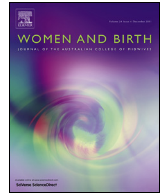
Women and Birth 29 (2016) 196–202

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi



ORIGINAL RESEARCH – QUALITATIVE

Cultural safety and midwifery care for Aboriginal women – A phenomenological study

Angela E. Brown [a,*], Philippa F. Middleton [b], Jennifer A. Fereday [a], Jan I. Pincombe [a]

[a] School of Nursing and Midwifery, University of South Australia, GPO Box 2471, Adelaide, South Australia 5001, Australia
[b] WCHRI, The University of Adelaide, WCH, 72 King William Rd, North Adelaide, South Australia 5006, Australia

ARTICLE INFO

Article history:
Received 2 July 2015
Received in revised form 29 October 2015
Accepted 30 October 2015

Keywords:
Culture
Midwifery
Cultural safety
Phenomenology
Aboriginal and Torres Strait Islander women

ABSTRACT

Background: Aboriginal and Torres Strait islander[1] women face considerable health disparity in relation to their maternity health outcomes when compared to non-Aboriginal women. Culture and culturally appropriate care can contribute to positive health outcomes for Aboriginal women. How midwives provide culturally appropriate care and how the care is experienced by the women is central to this study.
Aim: To explore the lived experiences of midwives providing care in the standard hospital care system to Aboriginal women at a large tertiary teaching hospital.
Methods: An interpretive Heideggerian phenomenological approach was used. Semi-structured interviews were conducted with thirteen volunteer midwives which were transcribed, analysed and presented informed by van Manen's approach.
Findings: Thematic analysis revealed six main themes: "Finding ways to connect with the women", "building support networks – supporting with and through Aboriginal cultural knowledge", "managing the perceived barriers to effective care", "perceived equity is treating women the same", "understanding culture" and "assessing cultural needs – urban versus rural/remote Aboriginal cultural needs".
Conclusion: The midwives in this study have shared their stories of caring for Aboriginal women. They have identified communication and building support with Aboriginal health workers and families as important. They have identified perceived barriers to the provision of care, and misunderstanding around the interpretation of cultural safety in practice was found. Suggestions are made to support midwives in their practice and improve the experiences for Aboriginal women.
© 2015 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

1. Background

Cultural safety is a term that originated in New Zealand in response to the poor health status of the Maori Indigenous people.[1] The definition of cultural safety is contested with some scholars defining it in terms of small actions which were usually not defined in policy and procedures within the organisation.[2] Other scholars have defined cultural safety as the standard to which nurses and midwives should seek to aspire.[3–6] The Congress of Aboriginal and Torres Strait Islander nurses have outlined the essential features of cultural safety as[7]:

- An understanding of one's own culture;
- An acknowledgement of difference and a requirement that caregivers are actively mindful and respectful of differences;
- Is informed by the theory of power relations;
- Is the experience of the recipient of care;
- Is not defined by the caregiver.

Historically Australian Aboriginal people have experienced a lack of cultural understanding within the delivery of health services which continues to the present day.[6] Culture and culturally appropriate health care is important and can improve the experiences for Aboriginal people accessing mainstream health services. Whilst culturally appropriate services designed and delivered by Aboriginal people to Aboriginal people are a more acceptable and appropriate option,[8] all sectors of health service delivery should be able to respond to the cultural needs of Aboriginal people.

* Corresponding author at: GPO Box 668, Glenside 5065, South Australia, Australia. Tel.: +61 0411052188.
E-mail address: angela.brown@mymail.unisa.edu.au (A.E. Brown).

[1] The term Aboriginal is inclusive of both Aboriginal and Torres Strait Islander peoples in this study.

http://dx.doi.org/10.1016/j.wombi.2015.10.013
1871-5192/© 2015 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

Competency ten of the Australian National Competency Standards for the midwife requires that midwives ensure their practice is culturally safe.[9] The standards also require midwives to be able to recognise the specific needs of Aboriginal women and their communities, demonstrate respect for differences in cultural meanings and responses to health and maternity care.[9]

Giving birth is a significant event in a woman's life,[10,11] and negative experiences can contribute to post traumatic stress syndrome, anxiety and depression.[12] It is important for a woman's health and wellbeing that midwives ensure that all Aboriginal women have their spiritual, cultural and physical needs cared for whilst birthing.[13] For many Aboriginal women attending hospital to birth can be a frightening and alienating experience.[14] For some Aboriginal women who believe that their connection to country can be particularly strong during birth, giving birth in a hospital where they do not feel culturally safe is detrimental to their well-being.[14]

Whilst there is significant research surrounding the experiences of women and midwives working in and receiving care in culturally tailored programs, there remains a dearth of literature examining the experiences of midwives as care providers and their understandings of cultural safety in practice within the standard hospital care (SHC) system. Williamson[15] explored how midwives defined culture and how they provided culturally appropriate care to women from culturally and linguistically diverse backgrounds (CALD). She found that midwives applied a generic approach to all women which failed to consider other factors that might impact on an individual woman.[15]

Obstetric led models of care and the institutional systems of care can act as a barrier to midwives achieving the full spectrum of midwifery practice.[16] Relationships and communication with the women can be impacted by these barriers. Quality relationships with caregivers are important to birthing women.[17] Power and racism have also impacted negatively on the experiences of birthing women[18] and the fragmented system that women birth in acts as a barrier to the formation of positive relationships.[17]

Research conducted into the understanding of cultural safety in the Australian health care context discovered that healthcare providers had little or no understanding of the meaning of cultural safety.[19] The findings suggested that when the healthcare providers attempted to define it, they did so in terms of providing safe care.[19]

In order to explore the midwives' lived experiences of the provision of care to Aboriginal women a phenomenological approach was employed. The aim is to present their experiences of cultural care for Aboriginal women and understandings of cultural safety in their practice. Culturally safe care is an outcome that can only be determined by the recipients of care.[7]

2. Participants

Midwifery volunteer participants were sought from a large tertiary teaching hospital in South Australia. A brief entry was made in the birth suite communication book advising them that the research study had commenced and of upcoming information sessions. A mobile number and for the principal researcher was also included. All of the participants contacted the principal researcher prior to the planned sessions and subsequently the information sessions were cancelled.

The midwives were required to be working within the standard hospital care (SHC) system and to have provided intrapartum care to birthing Aboriginal women. Midwives could have any level of experience and they were not required to be permanent staff members in the birthing unit. Thirteen midwives were interviewed by the first author and a data saturation approach was taken. The interviews took place through March and April, 2014. Participants chose to be interviewed at the hospital in which they worked.

The majority of the midwifery participants had been registered midwives for greater than 25 years ($n = 10$). There were two who had 10–20 years' experience and one who fell within the 20–25 years' experience range. All of the midwives were aged thirty-five or greater with the majority aged over 41 years ($n = 10$). All of the participants in the study were female and at the time of the study there were no male midwives working within the birthing unit or rotating through the area. Fifty-four percent ($n = 7$) of participants were hospital trained in nursing and midwifery, 31% ($n = 4$) held Bachelor of Nursing and Bachelor of Midwifery qualifications and 15% ($n = 2$) were hospital trained in nursing and midwifery but also held a Bachelor of Nursing.

3. Ethics

The research study was approved by the hospital human research ethics committee, the South Australian Aboriginal Health Research Ethics Committee and the University of South Australia's human research ethics committee in late 2013 and early 2014.

4. Methods

4.1. Phenomenology

Interpretive Heideggerian phenomenology was chosen as the philosophical foundation guiding the research study. Heidegger questioned the possibility of any knowledge outside an interpretive position and that knowledge was based in the lived world of things, people, relationships and language.[20] Heidegger's interpretive approach is an appropriate foundation when a researcher wants to uncover meanings within a phenomenon and when attempting to understand human experiences.[21] Heidegger[22] used the word *Dasein* to describe *being in this world* and it has been described as the fundamental ontological structure characterising humans and the unity of the world and existence.[23]

Heidegger[22] described how all understanding is connected to fore-structure, and this cannot be set aside. The process of interpretation allows the researcher to look beyond the participants' words and explore the fore-structures and thematic meanings held in the data.[24] Heidegger described a hermeneutic circle as facilitating the circular process of understanding and as essential to the understanding of *Dasein*.[23] The midwives' experiences of *Dasein* in care provision for Aboriginal women were explored using a Heideggerian approach.

4.2. Data collection

Midwives who met the inclusion criteria nominated a time and location for their face-to-face, individual, semi-structured interview which was digitally recorded and transcribed verbatim into de-identified Microsoft word documents.

Prior to the interviews, the participants were required to read the information sheet and sign a consent form. Interviews ranged in time from 30 min to 1 h with an average length of 40 min.

Open ended questions were asked and some prompts used to elicit as much information as possible about the provision of culturally appropriate care for Aboriginal women. The interviews started with asking the midwives to share their experiences in caring for Aboriginal women. Prompts were used which included asking the midwives to share examples. All of the interviews took place at the hospital were the midwives worked.

4.3. Data analysis

van Manen's[25] six step method for hermeneutic phenomenological enquiry was used for data analysis because of its

Download English Version:

https://daneshyari.com/en/article/2635865

Download Persian Version:

https://daneshyari.com/article/2635865

Daneshyari.com