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Abstract

Due to an increasingly diverse world, healthcare researchers should consider collaborative research within a cultural community in order to provide holistic care for all patients. One of the key steps in cultural research is establishing relationships with leaders within that cultural community. Because the Somali group is such a large cultural group in the state of Minnesota, two Caucasian nurse researchers from an academic institution used several methods to connect and build trust within the Somali community in preparation for a study designed to discover and understand the birth experience of immigrant Somali new mothers. Through the process of conducting research within the Somali community, several lessons were learned and a number of surprises were revealed. Following the research, a continued relationship with the community resulted in collaborative learning opportunities. This collaboration is of mutual benefit to healthcare providers and the cultural community.

The Midwestern state of Minnesota has an increasingly diverse population. The face of the state is changing and it is home to numerous cultural groups including persons from Somalia (Minnesota Compass, 2015). Currently, within the United States, Minnesota is home to the largest Somali community outside of Somalia (Gulaid, Ahmed, Mukhtar, & Ashkir, 2014). As of 2014, there were approximately 34,000 Minnesota residents of Somali origin (Gulaid et al., 2014); some sources report there are 50,000 or more Somalis now living in Minnesota (Stratis Health, 2015). However, Somalis believe there may be many more Somalis living within the state. Within Minnesota, the largest population of Somali immigrants resides in Minneapolis/St. Paul, a large metropolitan area.

The standards of nursing practice include provision of holistic care that "addresses the needs of diverse populations across the lifespan" (American Nurses Association, 2010, p. 38). Some diverse communities lack holistic care due to lack of knowledge among healthcare providers. Ahmed, Adam, Clark, Wesaw, Gollust, and Nanney (2015) emphasize that "the community's voice is combined with the research" to bridge this information gap (p. 61). It is essential that researchers learn from the cultural group their perspectives of care, and in particular what is important to them in relation to health and illness throughout the lifespan. Leininger's Culture Care Diversity and Universality theory suggests the role of the researcher is to maintain openness and willingness to learn from participants. She states: "the researcher remains an active learner about the people's world by becoming involved in and showing a

willingness to learn from the people" (McFarland & Wehbe-Alamah, 2015, p. 49). Researchers need to form partnerships with the community so that the purpose of the research aligns "with an action of value to the community" (Foley, Raphael, Adolphe, Wu, Tamene, Rubin, & Yusef, 2010, p. S142).

Connection with the Community

Because the Somali group is such a large cultural group in the state of Minnesota, it was important to talk with members of this group to obtain information that can be applied to healthcare practices, specifically, childbirth experiences (Missal, Clark, & Kovaleva, 2015). The starting point of research within a cultural group is to connect with the community. Abdirahman Yusuf, co-founder and executive director of Somali Development Center in Jamaica Plain, Massachusetts, states: "It is important that researchers work together with us to help our [Somali] communities before we can even begin to participate" (Foley et al., 2010, p. S139). Ahmed et al. (2015) also emphasized the importance of engaging with partners in the community in research for underserved groups including Somalis.

Research within a cultural group requires connection with the community. This occurs specifically through establishment of a trusting relationship with a community leader. This leader can provide cultural insight and feedback concerning the aim and design of the study, endorse the research study, and facilitate access to the community (Berg, 1999). Yusuf states the leader in the Somali community can answer the potential participants' question: "'Why do these people want to know

these things?' …and "to address what this research is going to do for them" (Foley et al., 2010, p. S141). Establishing a trusting relationship with the community leader may take time and multiple contacts. Schaffer (2009) explains that "it takes time to determine what issues are of interest to the community; a cultural guide may be needed" (p. 85). Realizing that this process may be lengthy will encourage researchers to remain committed and tenacious in beginning a research study.

Once community leaders are found and trusting relationships are established, they can provide the opportunity to gain access to the community, including suggestions for recruitment and potential participant names and contact information. When initiating contact with potential participants it is essential that researchers also establish trust with them and demonstrate cultural sensitivity. Williams, Utz, Jones, Hinton, Steeves, and Alexander (2011) found that in cultural research it is important to adapt "a culturally sensitive approach to recruiting" (p. 7). This includes establishment of trusting relationships (Williams et al., 2011). In their review of the literature, George, Duran, Norris (2014) found that among minority research participants, mistrust was the most common barrier, appearing in 73% of the studies across the qualitative and quantitative studies they reviewed.

For the purpose of providing holistic care, two Caucasian nurse researchers from an academic institution used several methods to connect and build trust within the Somali community in preparation for a study designed to discover and understand the birth experience of immigrant Somali new mothers (Missal et al., 2015). To expand their knowledge of the Somali culture, the researchers attended a daylong conference on Somali adult literacy training. The researchers also met with three different Somali leaders in the large metropolitan area: A businesswoman, a philanthropist, and a Somali women's advocate/educator, and had contact with additional leaders including meeting with a suburban literacy class at a community center to present an overview of the research plan and gain endorsement.

Networking was vital to making these connections within the community. A physician known to the researchers, who was interested in providing perinatal cultural care to Somali women, introduced the researchers to the women's advocate/educator, who connected the researchers to several participants and became their cultural expert and mentor. Wells and Cagle (2010) explain that community members provide rich knowledge of cultural

values and behaviors, help to identify potential study participants, and can identify ways to return study findings to benefit the community.

Following connection with community leaders, the researchers began recruitment of recommended participants. George et al. (2014) discuss recruitment of study participants and report that "recruitment of minorities can require additional investments of time and resources to learn what methods may work in distinct communities to improve community acceptance of clinical research and thus improve participation" (George et al., 2014, p. e16). Recruitment of every participant of the study of childbirth experiences of Somali women occurred through a person with a known relationship to that participant (Missal et al., 2015).

The Somali leaders provided names and contact information for the Somali women in the study. These women were telephoned to request their participation and to schedule a time for the interview. Snowball sampling occurred as these women suggested friends or acquaintances for the study. Twelve immigrant Somali women who had given birth in the United States participated in the study. In the majority of cases, interviews took place in the women's homes. One took place at a university and one in a community center. Two participants were interviewed together, and the others were interviewed as individuals.

> The interview topics included the following: description of the new Somali mother's childbirth experience, the role of family and friends in providing support, the place of cultural and religious beliefs and practices in the childbirth experience, and the nurse's role in the new mother's childbirth experience. The interviews were semi-structured and therefore additional questions emerged throughout the interview related to how the nurse could be of support to the new Somali mother.

The literature highlights the need to approach a community with "respect, honor, and cultural humility" (Foley et al., 2010, p. S142). Schaffer (2009) discusses that "the humble researcher recognizes the expertise of community members and seeks out and listens to the voices of the community" (p. 87). The researchers demonstrated this by entering the community as learners and acknowledging the women as experts in their childbearing experience. During data collection and analysis the researchers returned to the participants and cultural expert

to gain validation of the accuracy of their findings describing the women's childbirth experiences. "Lincoln and Guba considered member checking a particularly important technique for establishing the credibility of qualitative data" (Polit & Beck, 2010, p. 499).

The findings of the women's childbirth experience study (Missal et al., 2015) were communicated to practicing nurses in order to provide holistic care to their patients. In addition, the researchers returned to the Somali community to communicate the results to the participants and other interested women.

Findings

Through analysis we confirmed patterns and themes, specifically six themes. The first theme was the limitations of support due to separation from family. In Somalia the new mother has the full support of extended women relatives who care for her and the baby for the first 40 days and provide guidance on care of the newborn. This support includes food preparation, entertaining guests, and completion of household chores. One woman stated: "[In Somalia] all that she [new mother] does is feed the baby and sleep, that's it. In America nobody gets that time. When we got out, we went to a department store. That is very strange." Another stated, "Something bad will happen to you if you step out of the house during the first 40 days."

The family support is not always available for the immigrant mother. One woman stated: "[I] don't have a family here. Think about family and get sad." One woman explained that the role of older women in Somalia included educating new mothers. She stated: "I think if you lived with someone older like your mom or auntie they would tell you to do this or that."

The second theme was the importance of cultural and religious beliefs and practices. Traditional foods throughout the perinatal period, such as porridge, are important to give strength and add comfort. One participant said:

With my first child, my sister made it [porridge] with goat kidneys and with bread and she brought it to the hospital. "No, I am going to eat hospital food," and she was like: "No, you are a new mother and you are going to get hungry in the middle of the night." And 4:00 in the morning came and I was so hungry and I had my porridge and I was so grateful.

The third theme was the desired relationships with nurses. Some indicated they had positive experiences and others reported relationships that were not as helpful. One woman stated: "One nurse was the best. She was coming to visit me often. She taught me about the baby and to care for the baby. She was nice. She was talkative." Another woman stated: "One of the nurses was very nice, but the others just ordered the pain medication and never came back to see how the pain was and to see the results."

The fourth theme was the fear of cesarean section (C-section). This is a common fear among Somali women. Sometimes the woman is blamed by the family if a C-section is needed. One woman stated: "My husband believes in natural birth." Another said: "All I did when I heard about the C-section was pray. I just prayed. I am a good person and I don't bother anyone. Mother and father please help me."

The fifth theme was the value of education for Somali women. Several of the participants were attending formal educational programs or obtaining a childcare certificate. One new mother stated: "I decided I needed to go back [to school] when I couldn't help a neighbor's child with second grade English. I became a better mother. For me – I had to go out. Mother needs to be educated and to help the family. . . . In order to interpret . . . and to understand what is going on. . . . They will be raising their children."

The sixth theme was the presence of postpartum blues/depression. One participant stated: "So I was crying the whole night and I had postpartum blues and I was calling my husband all night." Another participant stated: "I had 100 percent postpartum blues. It was just me and baby for two months."

Partnership with the Community

Following the study, the possibility of an ongoing educational partnership was discussed between the nurse researchers and the community advocate/educator. This leader facilitated a meeting between the researchers and the community women to discuss this idea and possible educational topics of interest to the women. It was anticipated that this collaborative learning relationship would further enhance the relationship between health-care and the Somali community. Wells and Cagle (2010) contend that relationships with community members can "support sustainable future clinical-academic partnerships" (p. 8). Simon, Ragas, Willis, Hajjar, Dong, and Murphy (2014) also discuss that "involving the community

in discussion and research has secondary benefits such as the fortification of personal relationships between the community, health practitioners, and the research team" (p. 65).

The outcome of meetings with the community leader, community members, and researchers was the birth of a partnership: Healthy Infants and Mothers Interdisciplinary Learning Opportunity (HIMILO). In the initial discussion of this partnership, the following guidelines were agreed upon. Group norms were established: (a) listen to each other, (b) look at strengths and challenges, (c) feel comfortable, (d) establish trust, and (e) feel free to ask questions. Numerous topics and potential speakers related to women's health were identified as foci for future meetings, with suggestions from the community leader, the nurse researchers, and the Somali women. It was agreed that experts within the healthcare community would be invited to meet with HIMILO to discuss specific topics. The logistics of the meetings were discussed such as time, place, frequency, and communication.

One of the specific topics that came out of the findings from the Somali immigrant childbirth experience study (Missal et. al, 2015) was that Somali women delay going to the hospital when in labor due to their fear of C-section. Therefore, a perinatal physician was invited to speak to the women about this topic and readily agreed to speak. He gave an overview of C-section, including purpose, outcome, and patient involvement. The women were given an opportunity to ask questions and there was valuable interaction and discussion among the physician, the women, and an accompanying nurse midwife.

Another HIMILO gathering with the Somali women occurred when the nurse researchers presented the findings from their Somali immigrant childbirth study. The women were eager to hear about the study and confirmed the results. Women began to share related stories from their own childbirth experiences.

Through these gatherings the researchers have continued to build trusting relationships with the community. Somali women have shared about their families and demonstrated interest in the researchers' families and experiences.

Although there have been formal presentations of topics, there have also been times of lightheartedness and laughter. This supports Simon et al.'s (2014) discussion of the secondary benefits of research within a community: building personal relationships between the research team and community members.

In addition to meeting within the Somali community this partnership facilitated the participation of the community leader and the researchers in a panel discussion at the academic institution for interested faculty on the topic of community partnerships. Both the community leader and the researchers presented their perspectives of the importance of the partnership between a community and academic institution, identifying the benefits, such as mutual understanding and learning.

Lessons Learned and Surprises Encountered from Research within a Somali Community
Lessons Learned

Through the process of conducting research within the Somali community the researchers gained much insight and several lessons were learned. Some lessons became evident as the research was conducted, while others were revealed upon reflection (Table 1).

One of the first lessons learned was the necessity of networking with community resources and programs that would provide access to the Somali community. Networking takes time and develops over multiple conversations through many avenues such as emails, phone calls, attending seminars, and face-to-face conversations.

Table 1. Lessons Learned During Community Research and Collaboration

Research	Collaborative Learning
Networking with community resources and programs gains access to a community	A key leader is needed to develop and continue the community learning partnership
Networking takes time and multiple conversations through varied channels	Community collaboration develops over weeks and months
Acquiring community access can be a lengthy process	Academic partners need to be continual learners when in a cultural community
Mutual trust between researchers and community leaders is essential	Flexibility accommodates the busy schedule of working mothers in all cultures
Snowball sampling is essential in obtaining participants in cultural research	
It is beneficial to conduct cultural research with two researchers	

Recognizing that community access may be a lengthy process allows a researcher to persevere and plan accordingly. This networking included explaining the value of this research to the community. Foley et al. (2010) emphasized that it is important for the researcher to identify what the research is going to do for the community. Ahmed et al. (2015) also emphasized the importance of engaging with partners in the community research.

Once access to the community had been gained, a second lesson learned was that mutual trust between researchers and community leaders is essential to enter the community. In order to have access to potential participants from the Somali community the researchers needed to have a trusted person who could introduce them to the community. The community leaders needed to understand the research purpose and be assured that any report would give accurate, truthful findings. They needed to trust the researchers before they would give names and contact information of potential participants. Because the researchers were trusted by the community leaders, they were given access to the community. This confirmed the findings of Williams et al. (2011), who found that within cultural research it is important to have a culturally sensitive approach to recruiting and establishing a trusting relationship.

A third lesson learned related to conducting research within a cultural community was the importance of snowball sampling. Although the researchers were aware of the value of snowball sampling, in this study its importance became very apparent. Contact with one participant led to information and introduction to another potential participant. After a participant found she could trust the researchers she was willing to provide contact information for a friend. George et al. (2014) discussed the need to learn what may work for recruitment in distinct communities. In this study (Missal et al., 2015), we found that snowball sampling was the most effective in the Somali community.

A final lesson in this study was that it is beneficial to conduct research with two researchers. For example, in data collection most participants requested to not be audio-taped, thus the interviews required copious written notes. Both researchers took extensive notes while engaging with the participants. Verbatim notes from the interviews could then be compared after the interview. The efforts of the two researchers established trustworthiness of the study. An additional benefit was the rewards experienced in working collaboratively on research. Travel to and conduction of interviews is more enjoyable with a partner. A final benefit was the momentum gained from the encouragement of a partner. Setbacks could be discussed and brainstormed together.

Surprises Encountered

In addition to lessons learned, conducting research within the Somali community also revealed a number of surprises (Table 2). The researchers offered to meet participants for the interview where they preferred and they were very open in inviting us into their homes. The researchers were consistently greeted warmly by the participants as they welcomed them. Often children were present and interacted with the researchers. It was soon discovered that these children enjoyed looking in the researchers' purses, sitting on their laps, and playing around them as researchers talked with the mothers. The researchers began to bring a small toy for the children to play with should they be present. The researchers experienced hospitality by the invitation to participate in drinking Somali tea together. This participation by the researchers was consistent with the important cultural practice of sharing Somali food and tea (Missal et al., 2015) and facilitated more in-depth conversation.

A final surprise was the willingness of the women to share their stories with detail. Though the researchers wanted this to happen, they did |not know if the women would be comfortable enough to share until this openness was experienced. The women seemed eager to reflect and to tell their stories to the researchers. Experiences were shared with detail and animation. Not only were there lessons learned and surprises discovered in the research process, there were also lessons learned and surprises in the collaborative learning experience that followed.

Table 2. Surprises Encountered During Community Research and Collaboration

Research	Collaborative Learning
The expression of hospitality to the researchers	Participants' desire to know about the researchers and their families
Willingness of the women to share their stories	The cultural practice of hospitality to the academic partners

Lessons Learned and Surprises Encountered in Collaborative Learning

Lessons Learned

Following completion of the research study, creation of the collaborative learning partnership, HIMILO, began. One of the lessons learned was that although the Somali community has a desire to partner with healthcare providers and academia to learn and have a positive community impact, a key leader is needed for this to happen (refer to Table 1). This leader needs to have a vision for how to both develop and continue the partnership. The researchers collaborated with such a leader prior to, during, and following the research study. This collaboration is essential for a partnership to develop.

Another lesson learned was that community collaboration in any setting does not happen quickly but rather develops over weeks and months. The researchers not only met with the community leader several times but also with Somali women to learn their areas of interest and preferences for meeting time, location, and frequency. This collaboration included brainstorming for an appropriate name for the partnership with the resulting title of HIMILO.

Another lesson learned was the need to be a continual learner when in a cultural community. The researchers have continued to learn from both the community leader and the women as they share their stories, concerns, and areas of interest. Informal conversation prior to the start of a meeting and more formal conversation during meetings have led to deeper understanding of the Somali community. For example, one concern of the mothers is the acculturation of their children, especially the influence of the western culture on Somali teenagers. This lesson learned demonstrated that the researchers' partnership went beyond just understanding childbirth experiences of Somali women to include additional family concerns.

A further lesson learned is that flexibility accommodates the busy schedules of working mothers in all cultures. The researchers, who are from a time-oriented culture, learned how to adapt to an event-oriented culture. Meetings with the women began when the majority had arrived rather than at a predetermined time. In the Somali culture, the event itself is more important than time (Adair & Jama, 2013).

Surprises Encountered

In addition to lessons learned from the collaborative learning, there were surprises encountered (refer to Table 2). One of the main surprises was that the meetings were more informal than formal. The women desired to know about the researchers and their families and in turn shared about their own families. It was evident that the women enjoyed gathering with one another and with the researchers by the rich conversation and laughter over shared Somali food, such as samosas and sweets. Another surprise was the women's sensitivity to the researchers related to the cultural practice of hospitality. During one of the HIMILO meetings, while some of the Somali women prayed in one area of the room others purposefully visited with the researchers so they would not be alone.

Recommendations for Research Within the Somali Community and Establishment of a Collaborative Learning Community

The experience of conducting research and establishing a learning partnership in a Somali community has resulted in several recommendations (Table 3). Since the Somali community is a cultural setting that limits audio or videotaping, one recommendation is to have two researchers during interviews and to compare transcripts immediately after each interview. A further

Table 3. Recommendations for Future Research and Establishment of Collaborative Learning

Research	Collaborative Learning
Use two researchers for data collection when audio taping is not accepted	Foster relationships that began through the research process
Develop sensitivity and accommodation to cultural practices that may be different than the researchers' own culture	Meet with key community leaders to learn how to move beyond research to community involvement
Schedule regular blocks of time for data analysis	Learn from community leaders and members what topics are important to them
Collaborate with cultural expert to validate and enhance understanding of findings	Investigate available funds to assist with expenses of partnership meetings
Return to the community to present results and findings	

recommendation for research within the Somali community is to develop sensitivity and accommodation to cultural practices that may be different from the researchers' practices by having flexibility in time, setting, and progression of data collection.

Another recommendation is for researchers to deliberately schedule regular blocks of time throughout and at the conclusion of data collection to meet for data analysis. Data analysis in qualitative research is time consuming and will not occur if researchers wait for the most opportune time.

An additional recommendation in regard to cultural research is to collaborate with a cultural expert to validate and enhance understanding of the findings of the research. A final recommendation related to the research is that dissemination of findings should include a return to the community to present results that may benefit the community.

In addition to recommendations related to the research process there are recommendations related to establishing a collaborative learning experience. These include fostering the relationships that have begun through research; the value of these relationships cannot be underestimated. It is recommended that researchers meet with the key community leader to learn how to move beyond research to community involvement. They need to learn from the community leader and members what is important to them without bringing their own agenda. An additional recommendation for a collaborative learning experience is to investigate any available funding to help with expenses such as publication, speaker, and facility costs. Organizations that support the cultural community should be accessed for possible available funds.

Conclusion

In summary, due to an increasingly diverse world, healthcare researchers should consider collaborative research within a cultural community in order to provide holistic care for all patients. One of the key steps in cultural research is establishing relationships with leaders within that cultural community. Researchers should go beyond the study to further the relationship with the community in collaborative learning opportunities. This collaboration will be of mutual benefit to health care and the community by establishing trust, developing mutual understanding, and providing culturally sensitive care.

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