

"Here It Is Not Like at Home": Cross-Cultural Competencies for Midwives

"Ici, ce n'est pas comme chez nous": Compétences interculturelles pour les sages-femmes

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ABSTRACT

Cross-cultural competence in midwifery practice is an important skill when caring for childbearing women from different cultural backgrounds. Cross-cultural competence has many definitions and technical, professional, and personal skills vary by profession. In the midwifery profession it can be achieved through improved education curricula, greater faculty and student diversity, and the opportunity for students and faculty to participate in global placements. At the University of British Columbia (UBC), the Division of Midwifery has developed a 6-8 week Global Midwifery placement as an option during the end of the third year of the program. Students who experience a global placement face many challenges and a thorough orientation on local custom and expectations should occur. The benefits of an international placement experience are numerous, including increased cultural sensitivity and awareness of global health issues, skills to adapt to a low-resource environment and improved communication skills. Planning for an international placement program is discussed in this article from the perspective of an overseas placement coordinator and tutor.

KEY WORDS

cross-cultural competence, international placement, midwifery education, UBC Global Midwifery Project

The article has been peer-reviewed.

RÉSUMÉ

La compétence interculturelle en pratique sage-femme est une compétence qui prend de plus en plus d'importance pour répondre aux différences culturelles au sein de notre population diverse. La compétence interculturelle a de nombreuses définitions et les compétences techniques, professionnelles et personnelles varient d'une profession à l'autre. La compétence interculturelle au sein de la profession sage-femme peut être atteinte par le biais de l'amélioration des programmes d'études, d'une plus grande diversité du personnel enseignant et des étudiantes ainsi que par l'utilisation d'un modèle de pratique de soins concertés. À l'Université de la Colombie-Britannique (UBC), la Division en Pratique sage-femme fournit la possibilité d'un placement sage-femme à l'étranger d'une durée de 6 à 8 semaines, et ce, à la fin de la troisième année du programme. Les étudiantes qui vivent un placement à l'étranger font face à de nombreux défis et une orientation complète sur les coutumes et les attentes locales devrait être donnée. Les bienfaits d'une expérience de placement international sont nombreux, dont le renforcement des capacités à travailler avec une équipe interdisciplinaire, une plus grande conscience des questions de santé à l'échelle globale, des compétences d'adaptation à un environnement qui a peu de ressources ainsi que l'amélioration des compétences communicationnelles. Cet article porte sur la planification d'un programme de placement à l'étranger du point de vue d'une coordonnatrice de placement à l'étranger et d'une éducatrice.

MOTS CLÉS

compétence interculturelle, placement à l'étranger, formation en pratique sage-femme, Projet de placement à l'étranger en pratique sage-femme de l'Université de la Colombie-Britannique

Cet article a été évalué par des pairs.

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"Never has it been more important for health professionals to understand and experience health in a global context".¹

Introduction

In Canada, increasing numbers of people from many countries are living and working together. Canadian health service professionals must be able to understand, adapt to, and relate to various cultures with respectively diverse health values. Across North America, healthcare professionals require cross-cultural competence which includes respecting, learning from, and responding to the cultural differences of our diverse population. Many students and professionals participate in global volunteer work experiences as a means to achieve cross-cultural understanding and competence. In this article, the author will discuss cross-cultural competence as it relates to midwifery practice. Models of cultural competence, as well as benefits and challenges of international placements are discussed from the perspective of an overseas placement coordinator and tutor. Finally, the author offers practical advice for planning international placements.

Definitions of Cultural Competence

The diversity of cultural backgrounds in North America requires that healthcare providers be sensitive to a variety of cultural needs. Culture influences the lives of clients and their families, perceptions of health, definitions of good health, understanding of appropriate interactions with healthcare providers, and treatment preferences.²

There are several definitions of cultural competence in health care. For instance, Campinha-Bacote³ describes it as the continual striving of the health care worker to effectively work within the cultural context of a client. One can also consider the definition developed by Shaya and Gbarayor⁴ concerning the ability of health professionals to

deliver culturally appropriate care to people with different values, beliefs and behaviours, and advocating for the rights of disadvantaged people. Health professionals who serve a culturally diverse community must maintain an open and non-judgmental attitude while serving all community members, including community members from lower socioeconomic groups.⁴ A complete definition of cultural competency refers to its bi-directional nature, and includes both health professionals' effect on the world and the world's effect on them.⁵

"Globally competent citizens know that they have an impact on the world and that the world influences them. They recognize their ability and responsibility to make choices that affect the future."⁵ Others have regarded cultural competence as "cultural humility", i.e. the commitment and engagement of health care providers to actively engage in a life-long self-reflective practice, in self evaluation and self-critique within the context of care provision.^{4,6} Arthur and MacDonald divide competencies necessary for international work into intercultural competencies, technical/professional competencies, and personal competencies.⁷ For the purpose of this paper, technical and professional competencies will not be discussed as they are profession specific. Instead, this paper will focus on intercultural and personal competencies.

Teaching Cultural Competence

Few educational programs have identified teaching components that are effective in training students to work in diverse societies or to achieve cross-cultural competence. Other than family and community medicine and psychiatry, few specialties offer this type of training.⁸ In order to facilitate cultural awareness and competence, healthcare educational programs should develop workshops to train faculty in addressing cultural competency, find faculty to

teach the content, develop curricula or tailor pre-existing curricula to address cultural competency.

The collaborative care model is a practice model which can help prepare students for working in a culturally diversified environment. In this type of model, various providers, researchers, and educators can work together, share curriculum content, and learn to provide care that is culturally appropriate.⁴ The other area that needs to be considered in preparing a culturally sensitive core of health professionals is recruiting faculty and students from minorities. A culturally varied core of faculty and students can enrich the curriculum and bring many different abilities and perspectives to health professional programs.⁴

Another strategy to teach cultural competence is to offer global placements to health sciences students. Direct personal interaction in a culture different from one's own is an ideal way to develop communication, adaptation and confidence.⁹

Global Midwifery Placements

The Midwifery Education Program (MEP) at the University of British Columbia (UBC) introduced an international midwifery placement option for students in 2005.¹⁰ Although not a requirement for clinical experience or graduation, a global placement has become "the norm" rather than an exception. The main goals for students are:

- a) to learn about health care systems in other countries,
- b) to work in settings where there are few resources,
- c) to work alongside midwives and physicians from other cultures,
- d) to learn different ways of handling maternal and infant care, and
- e) to become familiar with problems and solutions of working in low-resource countries.

This rotation involves bi-directional learning as it provides an opportunity for students and faculty to learn from others and share continuing education topics as requested by local midwifery staff and physician managers. In these placements students

have a chance to attend prenatal clinics and births and experience the ways that health care workers deal with normal and difficult births in low-resource settings.

The Global Midwifery placement lasts 6 to 8 weeks and takes place at the end of the third year of midwifery education. Students who choose a Global Midwifery rotation attend formal orientation and follow-up debriefing sessions and make presentations to students and the public. Currently, the MEP at UBC has developed international relationships in Mexico, Holland, Uganda and Zambia and is currently working on developing relationships in India and Nepal. This year, UBC brought a midwife from one of the partnership sites in Uganda to visit our Midwifery Division and local midwifery practices. Currently, the MEP is expanding the Global Midwifery Project to include students from other faculties, such as nursing and medicine.

Through Global Midwifery placements, students and faculty are learning to be global citizens by participating in a respectful way in other countries' maternity and health care activities. The UBC MEP is developing ways in which to educate and orient students and faculty and to evaluate gained cultural competencies. Currently, curriculum threads which involve cultural diversity, determinants of health, and the provision of global maternal-infant care are being expanded.

What to Expect During Global Placements

What can students and volunteers expect when they travel to another country to participate in health care? There are many differences, depending on the country and the culture. The expectations of local colleagues may be different from what one is used to in one's home environment. For example, the work hours may be longer or shorter than at home, and the level of responsibility for health care provider groups may be different. For this reason, it is important to become familiar with local working conditions and the scope of midwifery practices. Expectations of the local people, and clients or patients may be quite different, too. In Canada, midwifery students learn about the importance of

informed choice discussion with pregnant and childbearing women. However, once they begin their global placements, they may find that in many countries, childbearing women's primary concern is to survive the birth and have the most positive outcome possible.

It must also be taken into consideration that family members may have a different role in different cultural contexts. Fathers and mothers-in-law may have an influential role in making decisions around the birth. It may be the decision of the mother-in-law or other relative that carries the most weight and the explanations that one can give to this family member may influence how the health care message is received and acted upon.

It is also important to understand that countries with a history of colonization may or may not appreciate volunteer efforts from foreign midwives and other health care providers. Their efforts may be perceived as an extension of foreign domination and unwanted interference. Many countries in the developing world have a history of war, and the collective memories of this suffering are long. Women around the world have suffered greatly in war, having lost their husbands, children and extended family, as well as being raped and displaced. Health care givers should be familiar with the political history and particular challenges of the geographic region where they plan to volunteer. In addition, efforts to use kind gestures and body language as well as learning some of the local language can go a long way in fostering good relationships with local care providers and clients.

Traditional greetings and social customs will be different in each country (and sometimes in different areas of the same country). Visiting students and volunteers should aim to learn culturally appropriate ways of showing respect. In some areas respect is paid to elders more than in North American society. I have been "curtsied" to by younger midwives and have curtsied to my seniors in formal workshop completion ceremonies, where this social custom is used instead of handshaking. Greeting tribal leaders appropriately, thereby demonstrating cultural respect may enable

increased communication with local community members. Local people will appreciate demonstrated effort to learn social customs, e.g., special handshakes and clapping to greet tribal chiefs.

Dressing appropriately is integral to cultural sensitivity. Learning about appropriate dress is achieved by asking local people what would be expected. In some countries, older women wear long skirts, while younger ones wear pants or skirts. In other countries, it is expected to wear loose clothing and have shoulders and legs, and sometimes heads covered. When in doubt, take loose comfortable washable clothing which is a little more formal than you might wear in Canada. I was told by a colleague with whom I shared a room in Bangladesh, that she thought foreigners who did not dress well at conferences, banquets, and events did not respect their Asian colleagues. She was disappointed when North American women showed up for evening events in pants and t-shirts instead of suits or dressier clothing. Men from developed countries often are surprised to find that in a developing country, their counterparts wear dress pants, shirt and tie, and a suit jacket for a meeting, while they themselves come in casual traveling clothes. Dressing appropriately can be seen as a sign of respect for your colleagues in that country.

While sometimes it seems that we have so many supplies and equipment that we should take for donations to low resource settings, it is best to ask local managers what is needed. Equipment that needs complex repairs or medications that are out of date are not useful. Many developing countries are full of machines that were not able to be properly maintained or that require unavailable replacement parts. The intermittent electricity in many places renders many pieces of equipment useless at least part of the time.

The 'low resource' nature, poverty and history of many Global Midwifery Project partner countries results in health care practices and outcomes which are quite different from those in North America. Students and volunteers may witness maternal and

infant deaths at birth, mortality caused by preventable diseases or acts of unkindness in foreign health care sites. The prevalence of HIV and AIDS and its effect on communities can be pervasive. However, many gains have been made in the past few years to prevent transmission of the virus between mother and baby by means of counseling and treatment. Volunteers and students must respond to unsettling or alarming occurrences in foreign health care systems in a calm manner. In addition, North American students and volunteers can learn about innovative public health initiatives undertaken in developing countries.

Benefits of Global Placements

A structured, mentored experience in international health influences students by increasing their compassion and interest in volunteering and working with under-served and disadvantaged populations. International placements foster the ability to work with an interdisciplinary team, and increase awareness of global health issues and determinants of health.¹¹ As presented by Haq et al.¹, international placements may increase the ability to perform clinical skills with few resources. These experiences can influence students in the health professions to become motivated to work in underserved areas, and be comfortable and confident working with less accessibility to specialists and complex technology.

Harrison and Malone² point out that programs which encourage students to take part in international learning experiences give them an invaluable, first-hand understanding of life, conditions and health issues in other cultures. Further, Harrison and Malone² found that students reported an increased ability to communicate with clients. Nursing students returning from a Guatemalan rural placement reported increased understanding of social justice and globalization issues, expressed the wish to continue serving others, and appreciated the client as a whole person.¹²

Global placements also have the potential to encourage reflective practice. The benefits of encouraging a reflective practice come from doing a

global placement where students reflect on their experiences and also on their own values and beliefs. They are thus able to gain new insights and enhance their own practices.² Evanson and Züst¹² reviewed several studies evaluating the effects of global placements on nursing students and found that international experience assisted in transforming students from states of ethnocentrism to ethnorelativism. Benefits of the experiences included an increase in communication skills, an expanded world view, and a cultural focus on their practice.

Global placements encourage bi-lateral learning as students and faculty share ways of working and learning, sometimes resulting in the formulation of new practices. Students felt that they learned more than they were able to teach.¹² Global placement students from the UBC were able to see and experience midwifery practice in other places and learn that there were many ways to do things and that it is important to be open-minded. One student illustrated this point by saying:

"I would most definitely recommend this placement to others. I think there is so much to be gained by immersing yourself in something completely different. And that was the most valuable, more than the clinical skills."

Disadvantages of Global Placements

After completing a global placement, some students report feeling isolated from friends and experience changes in their personal relationships. They had grown and changed and their friends and family expected them to be the same. Some felt that they were not understood and felt alienated at work.⁷ Others felt that their creativity in using new methods was not encouraged or appreciated by their employers. There have been numerous descriptions of culture shock in the literature and certainly for some people newly returned from a global placement, the experience can be overwhelming.² People may experience "reverse culture shock", characterized by feelings of confusion, isolation and a sense that they no longer fit into Canadian society.⁷

Cross cultural transitions can be difficult and for this

reason it is important to give students opportunities to discuss their global placements with others when they return, focusing both on the benefits and challenges of the international experience. Since many students wish to "make a difference" and their values have changed when they return, it is a good time to focus the energy and direction into opportunities to make presentations about the experience, write about it, orientate others or learn about volunteer opportunities with different cultural groups.

Planning for an International Placement

It is important for students and volunteers to be able to judge when it is appropriate to participate in an international placement. Students, faculty or volunteers should not embark on an international work experience when they have had a job loss or personal upset. Sometimes people who are having problems in their careers decide to make a change and go to work in another country, but this might not be the best decision. Times of relative instability, job or personal crisis are not appropriate times to immerse oneself in another culture with the purpose of being a good volunteer.

Organizers should plan carefully to make sure that sites chosen are safe, and the proper arrangements are made with staff or organizers in the local country so that they are prepared to have the students or volunteers arrive and have a program arranged in which they can participate. Orientations need to include cultural, political and religious issues, health concerns, and preparation for living in that culture.² Whenever possible, basic language training should be provided as well. In non-English speaking countries, students get by with "cheat sheets:" with common words and phrases. This allows them to communicate with locals enough to function in a hands-on clinical role, and get the help of on-site staff for more complex communications.

Because there is such a great need for hands-on practitioners in many low-resource countries, there is a temptation for students and volunteers to work outside of their scope of practice.² When global placements involve clinical work, careful planning

and coordination should occur with local staff so that adequate supervision and teamwork takes place.

When health professionals are ready to enter practice they should be knowledgeable about cultural diversity and be ready to work with populations that are under-served, and be non-judgmental and respectful to all members of the communities.

Midwifery and other health sciences programs should develop and present training opportunities in diversity throughout various years of the program. A global education experience can be an integrated and important part of that experience for interested students.

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