



ELSEVIER

Contents lists available at ScienceDirect

Women and Birth

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



Original Research - Quantitative

Development of a First Peoples-led cultural capability measurement tool: A pilot study with midwifery students

Roianne West^{a,b,d,*}, Somer Wrigley^{a,b,d}, Kyla Mills^{a,b,d}, Kate Taylor^c, Dale Rowland^{a,b,d}, Debra K. Creedy^{a,d}

^a Griffith University, Parklands Dr, Southport, QLD 4215, Australia

^b First Peoples Health Unit, Griffith University, G40 Griffith Health Centre, Level 8, Gold Coast Campus, Griffith University, QLD 4222, Australia

^c Curtin University, Kent St, Bentley, WA 6102, Australia

^d Menzies Health Institute, G40 Griffith Health Centre, Level 8, Gold Coast Campus, Griffith University, QLD 4222, Australia

ARTICLE INFO

Article history:

Received 10 November 2016

Received in revised form 22 December 2016

Accepted 5 January 2017

Available online xxx

Keywords:

Cultural capability measurement

Indigenous health

ABSTRACT

Background: Midwives have a central role in closing the gap in health inequalities between Australia's First Peoples and other childbearing women. The Aboriginal and Torres Strait Islander Health Curriculum Framework (The Framework) identifies five core cultural capabilities (respect, communication, safety and quality, reflection and advocacy) to foster culturally safe health care.

Aim: To use a decolonising, First Peoples-led approach to develop and validate a tool to measure the development students' cultural capabilities.

Method: A pre- post intervention design was used. Development of the Cultural Capability Measurement Tool followed a staged process which centred on First Peoples' knowledges. This process included: item generation, expert review; a pilot, test-retest; and psychometric testing (reliability, factor analysis and construct validity). All third year midwifery students (n = 49) enrolled in a discrete First Peoples health course were invited to complete the survey pre and post course.

Findings: A response rate of 77.5% (n = 38/49) pre-course and 30.6% (15/49) at post-course was achieved. The tool demonstrated good internal reliability (Cronbach alpha = .89–.91). Principal component analysis with varimax rotation produced a five-factor solution. A paired samples t-test revealed a significant increase from pre-course (mean 93.13, SD 11.84) to post-course scores (mean = 100.53, SD 7.54) (t (14) = -2.79, p = .014).

Conclusion: A First Peoples approach was critical to tool development and conceptual validity. The 22 item Cultural Capability measurement Tool reflected the core cultural capabilities of The Framework. The draft tool appears suitable for use with midwifery students.

© 2017 Australian College of Midwives. Published by Elsevier Ltd. All rights reserved.

Statement of significance

Problem or issue

- A culturally safe midwifery workforce is critical to improving health outcomes for Australia's First Peoples.
- No validated tools measure cultural capabilities as described by The Framework.

What is already known

- First Peoples health curricula is mandatory in midwifery education programs in Australia.
- The Framework outlines key capabilities that students/clinicians should possess in order to provide culturally safe healthcare.

What this paper adds

- A novel First Peoples-led process guided the stages of tool development and validation.
- The draft Cultural Capability Measurement Tool is a first step in assisting midwifery students and educators to measure cultural capabilities.

* Corresponding author at: First Peoples Health Unit, Griffith University, 58 Parklands Drive, Southport, QLD 4215, Australia. Fax: +61 7 567 80303.
E-mail address: r.west@griffith.edu.au (R. West).

- The tool demonstrated good reliability and validity but needs to be tested in a larger, diverse midwifery and other health professional student sample.

1. Introduction

In this paper, Aboriginal and Torres Strait Islander people are referred to as 'First Peoples'. As authors, we are guided by Eldership in the Institution where the research was undertaken in using the terminology *First Peoples*.

Midwives are critical to addressing the health disparities experienced by First Peoples compared to non-First Peoples women and babies. First Peoples women have more children at a younger age and are at greater risk during pregnancy to experience anaemia, poor nutrition, hypertension, diabetes and smoking.¹ These risks are associated with poor perinatal outcomes, including giving birth to low birthweight babies, premature birth and stillbirths.¹ First Peoples women are also less likely to have access to quality, culturally safe primary maternity care,² which exacerbates poorer health outcomes.

The National Aboriginal and Torres Strait Islander Health Plan (2013–2023)³ highlights the role of the midwife in addressing adverse perinatal outcomes and providing culturally safe and competent care for First Peoples mothers and babies. Midwives are required to understand and address the complex interplay of cultural, social, historical and political determinants of First Peoples women during pregnancy⁴; provide a positive culture of care for women and their families⁵; and, demonstrate authentic respect and humility towards cultural differences.² The imperative for midwives to understand and address these factors in their practice is also reflected in the National Competency Standards for the Midwife⁶ as well as the National Midwifery Education Standards for accredited programs.⁷ As such, there are compelling regulatory and social imperatives for midwifery education providers to offer students opportunities to develop essential cultural capabilities during their program. This paper reports on the development and validation of a new tool to measure students' cultural capabilities using a First Peoples led process.

1.1. Cultural competence or capability?

There has been debate about appropriate concepts to describe the cultural attributes of health professionals and graduates. Concepts include cultural awareness, cultural safety, cultural security, cultural responsiveness, and cultural proficiency, with cultural competence in favour since the 1980s.^{8–10} Cultural competence however, has been recently criticised as a possible 'token response' to culturally and linguistically diverse populations. There is evidence of cultural competence being assessed with 'tick-box' approaches which may not necessarily link current knowledge and skills to sustained and meaningful improvements in practice.⁸ The notion of 'cultural capability' has therefore gained recent prominence. According to Stephenson and Weil¹¹ a 'capability' involves the application of knowledge, skills and personal attributes to existing and changing circumstances. Cultural capability is future focused,¹² requires students to actively engage in learning and reflection,¹³ and is a life-long learning process.⁸

In Australia, the recently released Aboriginal and Torres Strait Islander Health Curriculum Framework (The Framework) provides guidance for providers of health curricula in the higher education sector to develop students' cultural capabilities.¹⁴ The Framework describes five key cultural capabilities: "respect, communication, safety and quality, reflection, and advocacy" that contribute to the

provision of culturally safe care.¹⁴ The Framework offers a national benchmark minimum requirement for health students to be able to deliver culturally capable healthcare to First Peoples and their communities upon graduation.¹⁴ Although it is imperative for minimum requirements to be measurable, The Framework document provides little guidance in this regard. Given the central role of midwives in promoting healthy outcomes for First Peoples women and their babies, a cohort of third year Bachelor of Midwifery students was approached to participate in the pilot test of a new tool to measure the development of cultural capabilities.

1.2. Critique of existing measures

Despite the pressing need for graduate midwives to provide culturally safe care for First Peoples women, there are no validated tools to measure the development of students' cultural capabilities according to The Framework.¹⁴ Although a number of tools have been developed with cohorts of health professional students, these tools have been predominantly designed within frameworks and contexts specific to the United States of America.^{15–19} Moreover, these tools have principally focussed on students studying nursing, medicine, dental and/or allied health, and have tended to assess students' 'multicultural',²⁰ 'intercultural'^{19,21} or 'cross-cultural'^{18,22} competencies.

A search was conducted for tools published in the previous decade, tested with health professional students, and with a focus on Australian First Peoples cultural competencies/capabilities. The six identified tools had been used in quasi-experimental, pre-post-test studies to measure changes following the implementation of First Peoples health courses^{23–26} or a short-course unit.²⁷ Paul et al.²⁵ developed the 24 item Impact of the Aboriginal Health Undergraduate Curriculum questionnaire (IAHUC) which was completed by 2 cohorts of Year 6 medical students in 2003 and 2004. Items related to Aboriginal health as a social priority (3 items); health issues and services (8 items); students' abilities (11 items); and future commitment (2 items). Responses were given on a 5 point Likert scale (1=no agreement to 5=full agreement). A 2-item "preparedness to practice" scale asked respondents to rate their abilities to: communicate appropriately with Aboriginal people; and apply knowledge of Aboriginal health to provide culturally secure health care. A Cronbach's alpha of .84 was reported but there was no factor analysis.

Carr et al.²⁶ used a revised 25-item IAHUC to evaluate medical and dental students' experience of learning and attainment of graduate outcomes related to First Peoples' health. The questionnaire was completed by 20 out of 46 fourth year dental students at baseline and two weeks later. Cronbach's alpha was .75. The test-retest correlation for each item was significant for 17 of the 25 items ($p < .05$) and ranged from .48 to .79, indicating consistent responses over time. Items related to attitudes were less stable.

In a pre-post mixed methods evaluation study, Hunt et al.²³ used the Attitude Toward Indigenous Australians (ATIA) scale and a short Knowledge, Interest and Confidence Scale (KIC) to test the effects of a semester course on nursing students' learning outcomes and perceptions towards First Peoples and their health issues. The 18 item ATIA measured negative attitudes of 'collective guilt, empathy and racial resentment' on a 7 point Likert scale of agreement. Cronbach's alpha was .85–.88. The 3 item KIC asked respondents to score their knowledge, interest and confidence on a Likert scale of '0 = not at all [knowledgeable] to 10 = completely [knowledgeable]'. Cronbach's alpha was .60–.68. Over fifty percent of students (502 out of 944) completed the baseline survey with 26% ($n = 249$) responding at follow-up. Open-ended questions enabled students to comment on their 'experiences and opinions' of the course. There was a significant increase in nursing students' self-reported confidence to work with First Peoples. However,

Download English Version:

<https://daneshyari.com/en/article/5566071>

Download Persian Version:

<https://daneshyari.com/article/5566071>

[Daneshyari.com](https://daneshyari.com)