



Discussion

Educating student midwives around dignity and respect

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ABSTRACT

Focus: There is currently limited information available on how midwifery students learn to provide care that promotes dignity and respect.**Background:** In recent years the importance of dignity in healthcare and treating people with respect has received considerable emphasis in both a national and international context.**Aim:** The aim of this discussion paper is to describe an educational workshop that enables learning to promote dignity and respect in maternity care.**Discussion:** An interactive workshop, using different creative methods as triggers for learning will be described. Provision of learning opportunities for students around dignity and respect is important to ensure appropriate care is provided in practice. The use of creative methods to inspire has contributed to deep learning within participants. An evaluation of the workshop illustrated how learning impacted on participants practice. Data to support this is presented in this paper.**Conclusion:** The use of creative teaching approaches in a workshop setting appears to provide an effective learning opportunity around dignified and respectful care. These workshops have evoked a deep emotional response for some participants, and facilitators must be prepared for this outcome to ensure a safe space for learning.

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Statement of significance

Issue

Internationally some women have experienced maternity care that does not promote their dignity or is respectful. Little is known about how best to educate students around promote dignified and respectful midwifery care.

What is already known

Women desire maternity care that sustains their dignity and is respectful. Transformational learning practices will raise students' awareness of their personal values and practice.

What this paper adds

Students who participate in a dignity in care workshop using creative teaching methods were able to take this knowledge into practice.

1. Introduction

In recent years the importance of dignity in healthcare and treating people with respect has received considerable emphasis in both a national and international context.^{1–3} In the Declaration of Human Rights⁴ dignity is a human value seen as a basic right for all. The provision of care that respects and protects service users' dignity, is a core value expected of most health care professionals internationally^{5–7} Dignity in healthcare is considered to be a variety of things that includes concepts of respect, empathy, and individualised care.⁸ The Royal College of Nursing provides a definition:

'Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat

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*someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.*⁹

Yet several high-profile cases illustrate that many people have experienced less than dignified care,^{10–12} in English healthcare services. Recent surveys have identified that women in the United Kingdom (UK) do not always feel that they have been treated with dignity and respect during their maternity care experiences^{13,14} despite an expectation that women should receive a holistic and women-centred approach to care.¹⁵ Examples of women receiving poor care including poor communication, lack of empathy, lack of courtesy and rudeness have been documented.¹⁶ In addition, lack of respect of the individual and effective listening has led to increased effects on morbidity and mortality to both mother and baby.^{12,17} It could be argued, therefore, that respectful care would lead to safer practice.

Respect for human dignity and a holistic approach is also the underpinning philosophy of the International Confederation of Midwives¹⁸ Yet again recent surveys demonstrate that women worldwide do not receive such care during pregnancy and childbirth.^{19–22} In the United States of America (USA) Eliasson et al.¹⁹ found that many women reported their sense of dignity being offended by the behaviours and actions of midwives. An international study by Bowser and Hill²⁰ reported examples of women receiving non-consented care, non-confidential care and physical abuse. In developing countries disrespectful care seems to be endemic, for example, Abuya²¹ found 20% of women reported receiving disrespectful maternity care in Kenya, while in Tanzania Sando et al.²² found 70% of women reported receiving disrespectful maternity care. This is despite The White Ribbon's international campaign launched in 2011 which provides a standard for respectful maternity care embedded within international human rights.¹ A recent World Health Organisation Statement²³ reiterates a commitment to eliminating disrespect in maternity care.

In order to achieve change it is imperative that healthcare staff receive appropriate education in how to deliver care that respects service user's individual needs and maintains their dignity at all times. However, dignity and respect are complex and multifactorial concepts, and thus can be challenging to teach and learn in a formal way.^{8,24} There is a call for more effective education around these concepts, with identification on how they can be learnt and assessed in health professional education programs.¹³ A recent survey by Hall and Mitchell²⁵ found in the UK there was little standardisation across midwifery programmes for the teaching of dignity and respect in midwifery practice, and that no consensus of how learning about dignity is facilitated or assessed. We have not been able to establish how this learning is facilitated globally as there is a paucity of literature available. There is a need to share educational practices designed to support midwifery students to learn about the concepts of dignity and respect, and how these relate to midwifery practice. In this paper, we present an educational intervention of a workshop that aimed to encourage the students to explore the concepts of dignity and respect, and how these relate to midwifery practice. We also present evaluation feedback from the perspective of some student midwives who have participated in these workshops.

2. Educational philosophy

Our underpinning philosophy which determined the approach taken to develop the workshop was grounded in theories of transformational learning; defined as learning which involves a fundamental and irreversible shift in perspective.²⁶ Transformational learning is not about the learning of facts or the mastering of specific skills, but focusses more on enabling deeper insights and problem solving. McAllister²⁷ highlights how educational

approaches which offer 'a perspective changing experience' can lead learners to cast-off old ways of thinking, and inspire the cultivation of new values.

To achieve this 'perspective changing experience' the workshop employs a range of interactive and engaging learning strategies. The workshop was devised based on John Heron's principles of facilitation,²⁸ in order to promote meaning, to confront previous rigid behaviour and utilise emotion to promote learning. Creative use of photos, video, sound tracks and storytelling, along with discussion, reflection and problem solving in the application to midwifery practice is used in the workshop. These creative approaches are underpinned by a teaching philosophy that believes students are intellectual beings that learn best when they are emotionally engaged to the concepts under discussion. It is recognised that different parts of the human brain have different attributes, and whole brain development may be encouraged through creative means.²⁹ Furthermore, it is suggested that each person has a different psychological system for understanding the world, and therefore they will learn through different forms and methods.³⁰ Creative approaches to teaching and learning, which connect with the audience on both a cognitive and an emotional level, contributes to the art and science of midwifery practice.³¹

In recognition of the potential that the workshop may raise significant emotional issues for participants, the workshop is always led by two facilitators. The workshops described here were led by both authors, who are Senior Lecturers in Midwifery, experienced educationalists who are well versed in facilitating learning around sensitive subjects.

3. Outline of workshop for facilitating dignity and respect in midwifery care

The workshop commences with the facilitators sharing their background and interest in the subject matter of dignity and respect in maternity care. The purpose for this is to put the participants at ease and to provide an environment for mutual learning. Sharing in this way removes some of the 'power base of educator over students'.³² To ensure participants feel safe to share their views and opinions all participants are asked to maintain confidentiality about any issues raised during the session. Facilitators offer their support following the session and the University Wellbeing Services are signposted as a post workshop support for participants.

The workshop is positioned with a short introduction in which both the National and International contexts, and drivers for improving dignity and respect in healthcare and maternity services are addressed. This provides a context for the activities that follow.

In the first activity participants are asked to consider what the words 'dignity and respect' mean to them, and to share this in small groups of 3–4. We have found that participant responses at this stage, when fed back to the group, often offer only a limited view of these concepts. It is common for the concept of dignity to be related to maintaining physical dignity, whereas understanding of the concept of respect is mostly viewed as respecting people's right to make choice, and for midwives to gain informed consent.

In the second activity participants are asked to sit quietly, to watch and listen to a presentation titled 'Dignity and Respect: two sides of the story', which has a 15 min duration. This presentation consists of a series of triggers which illustrate the potential for the loss of dignity, as well as how dignity can be respected for both parents and the baby, during maternity care experience. The triggers include images, sounds, recordings and narratives which illustrate the impact on individuals when respectful and dignified care is experienced, and when it is not. The triggers offer the perspective of the mother, father and the baby. References to the

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