Ethnonursing Research Method and Process

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Ethnonursing

• A qualitative research method as an open discovery process
  ▪ to document, describe, and understand people’s experiences, care meanings, and symbols of care
  ▪ related to their beliefs, values, health, and cultural lifeways
  ▪ using diverse strategies and enablers.
Purpose and Process

• The Ethnonursing Method was developed by Dr. Leininger in early 1960’s and has been used to study many cultures and subcultures.

• The method was designed to fit the Culture Care Theory to obtain meaningful data.
Culture Care Theory

- There are more cultural diversities than universalities among and between cultures
- Culture care meanings and practices tend to be embedded in the social structure and difficult to find
- Cultural context and care values are major difference factors in the way care is expressed, valued, and practiced
Leininger’s Research Enablers

• Over several years, Dr. Leininger developed these unique research enablers to “tease out” data on culture care, health, and well-being as well as culture-specific practices, and nursing care phenomena.
  ▪ Sunrise Enabler
  ▪ Three Phase Observation-Participation-Reflection Enabler
  ▪ Stranger to Trusted Friend Enabler
  ▪ Domain of Inquiry Enabler
  ▪ Acculturation Enabler
The Sunrise Enabler

• Developed in 1970, with subsequent revisions
• To discover actual and potential influencers to explain care and wellbeing phenomena from a holistic perspective:
  - Historical
  - Cultural/Religious
  - Economic
  - Environmental
  - Other holistic care phenomena
Phases begin with **Observation and very active listening**

Proceed to **Observation with limited participation**

Participation with indepth and confirmed observations

**Reflection and Reconfirmation** of findings with key informants
Stranger to Trusted Friend Enabler

• Researcher begins as a Stranger:
  – Distrusted by informants
  – Tested by informants to see response
  – Informants avoid sharing cultural secrets, stories, or information with researcher

• Researcher hopes to become a Trusted Friend:
  – Enters local culture and obtains rich data
  – Informants share cultural secrets because they want their culture to be understood accurately
• The researcher develops enabler to discover data related to the domain of inquiry (DOI)
  ▪ First, the DOI needs to be succinctly stated so it can be examined in-depth and analyzed
    ▪ *Example:* Exploring culture care of children living in homeless shelter
  ▪ The researcher determines how to obtain data
  ▪ Using related interests and “hunches”, research questions are developed to guide the study
Acculturation Enabler

- Assessment of the extent of the informant’s acculturation; are they more traditional or more non-traditional in their cultural values, beliefs, and general lifeways?
Qualitative Data Analysis

First Phase

- Collect
- Describe
- Document raw data or observation
- Use a field journal, recorder, and computer

Second Phase

- Identify and categorize descriptors and components of data about domain of inquiry
Data Analysis

• Software is recommended to classify and code the data
• It can also be done with paper-cutting and pasting the data into patterns and themes
Qualitative Data Analysis

Third Phase
- Identify patterns of values, beliefs, and practices from informants
- Identify contextual and environmental data

Fourth Phase
- Identify major themes, research findings and dominant care patterns
- Discover new findings
- Recommend future research
- Determine strengths & limitations of study
Conclusion

• Clients want their cultural values, ideas, beliefs, and lifeways to be fully understood by nurses and others
  ▪ to provide culturally congruent care
  ▪ to show them respect
• A major cultural gap exists between generic (folk healing or traditional) and professional (medical and nursing) care values and practice.
• Ethnonursing Research and Transcultural Nursing reduces the knowledge gap between nurses and diverse cultures.

Many Cultures -

One World
References


This Powerpoint was created in 2006.