The challenges of participant observations of cultural encounters within an ethnographic study

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Abstract

Objectives: To present the methodological challenges of an ethnographic study designed to gain better understanding of the cultural encounters (CE).

Methods: Participant observations of the CE in between families with children and nurses will be carried out, in the context of an ethnographic design.

Results: The challenges to be faced include: accessing to participants and obtaining the informed consents, the role to be adopted during data collection by the researcher, establishing a trusting relationship with the participants, the effect that feeling observed may have on participants’ behaviors, and identifying the researcher’s influence during the research process.

Conclusions: The observations of the CE present methodological challenges that need to be dealt with during the whole research process to ensure validity and relevance.

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1. Introduction

Due to the incorporation of the immigrant population in Spain, there is a new demographic reality in which people belonging to different cultures interact in different ways (Leno, 2008). The term ‘CE’ (CE) is used to name the situation or the process in which the healthcare professional interacts with people from different cultural groups (Camphina-Bacote, 2002).

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In the CE, the patients will express their needs, concerns, desires to the nurses through verbal and nonverbal communication, and will respond in a certain way to the situation (Plaza del Pino, 2010; Russell & Galan, 2012). Each CE is an interaction between cultures and multiple realities (Koskinen & Tossavainen, 2003).

The culture influences how patients and nurses see health, health care, treatment and the disease process (Gysels et al., 2012). Previous studies have shown cultural differences in regards to health, behavior, lifestyle, perception of health problems and strategies to address those problems among cultural groups. The cultural characteristics of each group may be related directly or indirectly to health priorities, decision making, behavior change and acceptance of health education and even to the effectiveness of interventions and health programs (Kreuter, et al., 2004).

Both understanding the impact of culture on health and taking into account the differences between cultures are important for nurses to be able to care for their patients, adjusting their care plans to the population actual needs (Maffia, 2008). In order to develop culturally competent programs and materials, health professionals must identify and describe the cultures within a population. In addition, they need to take into account social and environmental factors and the different ways that cultural diverse groups understand health behavior. They need to achieve this knowledge to develop health care plans and to involve the community (Wang & Keats, 2005).

Unfortunately until now, it seems that current efforts are insufficient to empower immigrants and to help them in their own choice of healthy lifestyles (Kreps & Sparks, 2008). Immigrants seem to have difficulties adopting the recommendations of health professionals and the prevention campaigns in different cultural groups have shown to have a minimal effect (Zou & Parry, 2012). Further research is needed to understand the reasons for these difficulties. An ethnographic approach is proposed for its suitability to study complex human responses, such as nurse-patient interactions (Aamondt 1982). Carrying out this type of research has many methodological challenges, some of which will be discussed in this paper.

2. Objective

The objective of this paper is to present the methodological challenges of an ethnographic study designed to gain better understanding of the CE.

3. Methodology

Participant observations of the CE in between families with children and nurses will be carried out, in the context of an ethnographic design. In many respects ethnography is the most basic form of social research. It bears a close resemblance to the routine ways in which people make sense of the world in everyday life (Hammersley & Atkinson, 1995). It has the following characteristics: a strong emphasis on exploring the nature of phenomena, working with primarily unstructured data and a small number of cases, and carrying out explicit interpretation of the meaning and functions of human actions (Atkinson & Hammersley, 1994).

In ethnography, information is collected not only from the insider’s perspective, i.e. the way in which ‘natives’ view their own behavior (emic data) but also to make sense of all the data from an external, social or scientific perspective (an etic account) (Fetternan, 1998). On balance, the researcher who uses an ethnographic approach carries out three fundamental tasks (Galanti, 1999), i.e. observing people’s behavior; studying what people say they do, believe and think; and interpreting what they actually do, believe and think. Hence, to carry out these tasks, ethnography uses three possible data collection strategies, namely observations, formal and informal interviews, and examination of available related documents (Roper & Shapira, 2000). From the strategies described, this study used the following: observations of CE in health centers, interviews with nurses and interviews with users. Only observations will be dealt with in this paper.

1.1. Participant observations

Participant observations of the CE in between families with children and nurses will be carried out in several health centers in Navarra (Spain). Participant observation is a core activity in ethnographic research. It involves
gaining access to social worlds and producing written accounts of them in order to research, experience and represent the daily life and meaning of the actions of those investigated (Emerson et al. 2001). Participant observation differs from other types of observation, namely ‘complete participant’, ‘observer as participant’ and ‘complete observer’, in terms of the use of two concepts: ‘role’ and ‘self’ (Gold, 1958). During participant observation, the subjects are studied in their own environment, acknowledging the presence of the researcher in the setting. The fieldworker, therefore can ‘be him/herself’ and does not have to hide his/her role from the participants, minimizing problems of role pretending (Gold, 1958).

Conducting participant observations has difficulties or challenges to be considered before starting data collection.

The challenges to be faced include: access to the participants and obtaining informed consents, the role to be adopted during data collection by the researcher, establishing a trusting relationship with the participants (nurses, families and children), the effect that feeling observed may have on participants’ behaviors, and identifying the researcher’s influence during the research process. They are discussed later.

1.2. Ethnography strengths

Ethnography has two distinct characteristics (Hammersley & Atkinson, 1995). First, it focuses on understanding the perspective of the people under study. Second, it observes their activities in everyday life, rather than relying on experimental simulations or personal accounts. Thus, it leads to a high degree of realism and to examine phenomena holistically and in depth (Baillie, 1995). Furthermore, it is suitable for studying previously unexplored areas. Using ethnography, the researcher can enter an unknown situation and observe, listen and document ideas and experiences obtaining in-depth data, providing detailed accounts of nursing phenomena or experiences, within their contextual circumstances enabling nursing to be studied in a natural setting and viewed in the context in which it occurs (Baillie, 1995).

Moreover, considering that ethnography’s origins in anthropology it contributes to promote culturally-specific care; it generates a deep understanding of the beliefs, values and lifeway of people (Rosenbaum, 1991). Consequently, ethnography can facilitate the in-depth understanding of nurses’ feelings in relation to the care of culturally diverse populations and of user’s feelings regarding the care received.

1.3. Ethnography challenges

Ethnography has also challenges. Ethnographers need to be naïve when using ethnography, as the major tool is the researcher her- or himself. This in anthropology did not use to be a challenge as in traditional ethnography, the researcher entered the field, for example a village, as a stranger (Baillie, 1995). In contrast, in the present study the research setting will not be totally unfamiliar for the ethnographer. This, can lead to potential bias; the avoidance of which largely relies on self-awareness on the researcher’s behalf.

In addition, the researcher might also feel negative towards the informants, but it must try to remain neutral. So, the use of the personal diary, recording feelings and emotions to check against possible bias, is highly recommended (Agar, 1984; Ely, 1991; Field & Morse, 1985).

The effect of the ethnographers and their views on the social world which they are intending to study need also to be taken into account (Hammersley & Atkinson, 1995). Reflexivity, is considered essential in order to be conscious of this effect. Reflexivity facilitates the recognition of the differences between the researcher’s own beliefs and customs and those of the subjects, helping the researcher to recognize and describe the culture more fully (Laughter, 1995).

1.4. Data Analysis

In ethnography data analysis starts in the pre-fieldwork phase, in the formulation and clarifications of research problems and continues into the process of writing up (LeCompte & Preissle, 1993). Then, data will be analysed as they are gathered. In so doing, it will be reassured that the methods used are proving useful to collect the
information that is needed to meet the objectives of this study. In this way the analysis of data feeds into the process of research design.

The notes from the observations will be transcribed and their transcriptions, together with the interviews, will be studied carefully. The analysis of ethnographic data has several phases. These phases are coding field notes, interviews and focus groups, sorting to identify patterns, generalising constructs and theories, and memoing to note personal reflections and insights (Roper & Shapira, 2000). It is important to point out that the phases described do not follow a linear progress. Ethnographers move back and forth among stages.

4. Discussion

In order to obtain data about the CE, it is necessary to gain access to several health centers in Spain. The entry to every health center must be performed gradually in a non-linear way, being as less intrusive as possible. Information for participants needs to be provided explaining details about the project and the role that the researcher will have during data collection.

The first contact with the health centers will be made with the director of each center to gain access to the data collection setting and to the participants, nurses and families.

Once the access has been guaranteed, observations will start. During the first days at every center, the researcher will focus on the dynamic of nurses’ work with children and families. The aim at this stage will be to build up the relationship with the nurses that will participate in the project, letting them to ‘get used’ to the presence of the researcher. This will work to establish a good level of communication and gain the confidence of the nurses so that queries are conducted in the most natural way possible, in order to lessen the impact on participants’ behavior, also known as reactivity (Arantzamendi et al., 2012). The reactivity is an important aspect to consider in ethnographic research (Tójar, 2006). To avoid reactivity, the researcher has to observe participants in their natural setting and to consider how people react when they are being observed (Taylor & Bogdan, 2000), fostering a climate of trust.

After the first few days, participant observations will focus on the CE. Observations will be ‘open’ for nurses and ‘covert’ for families. In open participant observation, people are observed knowing that they are being observed and have information about the research project, furthermore they are aware of the identity of the researcher (Hammersley & Atkinson, 2007). Nurses verbal and written consent will be obtained after being provided with information about the study in the first contact with them. Only nurses who agree to participate in the study and sign the consent form will be observed.

Covert participant observations are those in which the real identity of the researcher, the researcher’s role or specific aspects of the research are unknown to the participants (Bulmer, 1982). This will be the case for families. Families, will only know that the observer is a researcher collecting data in the health center, but will not have details about the project before the observations take place. The reasons for carrying out participant covert observations of families are described next:

- Access to families is complex. The researcher cannot access the personal data of the families before the CE occurs, that is before they have the visit. Participants cannot be informed about the project beforehand. Therefore, the researcher's first contact with families will occur during the CE and information about the project will be provided at the end of the visit.
- Providing families with information immediately before each visit could affect the observations in two different ways. The researcher would have to invest time interrupting the observations to inform the participants, affecting the normal development of the visits every day. Furthermore, the families might present reactivity and do not behave as they would do in a regular checkup.
- It can be stressful for participants to know that they are being watched (Galanti, 1999; Savage, 2013) and may cause participants to behave and act differently from the usual way. This can occur with nurses as well as families. However, this effect cannot be addressed in the same way for both groups of participants. To minimize the impact of the observations on the behavior of nurses, observations will take place for several days before the CE are observed, in order to create a climate of trust. However, families will be observed during just one visit and not prior contact will take place to build up the relationship with the participants.
5. Conclusion

It is necessary to observe CE to get to know what is happening when health professionals interact with people from culturally diverse backgrounds, in order to promote children’s health. Observations, however, have many challenges that need to be dealt with during the whole research process to assure research quality.

References


