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Participatory action research opens doors: Mentoring Indigenous researchers to improve midwifery in urban Australia

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ABSTRACT

Problem: There is increasing demand for capacity building among the Aboriginal and Torres Strait Islander (Indigenous) maternal and infant health workforce to improve health outcomes for mothers and babies; yet few studies describe the steps taken to mentor novice Indigenous researchers to contribute to creating a quality evidence-base in this space.

Background: The Indigenous Birthing in an Urban Setting study is a partnership project aimed at improving maternity services for Indigenous families in South East Queensland.

Aim: To describe our experience setting up a Participatory Action Research team to mentor two young Indigenous women as research assistants on the Indigenous Birthing in an Urban Setting study.

Methods: Case study reflecting on the first six months.

Findings: Participatory Action Research was a very effective method to actively mentor and engage all team members in reflective, collaborative research practice, resulting in positive changes for the maternity care service. The research assistants describe learning to conduct interviews and infant assessments, as well as gaining confidence to build rapport with families in the study. Reflecting on the stories shared by the women participating in the study has opened up a whole new world and interest in studying midwifery and child health after learning the difficulties and strengths of families during pregnancy and beyond.

Discussion: We encourage others to use Participatory Action Research to enable capacity building in the Aboriginal and Torres Strait Islander midwifery workforce and in health research more broadly.

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Statement of significance

Problem or issue

There is a need to build capacity among the Indigenous maternity workforce to 'close the gap' in maternal and infant health outcomes between Indigenous and other Australians.

What is already known

Participatory Action Research is a valued by Indigenous people as an outcomes driven, inclusive collaborative research approach.

What this paper adds

This case study presents our experiences of successfully using a Participatory Action Research framework to mentor two young Indigenous women with no health or research experience to conduct high quality midwifery research. The initiative was so successful that these women now want to study nursing and midwifery.

1. Introduction

Conducting research can be a transformative experience, particularly for those new to the field. With sufficient training and appropriate mentorship, enthusiastic community members and peer-interviewers can become empowered and critically reflective researchers. Research capacity building among the

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Aboriginal and Torres Strait Islander (here after referred to as Indigenous) maternal and infant health workforce is vital to ensure best practice, culturally relevant, evidence-based maternity care.¹ This case study presents our experiences of successfully using a Participatory Action Research (PAR) framework on the Indigenous Birthing in an Urban Setting (IBUS) study to mentor two young Indigenous women with no previous health or research experience as research assistants to conduct high quality midwifery research. Given the increasing demand of specialised Indigenous maternity care services to improve Indigenous maternal and infant health outcomes,^{2–6} we hope that this example encourages others to nurture the growing Indigenous workforce using PAR approaches as we strive towards improving capacity for Indigenous-led midwifery research and health service provision.

2. Study background

The IBUS study is a five-year prospective mixed-methods longitudinal cohort study that commenced in 2015. It was developed in partnership with two key Aboriginal Community Controlled Health Organisations that service the Brisbane region: the Institute for Urban Indigenous Health and the Aboriginal and Torres Strait Islander Community Health Service, Brisbane Limited; and Mater Mothers Hospital which provides maternity care to approximately 10,000 birthing women a year. The study's aim is to identify improvements needed for maternity services available to women having Aboriginal and/or Torres Strait Islander babies and birthing in South East Queensland.⁷ Pregnant women are recruited at the Mater Mothers Hospital and The Royal Brisbane and Women's Hospital and are followed up until six months postnatal. Both hospitals run a Midwifery Group Practice for women having Aboriginal and Torres Strait Islander babies, named Birthing in Our Community and Ngarrama Indigenous Maternity Service. Through these services, women receive care from a primary midwife with the support of an Indigenous health worker. Birthing in Our Community is a partnership between the Mater Mothers Hospital, the Institute for Urban Indigenous Health and the Aboriginal and Torres Strait Islander Community Health Service, Brisbane Ltd, while Ngarrama is delivered through Queensland Health.

Embedded in the IBUS study is an Indigenous workforce capacity building component which includes student midwifery cadetships, ongoing career development for Maternal and Infant Health Workers, and pertinent to this paper, the training of Indigenous research assistants (co-researchers) to undertake recruitment and data collection according to Good Clinical Practice Guidelines but also in a culturally safe and supportive manner.

2.1. Improving the health of Aboriginal and Torres Strait Islander people through Participatory Action Research

Australia's National Health and Medical Research Council's Roadmap II⁸ provides strategic direction for Indigenous health research and emphasises the need to increase participation and development of research skills of the Indigenous workforce. PAR is a unique methodological approach that can inspire novice researchers through the power of research to enact sustained positive change in health service provision and planning.⁹ It has an emancipatory and empowerment focus in prioritising 'local perspectives, needs and knowledge . . . through collaborations with community members throughout the research process'.¹⁰ Central importance is given to a shared commitment to change and a genuine partnered approach of 'knowing by doing' between the researcher and the researched¹¹ (indeed these roles become blurred). Through its regular, reflective and responsive cycle to 'Plan, Act, Reflect, Evaluate – Repeat!' PAR allows for appropriate, timely and context-specific actions to be taken in both the research

design and service implementation. Study design can be flexible and can employ multi methods as appropriate, with interpretations of the data cross-checked through triangulation.¹¹ PAR is a valued research method in Indigenous health for its capacity to collaboratively engage the Indigenous community in research.^{12,13} Involving Indigenous people at every stage of Indigenous health research is essential if the research is to be both meaningful, relevant and useful to effecting positive change in health outcomes among this population.

2.2. The Participatory Action Research team

In May 2016, the authors formed a Participatory Action Research team that meets monthly to discuss and reflect on progress, challenges and strengths of the study, the maternity services being evaluated, and the women's stories. The team shares their field notes and experiences so that both novice and senior team members can learn together and take positive actions to improve the study or the midwifery services directly. Yvette Roe is an early career researcher and a Njikenka Jawuru woman from the Kimberley region, Western Australia, and provides mentorship for the PAR team. Sue Kildea is the Chief Investigator of the IBUS study who has extensive experience with using PAR methods for health service change to improve maternal and infant health outcomes. Sophie Hickey is an early career researcher with a social science and public health background and manages the day-to-day running of the IBUS study, including training and supervising the research assistants. Sarah Maidment and Kayla Heinemann are Indigenous research assistants for the IBUS study who recruit, follow-up and interview pregnant and postnatal women in the study. Ethics and governance approvals for the IBUS study were granted by the relevant sites. Prior to commencing their role as research assistants six months ago, both Sarah and Kayla had no previous formal experience in research. In the following section, Sarah and Kayla reflect on their experiences working with the IBUS Study. To privilege their voices, the section has been written in first person.

3. Sarah and Kayla's experience

We began as research assistants on the IBUS Study in May 2016. Kayla's family is from the Bunjalung region from Byron Bay and she was born and raised around Brisbane. Sarah is an Arrernte woman from Alice Springs now living in Brisbane. On how we each came to this role, Kayla explains, 'I came from hospitality to research unexpectedly as a recommendation from a relative who believed I would be great in the role. I have not looked back and have enjoyed the experience every step of the way.' Sarah had been working in tourism and adds, 'What interested me in this role was to talk to women and hear their stories; as a mother I feel like I can relate to these women and I liked the idea that I can give them the opportunity to reflect on their birthing experience. I think that is an important part of the birthing journey that people do not always have the opportunity to do.'

3.1. Research training and professional development

To prepare us for field work, we were trained internally on interviewing techniques, consenting procedures, and learnt about our role within the research study and its many sub-studies. With Sophie, we role-played many practice surveys and addressed what we would do in challenging hypothetical situations, including risk assessments (e.g. suicidal risk or self-harm) and referral processes. As part of our professional development training, we attended a two day Research Masterclass hosted by the Institute for Urban Indigenous Health and presented by Wardliparingga, South

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