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Perspective Piece

Applying Carspecken's critical ethnography method to uncover the culture of health disparity in intensive care units

Sajad Yarahmadi[1], Mohsen Soleimani[2]*, Mohammad Gholami[3], Ali Fakhr-Movahedi[2], Seyed Mohsen Saeidi Madani[4]

[1]Student Research Committee, Semnan University of Medical Sciences, Semnan, Iran
[2]Nursing Care Research Center, School of Nursing and Midwifery, Semnan University of Medical Sciences, Semnan, Iran
[3]Social Determinants of Health Research Center, School of Nursing and Midwifery, Lorestan University of Medical Sciences, Khorramabad, Iran
[4]Department of Social Sciences, Yazd University, Yazd, Iran

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Corresponding Author:
Mohsen Soleimani, Nursing Care Research Center, School of Nursing and Midwifery, Semnan University of Medical Sciences, Semnan, Iran.
E-mail: Soli257@yahoo.com

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ABSTRACT

Background & Aim: Carspecken's critical ethnography method has gained prominence in nursing research, necessitating a fresh perspective on its practicality and advantages. This study aims to provide a unique viewpoint on using critical ethnography as a foundational methodology to uncover health disparity culture in intensive care units.
Methods & Materials: While emphasizing its review design with original examples, this perspective piece provides a practical explanation of Carspecken's five-stage critical ethnography approach. Grounded in the ontological and epistemological paradigm, this essay examines critical ethnography as a crucial approach to illuminating the discursive culture surrounding health disparities. Also, this study presents original instances of monological and dialogical data, reconstructive analysis, and findings from a study that was carried out to provide more perspective on implementation. It also mentions how it relates the findings to social factors and sociopolitical theories.
Results: The study reveals nuanced insights into the practicality and advantages of Carspecken's method, shedding light on social processes contributing to health disparities in intensive care units. This method allowed us to identify how external powers extend to the intensive care unit, revealing a concealed culture that disrupts service provision balance. It exposed individual, organizational, and systemic roots contributing to disparities. Additionally, it highlighted how individual diversities can lead to disparity.
Conclusion: This study highlights the significance of Carspecken's critical ethnography in nursing studies within the critical theory tradition. It is argued that Carspecken's approach to critical ethnography is particularly instrumental in elucidating the social structures contributing to health disparities.

Introduction

Health disparities denote specific health differences influenced by policies, creating a divide where socially disadvantaged groups endure worse health outcomes or higher risks than their advantaged counterparts (1). According to Healthy People 2030, health disparities are defined as differences linked with social, economic, and environmental disadvantages, disproportionately affecting groups that systematically face greater obstacles to health (2).

In his previous nursing role at an Intensive Care Unit (ICU), the researcher faced a challenging situation that prompted contemplation on the unequal care of patients based on social backgrounds and other determinants. These impactful issues catalyzed the author's doctoral research on health disparity, leading to the adoption of the ethnography method.

Despite the apparent compatibility between ethnography and nursing, grounded theory and phenomenology are more frequently used in nursing research than ethnography (3). Ethnography offers a method of systematic inquiry within the nursing field that can both advance nursing knowledge and potentially directly impact care (4). Ethnographic procedures are often

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appropriate when seeking an answer to the question, "What is going on here?" Ethnographic research can provide information about what people do, how they interact with each other, and the consequences of different courses of action in particular settings (5).

Madeleine Leininger (1988) created a theoretical framework and technique for research focusing on culturally congruent nursing, which she named "transcultural nursing" (6). Leininger was trained in both ethnography and nursing. She recognized the commonalities between the two disciplines. She believed studying cultural meanings, values, beliefs, and symbolic interactions of care could help cultures promote health, healing, well-being, and ultimately the quality of life (7).

Nurses sympathetic to the spirit of the critical theory mostly prefer research with a critical dimension with emancipatory intent. Despite the growing popularity of critical ethnography, there needs to be more literature on this approach (3). The critical theory underlies this methodology provides a unique prism through which to look and discover how systemic processes give some groups more power than others (8, 9). When these procedures are questioned, the researcher can take on the role of a social activist by challenging repressive systems through their work and calling for reform to advance equality (10). To confront structural pressure, critical ethnography research can guide practice, policy, and educational reform (11).

"Critical ethnography" in the 1960s frequently drew from traditional Marxism or neo-Marxist critical theory. The intellectual underpinnings of critical ethnography have significantly increased with the emergence of new race, gender, sexual identity, and postcolonial social movements (12). Critical theorists contend that social culture perpetuates disparities, particularly when beliefs and values about social position become ingrained in society over time and are regarded as true (8, 10). Hence, critical ethnographic research can be used to support reforms that fight structural disparity. Because subtle forms of oppression are so pervasive and deeply ingrained in normative thinking and beliefs, identifying them can be challenging (10).

Carspecken (1996) elaborates on the rationale and conduct of critical ethnography from a largely Habermasian perspective (13). He successfully operationalized and comprehended Habermas's theory of communicative activity when creating his methodology (10). The approach taken by Carspecken focuses on how social disparity and social structure are replicated through conventional practices (10). The foundation of Carspecken's critical ethnographic approach is that critical ethnography is a form of social activism in which "critics" conduct research that exposes preexisting systems of dominance, hidden assumptions, and ideologies to redefine social situations and power dynamics (10). Critical ethnographic research can advance social theory, expose systematic inequities rather than merely report social reality, and contribute to people's well-being (10). Because Carspecken provided the most comprehensive and theoretically sophisticated critical ethnography (13), also, this approach has not been used enough in nursing research, it is necessary to describe this method with a nursing perspective to one of the phenomena related to nursing. This study aims to provide a unique viewpoint on using critical ethnography as a foundational methodology to uncover health disparity culture in ICUs.

Methods

While emphasizing its review design with original examples, this perspective piece provides a practical explanation of Carspecken's five-stage critical ethnography approach, known as "Critical Qualitative Research." Grounded in the critical paradigm both ontologically and epistemologically, this paper delves into critical ethnography as a significant methodology for revealing the discursive culture of health disparities. Also, this study presents original instances of monological, and dialogical data, reconstructive analysis, and findings from a study that was carried out to uncover the health disparities in the ICUs to provide more insight into the perspective, approach to implementation, and practical processes. It also mentions how it relates the findings to social factors and sociopolitical theories.

Ontology

Epistemology and the core ontological idea of critical methodology are intimately intertwined. Several types of validity claims correspond to various ontological categories. To be well supported and identifiable by the characteristics of the specific ontological realm, each sort of validity claim necessitates particular processes. A social ontology is implicitly suggested whenever someone considers a social issue, concern, group, or site to be researched. Before any social research can begin, some social assumptions must be made. Whether acknowledged or not, all social research uses a social ontology (10). Each ontological category has a corresponding validity claim, which includes three types:

The objective realm is linked to claims about the world, including what is, what has happened, and what occurrences frequently come before other events.

The subjective realm is statements regarding your world, their world, or mine about feelings, intentions, and people's mental states.

The realm of norms and evaluations, which is connected to taking positions, claims, and assumptions about what is "true" is inevitably made when one takes a position above another. The normative/evaluative realm concerns how our world is or ought to be (10).

Event 1: *When I was in the research setting. A nurse explained to her colleagues the living conditions of a patient in a coma due to head trauma. The nurse said, "The patient's wife wanted to divorce him because the patient was in a coma and demanded her dowry from the court." He continued, "I felt pity for this patient and decided to give better and more complete care than others because he could recover and save his life." Other nurses also confirmed his behavior.*

Objective realm: The nurse stated that he felt pity for the patient, which, in turn, motivated him to provide quality care.

Subjective realm: The nurse considered his behavior a compensatory measure for the injustice done to the patient.

Normative/evaluative realm: The nurse should not differentiate between patients; his behavior is considered acceptable and uniform.

Epistemology

Because all truth claims are communication acts that require formal approval to be accepted, critical epistemology focuses on validity. These formal requirements, which stem from the structures of human communication, are validity requirements. Actor's reference validity claims in every social act, usually in a tacit rather than overt manner (10). Three central tenets of Carspecken's epistemological theory are as follows:

The first is that the distribution of power in society impacts all thinking, even that of researchers. Consequently, critical epistemology must precisely explain the relationship between power and research claims, validity claims, and culture (and hence power and thought) (10).

The second tenet claims that since values are always present and have an impact on facts, they cannot be wholly separated from them. As a result, facts can never be completely objective (10).

By the third tenet, symbolically expressing events is more than just writing down facts from an objective reality. Critical epistemology believes that circumstances do not happen in a vacuum and considers the historical and socio-political context of the circumstances (10). Three central tenets in this study were as follows:

The first tenet was understood by conscious and reflective efforts to identify and address the power imbalance between the researcher and the informants. Also, with the constant presence of the researcher and friendly communication with the informants, the power imbalance was reduced. A high level of reflection in the informants' interview was considered to be openness to new ideas and worldviews. For instance, when the researcher invited one of the informants for an interview, he perceived her discomfort and offered artificial responses. Consequently, he tried to devote more time to communicating with the informants and assimilating himself within the community.

The second tenet was that the researcher paid attention to his value orientation by constantly reflecting on his values in the field of disparity in nursing care. One of the central values of the researcher was the belief that systemic factors

should not lead to disparity in access to health care for different groups.

As a third tenet, contextual factors were addressed, including the background of current nursing practice that contributes to systemic power and oppression. Informants' lived experiences and observations were used as an entry point to a broader understanding of the context.

Informants and sample selection

A critical ethnographic study that explored the culture of health disparity in the ICUs started in August 2022 and concluded in September 2023. Since all actors in the setting played a role in producing the prevailing culture in the ICU, the informants in this study were all people involved in creating or shaping culture (such as nurses, medics, patients, patient's families, hospital attendants, clinical supervisors, students, etc.). Purposive sampling continued until the data reached theoretical saturation.

Data collection and analysis

According to Carspecken, critical ethnography involves three preliminary and five main stages. He suggests that doing all five stages or following the order mentioned is unnecessary. He strongly advises using the five stages cyclically (10).

Preliminary steps

It is vital to generate a list of questions when a researcher is interested in a social network, a group of people, or a social issue. Broad, all-inclusive, and adaptable inquiries should be used. They should not be very exact and can be changed at any point during a qualitative study. Next, a list of specific terms for the examination should be produced. Write down what information you will have to collect to satisfy your questions. During this step, a list of research questions is created (10). Some of the questions raised in our study included the following:

How does the disparity in providing services to patients in the ICUs happen?

In which situations does the disparity in the provision of services to patients in the ICUs occur?

What contributes to or hinders the development of disparities in services for ICU patients?

This list provided a starting point for the second list, where it was decided what information to collect to answer the first list of questions, such as:

Participate in formal and informal interviews with key informants.

Observe the study's setting, informants' behavior and interactions, and how they care for patients.

Field journals should include any additional notes and memos during data collection.

After this step, and before entering the setting, the researcher used a journaling technique to assess their value orientations. This reflective technique aided in spotting potential bias on the researcher's part (10). The following were some of the researcher's value orientations for this study:

Everyone should reach their full health potential.

Moral knowledge should challenge empirical knowledge, and empirical knowledge should be presented as moral knowledge.

Care issues should be viewed through a social lens.

Stage one: Building a primary record

To observe interactions while gathering monological data in this stage, the researcher made herself as unobtrusive as possible within the setting. A primary record was created by taking notes and recording audio. A comprehensive set of notes was compiled for the setting, and a notebook was kept for observations and interactions made when frequently observing the site. Due to the researcher being the lone "speaker" in the primary record, the information gathered in this approach was "monological" in nature (10). The researcher adopted a strictly third-person perspective about the subjects under study rather than engaging them in probing dialogue (8). Throughout the study, the researcher assumed three distinct roles. The researcher primarily functioned as a solitary observer, observing the environment, informants, and interactions. Additionally, the researcher took on the role of a participant-observer, engaging in limited activities and interactions alongside their observational duties. Furthermore, under specific circumstances within the research

setting, the researcher appeared solely as a participant-observer, especially when collaborative roles were crucial, prioritizing observation, such as during patient resuscitation (14). These observation roles were recurrent cyclically, predominantly in the capacity of a participating observer (14).

In this study, each session of attendance and observation lasted between two and three hours. When the speed of interactions was high, monological data was recorded with the researcher's voice and then transcribed instead of written.

Stage two: Preliminary reconstructive analysis

In this stage, the researcher started to analyze the primary record. Several techniques were used to ascertain interaction patterns, their meanings, power relations, roles, interactive sequences, and evidence of embodied meaning, intersubjective structures, and other objects. The analysis was reconstructive because it articulated cultural themes and systemic factors that needed to be more apparent and were frequently unarticulated by the actors. There was always some ambiguity or indeterminacy in reconstructive analysis, but there were limits to the possibilities that the researcher had to identify and clarify. This stage consisted of three interwoven activities: low-level coding, initial meaning reconstruction, and pragmatic horizon analysis. In low-level coding, the codes had a low level of abstraction and were close to monological data. Reconstructing the initial meaning was a subjective or hermeneutic analysis that guided the subjective beliefs and norms of this study's data analysis and gave them meaning. The different meanings that each event could have were written in the form of meaning fields. This means fields that were closer to the truth were written. The pragmatic horizon analysis included subjective, objective, and normative-evaluative claims that helped researchers reach high-level codes. High-level codes would derive from this way of thinking (10). Figure 1 presents a view of the horizon analysis, considering the context of event 2. During the reconstruction analysis, after extracting the high-level codes, the primary data, and the low-level codes and meaning fields that were produced were checked again (Figure 2).

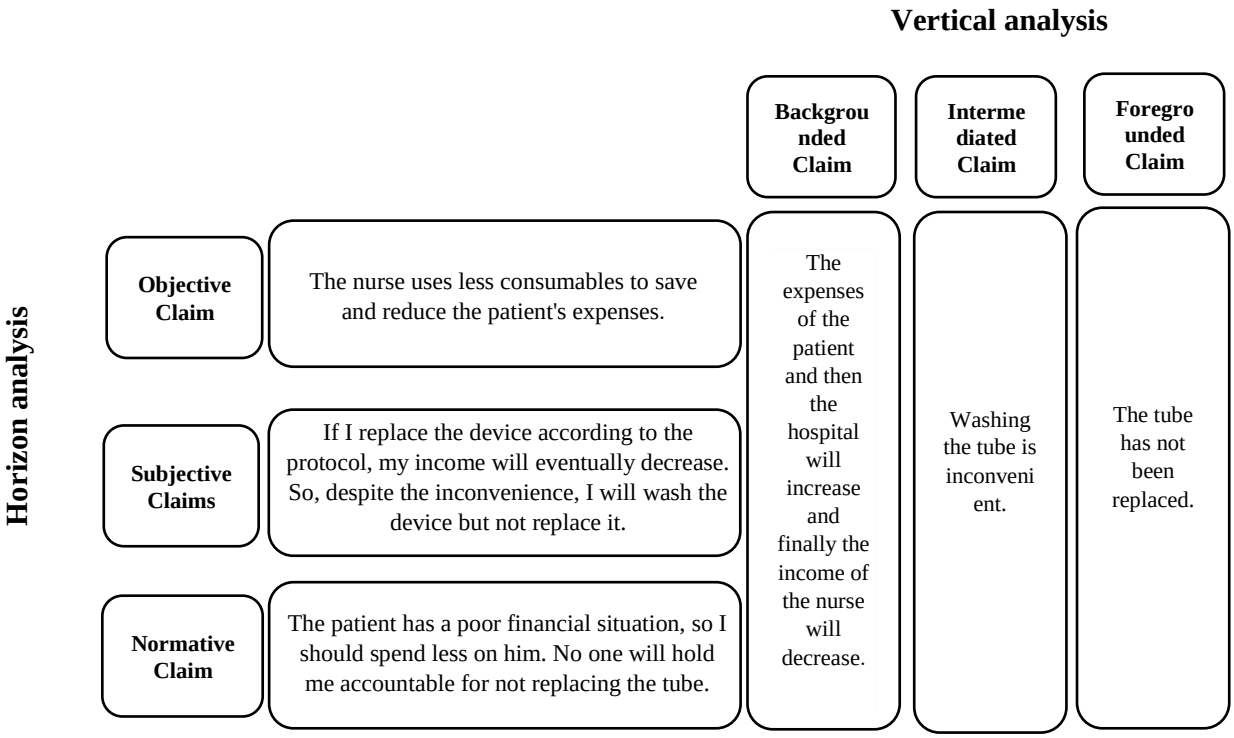

Figure 1. An example of the horizon analysis process

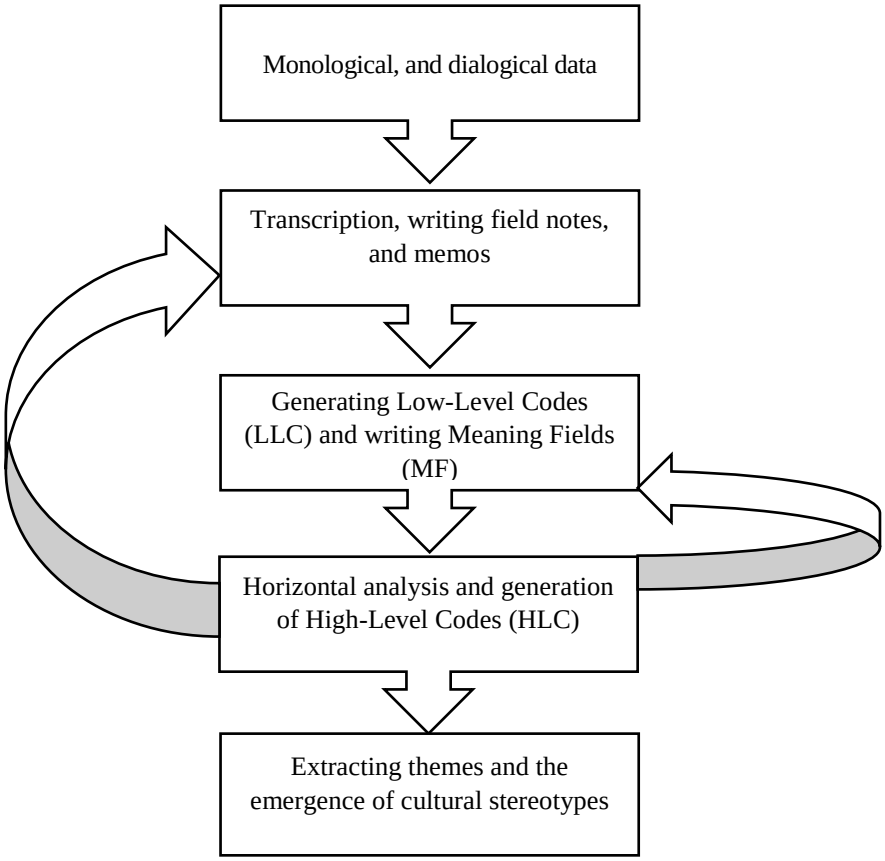

Figure 2. Reconstruction analysis process

Event 2: *The tube connecting the ventilator and the patient was entirely wet, with some secretions in the initial part attached to it. The nurse tried to remove the moisture and secretions by opening the connectors. She used normal saline in the initial part connected to the patient and then used sterile gauze for more thorough cleaning.*

Observer's comment: She appeared uncomfortable doing this, as if in a bad mood.

Field note: I've noticed before that the tube connected to the ventilator is typically replaced in cases of contamination or excessive secretions.

Therefore, after the nurse completed her work, I asked her why she didn't change the tube. She explained, 'Our patient's financial condition is not good. If I replace it, the cost will be high. So, I cleaned it. The ward secretary advised the family to deposit more money, but they did not have the funds. Additionally, the social worker assessed his condition, but the check results were inconclusive.'

Meaning Field: To avoid increasing the patient's cost, I did not change the tube (and/or) because eventually, the hospital might have to reduce or waive the cost; I did not change the tube (and) because ultimately, my income from the hospital would decrease (or) to lighten my workload and avoid requesting a device, I did not change the device.

Stage three: Dialogical data generation

The researcher was no longer the only voice permitted to develop the primary record during stage three. Here, the goal was to start having lengthy conversations with the research subjects through discussion groups and specialized interviewing methods. In this stage, instead of monological data about informants, data was generated with them and dialogically. If applied appropriately, this stage would democratize the research process,

which is vital to qualitative research. The information obtained in this stage often challenged the information collected in the previous two stages (10). Carspecken suggested paying attention to the following: repeated interviews, checking the consistency between informants' behaviors and interviews, undirected interview techniques, using peer and member checking, and encouraging informants to speak (10). Informants could challenge the collection of observational data and the preliminary patterns found up to this point. Semi-structured interviews with informants were the primary data collection method in this stage. An interview guide was prepared according to the research questions and the data from the previous stage. Then, the interview data was compared with the data from the prior stage. In addition, unstructured interviews and informal conversations were also used.

Stages four and five: Discovering system relations and using system relations to explain findings

The data gathered and assessed in stages one through three was subsequently associated with wider sociopolitical factors, aligning with stages four and five, navigating between etic and emic viewpoints. To illustrate, the behaviors of the informants were juxtaposed with existing literature and theories on health disparities. Stages four and five embrace a more impartial analytical approach and a degree of theorization; the final two stages of a research endeavor aim to concentrate entirely on objectively verifiable behavioral patterns entrenched within system relations (10).

In stage four, the relationship between the social site of focused interest and other specific social sites with some relation to it is investigated. These include sites within the immediate locale and sites that produce cultural products like TV shows, movies, and books. Several techniques and theoretical models may be employed to discover such system relations (10). As similarities between the study's findings and previous literature are found, system analysis connected the social study site to other social sites.

To explain the findings from previous stages by reference to the broadest system aspects, the level of inference increases noticeably in stage five. Several key social theoretical concepts can connect reconstructive analysis and system theories. If successful, a critical researcher can explain the experiences and cultural forms they created concerning societal structures related to class, race, gender, and politics. This stage often provides research its power and enables it to contribute to social change (10).

In Stage five, we endeavored to explicate the findings by examining them in the context of a sociological theory engaged with the "cultural capital theory" (10, 15). This theory is deeply rooted in Bourdieu's concept of cultural capital (16), which serves as a framework for conceptualizing various cultural practices and products ranging from dress styles, eating habits, and verbal skills to scientific knowledge and educational credentials as forms of capital. Bourdieu explicitly linked the transmission, utilization, and systems of rewards for cultural capital to the struggle for social distinction, domination practices, and the perpetuation of class-based hierarchies (15, 16). Similar to economic forms of capital, he argued that cultural capital contributes to the accrual and exercise of power and the perpetuation of inequality. Bourdieu also acknowledged that cultural capital is context-specific, meaning that in different social fields, different cultural skills and attributes constitute valuable resources (16).

Reflexivity

When conducting qualitative research, the researcher must constantly reflect on how their positionality, history, experiences, and prejudices may affect the research process (10). The findings are more credible, and our understanding of the work is deepened when a researcher describes the contextual relationships they and the informants have with one another (17). In this study, the researcher reflected on his position in each

stage of the research process. This required understanding the researcher's deep-seated values and beliefs that guided his research path and considering how they influenced his research decisions.

Here is an event related to reflection:

Event 3: *The patient was a middle-aged man who had been extubated the night before. The hospital attendant put breakfast on the bedside table for the patient and came back a few minutes later and said if you don't eat, I will take the breakfast tray, and when he didn't hear an answer, he left again. Seeing that the patient was too weak to eat, I went and helped the patient eat breakfast.*

When the researcher was writing this event, he realized that it was effective in the field of research and that a nurse or hospital attendant might eventually help the patient eat breakfast. Therefore, the researcher tried to minimize his effect on meaningful events.

Rigor

Carspecken suggested that researchers consider a combination of interviews, observations, and documents to reduce bias through triangulation (method, researcher, theory, and source) (10, 18). He recommends utilizing multiple data sources to identify significant contradictions or conflicts within the data, providing insights into power structures, and cautioning researchers about areas that may require further scrutiny (10). For instance, during one interview, a nurse criticized colleagues for showing pity towards certain patients and making distinctions among them. Therefore, during the subsequent part of the interview, the individual was queried:

"Do you remember when you described a situation where a young man had an accident, went into a coma, and his wife wanted to divorce him and demanded her dowry from the court? Subsequently, you showed pity and provided better care for him. Can you confirm? Further, you were asked, 'Did performing that action have a different meaning for you?' To which you responded, 'My criticism of pity is for patients or families who request pity, and the compassionate feelings of our colleagues motivate them to respond positively to their requests. Otherwise, a sense of pity always exists within me and is vivid in the background of my caregiving behaviors."

Here, the researcher asked the informant to clarify the issue to resolve the ambiguity or conflict between the monological and dialogical stages.

In addition, Carspecken suggests the Lincoln and Guba validation methods used to validate monological and dialogical data (10). Lincoln and Guba (1994) have proposed credibility, dependability, transferability, and confirmability as criteria of scientific trustworthiness in qualitative research (19). A series of measures were taken to ensure the accuracy and validity of the findings, including using a flexible observation schedule, memo writing, and field notes of observations conducted on different days and at various times—morning, afternoon, and night. Peer review was conducted weekly during data analysis. The audit trail and how and when to decide at each stage for collecting information were made clear. The researcher was in the research setting for an extended period and was engaged as much as the existing culture allowed. An informant was asked to review the analyses to accommodate cultural sensitivities and ensure accurate interpretations (20).

Ethical consideration

Ethical issues in ethnographic research take various forms, including entering the realm of others rather than inviting them into the researcher's realm. Participant observation is conducted in natural settings over weeks, months, or even years. In the ethnographic approach, limited information can be provided to the informants or officials at the beginning of data collection because more details are needed about the research. Another distinguishing feature is that relatively close relationships are established with some research participants, creating commitments. The informants' details and activities will be described in the ethnographic report, allowing identification

by those familiar with the situation under study (21). In this study, the initial choice for the research field was an ICU department, where maintaining anonymity for the researcher could be compromised when expressing the role of an informant in their reports. For instance, within the research field, there might be only one head nurse or one secretary, or the number of male nurses might be limited, posing a potential breach of the anonymity principle. To adhere to ethical principles and enhance research validity, four ICU departments were ultimately selected as research fields.

The research is conducted in accordance with the relevant guidelines and regulations of the Declaration of Helsinki and is approved by the Ethics Committee of Semnan University of Medical Sciences, Semnan, Iran, with code IR.SEMUMS.REC.1401.075. This article is derived from the methods and findings of the first author's Ph.D. thesis.

Results

The findings of this study present new insights into the use of Carspecken's critical ethnography approach to depict the culture of disparity in delivering services to patients in the ICU. The Carspecken approach aids in exploring subjects of interest for nurses, aligning themselves with the critical theory tradition. The study unveils nuanced perspectives on the practicality and advantages of Carspecken's method, shedding light on social processes contributing to health disparities in ICU settings.

As will be detailed in a subsequent paper, Carspecken's method enabled us to recognize how the impacts of external powers can extend to the ICU. His ethnographic method proved particularly valuable in uncovering the concealed culture that adjusts the balance of service provision, further revealing the individual, organizational, and systemic roots leading to disparities in the ICU. It will also be reported how the existence of individual diversities can create failings in the balance of parity.

Discussion

By implementing a critical ethnographic study following the Carspecken method, not only is the culture described, but value judgments are also applied to the meanings and methods of the culture to criticize and challenge it. The outcomes of critical research have the potential to empower marginalized and oppressed social groups by resisting oppressive forces and influencing a shift in the dominant culture. Utilizing a critical methodology in collecting and analyzing data can expose the oppressive systemic structures contributing to health disparities among particular demographics (10). Also, For novices in research or those unfamiliar with qualitative research, Carspecken's method can be a beneficial and practical approach for conducting critical qualitative research (22).

Nurses and midwives have conducted some studies using Carspecken's critical ethnographic approach to unveil systemic relationships and the impact of power across various phenomena (8, 23-25). These studies, in conjunction with Carspecken's book titled "Critical Ethnography in Educational Research" (10), contributed to shaping the current perspective of the researchers in this study.

Bozorgzad et al.'s study reveals that medical praxis establishes a metaphorical "glass wall" between patients and healthcare professionals, categorizing them as "Self" and "Others" (24).

Pimienta et al. outlined Carspecken's five-step critical ethnography method in their study, employing it to illuminate the discursive culture of perinatal care for newcomer women. The study addresses the positioning of epistemology and ontology within the critical paradigm while also detailing the operational steps undertaken (8). In this study, the reconstructive analysis, which represents a pivotal aspect of Carspecken's approach, is explained superficially and incompletely. In another study, Hardcastle et al. present an overview of the concepts found in Carspecken's book and

detail how they implemented several of his ideas in a research project exploring renal nurses' decision-making (25). This study highlights that an emic viewpoint is only acknowledged in the third stage, whereas both the etic and emic viewpoints should be consistently maintained throughout all stages.

Due to its critical nature, one of the constraints in this study was that participants often sought to refrain from self-disclosure. The researcher worked to address this limitation by enhancing their presence and fostering trust. It is recommended that critical theory be incorporated into future nursing studies. Additionally, it is suggested that health inequality be explored in other nursing-related domains, such as the emergency department.

Conclusion

This study highlights the significance of Carspecken's critical ethnography in nursing studies within the critical theory tradition. It is argued that Carspecken's approach to critical ethnography is particularly instrumental in elucidating the social structures contributing to health disparities. Finally, employing a critical research approach contributes to the pursuit of social justice by addressing and rectifying the uneven distribution of social resources within society.

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Conflict of interest

There is no conflict of interest between the authors.

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