

THE INTERFACE OF NURSING AND ANTHROPOLOGY

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Nursing in the Western world developed mainly as an applied field, and has contributed to social-cultural theory only in the past 30 years. The purpose of this presentation is to document (a) the contributions of nursing to medical anthropology, (b) the influence anthropology has had on nursing, (c) the differences between the interface of nursing and anthropology and that of medicine and anthropology, and (d) reasons that these differences have not been a focus in medical anthropology. We mean to draw attention to the special characteristics and aims of the nursing process and profession as they relate to the anthropological enterprise, but first we must describe the nature of nursing and how it differs from medicine.

THE NATURE OF NURSING

The interface of nursing and anthropology has a different focus than the interface of medicine and anthropology. While there are some similar areas of concern, there are also major and significant areas of divergence. That nursing is not subsumed by medicine is a point not widely understood in anthropology. In *Medical Anthropology*, Foster & Anderson (77) classically illustrated this point by titling a chapter "Professionalism in Medicine: Nursing." The term "health care" subsumes both nursing and medicine; unfortunately, anthropologists have frequently equated health care only with medicine.

Several factors account for the erroneous categorization of nursing as a part of medicine. First, there is considerable overlap in the contribution of each profession to client health, because all health professionals are generally concerned with the mental and physical well-being of clients. Second, anthropologists may be most familiar with nursing in university hospitals where the

practice of nursing is least typical (131). Third, medicine, with the skillful promotion and protection of the American Medical Association, gained high visibility, social status, and authority in this century (169). This attracted anthropologists to the study of medicine.

The central concern of biomedicine is not general well-being, nor individual persons, nor simply their bodies, but their bodies in disease (110). Medicine is primarily (and properly) concerned with disease, its etiology, pathophysiology, and treatment. The medical frame of reference is based on models of normal and abnormal human conditions and of methods for diagnosing and treating diseases and pathologies.

Nursing, by contrast, is defined as “the diagnosis and treatment of human responses to actual or potential health problems” (10). There are important facets of this definition. Human responses to health problems are often multiple or continuous, and are less discrete than medical diagnostic categories. Examples of human responses on which nursing interventions focus include self-care limitations, pain, emotions related to disease and treatment, and changes related to life processes (birth, growth and development, and death). Thus, while physicians diagnose and treat pathology, nurses are concerned with actual and potential needs which emerge in response to illness or health states.

While physicians are identified as concerned with disease, clients are characterized as concerned with illness (110). This distinction defines a crucial domain for nursing. Nursing uses the model of illness and the model of disease and mediates the two, a distinction and relationship emphasized in nursing education. Nursing deals with treating disease, assisting the client in coping with discomforts, and in adapting lifestyles to the illness or treatment. Anthropologists have not recognized that nurses mediate the biomedical and client orientations; nursing has recognized this since at least 1932 (85).

Because nurses move flexibly between models, the nursing role is difficult to define. Using the disease/illness distinction, it is evident that the nebulous nature of nursing is a result of the differential importance given to each model in diverse clinical situations. When a situation is life threatening, the biomedical model takes precedence; during a cardiac arrest, little consideration is given to sociocultural dimensions. Conversely, when clients experience life changes that accompany many diseases, the illness model assumes primacy. The consistent orientation of professional nurses is the provision of care and nurturing that promotes well-being of sick and well people, individually and in groups.

NATURAL ALLIANCE

History of the Interface of Nursing and Anthropology

Focus on the client’s culture has a long history in nursing, particularly in public health nursing. Early in the century, public health nurses worked with immi-

grant groups, and a series of articles in the *Public Health Nursing Quarterly* gave cultural overviews of groups such as Italians, Russians, and Portuguese. While an intent of this literature was to promote assimilation of immigrant groups, other authors (52, 67, 186) sought to improve understanding of their cultures. Yet, other than in public health nursing, inclusion of the cultural dimension was generally lacking until around the 1940s. Cultural content was introduced by nurses who had served with the military during World War II, and had learned the necessity of understanding cultural differences. After World War II, experienced public health nurses were added to nursing faculties and were able to teach from their experience with different ethnic groups (29).

At another level, anthropologists, other social scientists, and national organizations introduced cultural content into nursing, of which the early contribution of anthropologist Esther Lucille Brown (27) was particularly important. The National Nursing Council commissioned Brown to conduct a study of nursing education (28) which spearheaded midcentury educational reform in nursing. In university settings, behavioral science content gained importance (21, 129) and provided a theoretical base for practice that heretofore had been intuitive. As early as 1937 the National League of Nursing (NLN) recommended that nursing students take at least 10 semester hours in the social sciences. Inclusion of the social sciences was furthered by organization of the Joint Commission (118, 166), and anthropologists described the importance of social science, particularly anthropology, for nursing (18, 27, 28, 30, 112, 128, 133, 161). Studies of the culture of nursing included research on the societal view of the nurse (18), the history of women and the role of the nurse (56), change in the nursing profession (161), and socialization of the student nurse (191). Ethnographic studies of hospitals addressed nursing in an institutional setting (37, 49, 78, 185).

The importance of national foundations to social sciences in nursing was evident in a Russell Sage Foundation project at the Cornell University School of Nursing (1954–57) which featured lecturers from anthropology and sociology such as Margaret Mead, Renee Fox, Rhoda Metraux, and August Hollingshead (128). In 1948 Margaret Huger conducted a hospital study of Italian American patients' response to the nursing situation (Mead 133), initiating nursing research on the cultural component in the delivery of health care. Later research focused on cultural aspects of nursing care for black patients (132).

Under the federally funded Nurse Scientists Program in the 1960s, nurses obtained doctoral degrees in increasing numbers, and several obtained PhDs in anthropology. In 1968 the Council on Nursing and Anthropology (CONAA) was formed in relationship with the Society for Medical Anthropology. Later, other organizations were formed including the Transcultural Nursing Society (1974) and the American Nurses' Association's Council on Inter-Cultural Diversity (1980). Leininger's (120) work, an important milestone in the development of the relationship between nursing and anthropology, delineates the

disciplines of nursing and anthropology, areas of common interest, and proposes common research interests.

In 1977 the NLN mandated the inclusion of cultural content in nursing curricula which triggered an explosion of interest. Cultural considerations in clinical practice and research have been featured in nursing journals (39, 113, 179). Texts have examined the common concerns of the two disciplines (14, 24, 123) and the inclusion of cultural content in nursing care (44, 143, 168).

Similarities Between Nursing and Anthropology

Since 1969, nurse anthropologists have identified the natural alliance between nursing and anthropology in a number of dimensions (14, 120, 144). Foster (76), moreover, has contrasted anthropological and sociological research on medical problems in at least four dimensions: (a) research topics, (b) basic conceptual approaches to problems, (c) research methodologies, and (d) identification with the actors in health dramas; these differences are discussed below.

RESEARCH TOPICS The basic approaches of nursing and anthropology as contrasted with medicine and sociology are reflected in research problems, data collection, and conclusions. One major difference is that nursing and anthropology tend to focus on normalcy while medicine and sociology focus on deviance. Much of anthropology has been concerned with shared beliefs, values, and behavior. Similarly, nursing practice addresses normal growth and development, wellness promotion and health education. During illness, the concern of nursing is in the client's behavioral response, and in enhancing modification of patterns of daily living to promote a return to a normal lifestyle. In a hospital setting, concerns of nursing are daily patterns of living which clients normally do for themselves: food, elimination, rest, sleep, diversions, and interpersonal relationships. When illness occurs, factors influenced by cultural patterns such as dependency, pain, fatigue, fear, personal physical care, diet modification, and stigma are the purview of nursing. In contrast, the sociological perspective is that illness is a form of deviance. This is analogous to the focus of medicine which has been identified as pathology or disease (68, 110). Medicine generally neglects social behavior and the social basis of disease (68). While these distinctions do not always hold (psychiatry, for example), the predominant orientations of sociology and medicine are similar.

Nursing differs from anthropology in the dominant level of analysis. Anthropological research focuses on cultural norms, a macro level of analysis; nursing concentrates on individuals, and uses cultural norms as a background from which to understand client behaviors. In nursing practice, cultural assessment includes an understanding of the values, beliefs, and behaviors of the client's reference group and the fit of the client to this normative pattern. The literature

on ethnicity and health is deficient in its explication of intraethnic variation, and there are problems when materials that describe cultural norms are used to direct practical action with individuals from cultural or ethnic groups (89, 177).

METHODS Participant observation emphasizing qualitative data in the context of cultural systems has been the most productive research method in anthropology. In contrast, most medical sociologists use survey research as their primary method, augmented by statistical and other quantitative techniques (76).

While early nursing theory development was modeled on sociology, there has been a shift to other methods of inquiry. Nurses, as participant observers in home and hospital environments (34, 152), learn the intimate details of health and illness through their physical proximity and temporal relationships with patients; this parallels the fieldwork setting used by anthropologists. Presence with clients in ICUs for days or in nursing homes for months results in qualitative data; the nature of understanding is transformed by the intimacy of the interaction, a function of "being there." Like anthropologists, community health nurses have access to the natural environment of clients and their families (34). Nursing and anthropology rely on observation, on "being with" and "understanding other" (4).

The phenomenological approach is the method of inquiry in anthropology that is paralleled in nursing. Prolonged contact with subjects or patients yields different information from that generally collected by sociologists (117). The qualitative approach which clearly differentiates methods in anthropology from sociology similarly distinguishes nursing from medicine.

BASIC CONCEPTUAL APPROACHES Nursing and anthropology share a commitment to holism. Anthropology, insofar as it emphasizes the holistic study of human behavior, offers nursing and other fields information not available from any other discipline. Nursing incorporates theory on the connection between the affective, cognitive, and physical domains of health and illness, promoting the consideration of the environment, family, and individual in health, illness, and recovery. More than other professions, nursing is committed to the total care of the patient (144) which parallels the anthropological study of humankind. The contrast between the holistic approach of anthropology and nursing is in the level of analysis; it is used to study culture and individuals, respectively. The holistic orientation contrasts with sociology and medicine, which are more particularistic in orientation.

IDENTIFICATION WITH THE ACTORS Anthropologists identify with the people they study; research problems are rooted in the client perspective. By contrast, medical sociologists have taken the perspective of physicians and

medical institutions (76). The social distance between physician and client is problematic, but nurses emphasize empathy, caring, and identification with the client, and are often a communication link between the client and the physician. Nurses are more often identified with lower status ethnic groups because of their social class origins and their status in the health care hierarchy (77). From this perspective, anthropology and nursing form a natural alliance that parallels the link between sociology and medicine.

DISCIPLINES: ACADEMIC AND PROFESSIONAL

Chrisman (42) states that a difference between anthropology and nursing is that anthropology is solely a discipline, while nursing is a discipline and a service profession. However, anthropology is an academic discipline with a professional aspect. The aim of academic disciplines is to know, and their theories are descriptive and explanatory in nature. Fields that apply research are more correctly termed applied disciplines, or applied branches of academic disciplines (57), rather than professional disciplines, which have prescriptive theories. For example, the nurse who deals with alleviating pain may choose from several alternatives, including talking to the patient to decrease anxiety, giving a back massage, or giving an ordered medication. Prescriptive theories characteristic of professional disciplines deal with application of knowledge in a practical sense. Prescriptive theory posits the ways practitioners should act in certain situations to achieve practical aims. Theory from academic disciplines is used to guide practice, but practitioners must select among competing or contradictory theories. Professional disciplines such as law, engineering, and nursing are directed toward practical aims and generate prescriptive theories. Applied research thus addresses questions about the applicability of basic theories rather than questions related to how basic theories are to be applied, which is the purview of professional disciplines. Basic and applied research are both needed in a professional discipline because each professional discipline has a practical aim. Failure to recognize the discipline's body of knowledge as separate from the activities of its practitioners has contributed to confusion about the role of research in nursing practice and the role of research in applied anthropology. The purview of academic nursing is the holistic study of health in humans including cultural influences; a practical aim is optimizing human environments to promote health. The contribution of medical anthropology is in theory and research on comparative analysis of human responses.

Some anthropologists who teach nursing students believe they translate anthropological principles in systematic and applicable ways; most, however, neglect the distinction of nursing as both an academic and professional discipline. The objectives of cross-cultural nursing courses are to help students make assessments and interventions which are astute and culturally appropri-

ate, such as caring behaviors which conform to the patients' ethnosemantic description of what care "should be" in that particular subculture (174). Through translated anthropological perspectives, nursing students are taught to understand, and implicitly to accept, the sociocultural conditions which produce variation in life and in health. The anthropological conceptual perspectives which have been translated to nursing emphasize the relativist tradition of philosophical idealism which values people's ideas, health beliefs, and value orientations. This is an appropriate domain for professional nursing. However, there is another perspective of people's lives, the material reality, which includes the constraints of being poor, non-Caucasian, female, or old. Professional nurses must choose among competing prescriptive theories which include accepting the circumstances of clients or promoting change in those circumstances (174). Similar points are made about medicine (194).

The anthropologist clinician has evoked interest in recent years, but no clear direction has emerged. Some see a "bright future" (188), the use of intervention guided by moral judgment (9), and clinical anthropology as a new anthropological specialization (84). Issues to be resolved include: content of the program of instruction, selection of students, and supervision (164); licensure (99); certification (188); ethical standards of practice (164); and appropriate referral mechanisms. Each of these issues must be addressed by professional disciplines. However, professionals function on the basis of conflicting theories; medical anthropology has developed few prescriptive theories or practical aims.

The clinician functions within sets of alternatives, institutional restrictions, and legal constraints. Narrowing of employment opportunities pulled anthropologists toward clinical anthropology without a clear analysis of the compromises embodied in a clinical role. Issues that revolve around the definition and purpose of academic disciplines and professional disciplines are central to the interface of medical anthropology and nursing. Future progress depends on clarification of the roles filled by clinicians and academicians in the milieu of client encounters.

CONTRIBUTIONS OF GENERAL ANTHROPOLOGY TO NURSING

Theoretical formulations

A discipline is not global, but it is characterized by a unique perspective, a distinct way of viewing all phenomena which ultimately defines and limits the nature of its inquiry (57). This distinct perspective determines what phenomena are of interest and in what context such phenomena are to be viewed. In nursing, the theoretical base is partially self-generated and partially drawn from other fields. As a professional discipline, nursing uses the results of research

and selects theories from other sciences on the basis of their explanatory power in relation to the phenomena nurses diagnose and treat.

There is general agreement concerning the phenomena of interest to the discipline of nursing. Leading writers on nursing theory have identified four critical elements in the domain of nursing: human nature, environment, health, and nursing care (40, 69, 73, 87). The way these four major components are conceptualized and interrelated frames the different theories of nursing. However, the conceptual structure of a discipline is subject to change and evolution.

Elements in a discipline can be extended by incorporating additional knowledge or can be narrowed or refined as more precise conceptualizations become possible. Information from other disciplines is incorporated into nursing knowledge and is transformed by the unique view of nursing science. Anthropological theory has been adopted and integrated into all four elements of nursing's disciplinary matrix.

HUMAN NATURE Nursing models describe human nature in terms of individual attributes, wholeness, and integrity. Sociocultural anthropology conceptualizes humans through a focus on ethnocentrism and cultural relativism (61, 91) which posit differing ways of viewing human interactions and denote the perspective from which characteristics are interpreted. In nursing, this denotes whether data are interpreted from the perspective of the client or the nurse (19, 116, 160).

ENVIRONMENT In nursing models the term environment refers to all the influences affecting the behavior and development of people. Here the major contribution of anthropology has been the concept of culture. Basic nursing texts address cultural affiliation as the background from which client values, beliefs, and practices can be anticipated, but nursing has also extended the concept of culture in cultural assessment models (2, 104, 121, 143, 177, 181). Assessment guides identify major cultural domains that are important to nurses in clinical situations or at the community level and delineate relevant values, beliefs, and behaviors. Cultural assessment models in nursing deal with three major aspects: what data to elicit, why it is important, and how to obtain it.

HEALTH The concept of health in nursing has been enriched by the disease-illness distinction described in medical anthropology. Disease is defined in terms that are thought to be objective and quantifiable. Illness, however, is a personal phenomenon concerning an individual's altered perception of self (41, 47, 63, 68, 111).

Prior to the disease-illness distinction, health was conceptualized in nursing as: (a) a dichotomous variable (present or absent), (b) as a continuum (from

wellness to death), or (c) as an inclusive holistic state. Health is perceived differently by the client and by the health professional, and the physiologically based definition of disease is inadequate for the discipline of nursing. These perspectives are reconciled through the concepts of illness and disease into the broader construct of health, which identifies areas of practitioner and client congruence and incongruence and posits different intervention strategies in these situations (178).

NURSING This element consists of nursing diagnosis and interventions, the latter influenced by anthropological theory. The nurse as mediator (49) or liaison (129) dates to 1929 (85). Along these lines, Brink (23) thinks of mediation in the relationships among the patient, doctor, and nurse as analogous to Freilich's (79) "natural triad." The construct "culture broker" (192) is applied to several roles which link various sectors of society (151) to health care delivery (189). As a nursing intervention, culture brokerage involves the nurse mediating between clients and health professionals (26, 156, 180). The unique perspective of nursing is enhanced by the contribution of anthropology to important constructs of this kind.

Anthropology Provides Theory For Nursing Research

The literature contributed by nurse anthropologists demonstrates that anthropological theory guides research on client belief systems, care in multicultural context, and nursing as a subculture. The majority of the research on client belief systems consists of descriptive accounts concerning the beliefs and practices of specific groups (36, 100, 103, 105, 137). An ethnographic study of low-income Anglos (13) described causes of illness, beliefs about ways to maintain good health, the definition of good health, and what constitutes deviations from good health. Later the study was extended to a population of middle-income Anglos (90). These studies provide baseline data on beliefs and point out the important differences between the subjective perception of the client's health state and objective pathology which may be evident.

Other investigations have focused on folk health beliefs of a specific group (13, 103) regarding specific conditions such as wind illness (138), evil eye (176), hypertension (7, 8, 17), and vitamin use (96). Contributions of the studies include (a) the integration of emic and etic perspectives to derive a complete understanding of a particular syndrome, (b) the importance of diversity within cultures when investigating traditional beliefs, (c) the importance of generational depth in studies of immigrant populations.

Refinements of the definition of folk health beliefs have resulted from an emphasis on syncretism (36, 101–103, 105, 137, 153, 154). Examination of the origins of health beliefs of Mexican-American women (101, 102), for example, led to the finding that there was a dominant and common source for

what is currently considered "indigenous" medicine in the Southwest. The eighteenth century work, *The Florilegio Medicinal*, which combined herbal lore of American Indians with the materia medica and disease categories of European physicians, served to standardize terminology throughout the Greater Southwest.

Theory derived from anthropology has been adapted to guide nursing research. Lexemic change and semantic shift, for example, helped to demonstrate that the vocabulary of illness terms is affected by bilingualism and the coexistence of several health systems, and that illness terms are dynamic (105). Cognitive dissonance guides a study on factors associated with environmental stresses in hospital birth (15). Exchange theory was used in research on the care of the institutionalized elderly in Scotland and the United States (106). Still other work concerned cultural relativism and ethnocentrism that framed research on e.g. Appalachian and non-Appalachian health professionals' views of the behavior of Appalachian clients (175) in which the theoretical importance of considering synchronic and diachronic approaches when examining ethnic health patterns was demonstrated. Anthropological theory has served as the base for descriptive nursing research on various aspects of several cultures: Paiute Indians (22), Papago Indians (1), Salish Indians (92), and Appalachians (175). Studies have been conducted on cultures abroad by nurse anthropologists (25, 119, 167). A few studies (83, 145) specifically examined the relationship of health care behaviors to other aspects of the social structure. With few exceptions, these studies have little direct applicability to nursing practice, but they broaden nursing research into sociocultural analysis and bring together the approaches of the two fields.

Research in cross-cultural nursing has resulted in limited theoretical contributions because few investigators build progressively on research in one or two cultures. Cross-cultural nursing research is predominantly ethnographic and has neglected the comparative theory building of ethnology. However, some contributions (2, 122) provide a basis on which to pursue the ethnography of transcultural nursing and to develop a body of knowledge on which theory can be built. Anthropology provides rich description of ethnic groups and cultures; nursing is increasingly aware of the implications of providing care in a multicultural context, as seen by the research on this theme (8, 33, 38, 64, 92, 96, 127, 146, 150, 172, 183, 184, 187, 190).

Studies of culture and nursing include (a) the way in which nurses perceive clients from different ethnic groups, and (b) the culture of nursing. Contributions include the study of personality variables of the nurse (19) and nursing faculty (160). Comparisons of nurses in the United States and abroad on sick role, patient behavior (16), and nursing care (106, 107, 109) show that nurses from different cultures demonstrate differences in values, expectations, and caring behaviors. Studies of cross-cultural differences in nurses' assessment of

physical pain and psychological stress (53–55) support the hypothesis that nurses in different cultures differ in the degree of suffering they infer. These studies show cultural variables that directly influence nursing care. Nurses as a subculture have been studied in a teaching hospital (173), a cancer unit (81), a neonatal intensive care unit (93, 139), and walk-in clinics (38). The results indicate that U.S. nurses have shared beliefs, values, and patterns of behavior. Ethnography and critical incidents (86) have high potential for the study of the culture of nursing. Although it is a relatively new area of investigation, important knowledge has been generated through cross-cultural nursing research.

Socialization of nurses has been studied extensively. Studies of socialization which take a broad view are conducted by social scientists employing qualitative methods (191). In particular, Olesen & Whittaker (140) demonstrate the complexity of socialization into a professional role, the importance of prior socialization, and the influence of societal values on the process.

In the decade of the 1970s, more than 102 research-based articles appeared (48), many of which emphasize differences between programs and psychosocial changes in students. Studies of socialization into the professional role after basic education is completed are lacking (48). The social science perspective goes beyond the educational process per se and is valuable for assessing the role of nursing society.

THE CONTRIBUTION OF NURSING TO ANTHROPOLOGY

The education of nurses in anthropology has been important for both disciplines. It has allowed nursing to profit from anthropological theory and research findings. Anthropology, in turn, has benefited from the understanding of health care delivery and applied physiology that nurses bring to anthropology.

Nursing Constructs for Anthropological Theory

Caring has been a major theoretical focus in cross-cultural nursing research. Utilizing research on the Papago Indians, Aamodt (5) developed the concept of care along four dimensions: (a) the fit in a cultural system of health and healing, (b) the applicability of a multicultural environment for care, (c) the power of belief, and (d) changes in mechanisms of care during the life cycle of human beings. These dimensions of care provide a basis for cross-cultural investigations and illustrate ways in which “taking care of” is a culturally relevant domain that organizes human experience. In these and other ways, the concept

of care is viewed as the central focus of nursing behaviors, processes, and intervention modalities (121, 122, 124, 125). Exploration of the fit of health and healing in a cultural system and the multicultural environment of caring, for example, is seen in research on alternative healing systems in an Anglo-American subculture. The New Age Healers (36, 136) that emerged in opposition to Western medicine reveal syncretic belief systems that are characterized by flexibility and the ability to draw from several healing/caring traditions. Such emerging traditions survive on faith rather than science or one integrated theory of health and disease, as usually seen in Western medicine.

While literature on caring has been predominantly conceptual, a number of empirical studies have been reported (123–126). Leininger (125) defined care in a generic sense as “those assistive, supportive, or facilitative acts toward or for another individual or group with evident or anticipated needs to ameliorate or improve a human condition or lifeways” (p. 4). Aamodt (1) defines themes among the Papago which were important for understanding care as a culturally relevant domain. Elsewhere (3) she analyzes the important role of neighboring as a support system among Norwegian-American women; previously support networks had not been explored in research on caring. Other varieties of care preferences and networking appear to be characteristic of older order Amish, Czech, and Greek in Iowa, where the elderly do not necessarily prefer to be “cared for” in the home of a relative (182).

Conceptualization of care involves examining its significance in cultures that do not include the professional role of nurse. Three aspects of care found cross-culturally are (a) receiver of care, (b) giver of care, and (c) self-care (5). In the cycle of human development each person passes through periods in which one aspect or another is dominant. It may be that research on care has been deemphasized in anthropology because males in this culture are not attuned to its pervasive nature, and thus the importance of caring in social support has not been examined. Investigations of care in cultural context point to: (a) its role in promoting cohesion in society, (b) the range of activities that are caring, and (c) the reciprocal role that giving and receiving care has in culture.

Methodological Contributions

Anthropology traditionally has not validated theory, a difficult task insofar as researchers are limited to single ethnographic settings. Nursing provides a useful arena for the application of medical anthropology theory (46, 71, 72, 175), given that the explication and implementation of qualitative methods have been major strengths of cross-cultural nursing studies. Methodology is best illustrated in cross-cultural nursing research through the use of ethnogra-

phy (136). There are useful criteria for the evaluation of qualitative methods (32); ethnography, ethnoscience, and oral histories would be strengthened if investigators employed and stated their criteria for the development and evaluation of qualitative research.

Several investigators (3, 34, 36, 152) have emphasized the importance of the investigator's initial entry into the research setting and establishment of rapport with subjects. The issues and the dilemmas involved in participant observation have been well explicated (34) and refined (36).

A method and rationale for combining ethnographic methods with the use of historical materials was developed in studies of Italian Americans (152–154). This approach introduced a diachronic dimension to ethnography that is essential in settings where culture change is a factor; it is demonstrated in research on Mexican Americans in Arizona (100–103, 105). These studies begin with ethnography and proceed to precise, extensive examination of language and history. Important findings occur in the labeling of disease, with the direction of change being toward the scientific classification system.

A major difficulty in conducting cross-cultural nursing research has been precise definition and delineation of differences in such areas as ethnic identity, cultural differences, and caring behavior. Flaskerud (70) established the validity of an instrument which used vignettes to differentiate a minority group's normative behavior from the mainstream culture's deviant behavior; subsequently she developed a tool for comparing the perceptions of problematic behavior for use by other researchers (71, 72). Valid measures of ethnic differences require careful attention to respective ethnic entities if reliable, quantifiable differences are to be discovered. Clinton (46) succeeded in measuring ethnicity and evaluation of its influence on health-seeking behaviors in an integrative, multivariate, computer-assisted research design which proved successful in measuring European-origin ethnic identity. It was also used as a heuristic device for partitioning the analytical sample of health data.

Research Themes

THE ANTHROPOLOGY OF KNOWLEDGE One area of inquiry is the anthropology of knowledge and anthropology of science (51, 134). As a relatively new academic field which is undergoing important conceptual changes, nursing represents an interesting setting in which to study a discipline shifting dominant paradigms from a biomedical model to a nursing model. In part, the structure of a discipline consists of the body of concepts which define the subject matter of that discipline and shapes its inquiries. The phenomena of interest to a discipline constitute elements of what is called its paradigm (114, 135) or metaparadigm (115, 130). The metaparadigm defines the domain of interest, determines the questions to be asked, and identifies the appropriate theories,

methods, and instruments for answering the questions raised (87). The meta-paradigm is the most global perspective of a discipline and is a framework within which more restricted structures develop. Most disciplines have a single metaparadigm but multiple conceptual models which incorporate the global concepts and propositions in a more restrictive yet abstract manner (60). The dominant nursing metaparadigm encompasses the conceptual elements of caring, human nature, environment, health, and nursing.

Since midcentury, U.S. nursing has shifted from the biomedical model to a focus on human responses and nursing process which resulted in increased attention to the psychosocial aspects of patient care. While this shift occurred in nursing in the U.S. during the 1950s, the shift in England began about 20 years later (12). The recent emphasis on communication and psychology suggests that English nursing succeeded in revising the identity of the patient, and consequently, the nurse. Chrisman (42) contends that nursing is dominated by the reductionistic, pathophysiological conceptual framework of biomedicine. He asserts this despite observing that caring and holism serve as key concepts in nursing, that the natural science bias found in medicine is not as strong in nursing, and that most nursing faculty have doctoral degrees in the behavioral sciences.

Since 1952, a number of competing conceptual nursing models have been developed (94, 108, 121, 142, 149, 157). The fact that not a single one has assumed primacy does not signal failure to establish a dominant paradigm that is distinct from biomedicine. There is consensus on the elements of the new nursing metaparadigm and these elements, as we have indicated, are different from those of biomedicine.

Some medical anthropologists observe that medicine could enter a paradigm shift toward a meaning-centered ethnomedical approach by using contributions from anthropology (43, 110). However, this evolution is unlikely, since the persistent development of medicine is toward increasing technical specialization (169). Anthropologists may study nursing as a discipline undergoing a paradigm shift, and compare developments in the United States, England, and other societies.

POLITICAL ANTHROPOLOGY AND GENDER Nursing is a discipline represented by women. Among the 112,000 nursing students in the United States, 5 percent are male (11). In the past 30 years there has been a concerted effort to move nursing education into institutions of higher learning, especially universities. The embrace of academia may be seen as a way to improve social status, to employ science to separate nursing from medicine, and to establish a knowledge base distinguishing it as a discipline. The higher status ascribed to male-dominated professions suggests that professional disciplines dispro-

portionately represented by women would embody characteristics of interest to anthropologists. Nursing provides a setting in which economic and political theory may be tested.

The practice of nursing in many cultures is on a continuum with indigenous care providers, including midwives. Of importance is the attention given to the cultural context of childbirth and the role of midwives cross-culturally (50, 58, 80, 88, 148). The study of care in indigenous populations, of care providers as represented by women, of the status of care providers cross-culturally, and the development of professional nursing in other cultures are all viable areas of inquiry.

Biases in anthropological theory built in from the male orientation of the discipline have come under scrutiny. There is a call for research on culture from the perspective of women, even women's culture as separate from men (155). Questions raised about male bias in anthropology include: (a) How is the ethnographer perceived by the people, and what kind of information is given and what kind denied? (b) How does the anthropologist's own culture act to structure perceptions and interactions in the field? (c) How do anthropological theory, hypotheses, and values direct the search for significant data and the analysis of what is discovered? (20). Fruitful areas of study have been the personal strategies that nurses use to manage the intensity of workplace stresses (93) and ways society place conflicting demands on women with regard to home and employment (128a, 155, 158).

PHYSIOLOGICAL REGULARITIES The variety in ethnographic research reflects the difficulty that anthropologists have in agreeing upon points of comparison in cross-cultural research. Physiological regularities across human populations provide a basis for such comparison. Ironically, one of the unsung virtues of the medical model is that it begins with human biology and proceeds to the insight that the human body is one of our most potent symbols in all health/illness systems (170). There are physiological regularities in human experience surrounding birth, sexual maturity, sexuality, pregnancy, menopause, aging and death, and altered states of consciousness. A more rigorous approach to physiology and the ways culture is used to modify physiological regularities provides a useful way for anthropologists to approach cross-cultural research. In recent years there has been some attention to this approach (31, 62, 74, 88, 97, 98, 147).

A few studies by nurse anthropologists have focused on the interrelationship between cultural and biological variables. In particular, the influences of cultural patterns on fertility were addressed (82, 184, 187). Investigators have focused on the relationship of culture and disease transmission (35), blood pressure (163), and postsurgical convalescence (190). In our view, research

combining physiological and social variables has high potential in that it combines the holistic approach of both anthropology and nursing.

SYMBOLIC ANTHROPOLOGY The meanings and forms of language attached to nursing are a rich area of research in symbolic anthropology. In Western culture, those who care for the sick are identified with a lexicon which is profoundly female. The term "sister" is applied to the religious functionary, and, in many European languages, identifies the nurse, suggesting a personal closeness in the nurse-patient relationship (49). The expression, "nursing the sick" and "nursing the baby" denote a metaphorical similarity between care of the patient and nurturance of the child. This link to female role images has persisted throughout history, even though males have been involved in the performance of nursing tasks since the Crusades (131). Several investigations explored this symbolism in nursing. Schulman (162) contrasted two roles of the nurse-healer and mother surrogate. Healing activities center on those specifically necessary to treat the patient's affliction. In contrast, mother surrogate activities center about the everyday tasks of living which the patient must have others do. The mother surrogate role is analogous to care (131) or expressive role functions (95). Recently, Aamodt (6) has extended these ideas. Other fruitful lines of inquiry have been investigations of mythology in nursing (75), pretending to be the physician's handmaiden (171), the meaning nurses attach to their work (45), ritual and magic in practice (159), and the social and historical base of ideologies in nursing (191).

PROJECTIONS FOR THE FUTURE

There are striking similarities between nursing and anthropology in research topics, methods, conceptual approaches, and perspective. These features point to a natural alliance which was developed by certain anthropologists since midcentury and by contemporary nurse anthropologists. Nursing benefited from the social sciences and anthropology and has emerged with models for illness and health care different from medicine. The nursing paradigm itself reflects a unique body of knowledge.

Financial support affects the development of disciplines and the research that is conducted. Funding depends on the social environment as well as the ability of discipline leaders to assess societal priorities and influence legislative bodies and funding sources. Medicine has been especially successful in attracting private and public funds in this century. Medical anthropologists have been drawn to the prestige of medicine and to the availability of research funding in medicine. In comparison to medicine, nursing has had limited resources and fewer well-prepared researchers.

Major changes are afoot nationally. In the United States, growth of the

for-profit health care sector and curtailment of insurance funding for hospitalization are resulting in changes that affect medical anthropology and nursing. For-profit hospital corporations, which are efficiently managed and provide services to the insured, employ professionals who historically have been self-employed (169). Increasingly, physicians are employees of conglomerate health corporations and are in greater supply. From the management perspective, and in terms of decision making surrounding patient care, medicine is becoming more like nursing. The provision of health services to the uninsured and underinsured is reverting to local agencies which are traditionally overextended and underfunded. With the advent of hospital care, nursing moved from home and community settings to hospitals. In hospitals nursing focused on institution-dependent practice. Local and religious hospitals gave physicians control in the workplace; a restricted supply of physicians results in their economic prosperity and authority. With recent federal regulations, including diagnostic related groups, nursing is returning to home and out-of-hospital settings and is resuming a more independent role, even though management is monolithic and centralized. The impact of these changes on the public and on the professions provides a focus for collaborative research in nursing and anthropology.

Changes in the age structure in the United States (fewer young adult college students) affects anthropology which will probably broaden its base to attract the adult learner and nonmajors. The rise of PhD programs in nursing promotes the development of nursing as an independent academic discipline; yet there will be opportunities for nurses with PhDs in anthropology for several years (59). The trend to prefer nurses with PhDs on a nursing faculty will eventually affect the number of nurses who pursue PhD degrees in anthropology. Nurses studying anthropology at the PhD level represent an important opportunity for anthropologists to influence nurse researchers, and for the anthropological perspective and methods to reach an audience whereby anthropological theory may be tested.

The interface of anthropology and nursing in research promotes the development of both disciplines. A significant number of nurse anthropologists are making important contributions to the research literature. The readiness with which nursing has incorporated theory from diverse academic disciplines reflects its vigor and provides an opportunity for anthropology to have a significant impact on this young academic discipline. More effective collaboration with anthropology would enhance the quality and volume of the research literature and the ability of the two disciplines to adapt to and thrive in a changing societal environment. Medical anthropology has not capitalized on the potential for collaboration with nursing; this review indicates that a closer relationship between these disciplines with many similarities would benefit both.

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