AN INTRODUCTION TO FOCUSED ETHNOGRAPHY

IIQM 2013

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Collaborative Research Program

"uplifting the whole people"
— HENRY MARSHALL TORY, FOUNDING PRESIDENT, 1908

Outline

- Introductions and expectations
- Webinar aims and overview
- What do we understand by Ethnography?
- Small group work
- Overview of Focused Ethnography
- Designing your Focused Ethnography study
- Identifying a RQ/RQs and key aspects
- Data collection tools, interviews, participant observation, identification of key informants
- Discussion
- Conclusion

Webinair Aims

- Define focused ethnography (FE)

- Describe the methodological approach of FE

- Provide participants an overview of the value of using FE in research

What is your understanding of ethnography?

Image retrieved from
http://www.qub.ac.uk/imperial/key-concepts/Ethnography.htm

Carts of Darkness

http://www.youtube.com/watch?v=2sGyq5l-dfl

https://www.youtube.com/watch?v=vNgiUOHyMPo

What is Ethnography?

- Roots in cultural anthropology and exemplified by works of Boas, Malinowski and Radcliff-Brown.

- Additional emergence from the work of Blumer, Park and Burgess at the Chicago School of Sociology in the 1920s-30s.

- Atkinson and Hammersley (1994) give a useful historical account of ethnographic methodology and theoretical development that includes two key moments:

    - The shift toward collecting data first hand in the late 19th - early 20th century by social and cultural anthropologists; and,
    - Recognition that the problem of understanding applies to one's own society as well to other societies.

(Cohen & Crabtree, 2006)

What is Ethnography?

- Generally considered an interpretive form of social research which is descriptive in nature.

- "The term 'ethnography' is derived from the Greek word ethnikos – ethnos meaning nation – a picture of people. A dictionary definition provides a straightforward explanation of the term as 'the study of races' (Oxford University Press 1969)"

What is Ethnography?

- Studies situations in real-time, thus as they occur in their natural setting, to gain an in-depth perspective of the overt or explicit dimensions of culture that are known and cognitively salient to members of that culture or subculture, and covert or tacit dimensions that may not be articulated by members of the culture or subculture, but nevertheless shared (Fetterman, 2010)

Retrieved from
http://images.businessweek.com/ss/06/05/ethnography/source/1.htm

Ethnography defined

- "the work of describing culture" (Spradley, 1979) using a "process of learning about people by learning from them" (Roper & Shapira, 2000).


Image retrieved from
http://www.retailshakennotstirred.com/retail-shaken-not-stirred/2010/10/the-4-keys-to-a-customer-centric-culture.html

Ethnography defined

Ethnography is used by a wide number of discipline groups: *sociology, anthropology, education, nursing etc.*

Especially where there is a desire to explore specific cultural perspectives by sub-groups of people although classical genres focused on whole communities as exemplified in the work of Margaret Mead and other early ethnographers
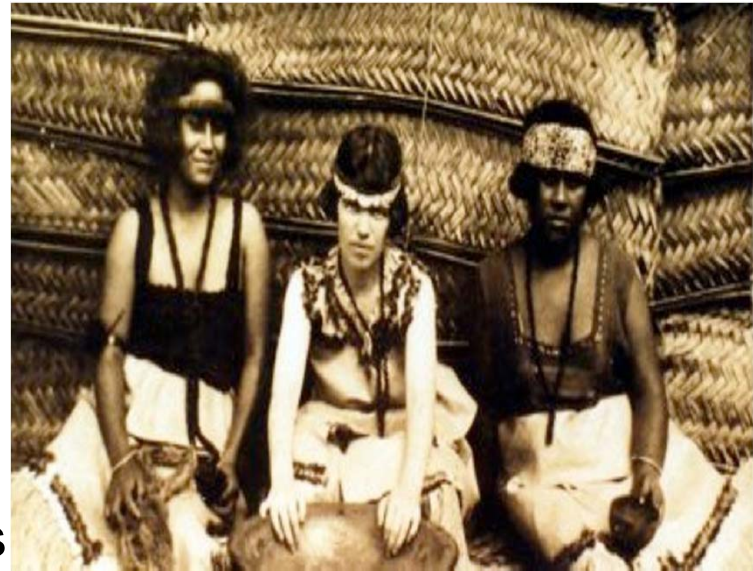
http://www.members.optusnet.com.au/pcook62/pcook62/Margaret_Mead_and_Samoa.html

Key Characteristics of All Ethnographies

- Scrutiny of specific social phenomena, as opposed to deductive research that tests out hypotheses;

- A propensity to elicit unstructured data as opposed to pre-coded data;

- Small sample sizes which may include just one case;

- Narrative description as the product of analysis that includes an unequivocal acknowledgement of interpretation of the significance and purpose of human behaviour; and,

- No quantification of data.

(Atkinson & Hammersley, 1998, p. 110)

What is FOCUSED ETHNOGRAPHY?

- Investigating specific beliefs and practices of particular illnesses, or particular healthcare processes, as held by patients and practitioners (Magilvy, McMahon, Bachman, Roark, & Evenson, 1987; Morse, 1987)

- Focus on cultures and sub-cultures framed within a discrete community or phenomenon and context, whereby participants have specific knowledge about an identified problem (Higginbottom, Pillay & Boadu, 2013)

Image retrieved from
http://megsmusings.wordpress.com/2009
/02/02/its-not-about-me/
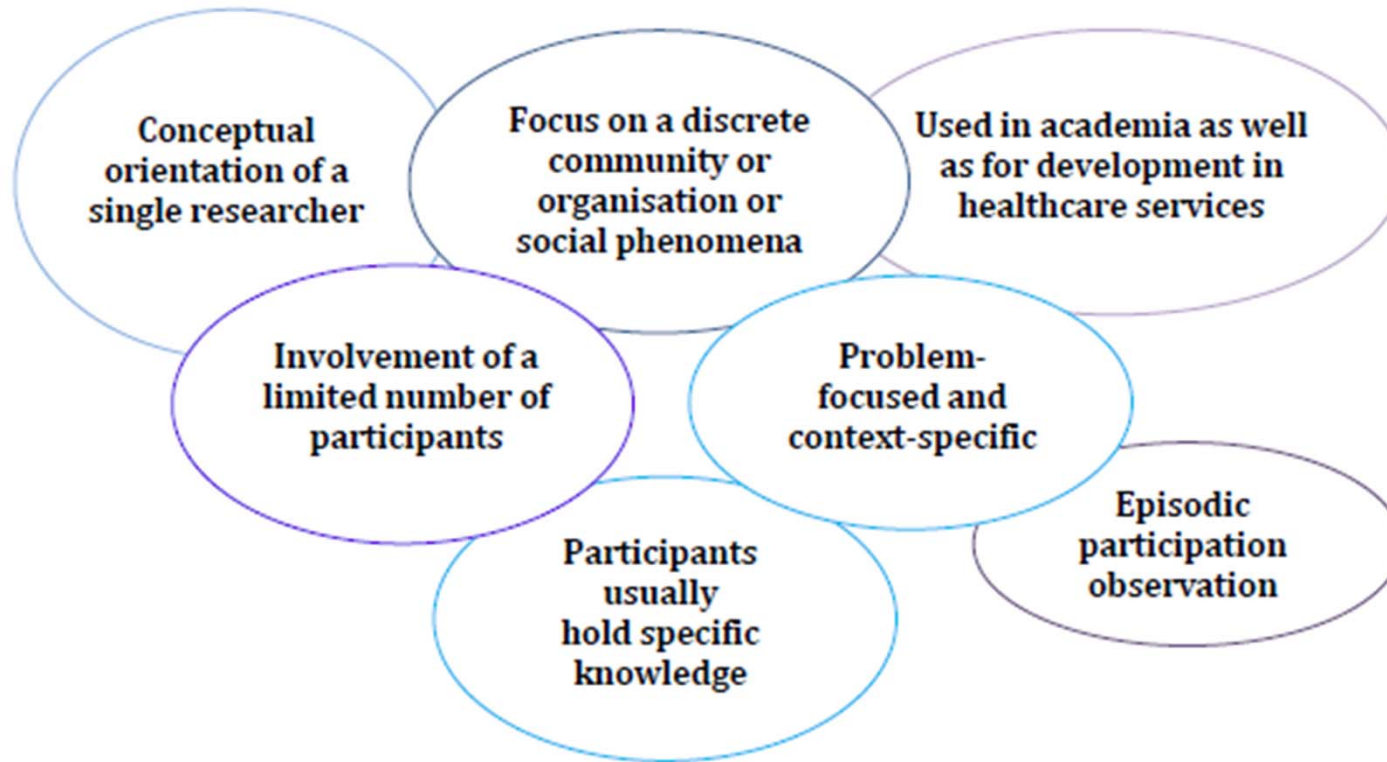
What is FOCUSED ETHNOGRAPHY?

- An applied research methodology that 'has been widely used in the investigation of fields specific to contemporary society which is socially and culturally highly differentiated and fragmented' (Knoblauch, 2005)

- Useful tool in gaining a better understanding of the experiences of specific aspects of people's way of life & being (Cruz & Higginbottom, 2013)

Image retrieved from http://megsmusings.wordpress.com/2009/02/02/its-not-about-me/

Characteristics and Methods of Focused Ethnographies

Figure 1. Characteristics of focused ethnographies (adapted from Muecke, 1994).

Conceptual orientation of a single researcher

Focus on a discrete community or organisation or social phenomena

Used in academia as well as for development in healthcare services

Involvement of a limited number of participants

Problem-focused and context-specific

Participants usually hold specific knowledge

Episodic participation observation

(Higginbottom, Pillay & Boadu, 2013, p. 3)

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Table 1	Comparison between conventional and focused ethnographies

Conventional ethnography	Focused ethnography
■ Long-term field visits	■ Short-term field visits
■ Experientially intensive	■ Data/analysis intensity
■ Time extensity	■ Time intensity
■ Writing	■ Recording
■ Solitary data collection and analysis	■ Data session groups
■ Open	■ Focused
■ Social fields	■ Communicative activities
■ Participant role	■ Field-observer role
■ Insider knowledge	■ Background knowledge
■ Subjective understanding	■ Conservation
■ Notes	■ Notes and transcripts
■ Coding	■ Coding and sequential analysis

(Adapted from Knoblauch 2005)

(Cruz & Higginbottom, 2013, p. 39)

Table 1. Comparison of focused ethnographies to traditional anthropologic ethnographies.

Focused ethnography	Anthropologic ethnographies
Specific aspect of field studied with purpose.	Entire social field studied.
Closed field of investigation as per research question.	Open field of investigation as determined through time.
Background knowledge usually informs research question.	Researcher gains insider knowledge from participatory engagement in field.
Informants serve as key participants with their knowledge and experience.	Participants are often those with whom the researcher has developed a close relationship.
Intermittent and purposeful field visits using particular timeframes or events, or may eliminate observation.	Immersion during long-term, experiential-intense fieldwork.
Data analysis intensity often with numerous recording devices including video cameras, tape recorders and photo-cameras.	Narrative intensity.
Data sessions with a gathering of researchers knowledgeable of the research goals may be extensively useful for providing heightened perspective to the data analysis particularly of recorded data.	Individual data analysis.

(Higginbottom, Pillay & Boadu, 2013, p. 4)

Think about your research topic…

What potential RQ/RQs do you have that can be answered through a focused ethnography approach?

Conducting Focused Ethnographies

PURPOSES OF FEs

- Discover how people from various cultures integrate health/discipline-specific beliefs and practices into their lives.

- Understand the meaning that members of a subculture or group assign to their experiences.

- Study the practice of health and other disciplines as a cultural phenomenon.

(Roper & Shapira, 2000)

Conducting Focused Ethnographies

RESEARCH QUESTIONS

- The questions in FE relate to describing experiences within cultural contexts or specific groups/sub-groups.

- Take the form of first-level questions focused on the "what", such as "what are the shared beliefs, values, and practice patterns (of a specific population) in a specific setting (or who have a specific condition)?"

- Secondary questions may relate to ideas such as "what facilitates, constrains or sustains", or "how did (particular group) engage with (particular group)" (Walsh, 2009).

Conducting Focused Ethnographies

SAMPLING AND SAMPLE SIZE

- Most common type of sampling technique is purposive sampling, with complimentary strategies including snowballing (also referred to as opportunistic or nominated sampling) and solicitation

- The number of participants will not usually be predetermined.

- Data saturation often dictates the sample size.

(Higginbottom, Pillay & Boadu, 2013)

Conducting Focused Ethnographies

DATA COLLECTION

- Often semi-structured interviews, usually tape-recorded and transcribed verbatim

- Typically use the observer-as-participant role which is not as time-intensive as that of the participant-as-observer

- Variety of documents, e.g., policies, procedural documents, epidemiological and census data, maps, photographs, etc.

- Recording equipment, field notes, reflective journals

- Data sessions

(Higginbottom, Pillay & Boadu, 2013)

Conducting Focused Ethnographies

DATA ANALYSIS

- An iterative, cyclic, and self-reflective process

- Characterised by the identification and classification of the data, which then progresses to abstract generalisations and explanation of patterns

- May use computer-assisted qualitative data analysis software such as Atlas.ti (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany) or NiVivo (QRS International, Victoria, Australia)

(Higginbottom, Pillay & Boadu, 2013)

Conducting Focused Ethnographies

PROMOTING RIGOUR THROUGH REFLEXIVITY

- Reflexivity is focused on making explicit and transparent the effect of the researcher, methodology and tools of data collection on the process of the research and the research findings.

- Reflexivity acknowledges the influence of the researcher's ideologies, values and belief systems that may be difficult to deconstruct in a transparent fashion.

- Of particular importance in focused ethnographies, particularly for a researcher who is familiar with, or who may have a personal experience of, the culture being studied.

(Cruz & Higginbottom, 2013)

Defining Reflexivity

Reflexivity is an important dimension of ethnography and qualitative research in general (Hammersley & Atkinson 1995, Denzin & Lincoln 1998). According to Denzin & Lincoln (1998 p278) reflexivity refers to a process by which:

"*Researchers are obliged to delineate clearly the interactions that have occurred among themselves, their methodologies, and the settings and actors studied*"

Murphy *et al.* (1998p188) state that:

"*Qualitative research calls for a level of self-conscious reflection upon the ways in which the findings of research are inevitably shaped by the research process itself and analysis which takes such factors into account*"

Reflexivity is therefore focused on making explicit and transparent the effect of the researcher, methodology and tools of data collection on both the process of the research and the research findings. This contrasts with the stance taken in quantitative research where efforts are directed to minimising or eradicating the researcher effect on the research (Murphy *et al.* 1998).

Conducting Focused Ethnographies

Box 1. Additional resources related to maintaining and assessing rigour in qualitative research

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(Higginbottom, Pillay & Boadu, 2013, p. 7)

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Limitations of FE

- Perceived lack of exactitude and robustness from a positivistic perspective

- Question regarding credibility and consistency of findings

- Lack of generalizability

Table 2	Some examples of focused ethnographies in nursing			
Reference	**Setting and sample**	**Study aim**	**Data collection and analysis methods**	**Conclusions**
Dupuis-Blanchard et al (2009)	19 people 55 years or older, able to converse in English and living in a selected building in Canada.	To identify the meaning of social engagement for adults who had recently moved to flats for older people and the types of relationships they developed in their new homes.	Semi-structured interviews in the building. Interviews were also guided by ongoing data analysis. Demographic information was collected. An ecomap consisting of a central circle, to represent the participant, with outer circles representing other significant people, was used to show participants' social network. Open coding and thematic analysis done.	Older adults developed relationships to help with feelings of insecurity and casual interactions, extend support to others and develop friendship. The study provides a better understanding of the concept of social engagement for older people.
Ensign and Bell (2004)	Convenience and purposive sampling were used to engage 45 clinic- and street-based homeless young people aged between 12 and 23 years in Seattle, Washington.	To describe the experiences of homeless youths of illness and how these experiences differed by age, gender and sampling site.	Participant observations in the youth clinic and street areas, key informant interviews, semi-structured interviews in a private consulting room in the clinic or street-side in the front seats of the medical van, focus group interviews for more in-depth exploration of identified themes and topics.	Health-seeking behaviour varied according to gender. Age affected the participants' ability to seek health care at hospitals. Street-based youth had more challenges related to health and access to health care.
Garcia and Saewyc (2007)	14 adolescent participants from a bilingual charter school and a Catholic church in neighbouring urban cities centred in a larger metropolitan area in the United States. These participants were aged 15 to 20 years old, and were born in and emigrated from Mexico.	To explore the health-related perceptions and experiences of immigrant Latino adolescents.	Information from two interviews and pictures taken by participants, who had been given 24-exposure disposable cameras. Participant observation, field notes and journaling. Content analysis and constant comparison with the help of Atlas.ti software.	Three themes were identified: mentally healthy, mentally unhealthy and health promotion. Mental health nurses are in a position to educate this group of immigrant youths about health and mental health services.
Higginbottom (2011)	Purposive sampling of 23 internationally educated nurses (IENs) who were recently recruited by one of Western Canada's health authorities.	To understand IENs' transitioning experiences on relocation to Canada.	Semi-structured interviews with IENs. Participants' demographic information. Analysis followed Roper and Shapira's framework for ethnographic data analysis with the help of Atlas.ti software.	Negative experiences were reported by IENs with respect to their work contract and support. Communication, or its absence, was a contributory factor in the reported discontent among IENs. Failure to provide IENs with appropriate orientation opportunities affect their ability to transition to the workplace.

Some examples of FE in nursing (Cruz & Higginbottom, 2013, p. 40)

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Reference	Setting and sample	Study aim	Data collection and analysis methods	Conclusions
Kilian et al (2008)	Purposive sampling using a 'chain-referral' process, of older people who were 'fallers' and their six adult children living in urban Toronto, Canada.	To examine the perceptions of risk regarding falling older adults and their adult children, and what personal, interpersonal and societal factors influence these perceptions.	Semi-structured interviews, field notes and reflective journal. Participant checking was used to provide elaboration. Thematic analysis during data analysis.	The seniors valued independence and it is important to include multiple family perspectives when taking action to prevent falls.
Pasco et al (2004)	23 Filipino-Canadian patients, aged 33 to 86 years old, who had lived in Canada for five to 40 years and received care in Canadian hospitals.	To identify the culturally embedded values that implicitly guide Filipino Canadian patients' interactions in developing nurse-patient relationships.	Face-to-face unstructured interviews initiated with a 'grand tour' question, field notes and person diary. Data analysis used thematic content analysis.	Nurses' ability to provide culturally-competent care to Filipino Canadian patients can be facilitated by an understanding of the patients' verbal and non-verbal communication and a genuine sense of interaction.
Scott and Pollock (2008)	29 unit members, consisting of nurses, nurse managers, physicians and other healthcare professionals working in a critical care unit in a Canadian children's hospital.	To explore the effect of unit culture on the general use of research by nurses.	Individual interviews. Field visits, field journal, audit trail. Analysis and interpretation employed Fetterman's (1998) ethnographic analysis framework.	Unit culture and those of the individuals in charge dictated nurses' use of research in their practice. There was significant reluctance to go against established norms in the unit.
Spiers and Wood (2010)	Convenience and theoretical sampling of community mental health nurses providing brief therapy (ten sessions or less) or consulting practice for three or more years in Alberta, Canada.	To explore perceptions and actions of community mental health nurses in building a therapeutic alliance in the context of brief therapy and the factors that helped or impeded its development.	Three focus groups, individual interview, verification interview and methodological journal. Thematic content analysis.	Building an alliance consisted of three overlapping phases: establishing mutuality, finding the fit in reciprocal exchange and activating the power of the client. Factors inhibiting alliances were related to patient history, environment (for example, workload) and experience. Recommendations are made to enhance intentional alliance.
Tzeng et al (2010)	Convenient and purposive sampling were used to invite participants working full-time in a medical centre in Taipei, Taiwan. 18 participants consented to interviews, while 36 nurses consented to be observed.	To describe the ways psychiatric nurses provided care for and responded to dilemmas associated with caring for suicidal patients.	Participant observations and field notes. Interviews were interviewed at times and places convenient for them. Content analysis and constant comparison using Hammersley and Atkinson's (2007) analytic induction technique.	Nurses spoke about the idea of opening and closing doors in understanding the inner worlds of their suicidal patients. An understanding of the suicide experience is needed to help nurses understand when to open this door and keep it open in supporting their patients.

Table 2: Some recent (2008 – present) examples of focused ethnographies in healthcare

Reference	Setting & sample	Study aim	Data collection & analysis methods	Conclusions
Daack-Hirsch & Gamboa (2010)	Eighty purposefully selected individuals in four cities of the Negros Occidental Province in the Philippines, with a cleft lip with or without cleft palate (CL+/- P), or who have children with either or both conditions; controls; and local health care workers.	To describe beliefs about the cause, prevention, and treatment of cleft lip with or without cleft palate, among working class people in the Philippines.	Individual and group informant interviews, using a topic guide. Content analysis of interview transcripts.	By eliciting and comparing patients' explanations for CL+/- P with biomedical explanatory models, clinicians can better understand patients' care seeking/ treatment behavior. This knowledge is useful to improve health outcomes, and for the design of health campaigns regarding CL+/- P in the Philippines.
Green et al. (2009)	Eleven parents of children aged 6-12 years who had undergone heart transplant two+ years prior, at a heart transplant clinic at a large children's hospital in mid-South USA.	To describe parents' experiences of parenting a school-aged child after heart transplant.	Demographic questionnaires elicited patients' racial/ethnic background, family composition and income, and transplant history. Topic guided in-depth qualitative interviews, with parents of the children at private locations of their choice. Recorded field notes were based on contextual observations during	One of few studies to document parenting experiences with child heart transplant patients. Calls for targeted attention to assist parents with: - integrating their child's medical care into their daily lives - obtaining peer support - seeking continuous education to accurately appraise the risk of

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			interviews. Content analysis and constant comparison. Documentation of theoretical notes during analysis, served as an audit trail for conceptual decisions.	infectious disease associated with activities appropriate for their child's development.
Higginbottom (2008)	Thirty-six adult African-Caribbeans, mostly long-term economic migrants to England.	To understand the meanings and consequences of hypertension to persons of African – Caribbean origin; and, To describe how these individuals perceive primary health care services.	Two focus group interviews, 21 semi-structured individual interviews and 5 vignette interviews. Ethnographic data analysis was guided by the framework outlined by Roper and Shapira (2000). Data management and coding processes were facilitated using Atlas.ti software. Interpretation of findings used Kleinman's Explanatory Model of Illness.	It is incumbent upon primary health care nurses to recognize and take account of lay explanations of health and illness held by patients and/or their families. Failure to do so may compromise effective care giving.
Kelley et al. (2011)	Sixty-seven seniors, 13 proxy decision-makers, 61 staff members and 8 key community informants, in the Emergency	To assess the environment of an ED, and its impact on adult care, using a "senior-friendly" conceptual	Multiple methods including interviews with seniors or their proxy decision-makers, staff and key community informants;	The ED is an important part of seniors' healthcare. Changes to policy and practice, and enhanced

Some examples of FE in health care (Higginbottom, Pillay & Boadu, 2013)

			on-site observations; a staff survey; and hospital administrative data.	education are needed to better serve the complex health care needs of seniors in this environment.
department (ED) of a regional acute care hospital in Ontario, Canada.		framework.		
			Individual analyses was conducted on the various data sets; - descriptive and inferential statistical analyses of quantitative (hospital administrative) data;	
			- coding and systematic inductive analysis of qualitative (interview and observational data) as outlined by Huberman and Miles (1998).	
			Findings of individual analyses were integrated and synthesized to formulate recommendations for policy, practice, and education.	
Kilian et al. (2008)	Purposive sampling using a 'chain-referral' process, of eight older adults who were "fallers" and their six of their	To examine the perceptions of risk regarding falling held by older adults and their adult children; and to	Open-ended interviews using a semi-structured interview guide, elicited insider perspectives (the elder adult's or	Research on injury prevention among older adults must take into account in multiple family perspectives when

Some examples of FE in health care (Higginbottom, Pillay & Boadu, 2013)

	adult children living in urban Toronto, Canada.	examine the similarities and differences in these perceptions.	their child's); Field notes provided the outsider (researcher's) perspective to allow reflexive data analysis of both perspectives; and reflexive journaling during data collection and analysis facilitated examination of assumptions and evolving themes. Thematic analysis, used coded sections of data and examination of emerging themes (Fetterman, 1998). Participant checking provide elaboration, instead of verification of data. Data analysis was concurrent with collection, and continued until maximum phenomenal variation was achieved.	taking action to prevent falls. This will inform the development of strategies that respect iseniors' independence, to encourage better adoption of these measures by the seniors.
Smallwood (2009)	Nurses in a cardiac assessment (CA) team in an acute hospital trust in	To explore, describe and interpret the roles of nurses in the culture	Seven semi-structured interviews, 5 participant observation	Four main roles were played by nurses on the team. These were the gatekeeper,

Some examples of FE in health care (Higginbottom, Pillay & Boadu, 2013)

	the UK.	established on the CA team.	sessions, (observer-as-participant) and reflective field journal. Analysis followed the framework outlined by Miles and Huberman (1998).	specialist consultancy practice, catalyst and diplomat. There is a necessary interlinking of roles among team members in order to facilitate care in the unsteady organizational culture of a managed care environment.
Spiers & Wood (2010)	Convenience and theoretical sampling of community mental health nurses who had been providing brief therapy (10 sessions or less) or were involved in consulting practice for 3+ years in Alberta, Canada.	To describe the experiences, perceptions and actions of community health nurses in building a therapeutic alliance in the context of brief therapy;and to identify factors that facilitate or impede its development.	Focus groups and individual interviews, verification interview, and methodological journal writing. Thematic data analysis was modeled after the frameworks of Bunard (1991), and Morse and Richards (2002). .	Findings contributed to the empirical understanding of alliance-building actions of nurses in brief therapy. Building an alliance consisted of three non-linear overlapping phases: establishing mutuality, finding the fit in reciprocal exchange, and activating the power of the client. Inhibitions to alliance-building were related to patient history, environment (e.g., workload) and experience. Recommendations are made to enhance intentional

Some examples of FE in health care (Higginbottom, Pillay & Boadu, 2013)

				alliance-building.
Wilkinson & Callister (2010)	Snowball sampling of 24 women at a pre-natal health care clinic in Ghana, West Africa.	To describe the perceptions of childbirth among child-bearing Ghanaian women.	Intensive participant observation, with field notes to record observations, impressions and insights. Using the Health Belief Model was as conceptual framework.24 women were interviewed individually during outreach clinic days. Content analysis involved comparison of interview and observational data to enhance the quality of findings (Roper and Shapira, 2000).	Seven themes were identified and several clinical implications were tabulated. Major conclusions were of many fears (including superstitions) related to maternity and birth and the holistic approach including respect of spirituality which must be respected.

Conclusion

- Pragmatic and time limited ethnographic approach

- Value of FE to understand specific societal issues that impact the different facets of practice amongst healthcare professionals

- FE enables healthcare researchers to understand the interrelationship between humans and their environment within the society they live in

- Participants afforded an opportunity to share their perspective of specific societal events and issues that serve as bases for the healthcare researchers' understanding of the meanings attributed to these.

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