



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

POSSIBILITY OF APPLICATION OF ETHNO-NURSING RESEARCH ABOUT CARE TO LOW-RISK PREGNANTS

POSSIBILIDADE DE APLICAÇÃO DA PESQUISA EM ETNOENFERMAGEM ACERCA DO CUIDADO À GESTANTE DE BAIXO RISCO

POSIBILIDAD DE APLICACIÓN DE LA INVESTIGACIÓN EN ETNO-ENFERMERÍA ACERCA DE LA ATENCIÓN A MUJERES EMBARAZADAS DE BAJO RIESGO

Camila Neumaier Alves¹, Laís Antunes Wilhelm², Priscila Bisognin³, Carolina Carbonell dos Santos⁴, Silvana Cruz da Silva⁵, Lúcia Beatriz Ressel⁶

ABSTRACT

Objective: presenting the process of applying an ethno-nursing in research about prenatal-care. **Method:** an ethnographic research based on ethno-nursing, of a qualitative approach conducted with five nurses operating in low-risk prenatal. The survey was carried out from March to August 2013, amounting to 96 hours of observation, and with semi-structured interview script, in four units of health of a municipality of Rio Grande do Sul/RS. It presents the entry in the field, the four stages of observation, the semi-structured interview and data analysis approach. The study had approved the research project by the Research Ethics Committee, CAAE 12161913.8.0000.5346. **Results:** ethno-nursing was conducive to the production of knowledge in the area of women's health, especially in the care to pregnant women. **Conclusion:** it is expected to providing subsidies about the use of Theory of Diversity and Universality of Cultural Care, in the search for new researches. **Descriptors:** Nursing; Ethno-Nursing; Prenatal Care; Culture; Pregnancy.

RESUMO

Objetivo: apresentar o processo de aplicação de uma etnoenfermagem em pesquisa acerca do cuidado-pré-natal. **Método:** pesquisa etnográfica com base na etnoenfermagem, de abordagem qualitativa, realizada com cinco enfermeiras atuantes em pré-natal de baixo risco. A pesquisa foi desenvolvida de março a agosto de 2013, perfazendo 96 horas de observação, e com entrevista com roteiro semiestruturado, em quatro unidades de saúde de um município do Rio Grande do Sul/RS. Apresenta-se a entrada no campo, as quatro fases da observação, a entrevista semiestruturada e o percurso de análise dos dados. O estudo teve aprovado o projeto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE 12161913.8.0000.5346. **Resultados:** considera-se que a etnoenfermagem foi propícia para a produção do conhecimento na área da saúde da mulher, especialmente no cuidado às gestantes. **Conclusão:** espera-se proporcionar subsídios acerca do uso da Teoria da Diversidade e Universalidade do Cuidado Cultural, na busca por novas pesquisas. **Descritores:** Enfermagem; Etnoenfermagem; Cuidado Pré-natal; Cultura; Gravidez.

RESUMEN

Objetivo: presentar el proceso de la aplicación de un etno-enfermería en la investigación acerca del cuidado prenatal. **Método:** investigación etnográfica basada en la etno-enfermería, de enfoque cualitativo realizado con cinco enfermeras operando en bajo riesgo prenatal. La encuesta se realizó entre marzo a agosto de 2013, que asciende a 96 horas de observación y con script entrevista semi-estructurada, en cuatro unidades de salud del municipio de Rio Grande do Sul/RS. Se presenta a la entrada en el campo, las cuatro etapas de observación, la entrevista semi-estructurada y el análisis de datos. El estudio había aprobado el proyecto de investigación por la Comisión de Ética de Investigación, CAAE 12161913.8.0000.5346. **Resultados:** el etno-enfermería era propicio para la producción de conocimiento en el área de salud de la mujer, especialmente en la atención a mujeres embarazadas. **Conclusión:** se pretende proporcionar subsidios acerca del uso de la Teoría de la Diversidad y Universalidad de la Atención Cultural, en la búsqueda de nuevas investigaciones. **Descriptores:** Enfermería; Etno-Enfermería; Atención Prenatal; Cultura; Embarazo.

¹Nurse, Mastership Degree, Doctoral student, Postgraduate Program in Nursing, Federal University of Pelotas/PPGENF/UFPel. Pelotas (RS), Brazil. Email: camilaenfer@gmail.com; ²Nurse, Mastership Degree, Doctoral student, Postgraduate Program in Nursing, Federal University of Santa Maria/PPGENF/UFSM. Santa Maria (RS), Brazil. Email: laiswilhelm@gmail.com; ³Nurse, Master's student, Postgraduate Program in Nursing, Federal University of Santa Maria/PPGENF/UFSM. Santa Maria (RS), Brazil. Email: pribisognin@gmail.com; ⁴Nurse, Master teacher, University of the Region of Campanha/Urcamp - Bage, Doctoral student, Postgraduate Program in Nursing, Federal University of Pelotas/PPGENF/UFPel. Pelotas (RS), Brazil. Email: carolinaufsm@hotmail.com; ⁵Nurse, Mastership Degree, Doctoral student, Postgraduate Program in Nursing, Federal University of Rio Grande do Sul/PPGENF/UFRGS. Porto Alegre (RS), Brazil. Email: silvanacruzufsm@yahoo.com.br; ⁶Nurse, Professor, Nursing Department/Postgraduate Program in Nursing, Federal University of Santa Maria/PPGENF/UFSM. Santa Maria (RS), Brazil. Email: lbressel208@yahoo.com.br

INTRODUCTION

The Theory of Diversity and Universality of Cultural Care, coined by the nurse and anthropologist Madeleine Leininger favors the proposed holistic care in nursing and the intent to recognizing and respecting the culture of customers; so that the actions of nursing achieve the desired result.¹ In addition, it allows the researcher reflecting upon the theoretical principles, such as: worldview, social structure, values and beliefs, environment and other dimensions that influence the care.²

Researchers¹ of the Nursing area claim that one of the contributions of this theory is to highlighting the factors that influence professional care systems and the popular health care, such as: religion, cultural values, language and history. The theory is based on the fact that people of different cultures can provide information to guiding professionals about how to direct the care. As culture determines lifestyles, the nurse must consider the existence of the human being, with a history of private life and popular models of health care.³

It identifies, in line with the study⁴, that the use of nursing theories provides subsidies for nursing practice, once it becomes a tool for critical reasoning and decision-making. In view of this, it is essential that health professionals be aware about the cultural context of the individual who receives care, considering its values, beliefs and practices of specific care and the need to be respected. In this perspective, the union of Anthropology with Nursing originated the method of Ethno-Nursing, which comprises the study of beliefs, values and practices of nursing care as perceived by a particular culture, through its experiences, beliefs and value systems.⁵

The Ethno-Nursing method was developed by Leininger, in order to unravel the cultural care diversity and universality.¹ In addition, it has been used as a method for specific researches that focus on the documentation, description and explanation of nursing care.⁶

The goal of the research method of ethno-nursing is to recognizing, as completely as possible, the potential and actual phenomenon of nursing, such as the meaning and the expressions of human care in different and similar contexts.² This is the study of beliefs, values and practices of nursing care as perceived by a particular culture, through its direct experiences.¹

Ethno-Nursing as a research methodology was chosen with the purpose of recognizing

care practices and the cultural values of nurses when assisting pregnant women, from the cultural perspective. Considering the relevance and pertinence of ethno-nursing for the seizure of care practices, beliefs and values of Nursing, it has aimed to exploring how the methodological process of an ethno-nursing has occurred to meeting nursing care practices undertaken at pregnant women in low-risk prenatal care, from the proposed by Leininger.

METHOD

It is an ethnographic research based on ethno-nursing, of a qualitative approach, marked in the methodological and theoretical assumptions of the Theory of Diversity and Universality of Cultural Care, of the nurse Madeleine Leininger. The production and analysis of data correspond to the exposed by Leininger.

The study informants were five nurses who acted in the basic attention to health of a municipality of Rio Grande do Sul and that develop actions of systematized attention to the health of pregnant women. These actions included nursing consultations and groups of pregnant women. The criteria for inclusion of the informants were nurses to develop systematized actions with nursing care to pregnant women, as queries and groups; and nurses who work in units located in the urban region. There were excluded nurses who were removed from service at the time of research.

The construction of this proposal, based on ethno-nursing, demanded from the researcher its insertion in the field to be searched, to occur the recognition of the study scenario, the approach of cultural context and presentation of the research objectives. Thus, it sought to, along with Secretary of Health of the municipality in question, recognizing which health units of the basic attention who had prenatal service or which were systematized actions next to pregnant women. From this recognition made telephone contact with various health units in order to select those which have so diverse⁷ and that they applied to the South, East, West, North and Center of the sanitary region of the municipality. It should be noted that the research ended with five informants, due to the withdrawal of one of the nurses.

After the acceptance from the units and the Secretariat of Health of the Municipality the project was approved by the Research Ethics Committee of the Federal University of Santa Maria, under paragraph CAAE 12161913.8.0000.5346. The proposal

contemplated all the ethical aspects recommended by resolution 196/96 - CNS.⁸

The production of data was performed in the period from March to August 2013, during nursing actions with pregnant women, amounting to 96 hours. To this end, it was organized activities chronogram of prenatal care, with informants in the health units that the researcher would follow.

RESULTS AND DISCUSSION

It is presented the course of the research, its stages and processes. In addition, we intend to provide grants for researchers interested in this method meet the steps for its implementation

For the entry into the field it held up a previous contact with the health units and nurses in order to combine a day and schedule appropriate to that researcher introduce himself to the health team and explain the objectives of the research. At that time ensured to all informants that the research would involve the ethical precepts of researches with humans.

As the study was developed on the basis of the proposal by ethno-nursing²; to consolidate it there were used guidelines that help the researcher at the entrance and permanence in the research field, in addition to guiding the reflection about the phenomena studied and the nursing care itself. This way, we used the model Observation-Participation-Reflection (O-P-R), composed of four phases that serve to assisting the researcher to penetrate the medium in which the informants were inserted, gradual manner, and remain in the natural context; and the semi-structured interview.

The phases O-P-R are critical and important features of the research method of ethno-nursing to ensuring accurate observations and interpretations of findings.² The enabler guide promotes a more systematic and useful way to entering remaining in, and to completing a study about ethno-nursing with individuals, groups, communities and cultures related to care and nursing.²

In the first phase the researcher performs only the note, so far from the phenomenon observed, in addition to being attentive to everything that happens in the cultural context.² At this stage the researcher took care to achieve entry into the field and start the comments in the same way in all scenarios to prioritize the egalitarian form description. First there was the time for presentations and field recognition so that the informant and the researcher feel comfortable in the

environment. In addition, the structure of health units, the environment of query and group rooms, nurses' relationship with pregnant women and pregnant women and nurses with the observer was registered in a field journal

At this phase it was essential to recognize the environment in which the informants work, to observe the local structure, working conditions, the places where pregnant women are assisted and team members. In addition, comprise the field diary notes about relationship and personal interaction of the informant, the tone of voice, touch actions, care activities performed and the time of duration of these actions.

This role, of field reconnaissance, serves the important function of allowing the nurse researcher becomes fully aware of the situation or context before becoming a participant², and for this purpose, we used a screenplay by systematized observation⁹, who understood the internal and external environment of the context, particularly, relations between the environments, the people, their location, changes in the environment during observation and distance with respect to the researcher. In addition, it was considered important observing the language of informers; people's behavior; the relationship between people; between people and the observer; and observes the time of occurrence of different times.

In the second phase, the observation still happens, but the observer is already starting to participate. At that moment were prioritized informal conversations, in order to interact with the informants and conquer space activities. In this stage, the researcher accompanied the informants in their daily activities, seeking a rapprochement, in addition to performing the note in more detail possible. Accompanied activities were prenatal consultations and groups of pregnant women, all performed by nurses.

Be present in the consultations and in the occurrence of Group of pregnant women was fundamental to the recognition of nurses' care activities. It was possible to observe how the care was held, what actions were envisaged, as the nurse was treating pregnant women and vice versa, as well as to observe the cultural issues present in the care.

In the third phase, the participation of the researcher is more active and the note remains, but so diminished. At this stage the researcher participated actively to the consultations and groups of pregnant women, being known by women and the health team. It is understood that the proposed

methodology allowed this rapprochement between the informants and the observer, as well as enabling it to be recognized in the context of the unit as prenatal nurse.

We highlight that in the third phase also developed the interviews with each of the informants. Right now seized the nurses' experiences and there was the confrontation of the observations with the lines. As authors⁵ in the field of Nursing, the semi-structured interview was proposed by Leininger for the discovery of the cultural meanings of the group, emphasizing the interaction with the social context, investigating the phenomenon from the experiences of informants, being an opportunity to deepen aspects observed previously. It is considered that this kind of interview, in addition to enhance the presence of the researcher, offers freedom and spontaneity to the informant, enriching the research.

It is worth noting that the use of this technique has followed a script previously established, which allowed the scope of what I wanted to know, which facilitated the search for information. It is understood also that provided a link between the researcher and the informants, developing a dialogue, without impositive manners and of longer range of the data.

In the fourth phase, the researcher makes reflective observations, when rethinks the phenomenon observed and evaluates the information found. It is characterized in looking for the informants to discuss the results.² It is important to highlight that the reflection, even being mentioned only in the fourth phase, is integral and essential part of the ethno-nursing method, as it allows you to reflect on all aspects of the context being studied.² Besides, occurs the confirmation of findings through redemption of records made in the observations and interviews, to order to better elucidate some points.

At this stage the researcher turned away from the fields to analyze the interviews along with data from observations, returning later to health units involved in the study, to submit production data sources. Thus, the facts observed and recorded in the interviews were confirmed and the researcher may terminate the collection of the data.

The data analysis process is systematic, being extremely detailed and essential to walk back the results or conclusions. It is strict, but essential to meet the criteria of qualitative study.² The analysis occurred in the course of this research, nexted to collection step. It should be noted that the field journal and the interviews transcribed

permeated the moments of analysis, reinforcing the importance of dense description in ethnographic work.

The data analysis guide suggested by Leininger offers four sequential phases of analysis. The researcher begins with the analysis of the data on the first day of research and continues, with the regular encoding of data, the processing and analysis until all the data is collected.⁵

The first phase consists of the collection, description and documentation of raw data. This phase includes the completion and recording of observations, and holdings data recording of interview of key informants to identify contextual meanings, make preliminary interpretations, identifying symbols and writing data.

At this phase it is essential the use of field journal for detailed explanations of the data, especially from those observed in the course of nursing actions. The data of the field journal complete and condensate can be processed directly, ready for analysis.² It should be noted that few notes were taken at the time in which the observations occurred, not to interfere in the activity of nursing. However, after the end of the observations the researcher concluded the day notes, seeking to stop the observed maximum amount of information.

The second phase is characterized by the identification and categorization of descriptors and components. The data are coded and classified with respect to research and report the vision of researched, i.e. under its point of view.

Thus, the recurring components are studied by their meanings next to informants.² At this phase the researcher proceeds by reading the notes on the observations and determines patterns and similarities in actions, in order to organize the presentation of data.

The third phase of the analysis refers to the pattern and contextual analysis. In it data are examined to find recurring patterns of meanings, of expressions, of structural forms, interpretations or similar and different explanations of data related to the research domain.²

In this step we seek to understand the ideas and explanations of the actions, of the various forms that arise during the observation. This phase allows the final organization of the data collected, the preparation of the main themes and the final presentation of the research.

The fourth phase consists of the main themes, the results of research, theoretical

formulations and recommendations. This is the bulk of the data analysis phase, summaries and interpretations. It requires the composition of thought, analysis, configuration result interpretations and creative formulation of data from previous phases. The task of the researcher is summarizing and confirming main topics, search results, recommendations and sometimes make new theoretical formulations.²

For the researcher conducting a summary of the findings it must be completely immersed in the universe studied and know it well, preserving carefully the meanings, interpretations and verbal statements.² Yet, you must pay attention to linguistic textual declarations and special terms. In addition, the author reinforces that the interpretations of informants about the various topics, and aspects in common are identified. Also, their worldviews, values and beliefs that influence the cultural care are presented. We highlight that each stage of analysis constructs and maintains previous phases in order to obtain meaningful results, safe, accurate and clear.

FINAL REMARKS

Develop ethno-nursing in the context of nurses who perform low-risk prenatal proved to be challenging, since the insertion in the field of five distinct health units demanded the organization of a specific schedule, detailing its activities and following the agenda of attendance of each.

In this regard one can say that this method requires concentration and focus, in addition to flexibility and a reasonable time available to the researcher. Besides, this research provided the production of knowledge in nursing, as well as learning and exchange of experiences, once enabled, by observation, participation and reflection and the monitoring of the cultural context of the scenario in which the informants acted.

Conduct researches from the proposed by Leininger can constitute a strategy to recognizing how the experiences of nurses who work in prenatal care are, and seizing the values that influence the development of nursing care.

In this study, the use of observation maximized the scope of multiple results and perceptions about nursing care in pregnancy, once observed the cultural reality of the nurses, the values that guide its actions, the factors taken into consideration at the time of interaction with pregnant women, the day-to-day work and nursing actions built culturally.

It is considered that the knowledge produced from this ethno-nursing can contribute to the expansion of nursing publications, for training new nurses and qualified health care workers. In addition, it is expected to provide contributions on the use of Theory of Diversity and Universality of Cultural Care, in the search for new researches and knowledge.

Furthermore, the development of ethno-nursing contributed to the construction of knowledge in the area of women's health, since the method enables the total vision of events, the significance of these to the informants, the expression of their possibilities for distinguishes the actions of care since stresses the importance of the recognition of cultural factors imbued in the care to the women.

ACKNOWLEDGEMENTS

To the Higher Education Personnel Training Coordination - CAPES.

REFERENCES

1. Seima MD, Michel T, Méier MJ, Wall ML, Lenardt, MH. A produção científica da enfermagem e a utilização da teoria de Madeleine Leininger: revisão integrativa 1985 - 2011. Esc Anna Nery [Internet]. 2011 Dec [cited 2014 May 10];15(4). Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452011000400027
2. Leininger M. Culture Care diversity and universality theory and evolution of the ethnonursing method. In: Leininger M, McFarland MR. Culture care diversity and universality: a worldwide nursing theory. 2^a ed. Jones and Bartlett: SUDBURY M. A; 2006.
3. Reis AT, Santos RS, Júnior AP. O cuidado à mulher na contemporaneidade: reflexões teóricas para o exercício da enfermagem transcultural. REME Rev Min Enferm [Internet]. 2012 Jan/Mar [cited 2014 May 10];16(1):129-35. Available from: http://www.enf.ufmg.br/site_novo/modules/mastop_publish/files/files_4fccf66a17245.pdf
4. Silveira JTP, Maziero ECS, Wall ML, Souza SRRK, Forlin DC, Chaves ACM. Application of theories in studies on breast cancer: integrative review. J Nurs UFPE on line [Internet]. 2014 Apr [Cited 2014 May 14];8(5):1357-63. Available from: <http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/3385>
5. Leininger M. Culture care diversity and universality: a theory of nursing. New York: National League for Nursing Press; 1991.

6. Rosa NG, Lucena AF, Crossetti MGO. Etnografia e etnoenfermagem: métodos de pesquisa em enfermagem. Rev Gaúcha Enferm [Internet]. 2003 Apr [cited 2014 May 10];24(1):14-22. Available from: <http://seer.ufrgs.br/index.php/RevistaGauchaEnfermagem/article/view/4433/2359>
7. Pires AP. Amostragem e pesquisa qualitativa: ensaio teórico e metodológico. In: Poupart J, et al. A pesquisa qualitativa - enfoques epistemológicos e metodológicos. Petrópolis: Vozes; 2008.p. 154-211.
8. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução N° 196/96. Dispõe sobre pesquisa envolvendo seres humanos. Brasília: Ministério da Saúde; 1996.
9. Vítora CG, Knauth DR, Hassen M de NA. Pesquisa qualitativa em saúde: uma introdução ao tema. Porto Alegre: Tomo Editorial; 2000.

Submission: 2014/06/14

Accepted: 2014/11/19

Publishing: 2015/01/01

Corresponding Address

Camila Neumaier Alves
Programa de Pós-Graduação em Enfermagem -
UFPel
Rua Gomes Carneiro, n. 1, 2º andar, Sala 201
CEP 96010-610 – Pelotas (RS), Brazil