

# Teaching Skills for Cultural Competence: Are Midwives Prepared for Practice?

## *L'enseignement de compétences en matière de compétence culturelle: les sages-femmes sont-elles préparées pour la pratique?*

by Anne M. Malott, RM, DPHN, BScN, MSN

### ABSTRACT

Midwives are becoming increasingly available to women of all cultural and socioeconomic groups. Understanding the impact of socioeconomic and cultural issues on women's health is critically important in providing comprehensive care to women. If prepared, midwives have an opportunity to provide individualized, culturally sensitive care. A pubmed search on cultural competence in midwifery care revealed much about cultural competence in women's health and nursing, but little about educating midwives. A subsequent Google scholar search on obstetrical care was helpful in identifying desired skills and behaviours among practitioners as well as how to teach such skills to learners. This paper addresses the skills necessary for providing culturally competent midwifery care and describes how these skills are presently taught in the Ontario Midwifery Education Program. Recommendations for further development and evaluation of culturally competent maternity care are provided.

### KEYWORDS

*Cultural competence, culture and childbirth, women's health*

*This article has been peer-reviewed.*

### RÉSUMÉ

Les sages-femmes sont de plus en plus accessibles aux femmes de tous groupes culturels et socio-économiques. Une bonne compréhension de l'impact des questions d'ordre socio-économique et culturel sur la santé des femmes est d'une importance primordiale afin de fournir des soins complets aux femmes. Si elles sont bien formées, les sages-femmes ont une occasion fantastique de fournir des soins individuels adaptés à la culture. Une recherche sur PubMed portant sur la compétence culturelle dans la pratique sage-femme à révéler beaucoup sur la compétence culturelle en matière de santé des femmes et de soins infirmiers en général, mais très peu en ce qui a trait à la formation de sages-femmes. Une recherche sur les soins de maternité utilisant Google Scholar Search fut utile dans l'identification des compétences et des comportements désirables chez les praticiens, ainsi que sur la façon d'enseigner de telles compétences aux apprenants. Cet article porte sur les compétences nécessaires pour fournir des soins de sage-femme adaptés sur le plan culturel et décrit comment ses compétences sont actuellement enseignées au sein du Programme de Formation des sages-femmes de l'Ontario. Des recommandations portant sur le développement et l'évaluation de soins de maternités adaptés sur le plan culturel sont fournies.

### MOTS CLÉS

*compétence culturelle, culture et naissance, santé des femmes*

*Cet article a été évalué par des pairs.*

## *Introduction*

In 2001, nearly half of all immigrants and refugees arriving in Canada settled in Toronto.<sup>1</sup> Not surprisingly, 44 % of Toronto's population was foreign born.<sup>2</sup> Ontario's demographic profile is becoming increasingly multicultural and this trend has implications for the provision of midwifery care. Since midwifery became fully funded, financial barriers to accessing midwifery care have been eliminated. Publicly funded midwifery care is accessible to immigrant and refugee women, many of whom experience financial hardship when they first arrive in Canada.<sup>3</sup> There are other reasons why pregnant refugee and immigrant women may seek out midwifery care. Women, for whom their culture determines that having a female care giver is important, also seek midwifery care. Other women are referred by physicians, community health centres or public health departments because of the benefits of the personalized care provided by midwives.

The midwifery model of care enables midwives to meet with clients for 30 to 60 minute visits and allows for in-home postpartum visits that help form supportive relationships with women, particularly those with limited support or complex social needs. There are many benefits to developing these relationships. Studies have found that patient satisfaction and compliance with medical recommendations are closely related to effective communication and patient/care giver relationships, thereby positively affecting outcomes.<sup>4</sup> Measurable outcomes associated with providing culturally competent care include increased self-reliance, sense of control, and self-worth; as well as higher levels of positive coping strategies.<sup>5</sup> Midwives, therefore, have the potential to positively affect outcomes for women with complex social needs; however, this can only be the case if they have the ability to provide culturally competent care.

Understanding the impact of socioeconomic and cultural issues on women's health is critically important in providing comprehensive, respectful, sensitive care to women. Are midwives prepared to address the complex needs of women in a meaningful way? How are midwives taught to be

culturally competent? This paper will address the skill set necessary for providing culturally competent care and describes how these skills are presently taught in the Ontario Midwifery Education Program. Recommendations for further development and evaluation of culturally competent maternity care are provided.

## *Culture and health*

Culture defines health. It determines how people interact with the healthcare system, how they seek treatment and what kind of treatment is sought.<sup>9</sup> Health behaviours are derived from one's cultural context. Understanding this context is necessary to provide care that is meaningful to women. Understanding the impact of socioeconomic and cultural issues on health is critically important in providing comprehensive, respectful, sensitive care for women.<sup>8</sup>

Culture means different things to different people. It may be defined by race, ethnicity, religion, socioeconomic status, sexual orientation or age. Being a member of a cultural group means that there is some kind of learning and sharing of values or beliefs. There might be shared language, dress or customs. There are usually some symbols within a culture that give identity to that group. Members of a cultural group identify to a different extent with the group but there are practices or beliefs in every group. These include but are not limited to things such as the concept of personal space and physical contact; whether or not an individual may be touched or by whom; the type of clothing worn or exposure permitted.

Styles of communication are also influenced by culture. Eye contact may be welcomed or considered threatening. How questions should be directed and how decisions are made are culturally specific. The role of elders and the role of nature or a Creator are also influenced by culture. How conflict is addressed and how decisions are made is culturally specific. Understanding these core issues and how they affect communication is critical in developing the skills necessary for culturally competent care.

### *Cultural Competence*

Cultural competence is defined as a set of skills that allow individuals to increase their understanding of cultural differences and similarities within, among, and between groups.<sup>6</sup> It is the dynamic interactive process of communication between and among cultures that occurs over time with the desire to better understand and respect others.<sup>5,7</sup> It is further described as the ability to think, feel and act in ways that acknowledge, respect, and build upon ethnic, cultural and linguistic diversity.<sup>5</sup> It involves examining one's own values and beliefs and appreciating the similarities and differences we have from others with the goal of promoting effective communication.<sup>8</sup> Much has been written about cultural competence in women's health in general and in nursing care however, little information is available regarding cultural competence in midwifery education.

One of the most important aspects of providing culturally competent midwifery care is individualized care that is respectful of a woman's cultural context, as she defines it. This is best done by inquiring about women as individuals rather than assuming cultural practices or beliefs, and defining what their culture means to them; specifically, what practices they follow. How the questions are asked is as important as the questions themselves.

Ignorance of cultural issues or lack of knowledge about a cultural group can obstruct competent care. Poor communication or lack of interest in developing a relationship with the client can also prove destructive. Conflicts may arise when cultural beliefs and practices conflict with community standards of care, or hospital policies. Working within a system that is restrictive and bureaucratic can make it difficult to provide culturally competent care.<sup>5</sup> Professional liability will also impact the care provided by midwives. Balancing respect for cultural beliefs and practices while maintaining professional standards of care is challenging but essential when providing care to immigrant and refugee women.<sup>5</sup>

Specific desired behaviours can be taught. Characteristics of the culturally competent practitioner are described in Table 1.

**Table 1:**  
*Characteristics of a Culturally Competent Practitioner*

- Recognizes her own values and biases and is aware of how they may affect clients from other cultures
- Moves from cultural unawareness to an awareness of her own cultural heritage
- Demonstrates comfort with cultural differences that exist between herself and clients
- Knows specifics about particular cultural group(s) within which she is working
- Understands the historical events that may have caused harm to particular cultural groups
- Uses inclusive, respectful language
- Identifies and includes in care those people whom the client defines as family
- Seeks knowledge and clarification about cultural values and beliefs specific to each client individually but also from groups through client interactions, participation in cultural diversity workshops and community events, readings on cultural dynamics, and consultations with community experts
- Makes a continuous effort to understand and appreciate the views of individual members of cultural groups without making assumptions about values and beliefs and incorporates these views into care management plans.<sup>10</sup>

### *How are these skills being taught?*

The Midwifery Education Program in Ontario is a baccalaureate in health sciences offered at three

sites including Laurentian, Ryerson and McMaster Universities. The majority of practicing midwives in Ontario have been prepared through this program. Students are enrolled in either full time or part time studies and course descriptions vary slightly from site to site. In addition to midwifery courses and clinical placements students are required to study social and basic sciences.

Students enter into the Ontario Midwifery Education Program with a variety of life experiences. Their cultural backgrounds, socioeconomic status and sexual orientation vary. One of the goals of the program is to encourage an appreciation of difference and to teach cultural competence. Desired behaviour includes the absence of stereotyping or making assumptions related to culture or sexual orientation and the awareness that all cultures are influenced by a multitude of factors. Students must be able to examine their own cultural biases and their effect on client interactions. Recognizing how ones values affect relationships with women of other cultures is a characteristic of the culturally competent practitioner.<sup>8</sup> Midwives are primary care providers who, aside from their personal cultural group, are also members of the medical culture of the bio-Western model of health care delivery. This model has its own language and set of values and beliefs.<sup>5</sup> As such, midwives can experience more social and cultural differences from their clients. Being aware of these differences and the need to work across them is critical in promoting healthy relationships and good outcomes.

The Ontario Midwifery Education Program curriculum facilitates cultural competence in a number of different ways. The first year, six-unit social science course entitled, Social and Cultural Dimensions of Health is structured to include an introduction to a variety of analytical tools and opportunities to engage students as active participants in experiences to develop a set of theoretical and practical skills for future midwifery

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encounters. An examination of issues of difference, diversity, and identity serve to frame further topics of study within the course.

Thematic areas of communication and culture, and access and barriers to receiving care are used to explore the needs of midwifery clients. These themes are applied to numerous groups such as women of colour and First Nations women, women with mental or physical disabilities, lesbians and bisexual women, immigrant and refugee women, sexual abuse survivors, pregnant teens and incarcerated women.<sup>11</sup>

The first year midwifery course specifically addresses the issue of strongly held beliefs and focuses on self reflection of the student's experiences and how these have influenced interactions with others. Research into community resources available to women is another means by which first year students learn about the diverse needs of women. A "walkabout" through the inner city provides an opportunity to visit and learn about services offered by several agencies and the needs of the community in relation to poverty, food and shelter insecurity. Communication and culture are further addressed in this course with the clinical application in other midwifery courses. A second year course offers guest speakers who self identify as belonging to a particular social group. Within this session the speakers discuss the particular needs of women from these groups and practical skills needed to care for them. Issues of human rights, equity and cultural competence are specifically addressed.

In addition to weekly tutorials in the second, third and fourth year of the program students work in the clinical setting. Clinical placements vary with respect to exposure to cultural groups however; problem-based tutorials include scenarios that address issues of difference and diversity. Within the clinical setting students are exposed to resources that demonstrate inclusiveness such as "safe space" stickers, multi cultural posters and pictures and

literature that includes women of diverse cultural groups.

Learning through modeling involves working with a clinical preceptor who demonstrates respectful communication and uses inclusive language. Communication with women and their families needs to reflect an openness and interest in the woman. Flexible scheduling of visits to allow for increased time can facilitate relationships and improve communication. Effective use of professional interpreters using open ended questions promotes communication and enhances care. The preceptor may also coordinate the participation of funded and non-funded support services. Such services include the use of translators from organizations such as Settlement and Integration Services Organization (SISO), as well as programs such as Healthy Babies Healthy Children or local community health centres which might offer a family home visitor of the woman's cultural group. The clinical experience may also involve linking women with appropriate community resources such as cultural or support groups, health service groups, shelters or food banks.

In preparation for graduation and entry to practice, the fourth year midwifery clerkship includes a focus on working across difference. Through the examination of scenarios, clerks are challenged to consider complex issues of difference, diversity and equity. Discussions stimulate further development of the skills needed to provide culturally competent care.

Evaluation of learning throughout the program is done on an ongoing basis clinically as well as in objective structured clinical evaluation (OSCE) stations that challenge the student to identify complex social issues & coordinate services for marginalized women. Formal examination exists within the social and cultural course as well as in all levels of midwifery courses. A major project reflective of the goals of the course as well as weekly reflection papers on topics arising from the readings within the social and cultural course are evaluated by the instructor. Seminar presentations in the same course are peer and instructor evaluated.

Facilitation of discussions in midwifery courses are evaluated on an ongoing basis as participation within the tutorials.<sup>11</sup>

But are these means of evaluation telling us if students are developing the skills necessary to provide culturally competent care? How can we best evaluate cultural competency? Is there a need for a more measurable, objective clinical evaluation? Is there a place for self or peer evaluation? How do preceptors, students themselves and/or midwifery clients evaluate the preparedness of clinical clerks for culturally competent practice? What recommendations do they have for the education program? Further study in this area is required to answer these questions.

### *Conclusion*

The composition of women seeking midwifery care in Ontario has changed over the past decade. Women of a variety of cultures and socioeconomic backgrounds are seeking care from midwives. Attempts are being made to educate future midwives in cultural competence but whether or not these attempts are successful has yet to be seen. This article has reviewed the means by which the Ontario Midwifery Education Program (OMEP) teaches cultural competence. Through each year of the four year program students are taught effective communication and appreciation of diversity which helps them to develop a set of skills necessary for providing culturally competent care. As with any skill taught within an educational program however, cultural competence must be assessed. The literature is lacking assessment tools for measuring cultural competence. More research is necessary to develop tools to evaluate teaching strategies to ensure that graduates are able to provide culturally competent care.

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## AUTHOR BIOGRAPHY

**Anne Malott**, RM, DPHN, BScN, MSN, has been a Midwife since 1993 and is a senior partner in an active clinical practice in Hamilton. She is also an Assistant Professor in the Midwifery Education Program at McMaster University. Anne became a Registered Nurse in 1984 and received a Diploma of Public Health and a Bachelor of Science in Nursing from the University of Windsor, Ontario in 1987. She received a Master of Science in Nursing and Midwifery from Case Western Reserve University, Cleveland, Ohio in 1993. She has worked in women's health in the nursing and midwifery fields since 1987 with experience in inner city Cleveland, Ohio and mixed urban and rural Hamilton, Ontario.

*Address correspondence to:*

Anne M. Malott  
McMaster University  
Midwifery Education Program  
3103 MDCL  
1200 Main St. W.  
Hamilton, ON L8N 3Z5  
Phone: (905) 525-9140 ext. 26654  
Fax (905) 523-6459  
Email: malotta@mcmaster.ca