

SPECIAL ARTICLE

ETHNOGRAPHY FOR THE NOVICE RESEARCHER AND ITS APPLICATION IN THE HEALTH CARE SECTOR

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DOI: 10.5281/zenodo.4587701

Cite as: Fountouki, Antigoni, Paralikas, Theodosios, & Theofanidis, Dimitrios. (2020). Ethnography for the novice researcher and its application in the health care sector. *Perioperative nursing (GORNA)*, E-ISSN:2241-3634, 9(4), 308–318. <http://doi.org/10.5281/zenodo.4587701>

Abstract

The main objective of qualitative research is to improve the depth of understanding about issues of concern which are of particular value when conducting studies on health care issues. The qualitative methodology of ethnography is the study of a specific group or culture being explored in-depth. Its validity refers to whether the ethnographer's interpretation of the data is what it means to those providing it and to the degree by which results may be representative or generalized. However, the limitations of using this technique include the risk of misinterpretations if and when the health care researcher has not fully understood or remains unfamiliar with the social norms of those being studied. Of the various qualitative methods available for health care research, this paper provides essential information and insights into the ethnographic methodology with specific relevance to health related research and nursing in particular. Data collection in ethnography can be achieved via one or a combination of interviews, observations, document/media reviews or questionnaires. Subsequent data analysis is performed via specific, rigorous standardized techniques as described in this chapter. It is important in ethnography to use a rigorous and solid reporting process as opposed to simply compiling anecdotal information. Ethnographic research in health care entails extensive fieldwork, availability of time, resources and interviewing skills. Yet, this method of enquiry can be a key contributor in expanding the knowledge base of contemporary health care by providing constructive insights into the world of patients and staff alike.

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Introduction

Since mid last century, health care research has been building up its scientific paradigm on both quantitative and qualitative research. While quantitative methodologies constitute a formal, objective, deductive approach to problem solving by use of hard data, qualitative research refers to a method of inquiry in which the researcher, acting as a data collection instrument, seeks to answer questions relating to why, what, where, when, and how a phenomenon occurs or is comprised of.¹ Therefore, while qualitative and quantitative research may well investigate similar topics, each addresses a different type of question and ethnography is one of the best tools for this.

Qualitative research is of particular value when there is limited previous experience about a problem under consideration. It helps in the search for deeper issues and often other aspects at stake, clarifying findings as revealed in a preceding or concurrent quantitative study. Another major feature of qualitative research is a deeper understanding of the parameters and variables to be considered during the phase of quantitative research, for example a preliminary study to investigate issues involved prior to drafting a questionnaire for a quantitative research study.²

Many qualitative research experts have argued that the research questions and the phenomenon under investigation should determine the methodology to be used³⁻⁵. Yet, the phenomena under investigation within the health care sector such as serious or life-threatening illness may evoke strong feelings of fear, despair and misinterpretations of prognosis. In this context Holman's⁶, views from two decades ago still prevail: *"True understanding in medicine cannot be achieved without adding qualitative methods to the research arsenal"*.

Main qualitative methodologies

There are various qualitative methods available for health care research, which include phenomenology, narrative analysis/qualitative description, grounded theory, case study and ethnography. While each method has its own merits, choice of the most suitable one lies with the assumptions and purposes related to the research question.⁷ Data collection in qualitative research is performed via one or a combination of interviews, observations, document/media reviews or questionnaires. Data are subsequently analyzed via specific, rigorous standardized techniques keeping in mind that the main objective of qualitative research is the growth of understanding about issues of concern to health care.⁸

Thus, the main different types of qualitative investigation used in health care research and their purpose are briefly described below as follows:

Ethnography, which according to Payne and Payne⁹ (2004), is a 'portrait of a people'. The technique has a background in anthropology and the actual term is derived from the Greek words 'ethnos' (a multitude of individuals of the same nature) and 'grafo' (to write about). Furthermore, Reeves¹⁰ (2008) describes ethnography as the study of social interactions, behaviours, and perceptions that occur within groups, teams, organisations, and communities. In this context, ethnography is a methodology for descriptive studies of culture and people and shared experiences which aims at understanding the social world of the sample being studied through immersion in their "community" to produce detailed descriptions of multiple cultures, beliefs or value systems. The method originates from anthropological studies at the beginning of the last century where small and remote societies were studied in terms of their particular social arrangements and belief systems. Yet, this technique, gradually evolved for contemporary urban settings where particular social groups or lifestyles were

investigated.

Phenomenology places an emphasis on lived experience and the meanings people derive from their experiences.¹¹ It is used to seek what the meaning, structure, and essence of the lived experience is for an individual or many individuals. In this sense, phenomenology aims to understand the constructs people use in everyday life in order to make sense of their world. Its analysis may uncover meanings contained within conversation or text. This approach however does not always generate theory on which to guide nursing practice which is usually a priority of the scholar's research.

Narrative and discourse analysis are similar methods which can take a number of forms by examining the way knowledge is produced within different discourses and the performances, linguistic styles and rhetorical devices used in particular accounts. They usually deal with the ways people organise and forge connections between events and make sense of those connections through the stories they tell of the past, present and future.¹² For example narrative analysis might be relevant to staff recollections of their experiences as care providers. However, the novice researcher needs to be aware that often a more direct methodological approach may be needed in studies which probe the expectations and preparedness of staff to care for specific patients. The distinctions between narrative analysis and discourse analysis are subtle and blurred with the former's focus on stories and the latter's focus on discourse.

Grounded theory methodology develops emergent theories of social action by identifying analytical categories, from within the data collected, and the relationships between them.² A grounded theory approach is considered to be inductive in nature and generally aims at generating theory should this be the principal aim of a health care study. The fundamental question in grounded theory is what theory or explanation emerges from an analysis of the data collected. Yet, one should note that this approach entails developing increasingly abstract ideas about research from participants' (usually

patients) meanings and actions and seeking specific data to fill out, refine and check emerging conceptual categories, which again may not be the main focus of many health care studies.¹³

A case study research is a detailed account and analysis of one or more cases where a case is a bounded system such as a person, a group, an activity or a process. The fundamental question here is what the characteristics of a single case or comparative cases might be. Data collection in case study research often uses interviews or observation and the final report should provide a vivid, detailed and holistic description of the case and its context. A case study design essentially focuses on answering 'how' and 'why' questions especially when the boundaries are not clear between the research phenomenon and context.¹⁴ Distinctive features of a case study include that only one case is selected, although it is also accepted that several may be and the study is detailed and intensive.¹⁵

Comparing ethnography to other qualitative methods

When comparing ethnography to other well known qualitative methodologies, one could argue the following: although hermeneutic phenomenology, with its emphasis on lived experience and the meanings people derive from their experiences, appears to be similar to ethnography, this approach does not generate theory on which to guide practice which is usually a secondary objective to health care studies. Narrative analysis is also similar to ethnography, but, although it can take a number of forms, this usually deals with the way that people organise and forge connections between events and make sense of those connections through the stories they tell of the past, present and future.¹² Thus, narrative analysis might be relevant to the staff's recollections of their experiences as care providers, but when a more direct approach is needed in order to probe the expectations and preparedness of staff to care for their patients, ethnography may be a better method of investigation. Finally, a grounded theory approach is inductive

and aims at generating theory but this approach entails developing increasingly abstract ideas about research from participants' meanings and actions and seeking specific data to fill out, refine and check emerging conceptual categories, which may not be the main focus of a clinical health care study.

The aim of this critical discussion chapter is to provide detailed information and insights into the ethnographic methodology for health care researchers with specific relevance to health care and nursing.

Ethnography

Content

The central premise of ethnography is to provide deep and holistic insights into people's views and actions, in addition to describing the wider context, that is, the nature of their location by using detailed observations and/or interviews. In order for an ethnographic study to be conducted in the field of health care, and within the scientific paradigm, the following key steps should be followed, namely:

Aim setting

Appropriate data collection technique

Steps to ensure reliability

Checking for validity of the technique

Sampling appropriately

Data analysis

Consideration of local and general limitations

Metaethnography

Aims setting in ethnography

Setting a study's aims and objectives in ethnography and in other types of qualitative research in general can be a troublesome task. By contrast, aim setting is less vague in quantitative methodologies whereby useful mnemonic acronyms such as SMART (Specific, Measurable, Achievable, Realistic and Timed) which guide the researcher in his/her goal setting process are readily applied. One of the equivalent mnemonics in qualitative

studies is the PEST (Political, Economic, Social & Technological) analysis framework used for international nursing practice, management and clinical governance.¹⁶⁻¹⁷ This tool may help alleviate the vagueness of aim setting in ethnographic research by exposing external influences which are important and may highlight possible avenues for future health care research and practice.

According to Miller et al.,¹⁸ PEST analysis has at least three distinct aspects under each category, many of which can be used for building the qualitative objectives of an ethnographic study as follows:

Political: Employment legislation, government directives, financial policy.

Economic: Interest rates, Inflation, Disposable income, Unemployment.

Social: Population, demographics, employment opportunities, attitudes to work and leisure.

Technological: Information technology, developments, new discoveries/ developments.

Examples of ethnographic aims and objectives corresponding to PEST categories are shown below:

To explore and compare service provision and clinical implications in all settings in both hospitals and explore how nurses, doctors and other health care professionals perceive their clinical roles with regard to care and management. (Political)

To single out clinical skills and features which facilitate patient outcomes and explore attitudes and reflections of nurses, doctors and other health care professionals towards care and their experience in all settings, both in the community and in hospitals. (Social)

To expand on the experiences and preparedness of nurses, doctors and other health care professionals to care for patients in all settings. (Social)

To identify what health care workers in practice consider as gaps in the contemporary teaching of care and identify the staff needs for continuing education regarding health care with the intention to understand and enhance advanced clinical practice. (Technological)

To investigate nursing and medical views on care delivery in a chosen country including the impact of cost containment on service provision in each country-specific setting. (Economic)

In order for an ethnographic study to meet the 'holistic' criterion, all the above PEST categories should be addressed. In this context and all too often, ethnographic studies have multiple objectives which derive from the main aim and include purposeful statements such as the following examples: How do nurses, doctors and other health care professionals describe their clinical role and its implications in their specific choice of care environment? How does decision making take place with regards to patient admission and diversity of care quality? What are the experiences of nurses and doctors managing patients in relation to their personal expectations and preparedness and what helps and hinders them?

Data collection

In ethnographic research, four types of data collection can be used, (table 1) depending on the focus and constraints of the study, availability of time and resources of the researcher, his/her particular abilities such as interviewing skills, and local or other circumstances.

Table 1: Data collection methods in ethnographic research

Research type	Data collection
Participant and non-participant observation	Watching or being part of a social context
Semi-structured interviews	Open and closed questions that cover identified topics
Unstructured interviews	Open questions that enable a free development of conversation
Collected material	Anything from artefacts to letters, books or reports

In this light, observing or being part of a social context can be utilized in participant and non-participant

ethnographic research. Semi-structured interviews using open and closed questions can elaborate on identified topics whereas unstructured interviews which have open-ended questions can enable free development of insightful conversations. The 'collected material' method of data collection involves simply gathering all related materials such as artefacts, letters, books or reports.

As in most ethnographic studies, the researcher creates and elaborates on analytic themes based on the coded data and personal memo-writing. These themes are subsequently collated into a coherent 'story' about a routine daily life in the given clinical setting. The narrative is by no means an overall account of all aspects of people's lived reality. Rather, it is a small portion or a coherent slice of the 'world' studied, representing some aspects of a clinical-setting's realities.¹⁹

Reliability in Ethnography

The term 'reliability' should not only be attributed for testing or evaluating quantitative research as it is a key concept, used in all kinds of research studies. In qualitative research the term refers to good quality research and generating understanding, rather than reproducing identical results in repetitive studies using the same instruments and similar settings, as in quantitative studies. Qualitative theorists such as Denzin & Lincoln (2011)²⁰ take this view to an extreme, believing that:

"The concept of reliability is even misleading in qualitative research. If a qualitative study is discussed with reliability as a criterion, the consequence is rather that the study is no good".

In order to ensure reliability, examination of trustworthiness is crucial and needs to be ensured through establishing good quality relationships with the interviewees, securing confidence and ensuring that data is not used in any discriminatory manner. Thus, an ethnographic study can help us understand social phenomena that might otherwise be overcomplicated or confusing. Also, where quantitative data ensure the reliability of the study, qualitative data must be collected in order to

provide extra contextual information regarding the individual providing such information.

Validity in Ethnography

The traditional criteria for 'validity' is rooted in the positivistic epistemology whereby the term is the result and culmination of other empirical conceptions such as universal laws, evidence, objectivity, truth, actuality, deduction, reason, fact and mathematical data. Hence, there are many types of validity pertinent to a good quantitative study and these are summarized as follows (table 2):

Table 2: Types of validity in quantitative studies

Type	Ensures that a test (or study):
<i>Construct validity</i>	measures an intended hypothetical construct
<i>External or face validity</i>	appears to measure that which is intended
<i>Content validity</i>	measures an intended content area and requires both item validity and sampling validity, (the former, whether the test items represent measurement in the intended content area; the later, how well the test samples the total content area
<i>Ecological validity</i>	Includes scientific findings that are applicable in people's everyday lives and within their natural social circumstances
<i>Concurrent or criterion validity</i>	has scores which are related to the scores of another test which is already established and administered at the same time, or to some other valid criterion also available at the same time
<i>Predictive validity</i>	can predict how well an individual will do in a future situation

Thus, in quantitative research validity refers to the degree to which the study measures what it is supposed to measure and, consequently, permits appropriate interpretation of scores in qualitative research, definitions of 'validity' only exist within specific concern for the research process and its appropriateness to the phenomena investigated. Although for quantitative research this involvement would greatly reduce the validity of a test or the study itself, for qualitative research denying the

researcher's own role in the process can also threaten the validity of the study.²¹⁻²²

By obtaining qualitative data from various health care settings, an attempt should be made to obtain a descriptive reconstruction of the staff's own concept of their clinical worlds. Furthermore, according to Mruck & Breuer (2003)²³, a qualitative researcher should be able to describe critically a social construct that stems from various choices and decisions undertaken during the research process itself. This can also be achieved by balancing the emic accounts with an etic perspective (as described below). Thus, by examining care ethos in more than one clinical environment, an aspect of external validity is assessed. Finally, although reliability and validity are viewed separately in quantitative studies, this is not so in qualitative research where both terms are related to greater concepts of credibility, transferability and trustworthiness.²⁴ Overall, in ethnographic studies internal validity refers to whether the ethnographer's interpretation of the data is what it means to those providing and the external validity to the degree of representativeness or generalisation of the data. Therefore, interview schedules should be based on a sound literature review and fine-tuned to create a common understanding between the researcher and the interviewees.

Sampling

In ethnography, sampling entails settings and interactions as much as individuals who are rarely the unit of analysis. In this sense, ethnographic studies require sampling because the researcher cannot observe or record everything that occurs.²⁵ However, the number of participants involved depends on the relevant diversity of the target population and thus the term 'saturation' has been applied to this sampling technique whereby once a repetitive picture is displayed there is no need for further recruitment. Therefore, a skilled ethnographer may use multiple methods in the recruiting pro-

cess and not rely on sampling conventions. On the contrary, sample coverage and sample frames are used in order to achieve a purposive sample. Therefore, ethnography essentially uses a non-probability sample, as it is not intended to be statistically representative. Instead, individuals are deliberately selected to reflect particular features or groups within the sampled population. For example, although the chances of selection for each individual are unknown and indifferent, the characteristics of the population to be studied form the basis of selection. It is this feature that makes them well suited to small-scale, in-depth studies. Furthermore, it can be argued that sampling in ethnography is a dynamic process as it is often built into the actual fieldwork, and refined while data is being collected. Thus, a health-care ethnographer should not only be able to defend his/her initial sampling strategy but also, if necessary, to articulate why the sampling has changed once the research began.

Sample size in ethnographic research is usually small as phenomena under investigation need only appear once to be part of the analytical map rather than proved by repetition. According to Ritchie & Lewis (2003)², in general ethnographic sample sizes involving individuals are often under 50. For focus group samples, the sample size doubles to around 90-100 in smaller groups of 10 to 15. Although there have been ethnographic studies which used larger samples, objections have been raised on the in-depth quality of the analysis. Furthermore, it is also questionable if new evidence is obtained from each additional increase in sample size. However, it is also important to ensure that samples are not too small as in this case, key issues within the population may be missed. Moreover, the potential lack of diversity within a very small sample size may hinder exploring the multiple influences of varying factors. Overall, sound and purposive sampling which is 'rich' in terms of the constituencies and diversity it represents will ensure an 'unblinkered view' of the phenomena under investigation. Therefore, in ethnographic healthcare research,

the 'sample' can be diverse, ranging from a group of patients to the staff of a unit. Hence, a health care sample (i.e. nurse, doctor, physiotherapist etc) coming from diverse social, cultural and educational backgrounds can still be defined as a single cultural group since their clinical role is to focus on and to care for a particular set of patients within the merits and limits of that setting. In this sense, they can therefore be classified as a homogeneous group.

Analysis in ethnography

For the last two decades, there has been a steady increase in the application of anthropological approaches in health care research. Yet, before any analytic attempt is made on collected data, a true definition, understanding and conceptualization of 'culture' is necessary before it is possible fully to integrate findings into a knowledge base.²⁶ Culture in this context and specifically for ethnography, within the healthcare arena, is valuable for the exploration of the perceptions of patients and/or health care workers and situational environments affecting attitudes and behavioral patterns.

The term 'culture' encompasses the complete scope of human activity. Within health care research, culture can be described in broad terms, as patterned behavior, way of life of a group of people, traditions, customs, common habits, disease patterns and everything else that interconnects group members together and defines them. For example, as a specific professional-cultural feature within a healthcare staff group, cancer may be euphemized to 'Ca'. In this context, 'culture' is not only the common traits that make up a group but also the way to describe it to others.

A common misconception is that analysis of ethnographic data is a process of simply compiling and reporting on anecdotal information. Instead, data analysis is based firmly on a systematic framework and set of theoretical tools. Thus, aggregate data are supported by fieldnotes made by the researcher within the 'field'.

These notes form part of the primary data and may entail:

- descriptions of the dynamics of the data collection process
- insights gained outside the immediate context of the interviews/focus groups
- further inspirations or practical ideas for analysis

Before the study commences, the health-care ethnographic researcher should consider the chosen analytical process and provide details about how the collected data is going to make sense. In this context, it has been argued that a competent ethnographer will focus on the chosen analytical process as much as the fieldwork itself. In a typical ethnographic study which uses interviews, these should be audio-taped (with prior permission from the respondents) and transferred to computer for transcribed verbatim analysis. This is usually a time consuming process, involving hours to transcribe each interview. Yet, in this case, during the analytic process, the ethnographer is both the 'means and the end', that is, the 'researcher' and the 'instrument' (being dynamically involved in the data collection). Even hesitations, facial expressions, slips of speech, sarcasm or other observations need to be recorded and be integrated in the analysis as they may provide an abundance of qualitative information and supporting arguments giving insights into patients' needs, decision making or healthcare working ethos.

Before moving deeper into the ethnographic analytic process, one also needs to be familiar with the terms 'emic' and 'etic'. Both are derived from the Greek roots 'phonemic' and 'phonetic' respectively, which in linguistic terms mean 'a basic language unit'. In terms of ethnographic research, the terms refer to description of behaviours: 'emic' equates behaviour or belief in terms meaningful (consciously or unconsciously) to the research object; 'etic' refers to a description of a behaviour or belief by an observer-researcher.²⁷⁻²⁸ Being aware of this taxonomy influences the understanding of

the respondents' 'lived reality' in terms that could be applied to other health care contexts, that is, an account which attempts to be 'culturally aware', that is the researcher's attempt to describe things heard and seen within the framework of the particular health care professionals' views of reality without being judgmental.

Thus, analysis in ethnography aims at identifying main patterns of responses, consistencies and divergences in context, notable differences in skills and attitudes, beliefs, values and healthcare realities within a variety of settings. Therefore, a verbatim transcript could be analyzed from an ethnographic 'etic' stance although the position of carrying out ethnography means that elements of 'emic' analysis also will include the researcher interpreting the data from the perspective of the sample studied. That is, to understand the subjects themselves and the language and terminology they use, as well as the meanings behind this, also considering nuance, rather than taking their words per se.

The analytic process requires going back and forth between specific field note incidents and progressively on more focused reflexion and precise analyses.²⁹⁻³⁰ Thus, there is no research hypothesis or explicit formulation until the paper is concluded. However, a thematic narrative can be developed by stating a general topic of broad analytic concern or sensitivity to the events that occurred in a setting. For example a topic statement might point out a concern or phenomenon but not necessarily pose a question, specific problem or propose a formal answer or explanation.

Limitations

Ethnography has sometimes been criticized as an ambiguous research method, because it is essentially a form of social research that explores social phenomena using unstructured data and a small number of cases. Yet, ethnographic analysis for the researcher involves interpretation of meanings for human actions and cultures thereby leading to a description and understanding of a culture or way of life from the patient's or staff

viewpoint.³¹

A well recognized limitation of using this technique includes the risk of misinterpretation as the researcher may not fully understand or be familiar with the social norms of those being studied. As Ethnographic research entails extensive fieldwork it is thus time consuming as it involves the researcher spending a great deal of time in the field. Therefore there is a risk of 'Researcher Exhaustion', that is, overuse of personal and other resources at the expense of meeting the original research aims which now proves to be 'overambitious'. Nevertheless, it is important for the researcher to take time with such a study and 'live the experience'.

Metaethnography

In any health care setting study, there are several levels of interpretation including staff's varying and complex accounts and interpretations of their experiences of care which need a more 'customised' approach. Thus, a qualitative descriptive study adopting principles of ethnography would be chosen when the focus of deeper understanding of a culture or other particular group is the case. Yet, the working culture and ethos of the clinical setting (ward for example) needs to be explored before reporting qualitative findings. Yet, for those starting out in research, following conventions and rules of one specific methodology is perceived as a rigid task which, if followed to the letter, will produce meaningful results. However, where there are several levels of interpretation, including patients' and staff's varying and complex accounts and interpretations of their experiences of care, a meta-methodology would provide a more 'customized' approach.

Meta-methodology, as the name suggests, includes more than one qualitative investigational approach. In this light, Meta-ethnography has been praised as an effective method for synthesising qualitative results by translating findings from each individual study into a meta-text where qualitative data can be combined and expressed as a rigorous line of argument. Although

meta-ethnography holds a great potential as a method of synthesis in ethnographic research it is still evolving and cannot yet be regarded as a standardized approach.³²

Conclusions

Ethnographic design is integral to the philosophical underpinning of interpretivism. Therefore, a qualitative approach adopting this methodology can be used when a health care researcher wishes to study issues in depth and detail. In this context, a study based on ethnographic principles can facilitate the understanding of the multiple meanings of human action for those dealing with a specific disorder.³³ For example such an approach may also be appropriate when planning to explore staff knowledge, skills, attitudes, roles, motivation, aspirations, working ethos and what nurses and doctors think benefits their patients. Furthermore, this approach could also include the sample's suggestions in relation to care delivery within different health settings such as in-between wards, different hospitals or other health care settings.

Thus, ethnography is often chosen when the research focus is on understanding the culture of a specific group such as the working culture and ethos of a particular clinical setting (e.g. ward). Although staff may come from diverse social, cultural and educational backgrounds, it should be noted that they can still be defined as a single cultural group since their clinical role is to focus on and to care for patients within the merits and limits of their setting. In this sense, they are classified as a homogenous group. This type of research allows insight into how the customary hospital procedures and staff actions or attitudes might have influenced the process of patient progress and recovery. These may be expressed in terms of personal accounts and self-definitions rather than preformed categories.

Overall, ethnography can focus on patients and staff alike, thus gaining insights into routine clinical practices and multiple understandings of current clinical scopes.

The staffs' unique role in contemporary health care delivery, coupled with their research skills, can contribute to the further development of the discipline. Ethnography also offers an opportunity to gain a better understanding and appreciation of the health care professions, and the role they play in society.

Therefore, qualitative insights arising from methodology based on ethnographic principles can be used widely in health care research because this approach facilitates the study of health issues, both in depth and

detail. Furthermore, an ethnographic design is integral to a study's philosophical underpinning of interpretivism which may be used in this context as an attempt to understand the multiple meanings of human action for those dealing with patients. Thus, ethnographic studies may also enable health care researchers to understand and elucidate specific societal issues that affect different facets of practice in a highly reflective manner.

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