Ethnography is a qualitative research design that focuses on the study of people to explore cultural phenomena. This concise, “how to” guide to conducting qualitative ethnography research spearheads a new series, Qualitative Designs and Methods in Nursing, for novice researchers and specialists alike, focusing on state-of-the-art methodologies from a nursing perspective. Scholars of qualitative ethnography research review the philosophical basis for choosing ethnography as a research tool and describe in depth its key features and development level. They provide directives on how to solve practical problems related to ethnography research, nursing examples, and discussion of the current state of the art. This includes a comprehensive plan for conducting studies and a discussion of appropriate measures, ethical considerations, and potential problems.

Examples of published ethnography nursing research worldwide, along with author commentary, support the new researcher in making decisions and facing challenges. Each chapter includes a framework for more in-depth research. A practical point of view pervades the book, which is geared to help novice researchers and specialists expand their competencies, engage graduate teachers and students and in-service educators and students, and aid nursing research in larger health institutions.

Key Features:
- Includes examples of state-of-the-art ethnography nursing research with content analysis
- Presents a comprehensive plan for conducting studies and appropriate measures, ethical considerations, and potential challenges
- Describes theoretical underpinnings, key features, and development level
- Written by ethnography scholars from around the world
Nursing Research Using Ethnography
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Nursing Research Using Ethnography

Qualitative Designs and Methods in Nursing

Mary de Chesnay, PhD, RN, PMHCNS-BC, FAAN
Editor
Qualitative Designs and Methods in Nursing

Mary de Chesnay, PhD, RN, PMHCNS-BC, FAAN, Series Editor

Nursing Research Using Ethnography: Qualitative Designs and Methods in Nursing

Nursing Research Using Grounded Theory: Qualitative Designs and Methods in Nursing

Nursing Research Using Life History: Qualitative Designs and Methods in Nursing

Nursing Research Using Phenomenology: Qualitative Designs and Methods in Nursing

Nursing Research Using Historical Methods: Qualitative Designs and Methods in Nursing

Nursing Research Using Participatory Action Research: Qualitative Designs and Methods in Nursing

Nursing Research Using Data Analysis: Qualitative Designs and Methods in Nursing
For Kathleen Logan Martin, first a teacher and always a friend.

—MdC
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Mary Applegate, MN, The chapter in this text represents the master’s research of Mary Applegate under the direction of Dr. Janice Morse. Financial support was provided by the Alberta Foundation for Nursing Research, the Alberta Association of Registered Nurses, and by an NHRDP/MRC Research Scholar Award to Dr. Morse.

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What can ethnography, developed as a field method from anthropology, offer nursing? Ethnography emerged as a method to determine cultural perspectives, cultural differences, and to document cultural patterns of beliefs and behaviors. Many of the theories of culture underlie ethnography, only a slice of which—albeit a large slice—is pertinent to nursing.

Medical anthropologists carved their domain, examining cultural perspectives of illness causation, traditional healing practices, and traditional medicine. Recognizing its potential for nursing, Madeleine Leininger (1985) developed ethnonursing, moving the cultural gaze from cultures in the broadest sense to caring practices within cultures, including our own. And in the past 40 years, we have seen the basic strategies inherent in ethnography adapted and immersed into other qualitative methods such as grounded theory.

But what can ethnography, as a method, offer nursing? Must it be adapted and its techniques and strategies moved away from its anthropological origins? Once ethnography was the most commonly used qualitative method in nursing. Why not now?

The most obvious use for ethnography in nursing is associated with community health. The anthropological perspective of cultural groups as a comprehensive unit of analysis is very pertinent and significant as we think about healthy communities. From the time of Margaret Mead (1935/1963), ethnographic methods have been mixed method designs, enriching qualitative data with quantitative, and producing ethnographic results that permitted comparison between communities and over time. Nurses first used ethnographic methods within communities in different cultures (see Brink, this volume), but later focused on cultural phenomena that were of interest to nursing. We have seen Kay’s (1982) studies of childbirth as well as Morse’s ethnographies on pain and privacy (Chapter 15, this volume).
Gradually nursing (and education) moved ethnography away from the geographical community, considering the hospital (or school), or even the hospital unit (or classroom) as the unit of analysis. Germain’s (1979) cancer unit quickly became such a model. For nursing, this was an important way to see the patients’ perspectives of illness, and interactions with caregivers and families. About this time, culture became important, and nursing branched into transcultural care and ethnonursing (Leininger, 1985).

The next change in ethnographic methods in nursing was when people with a particular illness were considered as a cultural group for focused ethnography (Muecke, 1994). Although we treat persons with diabetes, schizophrenia, or spinal cord injuries as if they were defined by the common experiences that result from their diseases, this does not violate ethnographic methods. But the fact that usually a diabetic does not have interactions with other diabetics, and the isolation of each person in the study, does somewhat stretch the assumptions of ethnography. But they learn how to “act like a diabetic” from their physicians, and obtain clues from others (even their support group) about what is expected from them. Nevertheless, the ethnographic method does “work” with these studies, which has been labeled focus ethnography (Muecke, 1994).

Ethnographic methods are now being weakened: They have been reduced to, for instance, telephone interviews as studies that exclude the observational components. We read that researchers are using “ethnographic interviews” alone, and considering that a method. Traditional anthropologists are fighting back for richer and deeper studies, for larger samples, for observational components, for comparison, and for the inclusion of quantitative measures (Pelto, 2013).

This book goes a long way to assist in this effort of bringing ethnography back to its proper place—Mary de Chesnay is to be congratulated. Ethnography has much to offer nursing; and nursing has much to gain from ethnography.

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REFERENCES

In this section, which is published in all volumes of the series, we discuss some key aspects of any qualitative design. This is basic information that might be helpful to novice researchers or those new to the designs and methods described in each chapter. The material is not meant to be rigid and prescribed because qualitative research by its nature is fluid and flexible; the reader should use any ideas that are relevant and discard any ideas that are not relevant to the specific project in mind.

Before beginning a project, it is helpful to commit to publishing it. Of course, it will be publishable because you will use every resource at hand to make sure it is of high quality and contributes to knowledge. Theses and dissertations are meaningless exercises if only the student and committee know what was learned. It is rather heart-breaking to think of all the effort that senior faculty have exerted to complete a degree and yet not to have anyone else benefit by the work. Therefore, some additional resources are included here. Appendix A for each book is a list of journals that publish qualitative research. References to the current nursing qualitative research textbooks are included so that readers may find additional material from sources cited in those chapters.

**FOCUS**

In qualitative research the focus is emic—what we commonly think of as “from the participant’s point of view.” The researcher’s point of view, called “the etic view,” is secondary and does not take precedence over what the participant wants to convey, because in qualitative research, the focus is on the person and his or her story. In contrast, quantitative
researchers take pains to learn as much as they can about a topic and focus the research data collection on what they want to know. Cases or subjects that do not provide information about the researcher’s agenda are considered outliers and are discarded or treated as aberrant data. Qualitative researchers embrace outliers and actively seek diverse points of view from participants to enrich the data. They sample for diversity within groups and welcome different perceptions even if they seek fairly homogenous samples. For example, in Leenerts and Magilvy’s (2000) grounded theory study to examine self-care practices among women, they narrowed the study to low-income, White, HIV-positive women but included both lesbian and heterosexual women.

PROPOSALS

There are many excellent sources in the literature on how to write a research proposal. A couple are cited here (Annersten, 2006; Mareno, 2012; Martin, 2010; Schmelzer, 2006), and examples are found in Appendices B, C, and D. Proposals for any type of research should include basic elements about the purpose, significance, theoretical support, and methods. What is often lacking is a thorough discussion about the rationale. The rationale is needed for the overall design as well as each step in the process. Why qualitative research? Why ethnography and not phenomenology? Why go to a certain setting? Why select the participants through word of mouth? Why use one particular type of software over another to analyze data?

Other common mistakes are not doing justice to significance and failure to provide sufficient theoretical support for the approach. In qualitative research, which tends to be theory generating instead of theory testing, the author still needs to explain why the study is conducted from a particular frame of reference. For example, in some ethnographic work, there are hypotheses that are tested based on the work of prior ethnographers who studied that culture, but there is still a need to generate new theory about current phenomena within that culture from the point of view of the specific informants for the subsequent study.

Significance is underappreciated as an important component of research. Without justifying the importance of the study or the potential impact of the study, there is no case for why the study should be conducted. If a study cannot be justified, why should sponsors fund it? Why should participants agree to participate? Why should the principal investigator bother to conduct it?
COMMONALITIES IN METHODS

Interviewing Basics

One of the best resources for learning how to interview for qualitative research is by Patton (2002), and readers are referred to his book for a detailed guide to interviewing. He describes the process, issues, and challenges in a way that readers can focus their interview in a wide variety of directions that are flexible, yet rigorous. For example, in ethnography, a mix of interview methods is appropriate, ranging from unstructured interviews or informal conversation to highly structured interviews. Unless nurses are conducting mixed-design studies, most of their interviews will be semi-structured. Semi-structured interviews include a few general questions, but the interviewer is free to allow the interviewee to digress along any lines he or she wishes. It is up to the interviewer to bring the interview back to the focus of the research. This requires skill and sensitivity.

Some general guidelines apply to semi-structured interviews:

- Establish rapport.
- Ask open-ended questions. For example, the second question is much more likely to generate a meaningful response than the first in a grounded theory study of coping with cervical cancer.

  Interviewer: Were you afraid when you first heard your diagnosis of cervical cancer?

  Participant: Yes.

  Contrast the above with the following:

  Interviewer: What was your first thought when you heard your diagnosis of cervical cancer?

  Participant: I thought of my young children and how they were going to lose their mother and that they would grow up not knowing how much I loved them.

- Continuously “read” the person’s reactions and adapt the approach based on response to questions. For example, in the interview about coping with the diagnosis, the participant began tearing so the interviewer appropriately gave her some time to collect herself. Maintaining silence is one of the most difficult things to learn for researchers who have been classically trained in quantitative methods. In structured interviewing, we are trained to continue despite distractions and
to eliminate bias, which may involve eliminating emotion and emo-
tional reactions to what we hear in the interview. Yet the quality of out-
comes in qualitative designs may depend on the researcher–participant
relationship. It is critical to be authentic and to allow the participant to
be authentic.

Ethical Issues

The principles of the Belmont Commission apply to all types of research:
respect, justice, beneficence. Perhaps these are even more important when
interviewing people about their culture or life experiences. These are highly
personal and may be painful for the person to relate, though I have found
that there is a cathartic effect to participating in naturalistic research with an

Rigor

Readers are referred to the classic paper on rigor in qualitative research
(Sandelowski, 1986). Rather than speak of validity and reliability we use
other terms, such as accuracy (Do the data represent truth as the participant
sees it?) and replicability (Can the reader follow the decision trail to see why
the researcher concluded as he or she did?).

DATA ANALYSIS

Analyzing data requires many decisions about how to collect data and
whether to use high-tech measures such as qualitative software or old-school
measures such as colored index cards. The contributors to this series provide
examples of both.

Mixed designs require a balance between the assumptions of quanti-
tative research while conducting that part and qualitative research during
that phase. It can be difficult for novice researchers to keep things straight.
Researchers are encouraged to learn each paradigm well and to be clear
about why they use certain methods for their purposes. Each type of design
can stand alone, and one should never think that qualitative research is less
than quantitative; it is just different.

Mary de Chesnay
REFERENCES

Preface

Qualitative research has evolved from a slightly disreputable beginning to wide acceptance in nursing research. Approaches that focus on the stories and perceptions of people, instead of what scientists think the world is about, have been a tradition in anthropology for a long time and have created a body of knowledge that cannot be replicated in the lab. The richness of human experience is what qualitative research is all about. Respect for this tradition was long in coming among the scientific community. Nurses seem to have been in the forefront, though, and though many of my generation (children of the 1950s and 1960s) were classically trained in quantitative techniques, we found something lacking. Perhaps because I am a psychiatric nurse, I have been trained to listen to people tell me their stories, whether the stories are problems that nearly destroy the spirit, or uplifting accounts of how they live within their cultures, or how they cope with terrible traumas and chronic diseases. It seems logical to me that a critical part of developing new knowledge that nurses can use to help patients is to find out first what the patients themselves have to say.

In the first volume of this series, the focus is on ethnography, in many ways the grandparent of qualitative research. Subsequent volumes address grounded theory, life history, phenomenology, historical research, participatory action research, and data analysis. The volume on data analysis also includes material on focus groups and case studies, and two types of research that can be used with a variety of designs, including quantitative research and mixed designs. Efforts have been made to recruit contributors from several countries to demonstrate global applicability of qualitative research.

There are many fine textbooks on nursing research that provide an overview of all the methods, but our aim here is to provide specific information to guide graduate students or experienced nurses who are novices in the designs represented in this series in conducting studies from the point of
view of our constituents—patients and their families. The studies conducted by contributors provide much practical advice for beginners as well as new ideas for experienced researchers. Some authors take a formal approach, but others speak quite personally in the first person. We hope you catch their enthusiasm and have fun conducting your own studies.

Mary de Chesnay
In any publishing venture, there are many people who work together to produce the final draft. The contributors kindly shared their expertise to offer advice and counsel to novices, and the reviewers ensured the quality of submissions. All of them have come up through the ranks as qualitative researchers and their participation is critical to helping novices learn the process.

No publication is successful without great people who not only know how to do their own jobs but also how to guide authors. At Springer Publishing Company, we are indebted to Margaret Zuccarini for the idea for the series, her ongoing support and her excellent problem-solving skills. The person who guided the editorial process and was available for numerous questions, which he patiently answered as if he had not heard them a hundred times, was Joseph Morita. Also critical to the project were the people who proofed the work, marketed the series, and transformed it into hard copies, among them Chris Teja.

At Kennesaw State University, Dr. Tommie Nelms, director of the WellStar School of Nursing, was a constant source of emotional and practical support in addition to her chapter contribution to the phenomenology volume. Her administrative assistant, Mrs. Cynthia Elery, kindly assigned student assistants to complete several chores, which enabled the author to focus on the scholarship. Bradley Garner, Chadwick Brown, and Chino Duke are our student assistants and unsung heroes of the university.

Finally, I am grateful to my cousin, Amy Dagit, whose expertise in proofreading saved many hours for some of the chapters. Any mistakes left are mine alone.

I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. Will you become my teacher and help me understand?

—James P. Spradley in You Owe Yourself a Drunk: An Ethnography of Urban Nomads

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Nursing Research Using Ethnography: Qualitative Designs and Methods in Nursing
In the first volume of this series, we examine ethnography as a research design of particular relevance to nursing. To many scholars, nothing is more fascinating than the study of culture, the life-ways of a people. In particular, practicing nurses might find this field of inquiry a rich source of ways to help us make patients more comfortable as they experience a variety of illnesses and injuries for which they seek treatment. Developing an understanding of some of the differences among cultures in terms of social rules, values, and interaction styles can help nurses work more effectively with people from cultures different from their own. In the days of cultural competence for applied fields such as ours, this is even more important than knowledge for its own sake.

Working effectively with people who are different from ourselves is the essence of cultural competence. For example, knowing that the Navajo may consider it rude to look people directly in the eye when conversing, we would not interpret their behavior as avoidance or resistance (Charlene, personal communication, 1975; Chiang, 1993).

Knowing that Chinese women consider pregnancy to be a “hot” condition, helps us understand why they may prefer cold foods during pregnancy; and knowing they consider childbirth a “cold” condition, we understand why they prefer to eat hot foods during the postpartum period (Brathwaite & Williams, 2004; Liang, personal communication, 2000). However, there is a danger in considering these tidbits of cultural knowledge to be sufficient when working with patients or clients of different cultures. People are members of cultures, but they are also individuals and may or may not subscribe or adhere to the rules and norms of their own culture. In this sense, the patient is the best guide to what is appropriate for that person or family.

To be culturally competent is to work effectively with people of different lifestyles, whether these lifestyles are derived from ethnicity (African American, Anglo-Caribbean), country of origin (Brazil, Taiwan, Somalia),
job (truck driving, factory worker), profession (medicine, law, nursing), or other life condition (prostituted children, alcoholic, victim of violent crime, gang member). It is not practical for most nurses to become knowledgeable about all the diverse cultures represented in the world or even in our own countries, but it is feasible to learn a few things about the major cultures represented in the communities in which we practice.

The work of ethnographers, who study cultures intensively over time, is disseminated in many forms such as books, articles, and the Internet. Ethnographic material is readily available to all who can access the Internet or who work with people who represent those cultures. Two resources that are particularly valuable are the Human Relations Area Files (HRAF) archived at Yale University (www.yale.edu/hraf) and the website organized by the University of Washington–Seattle called Ethnomed (www.ethnomed.org). HRAF is a compilation of ethnographic reports collected over many years by traditional ethnographers who lived in the cultures described. Ethnomed was a project of the University of Washington to describe the health needs and beliefs of the people from those cultures represented in the Seattle area.

Some nurses want more depth and breadth of knowledge about diverse cultures whether to increase knowledge for its own sake or to become better practitioners. Some believe that, to be a good practitioner, one must understand culture if only to move beyond our own ethnocentric biases when working with people who do not share our biases. To do ethnography as one’s research methodology choice is the focus of this book. From the background and history of the methodology to the state of art in nursing, the contributors to this volume present a thorough picture of how to conduct an ethnographic study in nursing. The book is designed to help both novice researchers and those experienced in other designs use the techniques of ethnography to expand their skills in conducting significant research that benefits patients.

OVERVIEW OF ETHNOGRAPHY

Philosophical Derivation

Ethnography is the research design of anthropology, though adopted by sociologists, educators, nurses, and others interested in the culture and social interactions of groups. The primary method is fieldwork, which consists of intense periods of living with the people being studied. The ethnographer observes, participates in varying degrees depending on purpose and context,
interviews key cultural informants who can teach about their culture, and reviews any other material that seems relevant to the purpose of the study. Other material might include the arts, news reports, written records, or, in more primitive societies without written language, stories told by the elders. For example, during my doctoral fieldwork in Jamaica, I had trouble initially with being on time everywhere and having to wait for others to arrive. I mentioned this (actually I complained about it) to a Jamaican friend with whom I had lunch, and she immediately laughed and invited me to a local play in Kingston, called *8 o'clock Jamaica Time*. The joke was that the curtain rose at 8:30. This simple experience taught me the different priorities of the people I would later meet and the need to meet them where they were figuratively and not where I thought they should be according to my own ethnocentric bias.

One of the first things that many ethnographers do when visiting for the first time is to map the community of interest. Simple mapping involves drawing a picture of the community with key buildings, homes of participants, schools, offices, shops, parks, and so on. Orienting the placement of key structures in the community is useful when conducting participatory action research or community-based action research such as the project described by Aronson, Wallis, O’Campo, Whitehead, and Schafer (2007) in the evaluation of the Baltimore City Healthy Start Program. This federally funded program provides services designed to prevent infant mortality, and the research team was interested in documenting its effectiveness in three low-income neighborhoods. Mapping allowed them to see relationships within and among the three neighborhoods.

A more sophisticated example of the use of mapping involved using geographic information systems (GIS) to map the structures and streets of Darwin, Australia (Brennan-Horley, Luckman, Gibson, & Willoughby-Smith, 2010). In addition to the high-tech GIS, the team also included maps handwritten by participants that showed perceptions of interviewees about the relationships among people and places. The results of the study showed that the creative people themselves preferred the natural environment of the city over the creative spaces designed for that purpose. Nurses, who have had to live with architectural designs for hospitals that did not involve nurses in the planning stages, can identify with how important it is to obtain stakeholder input.

Participant observation as a qualitative method is dominant in cultural anthropology, whereas surveys and other quantitative methods are particularly useful to medical sociologists (Dougherty & Tripp-Reimer, 1985). Participant observation can be viewed as a continuum in which a researcher...
progresses from observer to participant observer to varying degrees to participant. Combined with interviews, participant observation of a variety of cultural aspects, practices, and rituals distinguishes ethnography from other qualitative methods although it can be used in other designs.

Traditional ethnographies are reports of the observation of the community as it is (Brink, 2013). No experiments are done to change the nature or amount of interactions among members. By being a participant observer, the ethnographer has an influence on the community and cannot know the community as an insider would but can gain the trust of the community to the extent that cultural informants or members of the community will teach the researcher about their culture. In contrast, critical ethnography is designed for political action and change.

Traditionally the term cultural informant was used to name the person who is interviewed by the ethnographer and is still widely used by anthropologists. The meaning is simply that the person informs or teaches the ethnographer about the culture. A key informant is one who has more information to offer or is more open to talking with the ethnographer and helping to guide the process. However, the term informant is objectionable to many because it conjures images of spies and snitches and can place the members of the culture who choose to talk with the ethnographer at risk of retaliation for revealing the secrets of the community. Modern alternatives to cultural or key informant are participant, respondent, teacher, or coach.

The term subject is inappropriate, because there are no experiments being performed on the person being interviewed. In addition, and this term may lead novices to become confused and think of ethnography as a quantitative method. Confusion about philosophical orientation may lead to awkward decisions about methods and, subsequently, errors in data analysis by creating threats to accuracy. For example, viewing ethnography as primarily a quantitative undertaking might put into place too much structure in data collection and cause the researcher to miss opportunities for learning as much as possible from the people.

Ethnographic techniques have developed over the years into highly adaptable methods for diverse purposes. Wolf (2012) presents several types of ethnographies among which are traditional, focused, mini-, micro- and maxi-ethnographies, visual, auto-ethnography, cognitive, critical, deconstructed, disrupted, performance, practitioner, reflexive, and specialist ethnographies. Because this series on qualitative research is designed for doctoral students and experienced researchers who want to use new designs, the chapter will focus on only a few main types and leave the others to investigators who want to delve more deeply into the nuances of ethnographic research.
TRADITIONAL ETHNOGRAPHY

Early Ethnographers in Anthropology

Early explorers recorded observations of the exotic places and people they met on their travels in diaries, letters home, and official reports. These might be considered ethnographic accounts because they made note of the strange customs and other cultural material discovered although field observations were not the purpose of the trips. Later, scholars went into the field for the purpose of studying cultures. Although many early ethnographers influenced modern methods and the development of anthropology as a science, this volume is not long enough to do justice to all their work. A few had a profound influence on the field and are mentioned here.

One of the earliest scholarly ethnographies was published by Malinowski (1913) after his fieldwork with the aboriginal Australians. He documented kinship patterns, family relationships, sexual relationships, and ways of obtaining a wife. Malinowski also addressed family violence in the tribes he studied. Violence of men against their wives was perceived by all, including the wife, as justice if punishment for an offense committed by the wife (e.g., adultery) or as brutality (from bad temper of the husband). Much of Malinowski’s book is a discussion of his findings in comparison to those of other writers who had published their observations of the aborigines.

A physicist by training, Franz Boas is viewed as the Father of American Anthropology (Stocking, 1960). His early book on race and civilization (Boas, 1911) tackled the problem of why some civilizations were able to advance and assimilate more than others. In so doing, he maintained that race was not a matter of superiority of one race over another but rather of the development of civilizations in different ways. He later wrote books that became classic texts in modern anthropology (Boas, 1928, 1940).

Margaret Mead, a student of Boas, conducted her initial graduate fieldwork in Samoa, and the resulting publication about the sexual mores of Samoan adolescent girls caused a public stir (Mead, 1928). She later published an account of her fieldwork in New Guinea (Mead, 1930). Mead chose to study adolescent girls both for practical reasons (she was a young woman and could more easily develop rapport with them) and because there was a lack of ethnographic material on women (parallel to the lack of women ethnographers). The following passage captures the essence of fieldwork and why it is necessary to immerse oneself in the community in order to understand it.
I did something very different from what I would do if I concentrated upon a study of the adolescent girl in Kokomo, Indiana. In such a study, I would go right to the crux of the problem. I would not have to linger long over the Indiana language, the table manners or sleeping habits of my subjects, or make an exhaustive study of how they learned to dress themselves, to use the telephone, or what the concept of conscience meant in Kokomo. (Mead, 1928, p. 9)

One of the most heated controversies in anthropology was the failed attempt to debunk Mead’s work by another anthropologist who criticized her methods as flawed. He claimed to have repeated field interviews with two of Mead’s informants who claimed they were joking with her and exaggerated their sexual activity (Freeman, 1983). However, his interviews took place almost 20 years later, and he was a man talking to women, whereas Mead was a young woman talking with young women. Although he continued to refute Mead’s work until his death, his views are not generally accepted by anthropologists as proof of Mead’s fallacy.

Ruth Benedict, a student of Boas and contemporary of Mead, was one of the first professional women to hold a place in the academy of the early 20th century. Mentored by Boas, she was appointed as faculty under his leadership in the anthropology department at Columbia (“Ruth Benedict,” Columbia University, n.d.) She worked with the Zuni tribe of the American Southwest and the Canadian Blackfoot tribe as apart from writing a manuscript for the War Department on Japanese culture (Benedict, 1946). Her view of culture was that of the personality of cultures; that is, we must understand the individual within his or her culture and the culture as a collection of individuals expressing their culture. Her work contributed to the argument for racial equality (Benedict, 1934).

**Early Ethnographies by Nurses**

The first doctoral degree in anthropology awarded to a nurse was to Madeleine Leininger, who earned a PhD from the University of Washington in the mid-1960s (Boyle & Hinrichs, 2013). While teaching at the University of Cincinnati, she met with visiting professor Margaret Mead about her concern that cultural knowledge was lacking in her discipline of psychiatric nursing. Leininger subsequently decided to study anthropology at the University of Washington, Seattle and earned the first doctoral degree in anthropology in 1965 (The Madeleine M. Leininger Collection Papers, 1953–1995). She later published a landmark book linking nursing and anthropology (Leininger, 1970).
and developed her ideas about the two disciplines into a new way of looking at culture within nursing that she called transcultural nursing (Leininger, 1978). Later, as dean of nursing at the University of Colorado, she helped establish the nurse-scientist programs of the 1960s. However, Leininger departed from traditional anthropology by creating a new focus she called ethnonursing that linked her culture care theory with anthropological research methods (Leininger, 1997).

Traditional ethnographies that require a year or more immersed in the field (usually in remote geographic areas) are rare in nursing. The early nurse-anthropologists conducted traditional fieldwork but did not necessarily publish whole volumes of their studies as was common among anthropologists. An exception was Jody Glittenberg (1994). In the discipline of anthropology, students tend to progress seamlessly from the baccalaureate to the doctoral degree. However, in nursing, students are usually required or at least strongly encouraged to practice for a year or more before entering a master’s degree program. Then due to the financial burden of education, added to the fact that many nurses are the breadwinners as single parents or have children if theirs is a two-career family, they cannot take a year to go abroad for traditional fieldwork. Consequently, after the first generation of anthropologists who were first nurses, nurse-researchers tend to choose focused ethnographies. Dr. Pam Brink is one of the early nurse-anthropologists, and her reflections on a long and varied career are presented in this volume. Others in the first generation of nurse-anthropologists were Margarita Kay, Eleanor Bauwens, and Agnes Aamodt (1976), all of whom conducted traditional fieldwork. Subsequently, many other nurses have earned doctoral degrees in anthropology or used their cognate courses to “minor” in anthropology, and their work is highlighted in Chapter 2 as well as subsequent chapters by ethnographers.

CRITICAL ETHNOGRAPHY

Whereas traditional ethnography describes a culture as it is, critical ethnography is designed for change. Critical ethnography represents an evolution of ethnography with a political or activist mission (Breda, 2013). In critical ethnography, the researcher engages with the participants to bring to awareness the imbalance of power that disenfranchises marginalized people and to change the culture so the oppressed are set free (Soyini, 2005; Thomas, 1993; Thompson, 1987). This approach is appealing to nurses, whose work usually involves caring for vulnerable populations. Activism to address health disparities and reverse injustices in the system can be an important role of the nurse.
Manias and Street (2000) studied power relationships among nurses and between nurses and physicians in a critical care unit. In their analysis of their ethnographic study as an example of critical ethnography, they identified three methodological issues: researcher/participant subjectivity, the movement from empowerment to reflexivity, and the construction of one form of ethnographic “truth” (Manias & Street, 2001). To address subjectivity, they advise an ongoing evaluation by researchers and participants of the effect of the researcher on the process. The concept of empowerment implies dominant and subordinate roles with the researcher as dominant and the participants as subordinate. Language that addresses this inequity is the term reflexivity with the researcher as a co-participant. In this sense, reflexivity involves much sharing of material, information, and ideas between researcher and participant, not simply validation by participants of the researcher’s interpretation. Finally, the concept of truth is challenged. Unlike traditional ethnography, no attempt is made to produce ethnographic reports that are “messy” and never final.

VISUAL ETHNOGRAPHY

A subspecialty in ethnography that has been developing since Mead’s early work (Mead, 1995) is visual ethnography in which photos and films are used to study culture. The use of visual techniques has long been used in anthropology to help understand how people see themselves. Now in the age of digital photography, it is easy to incorporate photos and film into research as demonstrated in the chapter by Moreno in the forthcoming Participatory Action Research volume of this series, in which she discusses photovoice as a technique for working with communities to produce health outcomes.

There are several excellent sources on visual anthropology, and the American Anthropological Association has a subgroup on the specialty. Readers are referred to classic works by Pink (2001), Ruby (2000), and Powdermaker (1950). Pink (2008) expanded the techniques of visual ethnography to describe how visual ethnography can be used to understand how people move in their environments.

Garcia and Saewye (2007) conducted a focused ethnography with 14 Latino adolescent immigrants to elicit health perceptions and experiences in the United States. Each was given a disposable camera to take pictures that represented their lives in the United States, and a follow-up interview was conducted to discuss their impressions. Their study was the only one found in the visual ethnography literature that was conducted by nurses.
Nine Korean children living with an autistic sibling were asked to produce home movies about life with their siblings. They provided commentary in the films that was of their own choosing. A key component of the method was that the Korean children, rather than the researcher, owned their data. The investigators also used various forms of play such as finger puppets to make the data collection fun for the children. Finally their parents were interviewed about the process. Children’s activities are often taken for granted and are somewhat invisible to adults; so the use of videos made by children seems a particularly interesting method when the focus is on their perceptions (Hwang & Charnley, 2010).

The tourism industry might be viewed as applied anthropology in which visual ethnography plays an important role to portray images of contemporary life in the settings of interest (Rakic & Chambers, 2009). Whereas the marketing people might want to use visual techniques to present the best of the place for attracting revenue, local governments might be more concerned with the social and political climate to attract economic development. Furthermore, using visual techniques can increase involvement in the research and yield better data (Brace-Govan, 2007).

**FOCUSED ETHNOGRAPHY**

Focused ethnographies are much more commonly conducted by nurses or other professionals whose major field is not anthropology or by those applied anthropologists who do contract work. Focused ethnographies are characterized by fieldwork during intense but not necessarily continuous periods of participant observation, interviews with key members of the culture who are willing to be interviewed in depth, and collection of specific data that relate to a narrower research question than in a traditional ethnography.

In a focused ethnography, the researcher looks at cultural factors within a narrower scope of inquiry rather than trying to understand the culture of a people as a whole in all its dimensions. For example, the author, as a nurse-psychotherapist, conducted a focused ethnography of Jamaican family structure (de Chesnay, 1986) to satisfy doctoral fieldwork requirements; but as a family therapist, she also wanted to understand cultural differences when treating Jamaican families in her practice in the United States. Over about 2 years, she conducted many interviews, spent hours progressing from just “hanging out” to participant observation to participating fully in activities of the family with whom she lived, but remained focused on family structure and processes.
An excellent example of a focused ethnography that took place over a long period of time (15 years with shorter periods of funding) was focused on childhood obesity, a timely topic that is receiving much attention as a result of Michelle Obama’s adoption of it as her cause as First Lady. For example, Clark, Johnson, O’Connor, and Lasseter (2013) studied Latino parents’ and grandparents’ approaches to the childcare issues surrounding feeding and nutrition—the cultural constructions and how they acted upon these.

Wilkinson and Callister (2010) conducted a focused ethnography of Ghanian women who gave birth. The researchers, a physician and a nurse, recognized the impact on health care of the immigrants from Ghana in the United States and the need to provide culturally competent care. During a volunteer medical activity in Ghana, they interviewed 24 women who presented at the Salvation Army clinic for delivery after a period of intense participant observation at the clinic. Their findings were invaluable in helping the clinic to develop safe motherhood practices, to increase knowledge about family planning, and to implement better data-collection practices at the clinic.

Focused ethnographies are useful methods in understanding organizational culture. In a study of a pediatric critical care unit, Scott and Pollack (2008) were concerned about nurses using research to improve practice. After a period of participant observation over 7 months, they conducted interviews with 29 unit members. Four aspects of the organizational culture contributed to the lack of nursing research utilization: hierarchical structure, technology-driven bedside care, lack of appreciation for innovation, and emphasis on clinical experience.

Examples of other focused ethnographies conducted by nurses are easily found in the literature (Bland, 2007; Bull & Fitzgerald, 2006; Clabo, 2008; Cricco-Lizza, 2006; Field, 1983; Lesser, Koniak-Griffin, & Anderson, 1999; Shepherd, 2011). Many more examples can be found, and Chapter 2 includes a more thorough review of the nursing literature using ethnography.

Focused ethnographies are useful to practice disciplines other than nursing. For example, in business, anthropological approaches can clarify organizational structure and culture (Moore, 2011; Oliveiro, 2010). Qirko (2007) argues for a mixed-design approach that captures the richness of qualitative research with the generalizability of quantitative research. Marketing researchers can target specific aspects of consumer behavior.

Social work researchers have found ethnographic approaches beneficial in studying the structures and cultures of institutions, such as the paradoxical nature of residential childcare institutions, for which they are accountable (Palomares & Poveda, 2010). They can then apply their results to interventions with their client populations.
Characteristics of focused ethnographies are that they are time limited, usually do not involve extensive periods of living in the field, and have research questions that are narrower in scope than traditional ethnographies (Knoblauch, 2005). Although the duration of data collection periods is shorter, the overall data collection might involve several trips over a longer time. Focused ethnographies might focus on social interactions among people of the same cultural group as the investigator in contrast to immersion in the remote settings of traditional ethnographies, or they might involve shorter trips to remote settings. Whereas some are skeptical that focused ethnographies qualify as ethnography, it can be argued that as long as the focus is on cultural material or the context is cultural, then it is legitimate to focus the research to answer specific questions.

**SUMMARY**

This chapter presents an overview of ethnography as a design and offers examples of how ethnography can help nurse researchers identify cultural factors that can improve care. Whereas knowledge for its own sake is necessary and admirable, applied knowledge is needed in nursing to promote culturally relevant ways of caring for patients. As long as cultural competence is a cornerstone of practice, ethnography is a major tool for understanding culture and interacting with patients.

**REFERENCES**


