



Cultural safety and its importance for Australian midwifery practice

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Summary Cultural safety is an important concept in health care that originated in Aotearoa (New Zealand) to address Maori consumer dissatisfaction with health care. In Australia and internationally, midwives are now expected to provide culturally safe midwifery care to all women. Historically, Australia has received large numbers of immigrants from the United Kingdom, European countries and the Middle East. There have also been refugees and immigrants from South-East Asia, and most recently, from Africa. Australia continues to become more culturally diverse and yet to date no studies have explored the application of cultural safety in Australian midwifery practice. This paper explores how cultural safety has evolved from cultural awareness and cultural sensitivity. It examines the importance of cultural safety in nursing and midwifery practice. Finally, it explores the literature to determine how midwives can apply the concept of cultural safety to ensure safe and woman centred care.

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Introduction

Australia is a multicultural nation with migrants and refugees from over 200 countries who practice more than 115 religions and speak more than 180 different languages (Australian Bureau of Statistics, 2007; Australian Department of Immigration, 2008; Johnstone & Kanitsaki,

2007). Women accessing maternity services in Australia have very diverse needs and these may be unknown to the midwives providing care. The provision of culturally safe midwifery practice is essential if health outcomes for women and their newborn infants are to be optimised.

Cultural diversity may relate to social context, religion and/or gender, as well as ethnic background. The concept of cultural safety is a broad one that aims to identify and protect the culture of groups. Internationally, much has been written about transcultural nursing, cultural competence and cultural safety when providing nursing care (Baker, 2006; Betancourt, Green, Carrillo, & Ananeh-Firempog, 2003; Chenoweth, Jeon, Goff, & Burke, 2006; De & Richardson, 2008; Johnstone & Kanitsaki, 2007; Leininger,

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2002; Narayanasamy, 2003). There have been studies concerning the concept of cultural safety in human services. These studies have investigated the meaning of cultural safety and its evolution (Belfrage, 2007; Bin-Sillik, 2003; Dowell, Crampton, & Parkin, 2001; Ramsden, 1993, 2002; Wepa, 2001, 2003), cultural safety in health and nursing care (Chrisman, 2007; Jacobs & Boddy, 2008; Richardson, 2003), and the promotion of cultural safety when providing health care (Hughes & Hood, 2007; Lipson, 2007).

Culturally appropriate nursing care has been widely explored in the literature (Belfrage, 2007; Chrisman, 2007; Purnell & Paulanka, 2003; Ramsden, 2002; Richardson, 2003; Wepa, 2001, 2003, 2004) however it is not well known what has been written about midwifery and cultural safety. A search of multiple electronic databases, including CINAHL, MEDLINE, Health Science, SocINDEX, and Psychology and Behavioural Sciences, from 1980 to 2008 was carried out. This period is relevant when establishing current and salient midwifery research concerning cultural safety, as cultural safety emerged in the nursing literature during the 1980s. To facilitate the search, keywords and terms, including *cultural safety*, *cultural competence*, *cultural respect*, *cultural security*, *immigrant*, *refugees* and *women* were used in conjunction with midwifery.

No previous research was located in the literature which specifically examined cultural safety in midwifery care. We were however able to locate six studies involving women from various multicultural backgrounds and their experiences of accessing midwifery care in Australia. These studies explored the midwifery care provided to Aboriginal and Torres Strait Islander Australians (Kruske, Kildea, & Barclay, 2006); the experience of pregnancy, labour and birth of Thai women in Australia (Liamputtong & Naksook, 2004); Vietnamese, Turkish and Filipino women's views about care provided during labour and birth in Australian maternity units (Small, Yelland, Lumley, Brown, & Liamputtong, 2002); antenatal care for African refugees (Carolan & Cassar, 2007); the meaning and experiences of motherhood among Afghan immigrant women living in Australia (Tsianakas & Liamputtong, 2008); and the perceptions of pregnant African women attending maternity services in Melbourne (Carolan & Cassar, 2008).

In all six studies women did not explicitly report or even imply feeling cultural safe and neither did the researchers discuss the importance of cultural safety. Given that no previous research was found, the remainder of this paper discusses how cultural safety has evolved and describes its importance for and application to midwifery care.

Concept of cultural safety

Cultural safety was developed in the context of nursing theory and is widely discussed in terms of health care practices (Ramsden, 1993, 2002; Richardson, 2003; Wepa, 2001). Cultural safety was introduced in Aotearoa/New Zealand in the late 1980s in response to improving Maori wellbeing, reducing the impact of colonisation and reducing culturally inappropriate practices in health care (Dowell et al., 2001; Jacobs & Boddy, 2008; Papps & Ramsden, 1996). Maori health status was directly linked to colonising practices and the

development of a culturally safe framework was primarily a political response to marginalisation (Johnstone & Kanitsaki, 2007). Influencing this ideology was the Treaty of Waitangi, which set up the impetus for power to shift from health care providers to health care recipients (Thompson, 2003; Wepa, 2001). Health service planning and delivery was to consider the cultural needs of Maori people in New Zealand.

The term cultural safety essentially concerns a broad understanding of respect, support, empowerment, identity and upholding human rights (Duffy, 2001; Grant-Mackie, 2007; Richardson, 2003; Robb & Douglas, 2004). Cultural safety has been identified as a framework that when used in nursing, midwifery and other health professions gives recognition to power imbalances, which are often inherent in relationships between health care providers and recipients (Dowd, Eckermann, & Jeffs, 2005; Puzan, 2003; Ramsden, 2002). Cultural safety involves protecting beliefs, practices and values of all cultures.

To understand the concept of cultural safety, there is a need to first explore the meaning of culture, cultural awareness and cultural sensitivity. Culture has been defined as the sum or totality of a person's learned or behavioural traits, a complex whole that includes knowledge, beliefs, art, morals, customs, and capabilities acquired by a given group of people (Dowd et al., 2005; Irvine, 2002; Nursing Council of New Zealand [NCONZ], 2005; Ramsden, 2002; Wepa, 2001, 2003, 2004). Matsumoto and Juang (2004) believe that culture is a concept that defines systems of rules, beliefs, attitudes, values and behaviours which are shared by a group, taught across generations, and are relatively stable although capable of change across time. In contrast, Schaller and Crandall (2004) argue that culture is dynamic and changing; it cannot be uniformly shared and people within any given cultural group may not know or share the same cultural beliefs, morals and customs. We believe this is true in Australia, particularly as the multicultural population continues to rise (Australian Department of Immigration, 2008). Even when women share the same national heritage they are likely to be culturally diverse (Carolan & Cassar, 2008; Chalmers & Hashi, 2000; Wiklund, Aden, Hogberg, Wikmun, & Dahlgren, 2000).

Evolution of cultural safety

The concept of cultural safety evolved from cultural awareness and cultural sensitivity (Ramsden, 1993, 2002; Richardson, 2003). Williams (1999) purports that cultural safety "extends beyond cultural awareness and sensitivity" and Eckermann et al. (2006) consider cultural awareness and cultural sensitivity as important foundations for the attainment of cultural safety. Fig. 1 illustrates that cultural safety builds upon cultural awareness and cultural sensitivity in developmental stages. The midwife as a care provider ought to understand the practical applications of cultural awareness and cultural sensitivity in order to address cultural safety issues.

Cultural awareness, the first stage, involves the appreciation of diversity and understanding differences, particularly those cultural characteristics that are externally visible, such as dress, music and physical characteristics (Belfrage, 2007; Chrisman, 2007; Coffin, 2007; Lipson, 2007; Purnell

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