Challenging the Norms in Research: the use of Ubuntu as a Research Method

Ubuntu has been increasingly recognised as a participatory research method and strategy for research with marginalised groups; however, it remains underutilised in nursing and midwifery research. It is a traditional African values-based philosophy, ‘Ubu’ means oneness and ‘ntu’ wholeness, when combined it is often described as ‘I am because we are’ or ‘humanity with and to others’ [1]. It is grounded within the belief system of a universal bond of sharing that connects humanity and recognises each individual as a person in their own right. It is a dominate African ontological philosophy and value system, however, it is important to note that within the different African countries and languages different words are used to describe the shared ethical framework of Ubuntu [1]. This encompasses inter-connectedness and relationships with individuals, communities and cultures. Therefore, this article introduces Ubuntu as a research method, explains its relevance to nursing and provides practical guidance on how it can be used.

Why is Ubuntu important in Research?

Within the social sciences, participatory research provides a structure to involve communities in the research process, which increases validity and reliability while at the same time, promoting equity and empowerment. For over three decades there have been calls for decolonising research and research methodologies, however, it is important to note that many participatory research methods were developed from Western philosophies [2]. To effectively decolonise research, alternative philosophies such as Ubuntu need to be recognised and accepted, as these offer an alternative paradigm when researching culturally diverse communities and marginalised groups or populations. Thus, Ubuntu provides a route for under-represented or un-heard voices in research.

Ubuntu as a Research Approach

One of the advantages of Ubuntu is that it can be used as either a research paradigm or framework and not solely as a single method [1,3]. It focuses on relationality which encompasses the knowledge emerging through relationships and is context specific. It recognises participants as integral, active contributors to the study, and places emphasis on respect, reciprocity and care. This challenges researchers to reflect on their own position, values and relationships within the research process.

How is Ubuntu applied in Research?

Ubuntu is naturally a qualitative research method, evolving originally to safeguard and share knowledge within and beyond communities. It provides an oral record that is securely held and transferred through the community. In consequence, focus groups and interviews fit well with this approach as they are built on engagement and discussion [4], supporting community participation through sharing and discussing individual and collective knowledge. This approach differs from hallmarks of traditional focus groups and interviews as these approaches often position the researcher as the primary questioner and knowledge extractor [4]. Whereas in contrast within Ubuntu they are an integral part of the process, however, in contrast the power sits with the community. It emphasises relationality, mutuality and co-construction of meaning as a way to generate knowledge, through dialogue and shared reflection [1-3] Examples of this include Dunn et al [5] study on identity in South Africa and New Zealand and Borti et al [6] who use Ubuntu to prioritise connection-building, reciprocity and collaborative knowledge production.

In consequence, Ubuntu informed data collection prioritises discussion and storytelling, which may include conversational methods when conducting interviews or focus groups. This allows participants to share their experiences and narrate their story in their own way through storytelling, an important aspect of African cultures [1]. It is crucial that the researcher builds trust and engages in openness, showing respect as these are inter-related tenets. Therefore, researchers need to develop deep listening skills and focus on meaning.

Analysing the rich datasets, involves seeking beyond the individual responses to identify relationships and shared meanings within communities. Findings may illustrate the relational themes and connections between family, community and care experiences, which may include emotional, social and spiritual dimensions. This recognises collective patterns while respecting individual differences. However, it goes further, recognising that in practice, in some communities, decision-making about care involves extended family members and sometimes members of the community. In terms of nursing and midwifery research Ubuntu aligns closely with holistic care [2].

When to consider Ubuntu?

By its very nature Ubuntu fits into different contexts and approaches to explore cultural experiences of health and illness. It challenges traditional Western-centric methods and has the potential to be used in a range of situations. By promoting inclusivity, equity and actively encouraging involvement by participants as partners or co-researchers, it has the potential to decolonise research. This in turn facilitates the development of equitable research relationships, with integral interconnectedness between researchers and participants. An example, of Ubuntu used as a research method is Carter's (2025) [7] critical care nursing study, which used participatory co-operative inquiry with Ubuntu to guide research design, implementation and evaluation. In this study, it was important to identify themes from within the context of the community and not the researcher. This required multiple engagements with participants for the researcher to become accepted and embedded as a member of the community. This facilitated deeper and deeper discussions within the interconnectedness and shared consciousness of their community. In this approach the analysis was not treated as individual perspectives and solely data extraction. Instead, it was contextually analysed seeking out links, interdependence and communal understandings. For Carter (2025) [7] as a Western researcher working in Southern Africa, this approach was deemed as accessible, acceptable and appropriate by the nursing community. This removed the traditional hierarchical approach allowing for the research to be carried out in partnership [7,,8]. Also, as critical care nursing was a relatively new speciality it was important to recognise how their inter-connectedness placed the research in the correct context.

It is crucial to point out that the Ubuntu philosophy should not be considered as solely a philosophy for use in Africa and could be used as a potential methodology to underpin any research and especially projects with marginalised groups. With the recognition of the need to increase participation from under-represented groups, the suggestion is made that researchers should start by considering Ubuntu and move to other methods where Ubuntu is not seen as appropriate [2]. This is in contrast to the current position where traditional Western Research methods are automatically used. Further, the argument is made that Ubuntu should be considered as a critical paradigm research approach or post-colonial theory, as these arose from rejection of traditional epistemological and ontological approaches. In addition, Ubuntu needs to be considered more widely instead of being seen a separate issue to address challenges

facing research on one continent. In essence, Ubuntu offers an opportunity for bi-directional learning for researchers based in High-Income Countries to share with and learn from their peers in other countries and cultures [8].

What are the limitations?

Until recently, as Ubuntu research has tended to be positioned as an alternative to Western methodologies, as there were practical and epistemological tensions. Ubuntu can present challenges for novice researchers as philosophical concepts differ from traditional research method. The analysis of open responses can appear ambiguous and difficult to analyse. In addition, there is a tension between African and Western knowledge systems, particularly in academic environments traditionally dominated by Western centric standards. This makes it more challenging to obtain approval from ethics committees and institutional review boards, as well as publishing and/or gaining acceptance in mainstream high impact journals. In consequence, there is a risk of the researchers being marginalised and the research method being described as non-rigorous. In addition, it is essential, that researchers take care not to represent all communities as harmonious and unified, overlooking internal differences, inequalities, hierarchies or conflicts. Researchers need to be aware that an emphasis on collective identify may unintentionally suppress dissenting or minority perspectives.

There is another factor to consider, building trust and engaging deeply with communities requires significant time and effort, which may be a challenge. There can be ethical dilemmas or complexity when using Ubuntu as the close relationship between participants and researchers can blur boundaries and introduce potential bias. To avoid this assessment of the rigour of the strategies for data collection and analysis is essential.

Conclusion

Ubuntu offers a powerful, humanising approach to research, emphasising relationships, shared knowledge and cultural context. It challenges Western centric participatory research methods, providing an alternative way of generating evidence, providing a valuable framework for more inclusive and meaningful research. It requires researchers to re-conceptualise knowledge, ethics and roles of participants as the majority of researchers have had exposure to Western research education and training. Ubuntu as a research method has the potential to truly decolonise research

and can enhance both research and patient care to be more holistic, compassionate and context specific. Ultimately, Ubuntu illustrates that healthcare, nursing and research are not solely about individuals but the impact, networks and relationships that shape health, wellbeing and the community.

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