Institutional ethnography as a decolonizing method of inquiry for applied health research

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I suggest that institutional ethnography (IE) can be used as a decolonizing method of inquiry. In the midst of an informal research moratorium in a rural Indigenous community in eastern Canada, an exception was made for an applied health research study that had the potential to further stigmatize the community. Based on this applied and community-based health research study, I suggest that IE as a community-based research (CBR) study paired with appropriate knowledge translation (KT) can be used for decolonizing research and as a means to a decolonizing “end”.

Indigenous scholars have argued that by privileging the knowledge of those who are being researched (people subject to the effects of colonization) over those whose knowledge has been privileged (researchers), decolonizing health research can reduce inequalities and improve health outcomes. Widely accepted forms of mainstream qualitative and quantitative health research and knowledge translation (KT) practices have been criticized for (unknowingly) using colonialist ways of doing and knowing. Concepts and language of mainstream research and KT practices are rooted in methods and representations that are often incongruent with Indigenous paradigms – paradigms were knowledge and action is intertwined and inseparable.

IE is a method of inquiry born out of sociology that has been used to explicate the social organization of health work – through, by, and within health institutions. Rather than aim to test or generate theory, IE produces evidence-based research that “maps” how peoples’ activities are (invisibly) coordinated by institutional texts. To my knowledge, IE has rarely been used to do research explicitly with Indigenous people. In this presentation I suggest and illustrate how IE can be used as decolonizing method of inquiry when married with key CBR principles and appropriate Indigenous KT.