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Article

Ethnonursing: A Qualitative Research Method for Studying Culturally Competent Care Across Disciplines

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Abstract

Nurse anthropologist, Madeleine Leininger, developed the culture care theory and ethnonursing research method to help researchers study transcultural human care phenomena and discover the knowledge nurses need to provide care in an increasingly multicultural world. The authors propose that the ethnonursing method can be useful for research that addresses providing care in other disciplines, including education, administration, physical, occupational, and speech therapy, social work, pharmacy, medicine, and other disciplines in which research findings have implications for human care and health. The authors discuss the culture care theory and describe the ethnonursing research method's enablers, data analysis phases, and qualitative evaluation criteria. The theory is presented as a guide for using research findings to design culturally competent and congruent care to promote well-being among diverse people, groups, communities, and institutions. Resources include a reference list of key source publications, a discussion of exemplar studies, and samples of a theory-based, open-ended interview guide and data coding system.

Keywords: culture care theory, ethnonursing research method, culturally congruent care, culturally competent care, qualitative research

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Introduction

The idea for this article occurred after the authors presented a poster titled, "The Use of the Ethnonursing Qualitative Research Method to Study Culture Care, Cultural Competence, and Culturally Congruent Care," during the 2009 *Thinking Qualitatively* conference at the University of Alberta's International Institute for Qualitative Methodology (IIQM) (see Appendix A). Conference participants proposed that the ethnonursing research method had potential for use in other disciplines.

M. M. Leininger—a nurse anthropologist world-renowned as an educator, researcher, theorist, and the founder of transcultural nursing—developed the culture care theory (CCT) and ethnonursing research method to study transcultural human care phenomena (Leininger, 2006a). The method uses an open, largely inductive process to document, describe, understand, and interpret peoples' care meanings (how they experience and value care) and daily lifeways (cultural practices). The CCT and ethnonursing research method generate knowledge to help nurses and other professionals care for people from similar and diverse cultures in an increasingly multicultural world (Leininger, 2006b). The ethnonursing researcher acts as a co-participant to discover how people know, experience, and practice care in their daily lives. Observation of and participation and reflection with participants throughout the research process allow discovery of emic (people's) and etic (professional's) values, beliefs, care practices, and health practices.

The purpose of this article is to raise awareness of this method for researchers outside of nursing. The CCT and ethnonursing research method are useful for research that addresses providing culturally competent care or related concepts in education, administration, and health care disciplines such as physical, occupational, and speech therapy, social work, pharmacy, medicine, as well as any discipline in which research findings have implications for human care and health.

Birth of the Theory and Method

The ethnonursing research method—one of two research methods developed within the discipline of nursing—was designed at a time when nurses needed to shift from largely ethnocentric views to multicultural views in order to effectively serve people worldwide (Leininger, 1997; Ray, 1981). While studying the Gadsup Akuna people of New Guinea in the 1960s, Leininger (2006c) wanted to learn about their ways of caring from their emic (local or insider) view and how this contrasted with American and other Western lifeways. This project has served as the exemplar for subsequent ethnonursing research studies and contributed to the conceptualization of the culture care theory.

Evolution of the theory and method is documented in Leininger's major published works, which begin with her work in nursing and anthropology (1970) and culminate in the second edition of her culture care theory book (2006a; 2006b; 2006c), with subsequent journal articles published through 2012 (1978; 1985; 1990; 1995; 1997; 2002; 2011; in press).

Foundations of Culture Care and Ethnonursing

The culture care theory asserts that care is the essence of nursing and the dominant, unifying focus of the discipline, and care influences the health and well-being of people in profound ways within their environmental contexts. From an anthropologic perspective, Leininger (2006a) found that care is deeply embedded in peoples' worldviews, social structures, and values, thus, making it an elusive phenomenon that is challenging to study. Healthcare providers and other professionals need substantive knowledge in their disciplines to guide their care decisions and

actions as they move beyond local and national perspectives to a global worldview. Professionals also need access to the care knowledge of diverse cultures to guide their clinical practices, teaching, curricular work, consultation, research, and administration.

Discovering embedded care phenomena requires an inductive, open-inquiry method that can explicate complex, covert, and largely unknown local people's views about care, health, and well-being. Using the construct of culture from anthropology and care from nursing, Leininger (2006a; 2006b) created the culture care theory and ethnonursing research method to advance a global perspective in nursing science and to establish the field of transcultural nursing.

The purpose of the CCT and ethnonursing research method is to discover, describe, and systematically analyze the care expressions, patterns, and practices of people in their naturalistic environmental contexts. The goal of the theory and method is to discover generic (folk) and professional care practices that promote health and well-being and to explore ways to use both types of care to plan and implement culturally congruent care that is satisfying, meaningful, and beneficial for people to achieve optimal health and to face disabilities or death (Leininger, 1997; 2006a).

Culture care theory has four major tenets:

- culture care expressions, meanings, patterns, and practices are diverse and similar
- worldview, multiple social structure factors, ethnohistory, environmental context, generic care, and professional care are critical influencers on culture care and predict health and well-being
- generic/folk and professional care are essential for health and wellbeing
- three action and decision modes guide the provision of culturally congruent care:
    - culture care preservation and/or maintenance
    - culture care accommodation and/or negotiation
    - culture care repatterning and/or restructuring. (Leininger, 2006a)

These theoretical tenets led to the formation of eleven related theoretical assumptions that researchers can use in Western and non-Western cultures in different geographical locations. These assumptions include the ideas that care is the dominant, central focus of nursing; care is essential for human health and well-being and survival; and culture care includes commonalities and differences (Leininger, 2006a, p. 18-19).

Orientational Definitions

The study of culture care involves complex phenomena, including what informants (participants) know and experience. To help the researcher discover this new, qualitative knowledge—and avoid focusing solely on *a priori* definitions— orientational (not operational) definitions are used in the ethnonursing research method. Cultures usually have their own care definitions, which need to be teased out during the research process. Orientational definitions are explicated inductively from the informants (research participants) and their situations based on what they know and experience. This process allows the researcher to access and define culture-specific knowledge. Essential terms of the theory and method explicated in previous work are listed in Table 1. These definitions are intentionally broad to allow the researcher to discover peoples' specific views about these terms. Hence, new dimensions of the definitions emerge as the research process unfolds (Leininger, 2006a).

Table 1: Orientational Definitions

Term	Definition
Care	Assistive and supportive actions, attitudes, and practices to help others toward healing and well-being.
Generic Care	Culturally learned and transmitted. Folk/Lay care. Traditionally based. People/informants way of knowing.
Professional Care	Formally taught and learned care. Professional healthcare providers' way of knowing.
Culture Care	Conceptual, global, cognitively learned and transmitted professional and indigenous folk values, beliefs, and patterned lifeways.
Culturally Congruent Care	Actions and decisions that fit with people's lifeways to support satisfying health care and promote well-being or dignified death.
Cultural Competence	A process in which nurses strive to work successfully within the cultural context of individuals, families, and communities (Andrews & Boyle, 2012, p. 268). Reflected through the provision of culturally congruent care.
Health	A state of well-being that is culturally defined, valued, and practiced, which reflects the ability of individuals or groups to perform their daily role activities.

Note. Adapted from *Culture Care Diversity and Universality: A Worldwide Nursing Theory* (pp. 10-16), by M. M. Leininger and M. R. McFarland, 2006, Sudbury, MA: Jones and Bartlett Publishers. Copyright 2006 by Jones and Bartlett Publishers. Adapted with permission.

For example, in an ethnonursing study (guided by the CCT) with German-American elders living in a nursing home, generic care was orientationally defined by researchers at the beginning of the study as culturally learned and transmitted traditional folk/lay care. The orientational definition of generic care evolved throughout the study into care as doing for others through individual and collective care, care as families helping elderly family members, care as spiritual/religious helping, care as having the nursing home clean and orderly, and care as living the German-American lifeways and traditions (McFarland & Zehnder, 2006).

Ethnonursing Research Process

The ethnonursing research method includes five general principles to guide the researcher. The first principle advises maintaining an open discovery, active listening, and genuine learning attitude in working with informants in the total context in which the study is conducted. The researcher remains an active learner by showing a willingness to learn from the people, demonstrating respect, and avoiding ethnocentric bias. The second principle stresses actively participating with the informants in reflection about the meaning of what is seen, heard, or experienced. The researcher develops sensitivity to the emic (local) view and considers how this affects the etic (professional) perspective. The third principle encourages recording whatever is shared by informants to preserve their ideas and meanings. The fourth principle emphasizes using an experienced ethnonursing research mentor to guide the research. The fifth principle clarifies the purpose of using ethnonursing in combination with another research method (Leininger, 2006b). Primary and definitive sources about the ethnonursing research method, such as classic

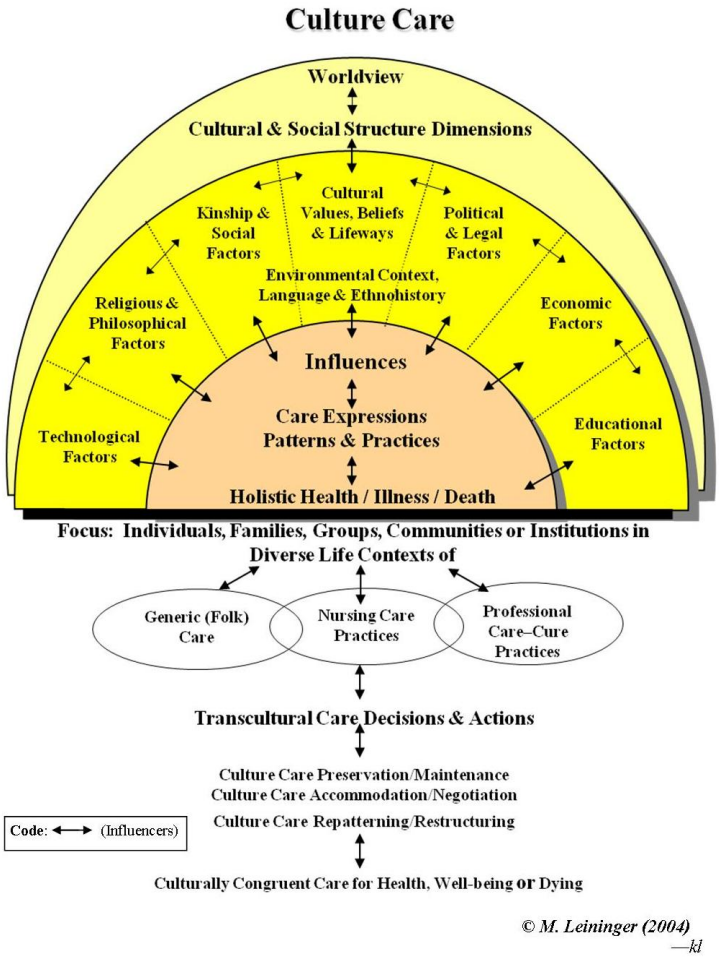
articles and book chapters, are included in the reference list. These in-depth resources provide detailed descriptions and examples of the major phases of the ethnonursing research method.

Researchers should develop their domain of inquiry (DOI) or study focus based on their general interest in and major hunches about care and culture. Broad research questions without preconceived responses can guide the researcher's thinking and allow new discoveries to be made. Study participants in the ethnonursing method are called informants. Key informants are those people holding the most knowledge about the DOI or major focus of the study. General informants may not be as knowledgeable about the DOI, but their general ideas can stimulate the researcher to reflect on similarities and differences in the research data among informants (Leininger, 2006b).

Research Enablers

Research enablers are important guides that help the researcher tease out in-depth culture care and general cultural knowledge from informants living in diverse cultural contexts. The Sunrise Enabler (Figure 1) serves as a cognitive map of the culture care theory (Leininger, 2006b).

Figure 1.0 Leininger's Sunrise Enabler to Discover Culture



The Sunrise Enabler provides a guide for the researcher to explore multiple influences on care and culture. The Observation, Participation, Reflection Enabler helps the researcher to enter the informants' world and remain with them throughout the study. With this enabler, the researcher gradually moves from being an observer and listener to an active participant. During the reflection phase, which occurs throughout the study, informants provide essential confirmatory data about the research phenomena. The Stranger to Trusted Friend Enabler helps the researcher befriend the informant to obtain authentic, credible, and dependable data. When the researcher becomes a trusted friend, informants generally will be more open about sharing their insights (Leininger, 2002; 2006b).

In the ethnonursing research process, an Open-Inquiry Guide Enabler is developed to encourage in-depth, open-ended interviews with informants. The guide is based on the components of the culture care theory and Sunrise Enabler and is customized for each study based on the domain of inquiry and the research questions. The use of this enabler encourages informants to share their ideas about care and other phenomena of interest. McFarland (1995) customized an inquiry guide to study Anglo- and African American elders living in a long-term care institution (see Appendix B). A description of the Phases of Ethnonursing Data Analysis Enabler guides the researcher through four sequenced phases of analysis as follows (Leininger, 2006b).

Four Phases of Data Analysis

The researcher begins data analysis on the first day of the research study and continues with regular coding and analysis of all data until the end of the study. In phase one, the researcher analyzes detailed raw data, including recorded and transcribed interviews, observations, participatory experiences, and field notes.

During the second phase, data are coded and classified as they relate to the domain of inquiry and research questions. Researchers may find qualitative software such as NVivo useful for organizing data. The data coding system has categories and domains labeled from constructs in the culture care theory (see Appendix C; McFarland, 1995). Additional unique codes specific to a study or discipline may be added or codes not applicable to a study may be deleted.

In phase three, data are scrutinized to discover saturation of ideas and recurrent patterns of similar and different meanings. Here, the use of the CCT enhances the ethnonursing research method as the researcher examines both the universal and diverse meanings of care. Discovering the commonalities people share as well as their differences is essential for knowing peoples' values, beliefs, and practices within their environmental context. Often comparing and contrasting cultural similarities and differences leads to findings that would not have been discovered if only diversities had been considered. In working with the theory and method over many years, the authors have found that cultural similarities often provide the glue that binds people together within the human family. Many people value the same cultural and social structure dimensions, such as family and religion; however, the related care patterns are similar and diverse within and among cultures.

For example, German-American Lutherans (McFarland & Zehnder, 2006), African-American Baptists, Anglo-American Methodists (McFarland, 1997), and Lebanese- and Syrian American Muslims (Wehbe-Alamah, 2006; 2011) universally valued care provided by their families. However, diversity was reflected in the care patterns specific to each cultural group. German- and Anglo Americans valued care provided by their spouses and adult children while African Americans valued care from their extended families, including "brothers and sisters" who were members of their churches (McFarland, 1997; McFarland & Zehnder, 2006). Lebanese- and

Syrian American Muslims valued care from their extended family members; however, because they had immigrated to the United States and were without family nearby, they traveled yearly to Lebanon and Syria during the summer to experience care while visiting with family and friends (Wehbe-Alamah, 2011).

Spiritual or religious care was found to be universally essential to enhance health and well being and maintain satisfying lifeways for elders from diverse cultures. However, diversities were reflected in the care patterns of different groups. For example, in an ethnonursing study of Anglo- and African American elders in a long-term care setting, it was discovered that both groups valued and received religious and spiritual care from their respective churches (McFarland, 1997). The presence of a Methodist chaplain and the support given by several Methodist churches in the community where the retirement home was located helped Anglo elders face living out their lives in an institutional setting with increasing disabilities and the inevitability of death. Community church choir members frequently sang at the church services conducted in the retirement home and women's groups helped with craft activities. African Americans living in the same retirement home received a more personal form of care from church members who were considered family. They did banking and laundry for elders and often transported them to medical and dental appointments. German Americans valued living in a Lutheran home that was owned and operated by the church. Since German was the first language of most residents, church services in German were held weekly in the nursing home chapel. Elders related that the spiritual care offered by the Lutheran chaplain at the nursing home helped them get through each day (McFarland and Zehnder, 2006). Elderly Polish Americans valued living in their own homes in their Polish-American neighborhood close to the local Polish-American Catholic church. Spiritual care was viewed as having opportunities for attending services, visiting, and eating daily lunches with their neighbors in the church basement, which served as a senior meal site (McFarland, 2002).

The fourth, and last, phase of data analysis includes interpretation and synthesis of findings. The researcher explicates and confirms major themes, care actions and decisions, and new theoretical formulations with the informants (Leininger, 2006b). Follow-up interviews—via face-to-face meetings, phone calls, or emails—help clarify interpretations, meanings, and findings. It is important to note that these data analysis phases are not linear; rather, the researcher is involved in all four phases at various points in the study. For instance, data is confirmed with informants at every phase of the study. Mixer (2011) conducted an ethnonursing research study to discover how nursing faculty in the South Eastern United States teach culturally competent care. The researcher followed up lengthy face-to-face interviews with faculty informants via email and telephone conference calls to confirm research findings. Findings revealed students were taught to provide culturally congruent and competent care through role-modeling in clinical settings but without an organizing theoretical framework. The researcher recommended the use of a framework, such as the culture care theory, to promote student learning based on evidence from transcultural nursing research and to help them understand culture within the context of a broadened worldview.

Qualitative Criteria for Evaluating Ethnonursing Research

Qualitative research has its own unique purposes, history, philosophical foundations, and methodologies. Lincoln and Guba (1985) and other methodologists have developed qualitative evaluation criteria. Leininger (1991a; 1991b) acknowledged their work and further developed six qualitative criteria to evaluate ethnonursing research: credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability. Credibility refers to the truth, accuracy, and believability of findings established mutually by the researcher and informants over time. Confirmability refers to establishing verifiable and direct evidence with participants. The

researcher confirms with informants the accuracy of patterns and themes formulated based on data collected. Data are maintained and systematically documented to ensure findings can be traced to actual data collected, which provides an audit trail. Meaning-in-context focuses on the significance of interpretation and understanding of the actions, events, communications, and other activities of informants within their environmental context. Recurrent patterning refers to experiences, human events, and lifeways that reflect the tendency to occur in patterned ways over time. Saturation refers to the notion that data is collected until redundancy occurs; informants share similar content and the researcher notes recurrence of the same information. Transferability refers to whether the findings of a particular ethnonursing research study would have similar meanings in another context with a similar cultural group (Leininger, 1991b; 2006b).

Using a research mentor is recommended when conducting an ethnonursing research study, and mentorship has been found to be useful for researchers to reduce biases; to reflect on the data and ensure findings are well grounded; and to facilitate meaningful linkages with similar and diverse data and discoveries from other ethnonursing research studies (Leininger, 2006b). Ethnonursing research method mentoring has occurred in both face-to-face and electronic formats. However, if a mentor is not readily available, many published ethnonursing research studies and other resources provide detailed descriptions of the research process. The reference list provides citations for selected culture-specific studies and examples from these studies have been incorporated throughout this article.

Action and Decision Modes for Practice Disciplines

Researchers in a practice discipline generate findings to contribute to general knowledge, but they are also obligated to provide recommendations for applying that knowledge in practice. The culture care theory offers three action and decision modes for providing culturally congruent and competent care: preservation and/or maintenance; accommodation and/or negotiation; and repatterning and/or restructuring (Table 2).

Table 2: Culture Care Theory Action and Decision Modes

Mode	Action
Culture Care Preservation/Maintenance	Those assistive, supporting, facilitative, or enabling professional actions and decisions that help cultures to retain, preserve, or maintain beneficial care beliefs and values or to face handicaps or death.
Culture Care Accommodation/Negotiation	Those assistive, accommodating, facilitative, or enabling creative provider care actions or decisions that help cultures adapt to or negotiate with others for culturally congruent, safe, and effective care for their health and well-being or to deal with illness or dying.
Culture Care Repatterning/Restructuring	Those assistive, supportive, facilitative, or enabling professional actions and mutual decisions that would help people to reorder, change, modify, or restructure their lifeways and institutions for better (or beneficial) health care patterns, practices, or outcomes.

Note. Adapted from *Culture Care Diversity and Universality: A Worldwide Nursing Theory* (p. 8), by M. M. Leininger and M. R. McFarland, 2006, Sudbury, MA: Jones and Bartlett Publishers. Copyright 2006 by Jones and Bartlett Publishers. Adapted with permission.

These three modes give the researcher a framework for using data discovered in ethnonursing research studies to design creative and practical approaches for providing culture-specific and holistic health care for diverse people, groups, communities, and institutions. For example, in an ethnonursing research study of rural Dominican Republic adults, informants expected their folk and spiritual care be combined with professional care. Using the modes of culture care preservation and culture care restructuring, the researcher recommended that healthcare providers should actively learn about these Dominican values and expectations and then create an environment that welcomes local folk caregivers and spiritual health practices (Schumacher, 2010). In another ethnonursing research study of botanical healing practices of elder African American women in the Mississippi Delta, culture care accommodation/negotiation was recommended to encourage elders with knowledge of botanicals with medicinal or therapeutic qualities to be members of the health care team (Gunn & Davis, 2011). These examples illustrate how the ethnonursing research method generates knowledge that assists healthcare professionals in the provision of care that is meaningful and culturally congruent for people.

Using the Culture Care Theory with Other Research Methods

The ethnonursing research method and culture care theory were developed to be used together. However, the theory can be used with other qualitative methods. Leininger (1997) contends that qualitative and quantitative paradigms have different philosophies, purposes, goals, methods, and desired outcomes; therefore, these paradigms should not be mixed within one study because this would violate the integrity of each paradigm. However, it is acceptable to mix research methods within a given paradigm as long as the philosophical premises and purposes are congruent. A researcher should have an explicit purpose to add or mix methods within a paradigm and the researcher needs to be fully knowledgeable about each method. While there are a number of qualitative research methods that can be used with the culture care theory, the choice of methods should fit the research interest, domains of inquiry, or phenomena under study. Ethnography, phenomenology, life histories, and focus groups have been used with the culture care theory and, sometimes, in combination with the ethnonursing research method (Leininger, 1990; 2006b).

Another option is to conduct parallel studies in each paradigm—one in qualitative and one in quantitative, either in sequence or at the same time with different participants—to compare findings in relation to the purposes of each paradigm (Leininger, 1997). For example, the authors of this article are conducting a series of sequential studies to discover the culture care competencies of nursing students and graduates from two universities at different points in their program progression —at graduation and later in their nursing practice. A quantitative tool is used to measure cultural competence while qualitative enablers with ethnonursing research and phenomenological methods will be used to discover the culture care values, beliefs, and practices of nursing students and graduates who strive to provide culturally congruent care.

Multidisciplinary Use of Ethnonursing Research Methodology

The ethnonursing research method has a long history of success in nursing. Researchers have produced substantive findings with diverse cultural groups, including gender-specific groups; institutional cultures and subcultures, e.g., deaf culture (McCreary & Coeling, 1999); homeless persons (Hubbert, 2005); elders (McFarland, 1997); children; teenage gang members (Morris, in press); adults; students and faculty (Mixer, 2011); diverse cultures in the workforce (McFarland, 1997); and in program evaluation (McFarland, Mixer, Lewis, & Easley, 2006). These studies document valuable, evidence-based knowledge and culturally congruent care practices that are potentially transferable for use by health care providers in other disciplines. All health care disciplines strive to provide culturally competent and congruent health care and educational

services, conduct culturally competent research, and administer culturally competent organizations. Professionals from these disciplines seek to discover knowledge about care and health from the peoples' points of view to ensure that their care is acceptable and satisfying. Use of the culture care theory and ethnonursing research method has multidisciplinary relevance because all these professionals—whether they practice in homes, clinics, hospitals, schools, or communities—seek to provide satisfying and culturally competent care for their clients.

The universal discovery among ethnonursing research studies has been the need and desire to combine generic and professional care to provide culturally congruent care for patients, families, community members, students, faculty, or administrators. The authors propose it is essential for other disciplines to discover care constructs and unique ways to combine generic and professional care for their own clients. Culture care research—using the ethnonursing research method guided by the culture care theory—within and across health care disciplines has the potential to promote multidisciplinary, coordinated, and integrated culturally congruent plans of care for optimal health outcomes and increased client satisfaction.

Conclusion

This article has offered a research method and a theory to health care professionals and others that could facilitate discovery of evidence-based and culturally competent care specific to their discipline. The ethnonursing research method and the culture care theory assist in discovering, honoring, and enhancing people's ways of knowing and give credence to the way people want to be cared for. Researchers from health care disciplines who are interested in discovering care phenomena with cultural implications from the people's point of view are invited to consider using the ethnonursing research method and the culture care theory as a method and framework for conducting relevant studies. The authors welcome comments and feedback.

References

Andrews, M. M., & Boyle, J. S. (Eds.). (2012). *Transcultural concepts in nursing care*. Philadelphia, PA: Wolters Kluwer/Lippincott, Williams, & Wilkins.

Gunn, J., & Davis, S. (2011). Beliefs, meanings, and practices of healing with botanicals recalled by elder African American women in the Mississippi delta. *Online Journal of Cultural Competence in Nursing and Healthcare, 1*(1), 37-49.

Hubbert, A. (2005). An ethnonursing research study: Adults residing in a midwestern Christian philosophy urban homeless shelter. *Journal of Transcultural Nursing, 16*(3), 236-244. doi: 10.1177/1043659605276174

Leininger, M. M. (1970). *Nursing and anthropology: Two worlds to blend*. New York, NY: John Wiley & Sons.

Leininger, M. M. (1978). *Transcultural nursing: Concepts, theories, and practices*. New York, NY: John Wiley & Sons.

Leininger, M. M. (1985). *Qualitative research methods in nursing.* Orlando, FL: Grune & Stratton.

Leininger, M. M. (1990). Ethnomethods: The philosophic and epistemic bases to explicate transcultural nursing knowledge. *Journal of Transcultural Nursing, 1*(2), 40-51. doi: 10.1177/104365969000100206

Leininger, M. M. (1991a). The theory of culture care diversity and universality. In M. M. Leininger (Ed.), *Culture care diversity and universality: A theory of nursing* (pp. 5-68). New York, NY: National League for Nursing Press.

Leininger, M. M. (1991b). Ethnonursing: A research method with enablers to study the theory of culture care. In M. M. Leininger (Ed.), *Culture care diversity and universality: A theory of nursing* (pp. 73-117). New York, NY: National League for Nursing Press.

Leininger, M. M. (1995). *Transcultural nursing: Concepts, theories, research, and practice* (2nd ed.). New York, NY: McGraw-Hill.

Leininger, M. M. (1997). Overview of the theory of culture care with the ethnonursing research method. *Journal of Transcultural Nursing, 8*(2), 32-52.

Leininger, M. M. (2002). The theory of culture care and the ethnonursing research method. In M. M. Leininger & M. R. McFarland (Eds.), *Transcultural nursing: Concepts, theories, research, and practice* (3rd ed., pp. 71-98). New York, NY: McGraw-Hill.

Leininger, M. M. (2006a). Culture care diversity and universality theory and evolution of the ethnonursing method. In M. M. Leininger & M. R. McFarland (Eds.), *Culture care diversity and universality: A worldwide nursing theory* (2nd ed., pp. 1-42). Sudbury, MA: Jones and Bartlett Publishers.

Leininger, M. M. (2006b). Ethnonursing: A research method with enablers to study the theory of culture care [Revised reprint]. In M. M. Leininger and M. R. McFarland (Eds.), *Culture care diversity and universality: A worldwide theory of nursing* (2nd ed., pp. 43-82). Sudbury, MA: Jones and Bartlett Publishers.

Leininger, M. M. (2006c). Culture care of the Gadsup Akuna of the Eastern Highlands of New Guinea: First transcultural nursing study [Revised reprint]. In M. M. Leininger and M. R. McFarland (Eds.), *Culture care diversity and universality: A worldwide nursing theory* (2nd ed., pp. 115-157). Sudbury, MA: Jones and Bartlett Publishers.

Leininger, M. (2011). Leininger's reflection on her ongoing father protective care research. *Online Journal of Cultural Competence in Nursing and Healthcare, 1*(2), 1-13.

Leininger, M. (In Press). Exploring collaborative culture care values with Leininger's theory. *Online Journal of Cultural Competence in Nursing and Healthcare.*

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, NY: Sage.

McCreary, J. A., & Coeling, H. V. (1999). The culture of the deaf. *Journal of Transcultural Nursing, 10*(4), 350-357. doi: 10.1177/104365969901000413

McFarland, M. R. (1995). *Culture care of Anglo- and African American elderly residents within the environmental context of a long-term care institution.* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses. (Order No. 9530568)

McFarland, M. R. (1997). Use of cultural care theory with Anglo- and African American elders in a long-term care setting. *Nursing Science Quarterly, 10(*4), 186-192. doi: 10.1177/089431849701000412

McFarland, M. R. (2002). Culture care theory and elderly Polish Americans. In M. M. Leininger and M. R. McFarland (Eds.), *Transcultural nursing: Concepts, theories, research, and practice* (3rd ed., pp. 385-401). New York, NY: McGraw-Hill.

McFarland, M. R., Mixer, S. J., Lewis, A. E., & Easley, C. E. (2006). Use of the culture care theory as a framework for the recruitment, engagement, and retention of culturally diverse students in a traditionally European American baccalaureate nursing program. In M. M. Leininger and M. R. McFarland (Eds.), *Culture care diversity and universality: A worldwide nursing theory* (2nd ed., pp. 239-254). Sudbury, MA: Jones and Bartlett Publishers.

McFarland, M. R., & Zehnder, N. (2006). Culture care of German American elders in a nursing home context. In M. M. Leininger and M. R. McFarland (Eds.), *Culture care diversity and universality: A worldwide nursing theory* (2nd ed., pp. 181-205). Sudbury, MA: Jones and Bartlett Publishers.

Mixer, S. (2011). Use of the culture care theory to discover nursing faculty care expressions, patterns, and practices related to teaching culture care. *The Online Journal of Cultural Competence in Nursing and Healthcare, 1*(1), 3-14.

Mixer, S. J., Wehbe-Alamah, H., McFarland, M. R., & Burk, R. (2009, June). *The use of the ethnonursing qualitative research method to study culture care*. Poster session presented at the Thinking Qualitatively Conference, International Institute for Qualitative Methodology (IIQM), University of Alberta, Edmonton, AB, Canada.

Morris, E. J. (in press). Respect, protection, faith and love: Major care constructs identified within the subculture of selected urban African American adolescent gang members. *Journal of Transcultural Nursing*.

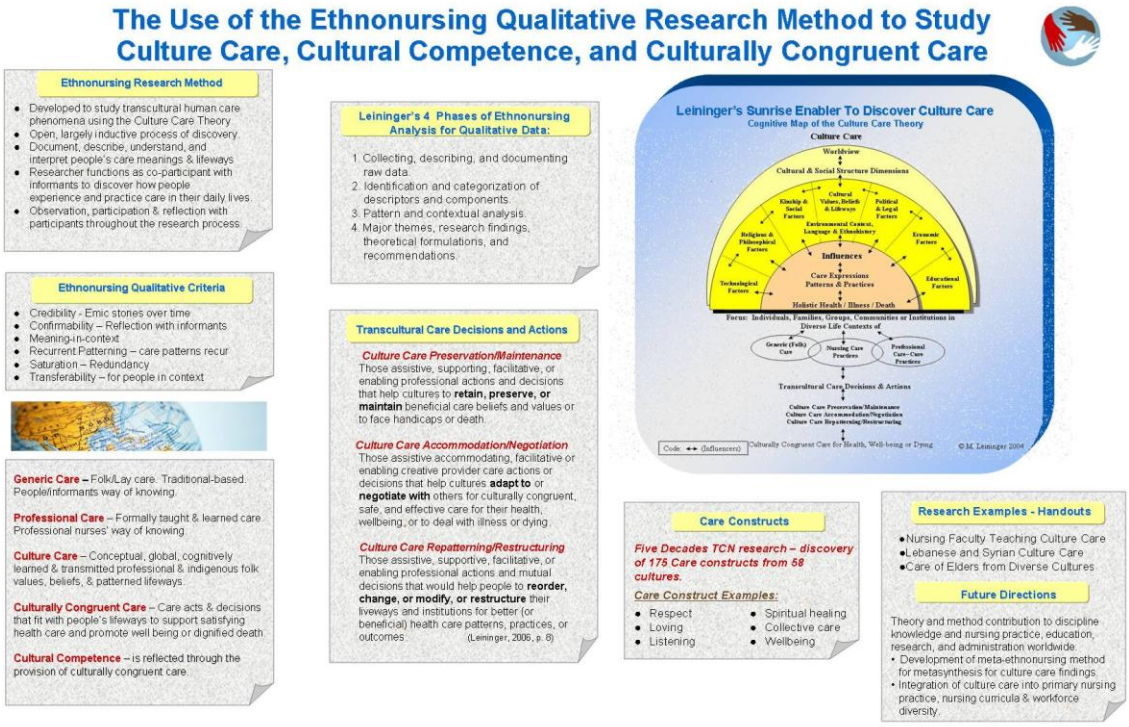
Ray, M. A. (1981). *A study of caring within an institutional culture*. (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses. (Order No. 8127787).

Schumacher, G. (2010). Culture care meanings, beliefs, and practices in rural Dominican Republic. *Journal of Transcultural Nursing, 21*(2), 93-103.

Wehbe-Alamah, H. (2006). Generic care of Lebanese Muslims in the Midwestern United States. In M. M. Leininger and M. R. McFarland (Eds.), *Culture care diversity and universality: A worldwide nursing theory* (2nd ed., pp. 307-325). Sudbury, MA: Jones and Bartlett Publishers.

Wehbe-Alamah, H. (2011). The use of culture care theory with Syrian Muslims in the Midwestern United States. *Online Journal of Cultural Competence in Nursing and Healthcare, 1*(3), 1-12.

Appendix A



From "The Use of the Ethnonursing Qualitative Research Method to Study Culture Care, Cultural Competence, and Culturally Congruent Care," by Mixer, S. J., Wehbe-Alamah, H., McFarland, M. R., & Burk, R., 2009, Poster session presented at the *Thinking Qualitatively* Conference, International Institute for Qualitative Methodology (IIQM), University of Alberta.

Appendix B

Culture Care of Anglo-American and African American Elders: Resident Open Inquiry Guide

This is an actual interview guide used in a research study. In this research, the investigator was studying nursing care provided to elderly residents. A researcher from another discipline would adapt the guide to reflect the healthcare provider and/or recipient of care being studied. For instance, a physical therapist would ask, "I am interested in learning from you about the physical therapy care/services you have received here" (I. Care –1.). This interview guide is presented as a template for a researcher from another discipline to adapt for his/her study.

Ethnodemographics

Name:
Informant #:
Sex:
Age:
Place of Residence in Institution:
Years in home:
Religious affiliation:
Years of formal education:
Cultural background:
Previous occupation:
Dates of contact:
Languages spoken:

I. CARE

1. I am interested in learning from you about the care here from your own experiences at this place. What does care mean to you from your experiences here?
2. Did you come to this place because you needed care? If so, tell me about the care that you needed as you entered and have been here over time. How does the care meet your expectations?
3. Tell me about the care you receive here during a typical day and night.
4. What statement, words, or ideas describe care in this home?
5. For you then, care means _____?
6. Prior to coming to this setting, your mother, father, or other relative may have provided care in your home, tell me about this.
7. How would you describe a caring person? Give an example of the most caring staff person you know here. Do you find nurses to be caring persons? How would you describe a caring nurse?
8. In your experience, tell me some stories about a caring nurse or staff member.
9. As a resident, do you at times give care to others?
10. Tell me about the care for people who live in the nursing home vs. the independent apartments or assisted living apartments? Tell me how care is the same or how it is different?

II. HEALTH (WELL-BEING)

1. I am interested in learning about your health. Tell me about your health.
2. What are your views of *good health?*
3. I am interested in whether you think that care affects your well-being or health?
4. What do you do personally to keep yourself in good health? Are there certain foods, activities, or medicines that you believe keep you healthy?
5. How do you think the care here in this place affects your health?
6. What does the term well-being mean to you? How does the term well-being differ or does it mean the same as health for you?
7. Words in the home that are used to describe good health and/or well-being are _____?

III. ENVIRONMENTAL CONTEXT

A. INSTITUTIONAL CULTURE

1. Tell me about your decision to come here to live.
2. Tell me how your life is different since you came here? How is it the same? Daily routine? 3. Were you able to bring any of your personal things with you? How do you spend a day here? How is that different from when you were at home?
3. How much contact do you have with people outside the home? Volunteers? Visitors? Phone calls? Letters?
4. Tell me about your visits or trips outside the home?
5. With whom do you spend most of your time here?
6. Where do you spend most of your time here?

B. EDUCATIONAL FACTORS

1. Are there chances/activities for learning new things here?
2. Do these activities affect your health (well-being)?

C. POLITICAL FACTORS

1. From your experience here tell me if you think politics affects care and/or health (well-being) here?
2. If you think politics influences care, give me an example.
3. Does the Residents Association have any effect on care, if so, what are these effects? How does the association handle problems that come up? Give me an example.

D. ECONOMIC FACTORS

1. Would you say having money is important here in relationship to your care?
2. How much does it cost to live here?
3. Is this the most economical place for you to live?
4. Do you ever worry about running out of money to pay for your care?

E. KINSHIP/SOCIAL FACTORS

1. I see families and visitors coming into the home frequently. From your experience, tell me about that.
2. Do these visits affect the care of residents?
3. Do you have friends and/or family visit here?
4. Do staff members stop to just visit or talk with you?
5. Do you go outside to visit your family or friends?

F. RELIGIOUS FACTORS

1. Tell me what part religion plays in your life?
2. This is a home affiliated with the Methodist Church. Does this affect the care here?
3. Have you made a decision about a living will? What kind of care have you requested if you become seriously ill?

G. TECHNOLOGICAL FACTORS

1. In your experience, has the high technology of today's health care influenced your care here?
2. I understand that the residents here are transferred to the *hospital* if they become ill. How is care the same or different here than in the hospital? How do you view the high technology of care in that hospital?

H. CULTURAL FACTORS

1. The idea of culture refers to the customs or lifeways of people, tell me about your customs or cultural lifeways.
2. What traditional activities in your family were important as healthy or good lifeways?
3. Are there special ways you celebrated the holidays in your family? Do you still have a choice to do that? What cultural groups are represented her among the residents? Among staff?
4. What would you say the largest cultural group is here among the residents? Among the staff?
5. What do you think of the increasing number of residents of African American descent who have come to live here? How have they (you) been received? Do you find areas of conflict and stress between residents of different cultures?
6. Have the lifeways (or has life) changed here with the increasing numbers of African Americans who have moved into your home? If life has changed, tell me how these changes have affected your life and care.
7. Most staff members are African American. How does this affect the care of Anglo (white) residents? African American residents? Do you find areas of conflict and stress between residents of a particular culture and nurses whose values and beliefs about care differ?
8. Have you found nurses and other staff members here considerate of your cultural beliefs, values, or folk practices? Give me some examples.

SUMMARY QUESTIONS

Is there anything else you want to tell me about your life here?
Or about the care you receive here?
About your health since you have been here?

From *Culture Care of Anglo- and African American Elderly Residents within the Environmental Context of a Long-term Care Institution*, by M. R. McFarland, 1995, Doctoral dissertation, pp. 269-273. Copyright 1995 by M. R. McFarland and adapted from Culturalogical Care Assessment Guide. In M. M. Leininger (Ed.), *Culture care diversity and universality: A theory of nursing* (pp. 73-117), by M. M. Leininger, 1991, New York, NY: National League for Nursing Press. Adapted with permission.

Appendix C

Coding Data System for the Leininger, Templin, and Thompson Field Research Ethnoscript

This is an actual coding guide from a research study conducted by a nurse with residents in a long term care setting. A researcher from another discipline would adapt this template to reflect the healthcare provider, the recipients of care, and the context of the study. For instance, a physical therapist might want to change the code "professional nursing care" to "professional physical therapy care/services" (Category III, Code 25).

CATEGORIES AND DOMAINS OF INFORMATION
(Includes observations, interviews, interpretive material, and non-material data)

CATEGORY I: GENERAL CULTURAL DOMAINS OF INQUIRY

CODE	DESCRIPTION
1	Worldview
2	Cultural-social lifeways and activities (typical day/night)
3	Ethnohistorical (includes chrono-data, acculturation, cultural contacts, etc.)
4	Environmental contexts (i.e. physical, ecological, cultural, social)
5	Linguistic terms and meanings
6	Cultural foods related to care, health, illness, and environment
7	Material and non-material culture (includes symbols and meanings)
8	Ethnodemographics (numerical facts, dates, population size and other numerical data)
9	*Racism, prejudice, race**

CATEGORY II: DOMAIN OF CULTURAL AND SOCIAL STRUCTURAL DATA
(Includes normative values, patterns, functions, and conflicts)

CODE	DESCRIPTION
10	Cultural values, benefits, norms
11	Economic factors
12	Educational factors
13	Kinship (family ties, social network, social relationships, etc.)
14	Political and legal factors
15	Religious, philosophical, and ethical values and beliefs
16	Technological factors
17	Interpersonal relationships (individual groups or institutions)
18	*Recreation*
19**	Code Deleted

CATEGORY III: CARE, CURE, HEALTH (WELL-BEING) AND ILLNESS OF FOLK AND PROFESSIONAL LIFEWAYS

CODE	DESCRIPTION
20	Folk (includes popular health and illness benefits, values, and practices)
21	Professional health
22	Human care/caring and nursing (general beliefs, values, and practices)
23	Folk care/caring (emic or indigenous beliefs, values, and lifeways)
24	Professional care/caring (etic beliefs, values, lifeways)
25	Professional nursing care/caring (etic and emic) lifeways (congruence and conflict areas)

26	Non-care/caring beliefs, values, and practices
27	Human cure/curing (general ideas, beliefs, values, and practices)
28	Folk cure/curing (emic beliefs and practices)
29	Professional cure/curing (emic and etic perspectives)
30	Alternative (new) or emergency care/cure systems
31	*Caring for others (resident to resident)*
32	*Reciprocal care*
33	*Self-care*
34**	Code Deleted

CATEGORY IV: HEALTH AND SOCIAL SERVICE INSTITUTIONS
(Administrative norms, beliefs, and practices with meanings-in-contexts)

CODE	DESCRIPTION
35	Cultural-social norms, beliefs, values, and context
36	Political-legal aspects
37	Economic aspects
38	Technological factors
39	Environmental factors
40	Educational factors (formal and informal)
41	Social organization or structural features
42	Decisions and action patterns
43	Interdisciplinary norms, values, and collaborative practices with medicine, social work, nursing, auxiliary staff, etc.
44	Nursing Specialties and features
45	Non-nursing specialties and features
46	Ethical/moral aspects
47	*Religious aspects*
48**	Code Deleted
49**	Code Deleted

CATEGORY V: LIFE CYCLE and INTERGENERATIONAL PATTERNS
(Includes ceremonies and rituals)

CODE	DESCRIPTION
50	Life cycle male and female socialization and enculturation
51	Infancy and early childhood
52	Adolescence or transitions to adulthood
53	Middlescence
54	Advanced years
55	Cultural life cycle values, beliefs, and practices
56	Cultural life cycle conflicts and congruence areas (i.e. intergenerational) (independence vs. dependence)
57	Special subculture
58	Life passages (i.e. birth, marriage, death, etc.)
59	*Additional life passages in retirement home (nursing home to apartment, apartment to nursing home, entering home)*
60	*Acculturation, assimilation, adjustment to retirement home*

CATEGORY VI: METHODOLOGICAL AND OTHER RESEARCH FEATURES OF THE STUDY

CODE	DESCRIPTION
61	Specific methods or techniques used

62	Key informants
63	General informants
64	Enabling tools or instruments used
65	Problem areas, concerns, or conflicts
66	Strengths, favorable and unanticipated outcomes of researcher and informants (i.e., subjective data and questions)
67	Unusual incidents, interpretations, and questions, etc.
68	Factors facilitating or hindering the study (i.e., time, staff, money, etc.)
69	Emic data
70	Etic data
71	Dialogue by interviewer
72	Dialogue by someone other than informant or interviewer
73	Additional contextual data (including non-verbal symbols, total view, environmental features, etc.)
74	Informed consent factors

* Italics indicates code created specifically for this study
** Codes deleted when not needed for analysis

From *Culture Care of Anglo- and African American Elderly Residents within the Environmental Context of a Long-term Care Institution*, by M. R. McFarland, 1995, Doctoral dissertation, pp. 285-288. Copyright 1995 by M. R. McFarland and adapted from personal communication, M. M. Leininger, (Fall, 1992). Adapted with permission.