences. It felt awkward to offer only a coffee cup and a promise of the transcript and a research report at the end of such a powerful exchange. Some of the cleaners asked us whether we planned to help them by sharing what we had learned about the devaluation of their work with the hospital administration. We could only respond that we were trying to learn more about their occupation to communicate the experience of doing this work to a broader audience. We had made no plans to take action in the hospital after conducting these interviews, and we had to admit that to the cleaners who wanted us to use our position of relative power to effect change.

We felt much better about the way we managed our exit with Grace, Betsy, and the others who helped us. At the conclusion of the interviews, we surprised
Grace, bringing her a gift and a thank you from each of us. In keeping with her character, Grace protested that it was unnecessary. A plan to take Grace out for lunch was canceled when we learned how busy she was; it would be asking even more of her to take time out for us. We surprised Betsy and the other employees in the dispatch office by bringing flowers to thank them. We left the hospital in such a way that we felt we could return and be welcomed to do further research.

Future Promises to Ourselves: Lessons Learned
We have learned many lessons through this project. Some lessons concern things we would do differently next time, while others concern things we would surely do again. We negotiated informal access to the hospital; the project evolved over time and allowed us great flexibility. However, this kind of "sideways" access meant that we had no formal arrangements for giving back in a more meaningful way to study participants. We felt a lack of closure and a sense of unease about this lost opportunity to share our findings with participants and to hear their responses. In the future, we plan to create balanced exchanges with participants, through avenues such as payment and sharing findings in workshops.

We learned a delightful lesson in doing research in an organization that was "right in our backyard." Often, researchers conduct studies in organizations with which they have no affiliation. We found it very satisfying to do our project in a hospital with which we were affiliated, as it eased research in two ways. First, the short distance between our offices and the organization minimized difficulties. Second, we established trust and rapport more quickly because of our common insider status. We were given great latitude, much cooperation, and extra help.

The informality of our arrangement was a double-edged sword. While it provided latitude and allowed changes as the research evolved, it also introduced coordination difficulties. All of the setup work happened behind the scenes, giving us no control over the process. While Grace did a magnificent job of making the interviews happen, we were frustrated at our inability to speak directly with the supervisors and cleaners. On the other hand, the informality gave us the chance to work closely with Grace, which was deeply satisfying. It is possible that Grace took the role she did to limit the relationship we had with supervisors and cleaners, allowing her to control the terms of the project in ways that helped all involved.

In closing, we realize that the loose form of permission granted was likely related to the type of job we studied. Had we studied a higher-status job, higher barriers to gaining research approval may have been in place. We will never know, but we suspect that this is the case.

Notes
4. See, for example, Spector, "Learning to Study Public Figures," 102.