Dealing with diversity: incorporating cultural sensitivity into professional midwifery practice

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DEALING WITH DIVERSITY: INCORPORATING CULTURAL SENSITIVITY INTO PROFESSIONAL MIDWIFERY PRACTICE

A thesis submitted in fulfilment of the requirements for the award of the degree

DOCTOR OF PHILOSOPHY

from

UNIVERSITY OF WOLLONGONG

by

MOIRA JANE WILLIAMSON, RN, RM, RMN, BNursing, MHlthAdmin, GCertHiEd

SCHOOL OF NURSING, MIDWIFERY & INDIGENOUS HEALTH

2008
I, Moira J. Williamson, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the School of Nursing, Midwifery & Indigenous Health, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Moira J. Williamson

31 May 2008
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACM</td>
<td>Australian College of Midwives</td>
</tr>
<tr>
<td>ACMI</td>
<td>Australian College of Midwives Incorporated</td>
</tr>
<tr>
<td>ABW</td>
<td>Aboriginal Health Worker</td>
</tr>
<tr>
<td>AMIHS</td>
<td>Aboriginal Maternal and Infant Health Strategy</td>
</tr>
<tr>
<td>AMS</td>
<td>Aboriginal Medical Services</td>
</tr>
<tr>
<td>ANMC</td>
<td>Australian Nursing and Midwifery Council</td>
</tr>
<tr>
<td>ATSIC</td>
<td>Aboriginal and Torres Strait Islander Commission</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CATSIN</td>
<td>Congress of Aboriginal and Torres Strait Islander Nurses</td>
</tr>
<tr>
<td>DOCS</td>
<td>Department of Community Services</td>
</tr>
<tr>
<td>FCAA</td>
<td>Federal Council for Aboriginal Advancement</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>NAC</td>
<td>National Aboriginal Conference</td>
</tr>
<tr>
<td>NACC</td>
<td>National Aboriginal Consultative Committee</td>
</tr>
<tr>
<td>NACHO</td>
<td>National Aboriginal Controlled Health Organisation</td>
</tr>
<tr>
<td>NIC</td>
<td>National Indigenous Council</td>
</tr>
<tr>
<td>NMB</td>
<td>Nurses and Midwives Board</td>
</tr>
</tbody>
</table>
NSW  New South Wales
TAFE  Technical and Further Education
WBSMAHS  Women’s Business Service at the Mildura Aboriginal Health Service

The Commonwealth of Australia Style Manual (John Wiley & Sons, Australia 2002:56) says: Always capitalise ‘Indigenous’ when it refers to the original inhabitants of Australia – as in ‘Indigenous Australians’ and ‘Indigenous Communities’. It doesn’t need a capital when used in general sense to refer to the original inhabitants of other countries or other native things (eg indigenous plants).
ABSTRACT

Caring for women from culturally and linguistically diverse (CALD) backgrounds is a daily occurrence for Australian midwives. It is an expectation of professional bodies such as the Australian College of Midwives and health care services that all midwives will provide culturally appropriate care. However it is not clear how cultural sensitivity is used in practice when caring for CALD women and there is even less information on how this is achieved when midwives are caring for Indigenous women. This is especially important as the Indigenous population has experienced oppression and discrimination and this has been evident in their health provision and care.

The aim of this research was to explore:

- How midwives define culture and incorporate cultural sensitivity into their practice;
- The strategies midwives use when providing care for Indigenous women;
- The factors which impact on how midwives provide care to women from different cultural backgrounds.

Semi-structured interviews were conducted with thirty two midwives in three different geographical locations within New South Wales (NSW). A modified grounded theory approach was used for the data collection and preliminary analysis. The intention was not to produce theory but to ensure a systematic process. As the study proceeded, the emerging findings were explored with and compared to relevant theoretical perspectives and the work of theorists which best supported the investigation of the topic. In this case,
an analysis of discourse and the work of theorists such as Foucault were identified as the most fruitful approach.

The findings showed that the participants used a number of discourses about the ‘other’ when describing their practice with women from CALD backgrounds, including Indigenous women. I have called these discourses: the discourse of cultural difference, the discourse of social justice and the discourse of denying difference.

When discussing the concept of ‘culture’, most participants referred to customs and traditions, a perspective which tends to see culture as static and unchanging. They had been encouraged to view culture in this way by their educational preparation, reinforced by much of the nursing and midwifery literature. As a result, participants tended to expect CALD and Indigenous women to conform to what they themselves believed were cultural norms. Some were challenged in this view during their practice but, for many, the routines of busy hospitals allowed little time for reflection. More recent approaches in the literature have emphasised ‘cultural safety’, which advocates being aware of the social, political and economic factors which impact on clients, but it is still unclear how this concept may be operationalised in practice.

The study findings also identified that the context of care has a significant impact on the way in which midwives provide care, as issues of power and control circulate within health care services. The thesis concludes by discussing the utility of using the concept of culture in midwifery education and practice.
ACKNOWLEDGMENTS

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This thesis is dedicated to my father Alan Ellwood Forsyth (1926-1993) always positive - who encouraged his children to fulfill their dreams.