Ethnography: An Introduction

Ethnography, defined as the science of description (graphic) of a group of people and their culture (ethno), comes from, and has a long tradition in, anthropology (Vidich & Lyman, 1994). The overarching characteristic of an ethnographic approach is its commitment to cultural interpretation (Wolcott, 1990) and it can be used to study patients’ views on the experience of illness and/or delivery of health services (Savage, 2000). Ethnography is also particularly useful in developing understandings about the organization of health care and can provide insights to nursing practice (Morse & Field, 1996). Culture is central to ethnography, the focus of which is to understand the cultural rules, norms, and values and how they inform and influence health and illness behaviors (Boyle, 1994).

Although culture has many definitions it usually consists of origins, values, roles, and material items associated with a particular group of people (Byrne & Raphael, 1997). Contemporary social scientists view culture as flexible and constantly in the making (Wright, 1998) and there is general agreement that human beings grow into cultural knowledge, within a social and environmental context (Ingold, 2001). There is also increasing awareness that cultures are fluid and subject to change over time, and that diversity exists both within and between cultural groups. Ethnography is often used to describe particular cultures in specific contexts rather than claiming research findings as representative of, or generalizable to, other groups. Therefore, the approach is particularly useful when dealing with something new, different, or unknown and potentially grounds other kinds of health research in the everyday realities of patients and care providers through explicating the ways in which cultural beliefs and practices influence health outcomes (Gifford, 1998a).

Unlike survey questionnaires or quantitative analyses where objectivity is sought, the researchers’ influence on the processes of gathering and analyzing data is acknowledged in ethnography. While the participant or insider (emic) perspective is the focus, the researcher or outsider (etic) perspective is also made visible to readers of ethnographic reports (Byrne, 2001). This strategy, referred to as reflexivity, acknowledges the subjectivity inherent to ethnographic studies and is used to describe the ways in which the researcher affects the research processes and outcomes (Pellatt, 2003). Therefore, the researcher is acknowledged as a variable in ethnographic studies, as he/she engages with the process of linking, bridging, negotiating, and translating between the patients’ and health care cultures (DeSantis, 1994).

Ethnography and Nursing Research

Traditionally ethnography has focused on small-scale communities that were thought to share culturally specific beliefs and practices, and data collection techniques of fieldwork and participant observation were predominant (Savage, 2000). One of the most cited traditional ethnographers was Margaret Mead who traveled to remote locations including New Guinea, Samoa, and Bali where she lived and studied various cultural groups (Mead, 1972). Although traditional ethnogra-
Duffy (2002; 2005) avoided such shortcomings by contextualizing what she observed by conducting participant interviews. By combining data collection methods, triangulation was achieved in which the data from each source, fieldwork, participant observation, and interviews were used to judge the validity of the data obtained from the other sources. Duffy (2002; 2005) also included many different participants to explore and describe diverse cultural perspectives. For example, men, women, and health workers, some of whom were HIV positive, were observed and interviewed for the study. These approaches facilitated the development of thick descriptions about the cultural milieus, and highlighted a subculture of Ndau women that otherwise may have only been known to insiders. The overall blend of fieldwork, participant observation, and interviews can vary in ethnographic research, but should be guided by the research questions and ongoing evaluation of whether current approaches are yielding data capable of achieving the study aims.

The findings from Duffy’s (2002; 2005) study indicated that women’s socialization to become workers and mothers occurred in the context of limited voice, subservience, violence, and economic powerlessness, all of which were barriers to HIV prevention. In addition, condoms were associated with prostitution and therefore both men and women were disinclined to use them within marital relationships. Cultural beliefs and practices potentially gender inequality and this had implications for nurses working directly with the Ndau women, as well as those nurses developing targeted health policy and health promotion programs. It was clear that progress in reducing the transmission of HIV would begin with recognition of a need for change, and that recognizing deviations from cultural norms might offer creative ways to think about how that change might be initiated (Duffy, 2002; 2005). After all, the instructions of culture do not contain only rules for guiding behavior; they also contain rules for breaking these rules (Harris, 1999).

Ethnography is not inclusively the work of anthropologists who are totally immersed in foreign, far-away cultures for extended periods of fieldwork. The practicalities in terms of feasibility and ethics, as well as the time and money required to undertake “traditional ethnography,” have resulted in the focus for many Western ethnographers shifting from remote communities to settings “at home” (Wilcott, 1990). Contemporary ethnographic approaches commonly referred to as rapid assessment procedures (Scrimshaw, Carballo, Ramos, & Blair, 1992), mini (Lieninger, 1985), focused, micro (Muecke, 1994), or particularistic ethnography (Boyle, 1994) are used to zero in on particular settings, cultural events, or scenes, giving emphasis to specific behaviors in selected settings. These intensive ethnographic approaches of shorter duration have been effective when applied within more focused health research to gain a first insight to a culture as a source
of developing hypotheses for detailed investigation using other methods (Gifford, 1998b).

The approach was used by Malone (1998), an emergency nursing clinician, to investigate the reasons why increasing numbers of patients returned repeatedly, sometimes more than once a day, to emergency departments (EDs). Although fieldwork and participant observations were conducted, interviews were the main form of data collection in this study. Fifty-two audiotaped, open-ended interviews were conducted with 46 frequent visitors or heavy user (HU) patients of two EDs.

The interview is one of the most powerful qualitative methods which takes the ethnographer into the world of the participant and allows them to see the content and patterns of daily experience (McCracken, 1988). Interviews can take many configurations. For example, data can be collected through informal discussions with participants during fieldwork, or more formal interviews in which the dialogue is typically audio-tape recorded and later transcribed. The interview structure and approach is also variable. Specific questions may be asked of all participants in a particular sequence using structured interviews.

Open-ended interviews were used by Malone (1998), in which participants were encouraged to talk about themselves and their experiences as ED patients. This approach was used to encourage free-flowing conversations (Oakley, 1981), and it is particularly effective in developing understandings of particular groups about which little is known. Although Malone (1998) conducted individual interviews mostly on a single occasion, groups can also be interviewed and/or a series approach adopted. For example, focus group interviews enable the beliefs and behaviors of larger numbers of participants to be explored and described. Interviewing participants multiple times using a series approach can help build rapport between the interviewer and interviewee and facilitate in-depth discussions (De Laine, 1997). Regardless of the specificities, interviews offer access to research participants’ ideas, thoughts, and memories in their own words and provide an excellent way of discovering the subjective meanings and interpretations that people give to their experiences of health and illness.

The findings from Malone’s (1998) study indicated that most of the HU patients suffered from chronic illnesses such as alcoholism, diabetes, chronic pulmonary diseases, and hypertension; however, homelessness and social problems were the primary reason for their high ED usage. Specifically, HU patients were often seeking safety, rest, shelter, comfort, showers, food, clothing, inclusion, and recognition at EDs. Malone (1998) suggested that HU patients’ ED usage patterns reflected the limited availability of community-based services. She concluded that ED service provision to the HU population resembled almshouses, 19th century publicly funded predecessors to public hospitals, that served the degenerate, indigent, and dependant who had no families to pay for or provide their basic care and upkeep (Rosenberg, 1987).

Malone’s (1998) study described both ER and HU patient cultures, and their interconnections. Because individuals lives are situated in many cultures (for example, related to socio-economic associations, health status), ethnographic methods can be used to study a variety of health and illness experiences (Creswell, 1998). For example, ethnographic studies about men’s accounts of their transition to fatherhood (Draper, 2002), men’s influences on women’s reproductive health (Dudgeon & Inhorn, 2004), cultural norms among a group of residential patients in a psychiatric hospital (Leyser, 2003), student nurses’ experiences of clinical practicum (Holland, 1999), the culture of a hemodialysis unit (Aswanden, 2003), and nurse-doctor interactions at critical care ward rounds (Manias & Street, 2001) have described patterns of behaviors and beliefs in cultures that existed outside the confines of shared geographic origins and/or locales.

**Future Applications for Nursing and Ethnographic Research**

Ethnography provides an eclectic array of options to develop nursing knowledge, and nurses generally have well-developed observation, documentation, and analytical skills that are ideally suited to ethnographic research. Furthermore, many nurses are in a unique position to describe patient and nursing cultures by virtue of providing care and their close working relationships with nurses and other health care professionals. With this in mind, three potentially productive avenues to conduct ethnographies in nursing research include (a) ethnocultural groups, (b) health consumers and provider groups, and (c) generational groups.

**Ethno-cultural groups.** Nurses in many Western countries are witnessing a rising tide of multiculturalism, and the associated challenges extend beyond literacy and language. As a consequence there is growing pressure for nurses to provide culturally sensitive care. Although ethnographic studies have contributed cultural information to guide clinical practice, much of what is know about the connections between culture, health, and illness are representative of, or described in opposition to Western ideals (Krumeich, Weits, Reddy, & Meijer-Weitz, 2001). Nurse ethnographers would be well-served by describing specific cultural patterns in order to develop targeted interventions to best meet increasingly diverse patient needs. For example, numerous studies have described the poor uptake and/or iniquitous access to health services for South Asian immigrants living in the United Kingdom (Chaturvedi, Rai & Ben-Shlomo, 1997; Lear, Lawrence, Burden, & Pohl, 1994; Shaukat, de Bono & Cruickshank, 1992). Ethnographic research could be used to develop contextual cultural explanations about this patient-provider disconnect which up until this time has been known but neither understood nor comprehensively addressed.
The globalization of health care has intensified due to recurring shortages of nurses in many parts of the Western world. As a result, large numbers of nurses from other countries work within the same context of time and space, and for many immigrant, nurses acculturation necessitates the development of biculturalism because experiences can be different from their previous lives. One interesting avenue of inquiry, well suited to ethnography, would be to describe how diverse nursing cultures have become dominant in nursing, replete with their own communication patterns, values about caring, and leadership styles. The information could be used to foster intercultural relationship building and transform nurses from diverse backgrounds into cohesive teams.

**Health consumers and provider groups.** Advances in medical sciences and treatments have contributed to the increased life expectancy of people in many Western countries, which has inadvertently increased the likelihood of living with chronic illness. Simultaneously, emergent models of health promotion and community-based health care delivery have encouraged the self-management of health and illness. As these population and public health trends continue to evolve, there is potentially much to be learned from individual and collective patient strategies to adapt to such changes. For example, the increasing numbers of community-based patient groups, such as prostate cancer and breast cancer support groups, are likely to provide rich opportunities for nurse ethnographers to describe how people develop advocacy roles and support each other in terms of health and illness.

Nursing has also responded to changing patient populations and health systems, and it will be important to describe how nursing “fits” with the emergent changes in health care delivery. For example, nurse practitioners have established a high level of credentialed expertise and autonomy. Many nurses work in community settings as well as hospitals, and health promotion has become increasingly visible in nursing practice. Management, education, and research have also emerged as specialized areas of nursing practice. These relatively recent changes have, in large part, been direct responses to changes in health care delivery. For example, the increasing numbers of community-based patient groups, such as prostate cancer and breast cancer support groups, are likely to provide rich opportunities for nurse ethnographers to describe how people develop advocacy roles and support each other in terms of health and illness.

**Generational groups.** Particular generations develop cultural norms which are subject to change over time. The War Baby Generation (born between 1936 and 1945), the soon to be retiring Baby Boomers (born between 1946 and 1964), and the more recent Generation Xs and Ys have grown up in distinctly different times. In terms of patients, many younger people have grown up with health promotion messages and are also more likely to see their parents and grandparents advance to older age and contend with the challenges of chronic illness. Such exposure and experiences may influence adolescent and early adult health behaviors, a period strongly associated with risk-taking behaviors in previous generations (Courtenay, 1998). Ethnography can be used to describe emergent as well as established generations, rather than assuming generalizable or static health and illness behaviors across and within distinctly different periods of history.

Similarly idealized models of nursing care have changed over time and across generations. For example, newly graduated nurses may hold significantly different beliefs about nursing in comparison to more experienced or veteran nurses. So, although nursing cultures have been acknowledged for many years, there is increasing diversity within what has often been collectivised as nursing culture. The cultural milieus and specificities of how different generations of nurses interact also provide intriguing opportunities for ethnographic researchers.

Finally, perhaps the greatest opportunity and challenge for the nursing application of ethnography is to move beyond description. The need to demonstrate the practical “worth” of ethnographic research projects in terms of measurable cost savings and improved health has meant that ethnographers must do more than describe people’s health problems or discreet aspects of nursing practice. One option is to design larger multi-stage studies that explicitly link description to needs assessment and analyses along with community-informed health interventions and evaluation. Nurses are in a prime position to achieve this, given their community presence and access. Therefore, nurses could greatly enhance the usability of ethnographic accounts by ensuring that links between patients’ experiences and nursing practice were connected in meaningful and sustainable ways.

**Conclusion**

It is my genuine hope that I have provided some practical advice, illustrative examples, and highlighted possible future applications to prompt novice as well as experienced researchers to consider, and perhaps reconsider the potential benefits of using ethnography in nursing research.

**References**


When to use ethnography. Ethnography is most useful in the early stages of a user-centred design project. This is because ethnography focuses on developing an understanding of the design problem. Therefore, it makes more sense to conduct ethnographic studies at the beginning of a project in order to support future design decisions (which will happen later in the user-centred design process). Simple guide on ethnographic research, it types, methods, examples and advantages. Also highlights how to conduct an ethnographic research surveys. Ethnographic research is a qualitative research approach that involves observing variables in their natural environments or habitats in order to arrive at objective research outcomes. As the name suggests, ethnographic research has its roots in ethnography which is the in-depth study of people, cultures, habits and mutual differences. Ethnography is the descriptive study of a human society, based on data obtained primarily from fieldwork. The ethnographer immerses himself or herself in the life of a social group in order to collect all the necessary data. Ideally, the ethnographic method should allow the researcher to completely understand another culture, and the behavior of the people who live in it. However, there are various difficulties involved in gathering authentic data in this way, due to the tendency of people to see and