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Document:

**Overview of Leininger's Ethnonursing
Research Method and Process**

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Overview of Leininger's Ethnonursing Research Method and Process

Madeleine Leininger, PhD, LHD, RN, CTN, FAAN, FRCNAA
11211 Woolworth Plaza
Omaha, NE 68144 USA

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(Leininger, 1991; Leininger & McFarland, 2002, 2005)

Ethnonursing

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

Ethnonursing: Purpose and Process

- The Ethnonursing Method was developed by Leininger in early 1960s and has been used to study many cultures and subcultures in Western and nonWestern societies
- The Method was designed to fit the Culture Care Theory to obtain meaningful data
- The central purpose is to identify, document, and discover indepth data related to the Domains of Inquiry

Ethnonursing: Purpose and Process (continued)

- To consider the potential significance of the study for nursing practice and to advance the body of transcultural nursing knowledge
- To discover embedded, covert, and largely unknown culture care and health knowledge
- To become knowledgeable about the literature related to the culture and to health and wellbeing

Ethnonursing: Purpose and Process (continued)

The Researcher is expected to:

- Identify potential biases in doing the study
- Work with a transcultural nurse research mentor to reflect on one's work, observations, data interpretation, and data analysis

Ethnonursing Research Sequence or Focus

- Uses a conceptualized research plan with a cultural theory
- Identifies the domain(s) of inquiry for an indepth study
- Chooses culture, research location, and community to study the domain of inquiry attains consents

Ethnonursing Research Sequence or Focus *(continued)*

- Thoughtfully seeks entry to the research site and culture
- Identifies potential research barriers and facilitators
- Chooses key and general informants with selection criteria
- Willingly clarifies the purpose of the study with informants outlining the potential significance and benefits
- Obtains informed consent from informants

Ethnonursing Research Sequence or Focus *(continued)*

- Selects enablers to be used in the study
- Establishes and maintains a trusting relationship with informants
- Systematically collects and confirms data (with use of qualitative criteria)
- Uses Leininger's Four Phases of Data Analysis

Ethnonursing Research Sequence or Focus *(continued)*

- Collates all data bearing on the domain of inquiry and the theory with data computer processing following the Four Steps or Phases of Analysis
- Analyzes data in a systematic and rigorous way in relation to the domains of inquiry
- Confirms findings with informants before publishing or presenting findings

Ethnonursing Research Sequence or Focus *(continued)*

- Acknowledges and expresses appreciation to key and general informants and also the community for their participation in the study
- Makes advanced plans to leave research site and informants in thoughtful and sensitive way
- Finalizes data analysis and prepares findings for publication and presentations

Ethnonursing Research Sequence or Focus (continued)

- Publishes the findings and acknowledges contributors and assistants with the study
- Discusses ways to use the findings in clinical and diverse settings showing use of the Theory to provide Culturally Congruent Care. (Makes the three modes of action and decision clear with examples)
- Plans future studies on the domain of inquiry and for comparative purposes

Leininger's Research Enablers

- Over several years, Leininger developed these unique research *enablers* to tease out data bearing on culture care, health, and wellbeing as well as culture specific practices, and nursing care phenomena.

- The enablers are the following:
 1. Sunrise Enabler (Note: This is not a *model*, but an enabler)
 2. Leininger's Three Phase Observation-Participation-Reflection Enabler
 3. Leininger's Stranger to Trusted Friend Enabler
 4. Domain of Inquiry Enabler (focused on the domain of inquiry)
 5. Leininger's Acculturation Enabler (to identify changes and variability in cultural values and lifeways)

- With use of these enablers, the differences and similarities are identified with informants

Sunrise Enabler

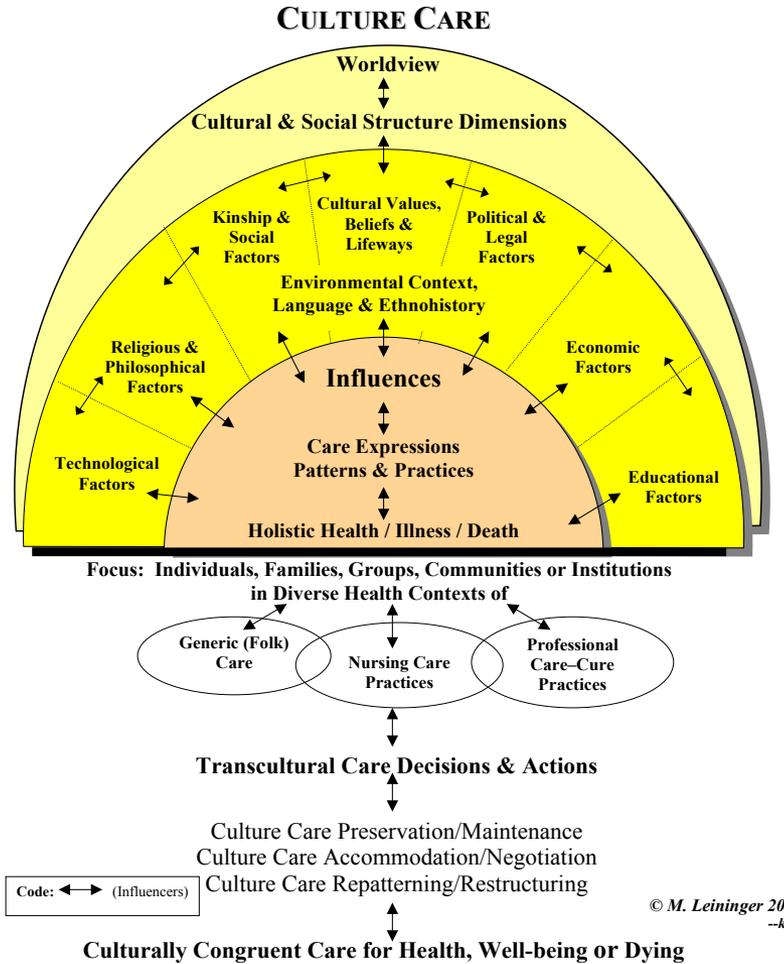
- The Sunrise Enabler
 - This is an enabler and not a model. It is extremely valuable to obtain a holistic perspective and to discover and assess care phenomena
 - Since originally being designed in 1970, a few revisions have been made to explicate holistic and social structure factors

Sunrise Enabler - continued

- This Enabler helps to discover actual and potential influencers (not causes) to explain care and wellbeing phenomena as they relate to historical, cultural, religious and other social structure factors, including worldview, economic, environmental, and other major holistic care phenomena (Leininger, 2002)
- The interrelationship of these diverse factors provides valuable data and helps to explain and understand the informant responses from a holistic perspective

Sunrise Enabler

Leininger's Sunrise Enabler to Discover Culture Care



Leininger's Ethnonursing Three Phases: Observation- Participation-Reflection Phases

Phases	1	2	3	4
Description	Primary focus: <u>Observation</u> and Very Active <u>Listening</u> (virtually no active participation)	Primary focus: <u>Observation</u> with <u>limited</u> <u>participation</u>	Primary focus: <u>Participation</u> with indepth continued and confirmed observations	Primary focus: Reflection and <u>Reconfirmation</u> of findings with key informants

By using the Participant-Observation-Reflection Enabler, many care and health factors and patterns are identified and analyzed in relation to the Culture Care Theory.

Leininger's Stranger to Trusted Friend Enabler Guide

- This enabler is valuable to help the researcher (or clinician) to move from being mainly a 'distrusted stranger' to a 'trusted friend'. This is essential in order to obtain authentic, accurate, and meaningful data. It is most helpful to establish trusting and favorable relationships with clients and informants.
- The researcher first assesses one's own behavior and tendencies before using this guide. It is used throughout the research to remain sensitive to one's own behavior and that of informants while moving from a stranger to a trusted friend role.
- This enabler is extremely valuable to obtain accurate informant data and to appraise one's own behavior with informants.

Leininger's Stranger to Trusted Friend

Enabler Guide (continued)

■ The following are indicators of being a Stranger:

1. **The researcher is distrusted by the informants**
2. **The researcher is often tested by the informants to see response and if a true and trusted friend; Strange objects are often used by informants, such as native animals, i.e., snakes, owls, and cultural symbols**
3. **Avoids sharing local cultural secrets, stories, or local information**

■ Some indicators that the researcher is becoming a Trusted Friend:

1. **Is entering the people's local culture and obtaining rich emic data**
2. **Informant shares cultural secrets as they want the culture to be understood accurately**
3. **Informants want data to be not only accurate, but also about the people and their culture**

NOTE: See Leininger & McFarland, 2002, Chapter 3, p. 91

Specific Domain of Inquiry Enabler

- This enabler is developed by the researcher to discover data related to the domain of inquiry (DOI) being studied.
- This enabler contains inquiry items to obtain indepth data about the domain. It also covers researchers' related interests, theory areas, and potential care practices with cultural beliefs and values of key and general informants.
- The domain of inquiry needs to be succinctly stated so that every word in the domain is examined indepth and analyzed.
- See enablers developed and used by authors in text of several books and articles by Leininger and transcultural nurse researchers.

Leininger's Acculturation Health Care Assessment Enabler

- This enabler is essential to assess the extent of informant acculturation; that is, to discover whether the informants are more traditionally or non-traditionally oriented in their cultural values, beliefs, and general lifeways.
- This enabler is also used to perform a culturalogical health care assessment with patterned lifeways, and helps to determine cultural identity, and to discover cultural variability in values, beliefs, and lifeways. For example, does this informant value Hispanic or Anglo American beliefs and values and their lifeways?
- See Chapter 4, Appendix B Leininger & McFarland, 2002; Leininger & McFarland, 2005.

Leininger's Phases of Ethnonursing Analysis for Qualitative Data*

- The ***First Phase*** is focused on collecting, describing, and documenting raw data or people data by observations and with use of a field journal and a hand held computer.
- The ***Second Phase*** is focused on identifying and categorizing descriptors and components of data about the domain of inquiry.

Leininger's Phases of Ethnonursing

Analysis for Qualitative Data - continued

- The ***Third Phase*** is focused on identifying patterns of values, beliefs, and practices from informants along with contextual and environmental data.
- The ***Fourth Phase*** (last phase) is focused on identifying major themes, research findings, and dominant care patterns of practice, and to discover new findings in light of the theory tenets. Future research recommendations are also made in this phase, as well as stating the strengths and limitations of the study.

* These phases are fully discussed in Leininger & McFarland 2002 & 2005

Coding Qualitative Raw Data for use with Data Analysis Software

- The researcher identifies categories to classify and code the data. These categories and domains of information (include observations, interviews, interpretive and experienced material)
 - **Category I: Data bearing on the general culture domains of inquiry (DOI)**
 - **Category II: Data bearing on culture and social structure factors (See Sunrise Enabler)**
 - **Category III: Data bearing on care, cure, health (wellbeing), and folk illness and professional lifeways and values**
 - **Category IV: Data bearing on health, social, and cultural institutions**
 - **Category V: Data bearing on lifecycle and intergenerational patterns of informants**
 - **Category VI: Ethnographic data are also documented by geographic location or site of study and include historical facts or events**
 - **Category VII: Data bearing on the use of the research method, informant responses, and other research features of the study are included**

Coding Qualitative Raw Data for use with Data Analysis Software - continued

- The researchers views and experiences can be documented and briefly summarized from the beginning to the end of the study. Data collection problems, informant and researcher responses as well as environmental factors are also briefly cited.
- Data from these categories are processed with a software package and analyzed in light of the theory and domain of inquiry – plus special experiences, unusual or patterned findings, and unexpected new findings.

Major Comparisons of Qualitative and Quantitative Criteria to Evaluate Research

A Key Principle to remember is that qualitative data need to be analyzed by use of qualitative criteria, and quantitative by quantitative criteria

Major Comparisons

- **QUALITATIVE Criteria** are used with Qualitative Studies:
 1. Credibility: believable meaning to informants
 2. Confirmability: as confirmed repeatedly by informants
 3. Dependability: repeated patterns
 4. Transferability: use of findings in similar settings or contexts and to compare findings; remember qualitative findings are usually non-generalizable. *Generalizability* does not fit with qualitative criteria
- **QUANTITATIVE Criteria**:
 1. Internal / External validity
 2. Generalizable
 3. Reliability
 4. Objectivity
 5. Statistical formula used and to measure outcomes of quantitative data. There are usually very limited qualitative data to analyze

(Leininger, 1985, 1991, 2002, 2004, 2005)

Qualitative Criteria to Evaluate Ethnonursing Research Studies

- Credibility (believable to the culture being studied)
- Confirmability (confirmed by informants and the general culture)
- Meaning in context
- Recurrent patterning

(Leininger, 1985, 1991, 2002, 2004, 2005)

Qualitative Criteria to Evaluate Ethnonursing Research Studies - continued

- Saturation (informants repeat same information / nothing is new or different. They often say, “I have no more on this” or “I told you all about it”)
- Transferability is used only if context, culture, and domain of inquiry are similar. Usually qualitative studies have limited transferability because of their culture bound data and unique features

(Leininger, 1985, 1991, 2002, 2004, 2005)

Current Major Research Findings From the Culture Care Theory (over 5 decades)

- There are far more cultural diversities and fewer 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

Current Major Research Findings From the Culture Care Theory - continued

- Knowledge of care meanings requires a knowledge of the culture, local language, historical factors, and the environment of the people
- Marked differences between generic and professional care values and practices often lead to cultural clashes and cultural imposition, and negative outcomes
- High technology practices in Western hospitals tends to increase the distance between client and nurse

Current Major Research Findings From the Culture Care Theory - continued

- From the many ethnonursing studies to date, clients want their cultural values, ideas, beliefs, and lifeways to be fully understood by nurses and others in order to provide congruent care and to be respected
- Refer to other publications by Leininger, Leininger & McFarland, and other transcultural nurse researchers from 1978 to the present for additional research findings with use of the Culture Care Theory and the Ethnonursing Method

Current Major Research Findings From the Culture Care Theory - continued

- Generic (emic) practices provide the most credible and meaningful knowledge to guide professional nursing care practices
- Clients, who as key or general informants have experienced the ethnonursing research method, usually express positive feelings with the method and the theory. The transcultural nurse researcher needs to enter into the cultural world of the people for accurate and meaningful data
- From the many ethnonursing studies to date, clients want their cultural values, ideas, beliefs, and lifeways to be understood by nurses and others in order to provide congruent care and to be respected

Much more education in transcultural nursing must occur in order that nurses can provide culturally congruent, safe, and beneficial care to people of diverse cultures

“That the cultural needs of people in the world will be met by nurses prepared in transcultural nursing – remains a goal yet to be fully realized.”

M. Leininger (1960, 1985, 2001, 2005)

- **A major cultural gap exists between generic and professional care values and practices**
- **Reducing the knowledge gap between nurses and diverse cultures remains a cultural problem in nursing and with other health providers**

- **Cultural imposition is a serious and major concern that leads to destructive care practices**



- **Comparative culture care provides new discoveries of differences and similarities in care practices and in the practice outcomes**

- **Diverse care constructs discovered by transcultural nurses are still only limitedly used in nursing care practices**
- **It cannot be assumed that nurses of a particular culture give the best care to clients of the same culture**