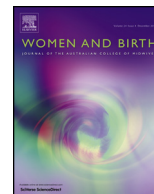




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Emotional labour and aboriginal maternal infant care workers: The invisible load

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ABSTRACT

Background: The term 'emotional labour' has been used to describe the competing demands on midwives to empathize with clients whilst maintaining a level of professional detachment. Previous research indicates that when individuals experience difficulty managing these emotions, burnout may result. Aboriginal health care workers often have roles with large emotional demands, as they are relied upon heavily to engage clients in care. However, the concept of emotional labour has received little attention in relation to this group.

Aim: To explore potential sources of emotional labour for Aboriginal Maternal Infant Care workers in a maternity care program for Aboriginal women in South Australia. The program involves these workers providing care for women in partnership with midwives.

Methods: We employed a phenomenological approach. Thirty in-depth interviews were conducted with staff and clients of the program. Recorded interviews were transcribed and coded and emerging themes identified.

Findings: This workforce undertakes extensive emotional labour. Key sources include the cultural and family obligations they have to clients, complex social needs of many clients, and potential for community backlash when poor perinatal outcomes occur. A lack of respect for the role within the workplace further contributes to these experiences.

Conclusion: This study found that the responsibilities inherent to the role as both cultural broker and carer create significant emotional labour for workers. Recommendations to address this and enhance the sustainability of this workforce include: recognition and valuing of emotional work by management and other staff, enhancing cultural awareness training, and building stress-relieving activities into the workplace.

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Statement of significance

Problem or issue

The Aboriginal health workforce is fundamental to delivering care required to improve Australia's Aboriginal maternal health outcomes. However, factors contributing to the sustainability of this workforce are largely unknown.

What is already known

Emotional labour has been well documented among midwives, and identified as a key factor contributing to burnout.

What this paper adds

We found that Aboriginal Maternal Infant Care (AMIC) workers experience significant emotional labour as a result of their cultural and caring roles. Recommendations to better support the AMIC workers may contribute to sustaining the Aboriginal health workforce and thus strengthen the delivery of culturally competent maternity care.

Abbreviations: AMIC, Aboriginal Maternal Infant Care.

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1. Introduction

Strengthening and supporting the Aboriginal maternity care workforce is a key target of Australia's National Maternity Services Plan,¹ which recognises the integral role of this workforce in improving pregnant Aboriginal women's access to culturally competent care. Although progress in developing this workforce has been slow overall,² important gains have been made in some regions, reflected in an increasing number of programs that feature Aboriginal workers in diverse roles.

One program at the forefront of such developments is the Anangu Bibi Birthing Program in South Australia. The program involves Aboriginal Maternal Infant Care (AMIC) workers providing care through pregnancy and birthing, in partnership with midwives. AMIC workers undertake specialist training through the South Australian Aboriginal Health Council and complete Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care, or a recognised equivalent. In the hospital setting midwives have primary responsibility for the clinical management of Aboriginal women, however, AMIC workers do participate in clinical care tasks throughout the pregnancy and are trained for imminent unplanned births in a community setting. Similar to the 'with woman' philosophy of midwifery,³ the program upholds both the social and biomedical views of health, with particular attention to social needs and practical welfare. Thus, AMIC workers provide both clinical care and psychosocial support, and act as advocates for their clients. The program has been successful in increasing access to culturally responsive care for Aboriginal women and their families,^{4,5} and has been expanded to urban and regional sites across South Australia.

Women who access this model of care consistently report positive experiences, and particularly value the support AMIC workers provide with regard to social health issues.^{4–6} While this type of support is highlighted as a strength to engaging women in care, it often requires large emotional investment from AMIC workers, as many clients have complex social needs.⁴ This can create competing demands on AMIC workers, who are expected to be compassionate, whilst also maintaining a level of emotional detachment consistent with the expectations of the context, in this case institutionalised hospital-based midwifery.⁷

In the sociological literature, managing these demands is referred to as 'emotional labour'. Hochschild defined this as the process of requiring workers to 'induce or suppress feeling in order to sustain the outward countenance that produces the proper state in others'.⁸ When workers have difficulty enacting and modulating emotions in line with organisational demands, they may experience emotional dissonance and distress.⁸

Emotional labour has received considerable attention in health care settings, most notably among the nursing profession, where it has been linked to emotional exhaustion and burnout.^{9,10} A recent review of the implications of emotional labour for health care professionals found that the sources of emotional labour are gendered, personal, organisational, collegial and socio-cultural.⁹ Midwifery has been acknowledged as emotionally demanding

work requiring skills that are often unrecognised and undervalued by healthcare management.³ In midwifery, sources of emotional labour include conflicting ideologies of midwifery practice such as the woman-centred philosophy of community based-midwifery which contrasts with the institutional approach of hospital midwifery.

The concept of emotional labour has received little attention in relation to the Aboriginal health workforce. We identified only one study that explored this topic among a large sample of Aboriginal health workers in various roles and settings in the field of Occupational Health and Safety. It concluded that experiences of emotional labour were linked to 'values of care, reciprocity and respect, and obligations to carry out cultural practices in terms of Aboriginal identity'.¹¹

Since the inception of the Anangu Bibi Program there have been concerns about burnout among AMIC workers and the sustainability of this role.⁵ In this study, we explored potential sources of emotional labour for AMIC workers, to gain insight into the extent of the often highly emotional work required of these professionals. We also aimed to develop recommendations about culturally respectful strategies for preventing the negative consequences of excess emotional labour in this group, and thus strengthen this important model of care.

2. Methods

This study is part of the doctoral research of the principal researcher. A social constructionist epistemology underpinned this research, reflecting the understanding that meanings are socially constructed and constituted by language.¹² Within this, a phenomenological methodology was employed to capture the essence of lived experience.¹³ A critical and reflexive decolonising research process was adopted and enabled priority to be given to the research agenda of the Aboriginal people involved.¹⁴ This approach allowed for cross-cultural interactions, including consideration of the impact of different knowledge and value systems.

Port Augusta is a rural town 322 km north of the state's major city and a traditional meeting place for at least 32 different Aboriginal groups. It has a population of 13,504 with 17.3% identifying as Aboriginal.¹⁵ The principal researcher grew up in Port Augusta and had a strong interest in Aboriginal maternal health. She had well-established relationships with the Aboriginal community prior to commencing the project. These relationships were further developed and maintained over the course of the study. The co-authors who supervised this project were closely involved and have relevant expertise in Aboriginal maternal health and qualitative research.

Members of the local Aboriginal community, members of the program, and appropriate staff from the Port Augusta Hospital and Country Health South Australia were consulted prior to the commencement of the study. Permission to undertake the research was granted by the Aboriginal Family Birthing Program Steering Committee and Port Augusta Hospital after a series of meetings and with support of local champions (including Aboriginal women

Table 1
Participant demographics.

Participant	n	Mean age	Duration in role	Interview location
AMIC worker	6	38 years	3 ≤ 1 year & 3 ≥ 1 year	5 – H; 1 – CC
Program midwife	6	45 years	3 ≤ 1 year & 3 ≥ 1 year	6 – H
Ward midwife	5	42 years	2 ≤ 2 years & 3 ≥ 2 years	3 – H; 3 – PH
Medical practitioner	2	56 years	2 ≥ 5 years	1 – H; 1 – PH
Clients	11	30 years	n/a	9 – H; 2 – IH

Legend: CC = Community Centre; H = Hospital; PH = Participants Home.

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