



ORIGINAL RESEARCH – QUALITATIVE

Aboriginal and Torres Strait Islander women's experiences accessing standard hospital care for birth in South Australia – A phenomenological study



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ARTICLE INFO

Article history:

Received 27 July 2015

Received in revised form 3 December 2015

Accepted 14 January 2016

Keywords:

Culture

Women

Birth

Cultural safety

Aboriginal and Torres Strait Islander

Indigenous

ABSTRACT

Background: Aboriginal and Torres Strait Islander women, hereafter called Indigenous women, can experience a lack of understanding of their cultural needs when accessing maternity care in the standard hospital care system.

Aim: To explore the lived experiences described by Indigenous women accessing labour and birth care in the standard hospital care system at a tertiary public hospital in South Australia.

Methods: An interpretive Heideggerian phenomenological approach was used. Indigenous women who accessed standard care voluntarily agreed to participate in semi-structured interviews with Indigenous interviewers. The interviews were transcribed and analysed informed by van Manen's approach.

Findings: Thematic analysis revealed six main themes: "knowing what is best and wanting the best for my baby", "communicating my way", "how they made me feel", "all of my physical needs were met", "we have resilience and strength despite our hardships" and "recognising my culture".

Conclusion: Indigenous women in this study expressed and shared some of their cultural needs, identifying culturally unsafe practices. Recommendations to address these include the extension of current care planners to include cultural needs; Aboriginal Maternal Infant Care (AMIC) workers for women from rural and remote areas; AMIC workers on call to assist the women and midwives; increased education, employment and retention of Indigenous midwives; increased review into the women's experiences; removal of signs on the door restricting visitors in the birth suite; flexibility in the application of hospital rules and regulations; and changes to birthing services in rural and remote areas so women may not have to relocate for birth.

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Summary of Relevance:

Issue

- Indigenous women can experience a lack of cultural understanding when they give birth in mainstream services.

What is already known?

- Culturally safe midwifery care can positively impact on the birth experience for the women but can be neglected in mainstream services.

What this paper adds

- Fourteen Indigenous women from one South Australian maternity hospital have shared their stories after giving birth in the standard hospital care system. The women's experiences of giving birth provide an insight into their cultural needs around birth and demonstrated strong connections to

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their families. They usually expected only physical care from their midwives. Some of the women felt judged and misunderstood, which related to their Indigeneity. Recommendations are made for improving the women's experiences by recognising and incorporating their cultural needs into their care.

1. Background

Following European colonisation, and continuing to the present day, many government policies have contributed negatively to Indigenous people's experiences within their communities and with their connections to their land.¹ These include policies of segregation, assimilation, integration and the forced removal of children, particularly from 1910 to 1970.¹ Policies of the past continue to influence the way Indigenous people view and interact with health services, and lack of trust of health services is a major barrier to effective interactions.¹

Indigenous women who give birth in South Australia have higher rates of perinatal mortality, preterm births and low birth weight babies compared to non-Indigenous women.² While the health disparity is frequently linked to socioeconomic factors, culturally appropriate care can have a positive impact on access, uptake and acceptability of health services for Indigenous women.

The concept of cultural safety originated in New Zealand as a way to address the need for culturally appropriate care for Maori people accessing healthcare.³ In Australia, the provision of care in a culturally safe manner is an element of mandated midwifery competency.⁴ Culturally safe care can be defined as something which can only be determined by the recipient of the care, and which requires health care providers to examine their own cultural identities, attitudes, beliefs and the power balance within the health care relationship.¹ Culturally safe midwifery care may help Indigenous women experience less fear and anxiety when accessing maternity health care, and thus may ultimately improve maternal and infant health care outcomes.⁵

Culturally safe maternity care aims to ensure every woman feels physically, spiritually, socially and emotionally safe.⁶ If women do not deem the service as culturally safe, they will not attend for their care.⁷ Continuity of carer enhances trust within the relationship and this trust helps women and their midwives develop positive relationships.⁸ Enquiring if a woman has any cultural needs which will make her feel safer or has any needs for birthing is something that midwives should do to help build the relationship.⁸

A cultural safety approach challenges midwives to explore the power imbalances and the way they impact on the health care relationship.⁹ Minimising the power imbalance can be easier when care is provided within a continuity of care midwifery model.⁵

In South Australia, the Aboriginal Family Birthing Program offers culturally appropriate maternity care to Indigenous women. Women in six regional areas of South Australia and in most metropolitan areas can access care from a group of midwives and an Aboriginal Maternal Infant Care (AMIC) Worker.¹⁰ However, many mainstream health services across Australia do not provide culturally safe maternity services (both at the practitioner and the institutional level), necessary for supporting Indigenous women.⁶

Mainstream health services are founded in the biomedical model, with birth in hospitals attended by teams of midwifery and medical staff who are often not known to the women.⁵ The biomedical model can be at odds with traditional Indigenous ways

of giving birth.⁵ Birth is an important and transformative event in a woman's life.¹¹ It can be a positive and empowering experience, but women can also be subordinated and objectified by medically dominated systems of care.¹² Attending a mainstream hospital to give birth can be a frightening and alienating experience for some Indigenous women.⁵

Women who participated in this study accessed care in the standard hospital care (SHC) system underpinned by a biomedical model of care. The SHC system involves attending a public clinic for antenatal care and giving birth within the hospital's birth suite with an unknown group of midwives and medical team. Women who relocated to Adelaide for birth due to complications in their pregnancies also attended the SHC system.

This qualitative study aimed to explore the experiences of Indigenous women who gave birth in standard care and to answer the following question: what are the cultural expectations of Indigenous women when accessing midwifery care in the SHC system during birth in a tertiary public maternity hospital in South Australia? As part of a larger study, the research also explored midwifery practices and understanding around the provision of culturally safe midwifery care to Indigenous women.¹³ However, this paper explores the women's experiences only.

2. Methods

2.1. Phenomenology

We chose a philosophical framework grounded in Heideggerian phenomenology as this enabled us to explore the accounts of the individual experiences of the women. An interpretative approach can provide researchers with an opportunity to gain an in-depth, woman-centred understanding of a phenomenon.¹⁴ Heidegger felt that through discourse a person's way of being in this world was manifested¹⁵ and Heidegger¹⁶ used the word *Dasein* to describe 'being in this world'. Pivotal to Heidegger's work,¹⁷ *Dasein* has been described as the fundamental ontological structure characterising humans and the unity of the world and of existence.¹⁸ The structures of *Dasein* are revealed to the understanding of being through interpretation.¹⁹

According to Heidegger,¹⁶ all understanding is connected to fore-structure (prior understanding) and this cannot be set aside. It is through the interpretation that the researcher can go beyond the participant's words and explore the fore-structures and thematic meanings held in the data.²⁰ Such interpretation occurs through a hermeneutic circle whereby the researcher moves from parts of the experience (interviews and transcribed texts) to the whole (evolving understanding of the experience) and back and forth again.²¹ This helps to increase the depth of engagement with the interviews and texts.²¹ Heidegger described the circular state of all acts of understanding as an essential feature of the study of being or *Dasein*.¹⁸ By engaging the hermeneutic circle in research practices, the researcher is able to read between the lines of a phenomenon through language and theoretically uncover the true essence of the experience.²²

Indigenous Australians have a strong history of oral storytelling, sometimes referred to as 'yarning'.²³ Yarning facilitates the sharing of information through narrative storytelling and it is a culturally safe method for conducting research with Indigenous people.²³ Phenomenology is compatible with Indigenous peoples as a research method because it provides a link between Indigenous people and their cultures by incorporating the methods of oral tradition, narratives and stories.²⁴ While the method is compatible with yarning, it is dependent on what the women chose and felt safe to reveal about their experiences at the hospital.

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