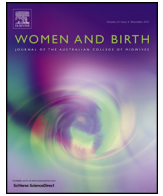




Contents lists available at ScienceDirect

Women and Birth

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



Original Research - Quantitative

Impact of a continuing professional development intervention on midwifery academics' awareness of cultural safety

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ARTICLE INFO

Article history:

Received 12 November 2016

Received in revised form 20 January 2017

Accepted 15 February 2017

Available online xxx

Keywords:

Cultural safety

Midwifery academics

First Peoples

Indigenous

Professional development

ABSTRACT

Background: Cultural safety in higher education learning and teaching environments is paramount to positive educational outcomes for Aboriginal and/or Torres Strait Islander (hereafter called First Peoples) students. There is a lack of research evaluating the impact of continuing professional development on midwifery academics' awareness of cultural safety.

Aim: To implement and evaluate a continuing professional development intervention to improve midwifery academics' awareness of cultural safety in supporting First Peoples midwifery students success.

Methods: A pre-post intervention mixed methods design was used. Academics (n = 13) teaching into a Bachelor of Midwifery program agreed to participate. The intervention consisted of two workshops and five yarning circles across a semester. Data included the Awareness of Cultural Safety Scale, self-assessment on cultural safety and perceptions of racism, evaluation of the intervention, participants' journal entries, and researcher's reflections.

Findings: Responses on the Awareness of Cultural Safety Scale revealed significant improvement in participants' awareness of cultural safety. There was an upward trend in self-assessment ratings. Participants reported high levels of satisfaction with the intervention or workshops and yarning circles. Participants' journal entries revealed themes willingness to participate and learn, confidence as well as anger and distress.

Conclusion: Increased awareness of cultural safety can be transformative for midwifery academics. Workshops and yarning circles can support academics in moving beyond a 'sense of paralysis' and engage in challenging conversations to transform their learning and teaching and in turn foster a culturally safe learning and teaching environment for First Peoples midwifery students towards success.

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Statement of significance

Problem or issue

Midwifery academics often lack awareness of cultural safety and its impact on midwifery First Peoples student success. There are limited continuing professional development cultural safety education programs for midwifery academics

What is already known

First Peoples health professional students report experiencing racism from academics and peers. First Peoples students are more likely to succeed in culturally safe learning and teaching environments. Increasing participation of First Peoples midwives in maternity care will reduce maternal and infant health inequalities of First Peoples women and babies.

What this paper adds

The continuing professional development intervention was effective in increasing midwifery academics' awareness of cultural safety.

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The academics reported increased awareness and a deeper understanding of cultural safety. Participants described changes to their learning and teaching practices to better support First Peoples midwifery students' success.

1. Introduction

The single most important strategy for closing the maternal and infant health gap between First Peoples and non-First Peoples is to significantly increase the number of First Peoples midwives.^{1–3} While around 3% of the Australian population identify as being First Peoples, there is less than one percent (0.8%) of registered First Peoples midwives. The current First Peoples midwifery workforce needs to be increased 4.6 times in order to gain parity (3%).^{4,5} Pivotal to increasing the number of First Peoples midwives, is the recruitment, retention and success of students into undergraduate midwifery programs. Midwifery academics have a fundamental role in student success through the provision of culturally safe learning and teaching environments within universities and industry.^{5–8} While increasing attention is being paid to enhancing the cultural capabilities of midwifery students,^{6,8} there are limited continuing professional development opportunities for midwifery academics. It is vital that midwifery academics have a level of cultural capability that is greater than the students they teach. This paper reports on an intervention for midwifery academics that aimed to increase awareness of cultural safety and foster changes to learning and teaching practices.

Cultural safety was first conceptualised in the 1980s by Irihapita Ramsden a Māori nurse educator and researcher from Aotearoa/New Zealand. Ramsden argued that cultural safety within the learning environment could be transformative.⁹ She described a cultural safety education framework with four key objectives: (1) educate all students to understand the impact of historical policies and practices on contemporary health of Indigenous Peoples; (2) educate students to examine their own beliefs and values and how these may impact on care of individuals; (3) educate students to be open to and accepting of difference; and (4) produce a workforce that is culturally safe to practice.⁹

According to Ramsden cultural awareness and sensitivity form significant foundations of a staircase approach towards becoming culturally safe.⁹ Cultural awareness is described as a beginning step towards cultural safety and refers to understanding that there is difference.¹⁰ In Australia, the construct of cultural safety has evolved to include a process of critical personal reflexivity about one's own culture.¹¹ Culturally safe practices are evident when actions are respectful of the recipient's culture, knowledge and experience. The recipient, such as First Peoples clients or students, determines if a practice is culturally safe or not.⁸ Cultural safety also requires an awareness of the impact of one's own culture on others and challenges individuals to reflect on their position of power and privilege.^{12,13}

The dire impact of colonisation and white privilege on First Peoples requires urgent attention. In 2006 a number of peak health bodies representing First Peoples, non-First Peoples, Non Government Agencies (NGOs) and human rights groups lobbied for health and life equalities for Australia's First Peoples.¹⁴ This became known as the 'Close the Gap' campaign, which developed into a national movement. The campaign led to the Council of Australian Governments (COAG) setting targets in 2008 to address these inequalities. The 'Closing the Gap' Report provides annual progress updates on 7 key target areas.¹⁵ The 'Closing the Gap' Report emphasises that cultural competency is key to reducing inequalities and improving health outcomes for First Peoples,¹⁶ and the

Report also argued that cultural capability is more than cultural awareness.¹⁶ Subsequent national studies and government reports have challenged the historical view in Australia and internationally that 'cultural awareness' and 'cross-cultural' programs are best practice across the health sector.^{8,17–19} There is a need for health practitioners to move beyond awareness to be culturally safe and capable. In the education sector, a lack of cultural safety and the presence of individual and institutional racism are barriers to the recruitment, retention and success of First Peoples into midwifery programs.²⁰ Our study aimed to respond to these issues by implementing and evaluating the effects of a continuing professional development intervention to improve midwifery academics' awareness of cultural safety.

1.1. Literature review

There is a lack of published evaluations of interventions to enhance midwifery academics' awareness of cultural safety. This literature review therefore critiques the effectiveness of different forms of First Peoples cultural training with health professionals and academics in Australia. Relevant government-funded reports, projects and studies are also discussed.

The Cultural Respect Framework,¹⁸ is a seminal document that provides guidance on culturally respectful health service governance and management processes to improve health outcomes for First Peoples. The Framework describes respect as: *recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples.*¹⁸ A review of the cultural competency of Australian University staff contributed to development of the National Best Practice Framework for Indigenous Cultural Competency in 2009.¹⁹ Of the participating universities (n = 26), six stated they did not offer any form of professional development related to cultural competency and five had projects in the development phase. Fifteen universities offered a variety of training that ranged from watching a DVD to the provision of cultural diversity/equity information (online and written). Only three universities offered cultural awareness training workshops. The report recommended that all universities develop induction processes that include Indigenous cultural competency training, and provide professional development opportunities for all staff on advanced Indigenous cultural competency. The report made reference to tailoring cultural safety learning and teaching for students across different faculties but gave no specific emphasis to the needs of academics teaching into health programs.¹⁹

The following year, the National Aboriginal Community Controlled Health Organisation (NACCHO) developed national quality standards for cultural safety training in the health sector.¹⁷ The standards included five key issues to be considered when developing cultural safety training: (1) Recognition of the critical differences between cultural awareness, cultural sensitivity, cultural safety and/or respect and cultural competence; (2) recognising cultural safety as a human right; (3) addressing racism; (4) understanding components of good practice in cultural safety training; and (5) encouraging participation, culturally safe practice and continuous improvement.¹⁷

The Health Performance Framework Report 2014²¹ compiled by COAG found limited data on the effectiveness of interventions to address cultural competency in healthcare services.¹⁷ A similar criticism could be applied to any evaluation of interventions with academics in the university sector. Subsequently, COAG funded development of *The Aboriginal and Torres Strait Islander Health Curriculum Framework.*⁸ The Framework acknowledges that it is essential for health professional academics and students to be both culturally and clinically safe by becoming culturally capable.

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