



## Cultural empathy in midwifery students: Assessment of an education program

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### ABSTRACT

**Background:** The ability of midwives to provide empathic care that is culturally appropriate is critical for women to feel accepted by the midwives who support them. Australia is a culturally diverse society, yet there is evidence of poorer maternity outcomes for some women and infants, related to their cultural background.

**Objectives:** This study's objective was to evaluate the effectiveness of an education program for student midwives. The program was intended to increase the cultural empathy of future midwives, to help ensure greater cultural safety and optimal maternity outcomes across all sections of Australian society.

**Design:** This quantitative study compared pre- and post-intervention measures of students' empathy.

**Setting:** The health faculty of a large urban university in Australia.

**Participants:** Fifty-five students from all three years of an undergraduate midwifery program participated.

**Methods:** The study examined students' scores on the Jefferson Scale of Empathy for health profession students, measured before and immediately after the education program, and again after four weeks.

**Results:** The midwifery students had a high mean baseline score on the empathy scale. Scores increased significantly after the education program. Students with lower pre-test scores recorded significantly greater increases in their empathy levels than those who were more empathic initially. Empathy scores declined one month after the program, but remained higher than baseline levels.

**Conclusions:** Several studies have explored empathy levels amongst current and future health professionals. However, few studies of health professional students have evaluated the impact of specific education interventions addressing cultural empathy. This study found that midwifery students tended to have higher empathy scores than students in other health disciplines. The education workshop further increased participants' scores.

## 1. Background

Empathic, culturally safe maternity services ensure that women feel physically, spiritually, socially and emotionally supported. International professional bodies expect that nurses and midwives provide empathic care and practice in a culturally competent way (International Confederation of Midwives, 2013; International Council of Nurses, 2012). Similarly, the *Australian National Competency Standards for the Midwife* require that midwives' practice is culturally safe, and that midwives are able to recognise the specific needs of Aboriginal women and their communities, demonstrating respect for differences in cultural meanings and responses to health and maternity care (Nursing and Midwifery Board of Australia, 2006). This serves as the motivation for the current study that developed and assessed an educational program for midwifery students to enhance cultural empathy.

### 1.1. Cultural Diversity and Health Outcomes

Australia is a culturally diverse society. Aboriginal and Torres Strait Islander people represent approximately 3% of the total population (Australian Bureau of Statistics, 2016). In addition, over a quarter of the Australian population was born overseas in a wide range of countries, including 8.3% born in China, 7.4% in India, and 14.7% in England (Australian Bureau of Statistics, 2016). While country of birth is not a sensitive indicator of cultural difference, these figures illustrate the great variety of backgrounds within the Australian population, which has implications for the provision of health care in general and specifically maternity care.

Aboriginal and Torres Strait Islander people experience poorer health than non-Indigenous Australians (Henderson and Kendall, 2011), with persistently elevated morbidity and mortality rates reported (Australian Bureau of Statistics, 2017c). Approximately 6% of

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**Table 1**  
JSE scores amongst health professional students, selected studies.

Year published/subjects/location	N	% female	Baseline (T1)		Re-test (T2)		Interval T1–T2
			Mean (range)	SD	Mean	SD	
2002. Physicians affiliated with Jefferson University and Medical College USA. <a href="#">Hojat et al., 2002b</a>	704	25.4%	119.1 (M) 120.9 (F)	11.8 12.2			–
2002. Medical students third year. Jefferson Medical College USA. <a href="#">Hojat et al., 2002a</a>	371	46.6%	119 (M) 122 (F)	11.10			–
2005. Dental students – first (Y1) to fourth year (Y4). University of Washington. <a href="#">Sherman and Cramer, 2005</a>	130	34.6%	117.7 115.3 (M) 122.3 (F) 125 (Y1) 114 (Y2) 113 (Y3) 115 (Y4)	14.1 14.2 12.8			
2009. Nursing students, mixed years and programs. School of Nursing, Thomas Jefferson University USA. <a href="#">Ward et al., 2012</a>	333	85.3%	114 (42–139) 107.9 (M) 115.0 (F)	11.5 12.3 11.1			
2009. Medical students – between orientation (Y0) and end of fourth year (Y4). Thomas Jefferson University USA. <i>Matched cohort.</i> <a href="#">Hojat et al., 2009</a>	121	54%	114.3 (Y0)	9.0	115.8 (Y1) 115.7 (Y2) 108.5 (Y3) 110.5 (Y4)	10.3 8.9 10.7 11.5	Up to 4 yrs. + 9 mths
2009. Medical students – between orientation (Y0) and end of fourth year (Y4). Thomas Jefferson University USA. <i>Unmatched cohort.</i> <a href="#">Hojat et al., 2009</a>	335	48%	115.4 (Y0)	10.4	116.5 (Y1) 114.8 (Y2) 109.2 (Y3) 108.5 (Y4)	9.9 11.7 12.3 15.2	Up to 4 yrs. + 9 mths
2009. Medical students – first (Y1) to sixth year (Y6). Okayama University Japan. <a href="#">Kataoka et al., 2009</a> <i>No clinical in first 4 years</i>	400	27.2%	104.3 (56–134) 103.7 (M) 107.0 (F) 98.5 (Y1) 103.8 (Y2) 105.0 (Y3) 102.8 (Y4) 105.4 (Y5) 107.8 (Y6)	13.1 - 13.2 11.1 15.4 15.4 10.8 14.4 13.6 12.1			
2011. Baccalaureate nursing students, third and fourth year. University of Savannah USA. <a href="#">Fields et al., 2011</a>	265	87.9%	111.5 (59–137)	12.2			
2011. Midwifery students – first (Y1) to third year (Y3). Monash University Australia. <a href="#">McKenna et al., 2011</a>	52	100%	109.9 101.0 (Y1) 110.4 (Y2) 119.9 (Y3)	20.9 28.5 11.7 12.6			
2011. Students in five health science disciplines – first year. Data not available by discipline. University of the West Indies <a href="#">Nunes et al., 2011</a>	355 (T1) 366 (T2)	73.0%	110.8 106.2 (M) 112.5 (F)	13.2 13.5 12.6	107.3 104.6 108.3	13.7 15.1 13.1	9 mths
2012. Medical students – fifth and sixth year. Sao Paulo University Brazil. <a href="#">Paro et al., 2012</a>	296	38.3%	115.0 113.8 (M) 116.5 (F)	12.4 12.7 12.8			
2012. Nursing students, mixed years and programs – at beginning and end of academic year. Thomas Jefferson University USA <a href="#">Ward et al., 2012</a>	214	84%	114.6	11.8	112.7	12.1	9 mths
2014. Students in three health disciplines – Mi(dwifery), N(ursing), P(aramedic) – first to third year. Monash University Australia. <a href="#">Williams et al., 2014</a>	948	84.75%	109.0 (Mi) 104.0 (N) 104.4 (P) 103.8 (Y1) 106.5 (Y2) 104.0 (Y3)	17.2 14.4 14.9 16.8 13.3 16.3			
2016. Paramedic students – first (Y1) to third year (Y3). Monash University Australia <a href="#">Williams et al., 2016</a>	552	69%	108.6 105.4 (M) 110.3 (F) 108.9 (Y1) 110.1 (Y2) 106.0 (Y3)	12.5 13.6 11.6 13.4 11.3 12.9			
2017. Traditional Chinese Medicine students – first year University of Technology Sydney Australia. <i>T2 data following education program</i> <a href="#">Dean et al. 2017</a>	57	57.7%	93.2 90.7 (M) 100.2 (F)	24.8	109.1 110.2 108.9	13.8	12 wks

Key: F = female, M = male, SD = standard deviation.

births in Australia in 2016 were to parents of whom at least one identified as being Indigenous ([Australian Bureau of Statistics, 2017a](#)). Despite recent improvements, infant mortality rates remain higher amongst Indigenous infants (6.2 per 1000 live births between 2014 and

2016) than amongst the non-Indigenous population (3.2 per 1000 live births) ([Australian Bureau of Statistics, 2017b](#)). The rate of low birth-weight amongst babies born to Indigenous mothers is 10.5%, more than twice that of babies to non-Indigenous mothers (4.7%) ([Commonwealth](#)

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