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The use of the ethnonursing qualitative research method to study culture care

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The Use of the Ethnonursing Qualitative Research Method to Study Culture Care, Cultural Competence, and Culturally Congruent Care

**Ethnonursing Research Method**
- Developed to study transcultural human care phenomena using the Culture Care Theory.
- Open, largely inductive process of discovery.
- Document, describe, understand, and interpret people’s care meanings & lifeways.
- Researcher functions as co-participant with informants to discover how people experience and practice care in their daily lives.
- Observation, participation & reflection with participants throughout the research process.

**Ethnonursing Qualitative Criteria**
- Credibility - Emic stories over time
- Confirmability – Reflection with informants
- Meaning-in-context
- Recurrent Patterning – care patterns recur
- Saturation – Redundancy
- Transferability – for people in context

**Leininger’s 4 Phases of Ethnonursing Analysis for Qualitative Data:**
1. Collecting, describing, and documenting raw data.
2. Identification and categorization of descriptors and components.
3. Pattern and contextual analysis.
4. Major themes, research findings, theoretical formulations, and recommendations.

**Transcultural Care Decisions and Actions**
- **Culture Care Preservation/Maintenance**
  Those assistive, supporting, facilitating, 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, facilitating, 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, wellbeing, or to deal with illness or dying.

- **Culture Care Repatterning/Restructuring**
  Those assistive, supportive, facilitating, or enabling professional actions and mutual decisions that would help people to reorder, change, or modify their lifeways and institutions for better (or beneficial) health care patterns, practices, or outcomes.
  
  (Leininger, 2006, p. 8)

**Generic Care** – Folk/Lay care: Traditional-based. People/informants way of knowing.

**Professional Care** – Formally taught & learned care. Professional nurses’ way of knowing.

**Culture Care** – Conceptual, global, cognitively learned & transmitted professional & indigenous folk values, beliefs, & patterned lifeways.

**Culturally Congruent Care** – Care acts & decisions that fit with people’s lifeways to support satisfying health care and promote well being or dignified death.

**Cultural Competence** – is reflected through the provision of culturally congruent care.

**Research Examples - Handouts**
- Nursing Faculty Teaching Culture Care
- Lebanese and Syrian Culture Care
- Care of Elders from Diverse Cultures

**Future Directions**
- Theory and method contribution to discipline knowledge and nursing practice, education, research, and administration worldwide:
  - Development of meta-ethnonursing method for metasynthesis for culture care findings.
  - Integration of culture care into primary nursing practice, nursing curricula & workforce diversity.