



Royal College
of Midwives



Learn, Share & Improve Care
Inspiring midwives, improving maternity care

E: midirs.helpdesk@rcm.org.uk

T: 07768 015063

W: www.midirs.org

Bespoke Search

Decolonising the curriculum - update

Prepared for: Fiona Gibb

Created: 31 March 2023

Maternity and Infant Care (MIC) comprises more than 300,000 citations relating to the midwifery profession, pregnancy, labour, birth, postnatal health and care, the 'transition to parenthood', infant feeding and care of the infant up to six weeks. The MIC database is unique as material selected for inclusion comes from over 400 journals as well as book chapters, reports, guidelines, audio visual materials, news items, conference proceedings and other 'grey literature'. MIC includes citations for records from the Cochrane Database of Systematic Reviews, as well as from government bodies and professional organisations which include the Department of Health, the National Institute for Health and Care Excellence, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, and the World Health Organization [this is not an exhaustive list].

A search of MIC was performed using the following search strategy:

```
(('decoloni*') AND ('curriculum*' OR 'educat*' OR 'train*' OR 'teach*' OR 'learn*' OR 'study' OR 'studies' OR 'student') AND ('midwi*'))
```

```
(('coloni*' OR 'racism') AND ('prevent*') AND ('curriculum*' OR 'educat*' OR 'train*' OR 'teach*' OR 'learn*' OR 'study' OR 'studies' OR 'student*') AND ('midwi*'))
```

```
(( "cultural safety") AND ('curriculum*' OR 'educat*' OR 'train*' OR 'teach*' OR 'learn*' OR 'study' OR 'studies' OR 'student*') AND (midwi*))
```

```
(('cultur*') AND ('safe*' OR 'empath*' OR 'diversity') AND ( 'curriculum*' OR 'educat*' OR 'train*' OR 'teach*' OR 'learn*' OR 'study' OR 'studies' OR 'student*') AND ( 'midwi*'))
```

Results presented have been retrieved according to the search criteria, but have not been assessed for relevance.

Bespoke Search tips:

1. The results of your Bespoke Pack start below. If the full text of an article is freely available online, we will provide the URL - simply click the live hyperlink to view. MIDIRS cannot take responsibility for external content, and hyperlinks provided by external organisations are subject to change.
2. You can search within the Bespoke Pack PDF for relevant keywords by pressing 'CTRL + F' and entering the terms you wish to find.

2023-03723

“The light made us uncomfortable at the beginning, but we don’t want it to turn off again”: On decolonization and global health teaching. Yousefzadeh S (2022), *International Journal for Students as Partners* vol 6, no 2, October 2022, pp 128-134

The author discusses variation in decolonisation policies in education in different countries, drawing on her experiences from qualifying as a midwife in Iran in the 1990s, to moving to the United States and then the Netherlands to study. (JSM)

Full URL: <https://doi.org/10.15173/ij sap.v6i2.5137>

2023-03722

Educating the educators: Implementing cultural safety in the nursing and midwifery curriculum. Best O, Cox L, Ward A, et al (2022), *Nurse Education Today* vol 117, October 2022, 105473

Background

The Australian Nursing and Midwifery Accreditation Council mandates the teaching of cultural safety in Bachelor of Nursing and Midwifery programs in Australia. However nursing and midwifery academics may lack the awareness and knowledge required to share and develop cultural safety practices with their students. Specific cultural safety professional development for academics may be needed.

Objectives

This research explores how nursing and midwifery academics at an Australian university understand cultural safety and whether they are equipped to embed it in the curriculum. It also examines whether professional development workshops can support academics to prepare for cultural safety.

Methods

An intervention involving three cultural safety professional development workshops was offered to nursing academics at an Australian university. The authors used qualitative surveys to consider whether the workshops deepened participants' understanding of cultural safety and developed the self-reflection required to embed cultural safety in teaching.

Results: The workshops contributed to participants' improved understandings of culture, colonisation, white privilege and the need for self-reflection, but not all participants developed a working knowledge of cultural safety practice.

Conclusion

Professional development workshops can assist nursing and midwifery academics to develop their knowledge of cultural safety, but detailed, contextual understanding is likely to need more than three sessions. Academics' motivations to include cultural safety in their teaching may be linked to their desire for patient-driven and equitable services and a desire to meet accreditation requirements. (Author)

2023-02432

Decolonising the Midwifery Curriculum. Allan G, Thomas S (2023), *The Practising Midwife* vol 26, no 2, February 2023, pp 8-12

Decolonising the midwifery curriculum means to understand the historical and political effects of colonialism on healthcare, and how those accessing maternity care can still be disadvantaged by it today. Decolonising the midwifery curriculum is readdressing the imbalance in Eurocentric content that reinforce Western dominance, ensuring that taught content represents all cultures and fosters a sense of shared understanding and cultural humility. It is a process that asks us to challenge ourselves and institutional power imbalances that perpetrate harmful bias towards ethnicity, class, gender and able-bodism, to produce midwives who are better equipped to provide culturally-safe and inclusive care. (Author)

2023-01898

Minoritised ethnic women's experiences of inequities and discrimination in maternity services in North-West

England: a mixed-methods study. Thomson G, Cook J, Crossland N, et al (2022), *BMC Pregnancy and Childbirth* vol 22, no 958, December 2022

Background

Minoritised ethnic perinatal women can experience judgemental and stigmatising care due to systemic racism. Discriminatory care contributes to increased risks of poor maternal and infant outcomes, including higher rates of mental ill-health. This study aimed to explore minoritised ethnic women's experiences of maternity services, including maternity care and mental health support, within a North-West England locality. Here we use an equity lens to report the findings that describe if and how women's personal, cultural, and spiritual needs were met, their experiences of discriminatory and prejudicial care, and to identify recommendations for service provision.

Methods

A mixed-methods study was undertaken comprising an online survey, interviews, and community consultations. Questions explored access to and experiences of antenatal care and education; information, communication, and choice; experiences of (dis)respect and judgement; mental health needs and support; cultural/religious needs and support; and overall experiences of maternity care. Eligibility criteria were: women, 18+ years, from self-reported minoritised ethnic backgrounds, who had given birth in the previous 2 years and received maternity care in the locality. Surveys were available in seven languages and distributed via social media, mother-baby groups, and community locations. English-speaking survey participants were invited to take part in a follow-up interview. Community staff were approached to collect data on behalf of the study team. Quantitative data were analysed descriptively (n, %) and merged with qualitative data into descriptive themes.

Results

Overall, 104 women provided data; most self-identified as Asian (65.0%) or Black (10.7%) and were aged between 30–34 (32.0%) or 25–29 years (23.3%). Four descriptive themes are reported: 'accessing care' details variations and barriers in accessing maternity care; 'communication needs, and resources' describes views on adaptations and resources for specific communication needs; 'meeting religious and cultural needs' outlines how various religious and cultural needs were met by maternity providers; 'discriminatory or stigmatising care' reports on experiences of pejorative and inequitable care.

Conclusions

An equity lens helped identify areas of discriminatory and inequitable care. Key recommendations include cultural safety training for staff; service-user engagement and co-production of research and resources, and appropriate facilities and recording systems to facilitate individualised, needs-based maternity care. (Author)

Full URL: <https://doi.org/10.1186/s12884-022-05279-6>

2023-00359

How is cultural safety understood and translated into midwifery practice? A scoping review and thematic analysis.

Capper TS, Williamson M, Chee R (2023), *Nurse Education in Practice* vol 66, January 2023, 103507

Aim

To identify and understand the scope of the literature published since January 2008 that explored Australian midwives understanding of cultural safety and how this is translated into their practice when caring for First Nations women and families.

Background

Recognition and understanding of First Nations peoples history and culture and the impact this has on the health and wellbeing of women and their families is essential if the midwife is to promote culturally safe and respectful maternity care. The role and responsibilities of the midwife in ensuring that their practice is culturally safe are now reflected in the Australian professional midwifery codes and standards. Whilst midwifery academics' awareness of

cultural safety and how it is taught within midwifery education programs have previously been explored, at present, little is known about midwives' understanding of cultural safety, and how this translates into their clinical practice.

Methods

A Scoping Review was undertaken following Arksey and O'Malley's five step process. Reporting followed the Preferred Reporting Items for Systematic Reviews and Meta Analyses – Scoping Review extension checklist. Twelve studies met the criteria for inclusion. Thematic analysis was used to analyse the data and organise the results.

Results

Thematic analysis, guided by two predetermined review questions led to the identification of six overarching themes: 'Awareness of deficiencies', 'The importance of meeting women's diverse needs', 'Understanding relationships as a foundation for culturally safe care', 'Working in partnership with others', 'Providing individualised care' and 'Fostering effective relationships and communication'. One sub-theme of the first theme was identified, this was named 'Seeking an understanding of culture'.

Conclusion

Australian midwives' level of understanding of cultural safety and how it is translated into their midwifery practice when caring for First Nations women and their families differ widely. Midwives across Australia require increased and equitable access to appropriate opportunities to improve their knowledge and understanding of cultural safety. Whilst theoretical learning on cultural safety has a place in all midwives annual mandatory training requirements, this should ideally be supplemented, where possible, with opportunities for immersive practice in communities. Immersion was considered the optimal way to gain rich knowledge and understanding to strengthen culturally safe midwifery practice. Continuity models of midwifery care which incorporate the principles of cultural safety should be consistently implemented across Australia. These models enable midwives, women, families, communities, and Aboriginal Support Workers to work in collaboration towards achieving optimal outcomes for mothers and babies.

Study registration

N/A (Author)

2022-10989

Respectful maternity care in the UK using a decolonial lens. Lokugamage AU, Robinson N, Pathberiya SDC, et al (2022), SN Social Sciences vol 2, no 267, 4 December 2022

Respectful maternity care (RMC) is part of a global movement addressing the previous absence of human rights in global safe maternal care guidance. RMC is grounded in kindness, compassion, dignity and respectful working conditions. The decolonisation movement in healthcare seeks to dismantle structural biases set up from a historically white, male, heteronormative Eurocentric medical system. This article applies a decolonising lens to the RMC agenda and examines barriers to its implementation in UK healthcare systems. Searches of peer-reviewed journals about decolonising maternity care in the UK revealed little. Drawing from wider information bases, we examine power imbalances constructed throughout a history of various colonial biases yet lingering in maternity care. The overarching findings of our analysis revealed 3 areas of focus: professional structures and institutional biases; power imbalances between types of staff and stakeholders of care; and person-centred care through a decolonial lens. To uproot inequity and create fairer and more respectful maternity care for women, birthing people and staff, it is vital that contemporary maternity institutions understand the decolonial perspective. This novel enquiry offers a scaffolding to undertake this process. Due to significant differences in colonial history between Western colonising powers, it is important to decolonise with respect to these different territories, histories and challenges. (Author)

Full URL: <https://doi.org/10.1007/s43545-022-00576-5>

2022-08527

Integrating cultural safety into midwifery education. Esegbona-Adeigbe S (2022), *The Practising Midwife* vol 25, no 8, September 2022, pp 37-39

Cultural safety is a concept based on being aware of the cultural self and the impact this has on encounters with service users. Lack of cultural safety during clinical practice may create an environment in which racist, discriminatory and stereotypical behaviour becomes the norm. Cultural safety highlights how power inequalities can occur during healthcare interactions and the negative impact this can have on an individual's healthcare experiences. Integration of cultural-safety education during midwifery training and throughout a midwife's career is essential to optimise birthing women and people's pregnancy experiences. (Author)

June 2022 and earlier

2022-09030

Racism a Social Determinant of Indigenous Health: Yarning About Cultural Safety and Cultural Competence Strategies to Improve Indigenous Health. Sherwood J, Mohamed J (2020), In: Frawley J, Russell G, Sherwood J (Eds). *Cultural competence and the higher education sector. Australian perspectives, policies and practice.* Gateway East, Singapore pp 159-174

This chapter includes a record of the opening session of the first National Centre for Cultural Competence (NCCC) conference held in Australia in 2018 and is a yarn between the two of us. We are both Aboriginal women with qualifications in nursing and are members of Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). (Author)

Full URL: https://link.springer.com/chapter/10.1007/978-981-15-5362-2_9

2022-06253

Development of a First Peoples-led cultural capability measurement tool: A pilot study with midwifery students. West R, Wrigley S, Mills K, et al (2017), *Women and Birth: Journal of the Australian College of Midwives* vol 30, no 3, June 2017, pp 236-244

Background

Midwives have a central role in closing the gap in health inequalities between Australia's First Peoples and other childbearing women. The Aboriginal and Torres Strait Islander Health Curriculum Framework (The Framework) identifies five core cultural capabilities (respect, communication, safety and quality, reflection and advocacy) to foster culturally safe health care.

Aim

To use a decolonising, First Peoples-led approach to develop and validate a tool to measure the development students' cultural capabilities.

Method

A pre- post intervention design was used. Development of the Cultural Capability Measurement Tool followed a staged process which centred on First Peoples' knowledges. This process included: item generation, expert review; a pilot, test-retest; and psychometric testing (reliability, factor analysis and construct validity). All third year midwifery students (n = 49) enrolled in a discrete First Peoples health course were invited to complete the survey pre and post course.

Findings

A response rate of 77.5% (n = 38/49) pre-course and 30.6% (15/49) at post-course was achieved. The tool demonstrated good internal reliability (Cronbach alpha = .89–.91). Principal component analysis with varimax rotation

produced a five-factor solution. A paired samples t-test revealed a significant increase from pre-course (mean 93.13, SD 11.84) to post-course scores (mean = 100.53, SD 7.54) ($t(14) = -2.79, p = .014$).

Conclusion

A First Peoples approach was critical to tool development and conceptual validity. The 22 item Cultural Capability measurement Tool reflected the core cultural capabilities of The Framework. The draft tool appears suitable for use with midwifery students. (Author)

2022-01242

Examining the transformative potential of emotion in education: A new measure of nursing and midwifery students' emotional learning in first peoples' cultural safety. Mills K, Creedy DK, Sunderland N, et al (2021), *Nurse Education Today* vol 100, May 2021, 104854

Background

There is growing evidence that non-Indigenous health students engage with cultural safety content in complex emotional ways. Identifying those emotions may contribute to transformative learning.

Objectives

To develop and test a measure of student emotion using an approach that centres relevant theory and First Peoples' perspectives, values and lived realities.

Design

This study used a descriptive, cohort design.

Participants and setting

All health professional students enrolled in an undergraduate Australian First Peoples health course ($n = 616$) were invited to complete an online survey.

Methods

A staged approach to tool development included: (1) item generation; (2) response selection; (3) expert review; (4) pilot testing, and (5) psychometric testing of the 20-item draft tool. Tests included item analysis, principal components analysis with varimax rotation, subscale analysis, and internal reliability.

Results

One hundred and nine surveys were analysed (17.7% response rate) predominantly from nursing and midwifery students ($n = 96, 88.1\%$). Testing resulted in the development of the two-scaled Student Emotional Learning in Cultural Safety Instrument (SELCSI). The 12-item Witnessing scale revealed three factors explaining 62.17% of variance, and the 8-item Comfort scale had two factors explaining 67.62% of the variance. Cronbach's alpha showed good internal consistency (Witnessing scale $\alpha = 0.78$; Comfort scale $\alpha = 0.88$). There was a correlation between mean Witnessing ($M = 50.06, SD 5.66$) and Comfort ($M = 32.44, SD 5.01$) scores ($r = 0.47, p < 0.001, 95\% CI [0.304-0.643]$).

Conclusions

The two scales of students' emotional learning were found to have preliminary validity and reliability. Use of the tool has important theoretical, pedagogical and methodological considerations for cultural safety in nursing and midwifery education. This tool may contribute to understanding how nursing and midwifery students learn to practice in culturally safe ways. (Author)

2022-00738

ICM Professional Framework for Midwifery 2021 [Last updated May 2022]. International Confederation of Midwives (2021), 2021. 8 pages

Presents the International Confederation of Midwives (ICM) updated professional framework for midwifery. The framework consists of ten key elements: midwifery philosophy; essential competencies for midwifery; education; regulation; association; research; midwife-led continuity of care model of practice; leadership; enabling environment; and commitment to gender equality and justice, equity, diversity and inclusion. (LDO)

Full URL: <https://www.internationalmidwives.org/assets/files/general-files/2022/05/professional-framework-2022.pdf>

2021-13926

Translation to practice of cultural safety education in nursing and midwifery: A realist review. Wilson C, Crawford K, Adams K (2022), Nurse Education Today vol 110, March 2022, 105265

Objectives

Health inequities exist for racial groups as a result of political, societal, historical and economic injustices, such as colonisation and racism. To address this, health professions have applied various health education pedagogies to equip learners to contribute better to cultural safety. The aim of this realist review was to provide an overview of cultural safety programs that evaluate transition of learning to practice to generate program theory as to what strategies best translate cultural safety theory to practice for nurses and midwives.

Design

A systematic review following realist review publication standards.

Data sources

Nine papers were selected from six databases, from inception to January 2020. Any article that evaluated nurses and midwives practice change following participation in cultural safety education programs was included.

Review methods

A realist review was undertaken to refine cultural safety education program theory. This involved an initial broad search of literature, research team consultation, systematic literature search with refinement of the inclusion criteria. For each included article the context, mechanism and outcomes were extracted and analysed.

Results

Three program theories resulted. Firstly, system and structural leadership to drive the change process, including adoption of policy and accreditation standards and involvement of the community impacted by health inequity. Second critical pedagogy to reveal institutional and individual racist behaviours and third, nurse and midwife commitment to cultural safety.

Conclusion

Change in practice to achieve cultural safety is complex, requiring a multi-system approach. Cultural safety education programs adopting critical pedagogy is necessary for critical consciousness building by nurses and midwives to have impact. However, this is only one part of this interdependent change process. Involvement of those communities experiencing culturally unsafe practice is also necessary for program effectiveness. Further research is required to examine the effectiveness of coordinated multi-system approaches, alongside, nurse and midwife commitment for cultural safety. (Author)

2021-10001

Aboriginal and Torres Strait Islander subjects in a Graduate Diploma of Midwifery: A pilot study. Biles J, Biles B, West R, et al (2021), *Contemporary Nurse* 6 October 2021, online

Background:

Australian Nursing and Midwifery Accreditation Council prescribes midwifery accreditation standards that support students' development in Aboriginal and Torres Strait Islander Health and cultural safety to be deemed practice ready. However, the impact of training programs are not widely explored.

Aim:

This study aimed to assess the impact of a mandatory 8 - week online subject focussed on the development of culturally safe practices among midwifery students.

Methods:

The Ganngaleh nga Yagaleh cultural safety assessment tool was used to collect online quantitative data from post graduate midwifery students at the commencement and completion of an online subject.

Results:

Through a purposive sample (n = 10) participant perceptions of culturally safe practices remained relatively unchanged, except for three items of the Ganngaleh nga Yagaleh cultural safety assessment tool.

Discussion:

Findings demonstrate that when post graduate midwifery students are exposed to Aboriginal and Torres Strait Islander perspectives of Australia's colonial history it impacts their sense of optimism, personal values and beliefs about the healthcare they will provide to Aboriginal and Torres Strait Islander peoples. However, midwifery students who self-identified as Aboriginal and/or Torres Strait Islander people, reported a decline in optimism when imagining a healthcare system free of racism.

Conclusion:

The subject did not impact on cultural safety scores. This may be due to prior learning of student midwives. Educators should consider building on prior knowledge in post graduate midwifery to ensure the content is contextualised to midwifery.

Impact statement:

Understanding of learning outcomes from non- Indigenous and Aboriginal and Torres Strait Islander students in an online midwifery subject. (Author)

20200304-108

Evaluating awareness of Cultural Safety in the Australian midwifery workforce: A snapshot. Fleming T, Creedy DK, West R (2019), *Women and Birth: Journal of the Australian College of Midwives* vol 32, no 6 December 2019, pp 549-557

Problem

There are no validated tools to measure midwives' awareness of Cultural Safety.

Background

Cultural Safety is an important component of midwifery practice. Measurement can inform practice and evaluate professional development strategies.

Aim

To adapt and evaluate the Awareness of Cultural Safety Scale with the midwifery workforce.

Methods

An online survey was distributed to members of Australian College of Midwives and Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. Measures included the Awareness of Cultural Safety Scale - Revised, Self-assessment of Cultural Knowledge and Perceptions of Racism scales.

Findings

The revised Awareness scale had a Cronbach's alpha of 0.87. Principal Component Analysis with varimax rotation produced a three-factor structure accounting for 67% of variance. Awareness scores correlated with Self-assessment of Cultural Knowledge ($r = 0.22$ $p < 0.03$) and Perceptions of Racism ($r = 0.62$ $p < 0.001$) scales. Educators scored significantly higher on awareness compared to clinicians ($t(1,80) = -3.09$, $p = 0.003$). Perceptions of Racism predicted Awareness of Cultural Safety scores ($F(2,87) = 29.25$, adjusted $r^2 = 0.39$ $p < 0.001$ 95% Confidence Interval = 1.09, 1.93).

Discussion

The revised scale was a reliable and valid measure of Cultural Safety across a diverse sample of midwives. Midwives working in education settings have a higher awareness of Cultural Safety than clinical peers.

Conclusion

The Awareness of Cultural Safety Scale can be used with midwives across practice settings. Professional organisations and education providers need to promote the professional responsibilities of midwives towards Cultural Safety in clinical practice and education. (47 references) (Author)

20200128-34*

Shared learning on an international clinical placement: Promoting symbiotic midwifery practice knowledge. Dube M, Geraghty S, Bull A, et al (2020), *Women and Birth: Journal of the Australian College of Midwives* vol 33, no 6, November 2020, pp e558-e566

Aim

The aim of this study was to explore the experiences of shared learning between Australian and Balinese midwifery students during a two-week clinical placement in Bali Indonesia.

Background

Cultural safety in midwifery is a key concept that is underpinned by the provision of holistic quality midwifery care to all women. Therefore, culturally safe midwifery care identifies, protects and promotes women's individual cultures and is a key concept that is fostered in midwifery education. To educate culturally safe midwives, international placements to resource limited countries have become more common within midwifery education programs.

Methods

This study used a qualitative research design with a convenience sampling design. The participants were enrolled in midwifery courses in a University in the Northern Territory of Australia ($n = 9$), a Balinese private midwifery school ($n = 4$) and a Balinese public midwifery school ($n = 4$). Thematic analysis was used to analyse the data.

Findings

The findings were categorised into major themes under the headings of 'Learning together despite differences'; 'Cultural differences', 'Communication, Resources', and 'Recommendations for future placements'.

Conclusion

This study provides a valuable insight into how shared learning increases students' midwifery knowledge and is fundamental in understanding cultural differences that could be applied to students' clinical midwifery practice. (45 references) (Author)

20190117-49

Cultural Immersion and the Development of Cultural Sensitivity. Seymour L (2018), *Australian Midwifery News* vol 18, no 4, Summer 2018, pp 39-41

In Australia we live in a culturally diverse community. In 2016 310,247 women gave birth in Australia, 35% of the women who gave birth were themselves born in another country, and the vast majority of those women were born in

a country whose first language was not English (Australian Institute of Health and Welfare [AIHW], 2018). In addition, 13,608 birthing women (4.4%) identified as Aboriginal and/or Torres Strait Islander (AIHW, 2018). Holistic midwifery care responds to women's psychological, physical, emotional and spiritual needs, and central to this is providing women with individual care which they feel is culturally appropriate and safe (ICM, 2014). It is critical midwives are equipped with the skills to provide this care from the commencement of their education process, through embedding cultural awareness, cultural sensitivity and cultural safety education into midwifery courses. The Australian Nursing and Midwifery Accreditation Council (ANMAC) support this and stipulate all midwifery courses should include the same (ANMAC, 2014). (7 references) (Author)

20181114-20

Cultural safety continuing professional development for midwifery academics; an integrative literature review.

Fleming T, Creedy DK, West R (2019), *Women and Birth: Journal of the Australian College of Midwives* vol 32, no 4, August 2019, pp 318-326

Background

Awareness of cultural safety by midwifery academics is integral to the provision of a safe learning and teaching environments, use of effective pedagogies, and academic success of Indigenous midwifery students. However, little is known about the scope and efficacy of continuing professional development activities that aim to develop awareness of cultural safety by midwifery academics.

Aims

To conduct an integrative review of the literature with respect to the scope and efficacy of professional development interventions that aim to increase awareness of cultural safety by midwifery academics.

Methods

An integrative review of peer-reviewed literature from 2005 -2017 was undertaken. Documents were assessed using the Critical Appraisals Skills Program (CASP) guidelines. Concepts were mapped thematically.

Results

Results are reported and discussed using key themes identified in the analysis. Five broad themes emerged from the analysis of studies. The themes were named: Cultural Terms, Knowledge of Culture, Cultural Education, Cultural Aspirations and Culture in Curricula.

Conclusions

Midwifery academics require professional development to raise their awareness of cultural safety in order to adopt effective learning and teaching practices. There is currently no agreed best practice framework to support awareness of cultural safety for midwifery academics. The philosophy of midwifery practice has many synergies with the principles of cultural safety. Cultural safety needs to be embedded into professional development plans for midwifery academics. (47 references) (Author)

20181023-5*

Cultural empathy in midwifery students: assessment of an education program. Hogan R, Rossiter C, Catling C (2018), *Nurse Education Today* vol 70, November 2018, pp 103-108

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. (Author)

© 2018 Elsevier Ltd. All rights reserved

20180205-12

'Keeping Birth Normal': Exploratory evaluation of a training package for midwives in an inner-city, alongside midwifery unit. Walker S, Batinelli L, Roca-Ihenacho L, et al (2018), *Midwifery* vol 60, May 2018, pp 1-8

Highlights

- Participants viewed Keeping Birth Normal training as formation of a community of practice.
- Balanced content included evidence sources, videos, stories, activities and local statistics.
- Perception of consultant midwives as inspirational and influential was motivating.
- Suggested improvements focused on more multi-disciplinary training.
- Periodic repetition was felt to be key to the sustainability of the initiative.

Objectives

to gain understanding about how participants perceived the value and effectiveness of 'Keeping Birth Normal' training, barriers to implementing it in an along-side midwifery unit, and how the training might be enhanced in future iterations.

Design

exploratory interpretive.

Setting

inner-city maternity service.

Participants

31 midwives attending a one-day training package on one of 3 occasions.

Methods

data were collected using semi-structured observation of the training, a short feedback form (23/31 participants), and focus groups (28/31 participants). Feedback form data were analysed using summative content analysis, following which all data sets were pooled and thematically analysed using a template agreed by the researchers.

Findings

We identified six themes contributing to the workshop's effectiveness as perceived by participants. Three related to the workshop design: 1) balanced content, 2) sharing stories and strategies and 3) 'less is more.' And three related to the workshop leaders: 4) inspiration and influence, 5) cultural safety and 6) managing expectations. Cultural focus on risk and low prioritisation of normal birth were identified as barriers to implementing evidence-based practice supporting normal birth. Building a community of practice and the role of consultant midwives were identified as potential opportunities.

Key Conclusions and Implications for Practice

A review of evidence, local statistics and practical skills using active educational approaches was important to this training. Two factors not directly related to content appeared equally important: catalysing a community of practice and the perceived power of workshop leaders to influence organisational systems limiting the agency of individual midwives. Cyclic, interactive training involving consultant midwives, senior midwives and the multi-disciplinary team may be recommended to be most effective. (37 references) (Author)

20180105-10*

Development of the Awareness of Cultural Safety Scale: A pilot study with midwifery and nursing academics. Milne T, Creedy DK, West R (2016), *Nurse Education Today* vol 44, September 2016, pp 20-25

Background

Rates of academic success of Indigenous students compared to other students continues to be significantly lower in many first world countries. Professional development activities for academics can be used to promote teaching, learning and support approaches that value Indigenous worldviews. However, there are few valid and reliable tools that measure the effect of academic development strategies on awareness of cultural safety.

Objectives

To develop and validate a self-report tool that aims to measure nursing and midwifery academics' awareness of cultural safety.

Methods

This study followed a staged model for tool development. This included: generation of items, content validity testing and expert Indigenous cultural review, administration of items to a convenience sample of academics, and psychometric testing. An online survey consisting of demographic questions, Awareness of Cultural Safety Scale (ACSS), and awareness of racism items was completed by academics undertaking a professional development program on cultural safety.

Findings

Ratings by experts revealed good content validity with an index score of 0.86. The 12-item scale demonstrated good internal reliability (Cronbach's alpha of 0.87). An evaluation of construct validity through factor analysis generated three factors with sound internal reliability: Factor 1 (Cultural Application, Cronbach's alpha = .85), Factor 2 (Cultural Support, Cronbach's alpha = .70) and Factor 3 (Cultural Acknowledgement, Cronbach's alpha = .85). The mean total scale score was 46.85 (SD 7.05, range 31-59 out of a possible 60). There was a significant correlation between scores on the Awareness of Cultural Safety Scale and awareness of racism scores ($r = .461, p = .002$).

Conclusion

Awareness of cultural safety is underpinned by principles of respect, relationships, and responsibility. Results indicated the ACSS was valid and reliable. Completion of the scale aimed to foster purposeful consideration by nursing and midwifery academics about their perceptions and approaches to teaching in order to improve Indigenous student success. (38 references) (Author)

20170711-13*

Impact of a continuing professional development intervention on midwifery academics' awareness of cultural safety. Fleming T, Creedy DK, West R (2017), *Women and Birth: Journal of the Australian College of Midwives* vol 30, no 3, June 2017, pp 245-252

Background

Cultural safety in higher education learning and teaching environments is paramount to positive educational

outcomes for Aboriginal and/or Torres Strait Islander (hereafter called First Peoples) students. There is a lack of research evaluating the impact of continuing professional development on midwifery academics' awareness of cultural safety.

Aim

To implement and evaluate a continuing professional development intervention to improve midwifery academics' awareness of cultural safety in supporting First Peoples midwifery students success.

Methods

A pre-post intervention mixed methods design was used. Academics (n = 13) teaching into a Bachelor of Midwifery program agreed to participate. The intervention consisted of two workshops and five yarning circles across a semester. Data included the Awareness of Cultural Safety Scale, self-assessment on cultural safety and perceptions of racism, evaluation of the intervention, participants' journal entries, and researcher's reflections.

Findings

Responses on the Awareness of Cultural Safety Scale revealed significant improvement in participants' awareness of cultural safety. There was an upward trend in self-assessment ratings. Participants reported high levels of satisfaction with the intervention or workshops and yarning circles. Participants' journal entries revealed themes willingness to participate and learn, confidence as well as anger and distress.

Conclusion

Increased awareness of cultural safety can be transformative for midwifery academics. Workshops and yarning circles can support academics in moving beyond a 'sense of paralysis' and engage in challenging conversations to transform their learning and teaching and in turn foster a culturally safe learning and teaching environment for First Peoples midwifery students towards success. (52 references) (Author)

Full URL: [http://www.womenandbirth.org/article/S1871-5192\(17\)30071-9/fulltext](http://www.womenandbirth.org/article/S1871-5192(17)30071-9/fulltext)

20151006-35

Ensuring cultural safety in nurse education. De D, Richardson J (2015), Nursing Times vol 111, no 39, 23-29 September 2015, pp 17-19

Nursing courses now have a more culturally diverse mix of students and educators, and students need to consider how this influences learning and how their needs can be addressed. This article describes how the idea of 'cultural safety' can promote professionally comprehensive and culturally coherent healthcare education in academic and clinical situations. (23 references) (Author)

20141008-31*

Patient and caregiver perspectives of health provision practices for First Nations and Métis women with gestational diabetes mellitus accessing care in Winnipeg, Manitoba. Neufeld HT (2014), BMC Health Services Research vol 14, no 440, 26 September 2014

Background

More North American Indigenous women are diagnosed with gestational diabetes mellitus (GDM) than the general population. Despite the number of health problems associated with GDM, few studies have been conducted that explore Indigenous women's understandings of GDM in an effort to develop appropriate and effective health strategies.

Methods

A qualitative investigation was conducted to describe the experiences of First Nations and Métis women with GDM. Unstructured interviews and focus groups initially took place with 25 advisors such as maternal care providers and community representatives. Semi-structured explanatory model interviews were subsequently carried out with 29 First Nations and Métis women in Winnipeg, Manitoba, Canada.

Results

Divisions in health services, communication and cultural barriers exist, and limit prenatal care access as well as the consistent interpretation of diabetes education messages.

Conclusions

Collectively the results suggest living with GDM can be overwhelming and underscore the need for health care providers to encourage self-efficacy towards effective management practices in the context of cultural safety.

(Author) [Please note: BMC initially publish articles in a provisional format. If there is a note on the document to indicate that it is still provisional, it may undergo minor changes]

Full URL: <http://www.biomedcentral.com/content/pdf/1472-6963-14-440.pdf>

20140708-8

Cultural safety in New Zealand midwifery practice Part 2. Farry A, Crowther S (2014), *The Practising Midwife* vol 17, no 7, July/August 2014, pp 30-33

Midwives in New Zealand work within a unique cultural context. This calls for an understanding and appreciation of biculturalism and the equal status of Māori and Europeans as the nation's founding peoples. This paper is the second of two papers that explore the notions of cultural safety and competence. Exploration and discussion take place in the New Zealand context, yet have transferable implications for midwives everywhere. This second paper focuses on midwifery education and practice. (9 references) (Author)

20140528-2

Cultural safety in New Zealand midwifery practice Part 1. Farry A, Crowther S (2014), *The Practising Midwife* vol 17, no 6, June 2014, pp 10-13

Midwives in New Zealand work within a unique cultural context. This calls for an understanding and appreciation of biculturalism and the equal status of Maori and Europeans as the nation's founding peoples. This paper is the first of two papers that explore the notions of cultural safety and competence. Exploration and discussion take place in the New Zealand context, yet have transferable implications for midwives everywhere. This first paper provides a background to practice in a bicultural country where cultural safety strategies were introduced over 20 years ago to help reduce health disparities. The implications of these strategies are examined. The second paper will focus on midwifery education and practice. (19 references) (Author)

20120117-1*

A new clinic model for refugee health care: adaptation of cultural safety. Reavy K, Hobbs J, Hereford M, et al (2012), *Rural and Remote Health* 16 January 2012

Introduction: Non-English speaking refugees new to the USA face challenges to and barriers in accessing healthcare services resulting in missed medical provider appointments and increased reliance on hospital emergency departments. To confront the issues, a new clinic model for prenatal and pediatric refugee patients was started. Success of the model is largely due to the role of C.A.R.E. (Culturally Appropriate Resources and Education) Clinic Health Advisor that was developed in conjunction with the organization and evolution of the clinic. The purpose of this publication was to differentiate the role of C.A.R.E. Clinic Health Advisor from certified medical interpreter and to evaluate the lived experiences of each role. Theoretical framework was the adaptation of two overlapping ecological models, combined with principles of cultural safety. Methods: Qualitative data collected to evaluate lived experiences, efficiency and effectiveness of the role of C.A.R.E. Clinic Health Advisor were collected from observations, focus groups, and individual interviews with health advisors and members of the healthcare team. Quantitative data were collected from retrospective chart reviews for the purpose of validating patient outcomes. Results: Themes emerging from qualitative data included communication, navigating the system and community. Chart reviews validated success of the clinic as evidenced by missed clinical appointments dropping from 25% to 2.5%, and childhood immunizations being sustained at 100% compliance through a baby's first year of life.

Conclusions: This new clinic model and health advisor role are recommended for use with other vulnerable populations such as migrant farmers, the socioeconomically disenfranchised, rural populations and the elderly. The increase in bi-directional cultural understanding, human caring, social justice and trust become their own rewards. (21 references) (Author)

Full URL: <http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=1826>

20061011-7

Cultural safety and maternity care for Aboriginal and Torres Strait Islander Australians. Kruske S, Kildea S, Barclay L (2006), *Women and Birth: Journal of the Australian College of Midwives* vol 19, no 3, September 2006, pp 73-77

PURPOSE: To discuss cultural safety and critique the provision of culturally appropriate maternity services to remote Aboriginal and Torres Strait Islander women in Australia. PROCEDURE: The literature and policies around 'culture' and 'cultural safety' are discussed and applied to the provision of maternity services to Aboriginal and Torres Strait Islander women in remote areas of Australia. FINDINGS: The current provision of maternity services to Aboriginal and Torres Strait Islander women, particularly those living in remote Australia, appears largely inadequate. The provision of culturally safe maternity care requires health system reform at all levels including: the individual practitioner response; the educational preparation of practitioners; the delivery of maternity services and the development of policy at local, state and national level. This paper considers the changes that can be made from the individual practitioner through to the design and implementation of maternity services. PRINCIPAL CONCLUSIONS: Cultural safety provides a useful framework to improve the delivery of maternity services to remote Aboriginal and Torres Strait Islander women and their families. (57 references) (Author)

20040312-4

Helping health and social care professionals to develop an 'inequalities imagination': a model for use in education and practice. Hart A, Hall V, Henwood F (2003), *Journal of Advanced Nursing* vol 41, no 5, March 2003, pp 480-9

BACKGROUND: The 'inequalities imagination model' originated from our own research, and led to findings and recommendations regarding clinical and education issues. This article focuses on the creation of the model which, we suggest, could be used to facilitate the development of an 'inequalities imagination' in health and social care professionals. AIM: To describe and critically analyse the thinking that led to the concept of an 'inequalities imagination' and provide the framework for the theoretical model. METHODOLOGICAL APPROACH: Influencing concepts from the fields of social work, sociology, nursing and midwifery, and debates around antidiscriminatory and antioppressive practice, cultural safety, cultural competence and individualized care are analysed. INEQUALITIES IMAGINATION MODEL: Ideas generated from an analysis of the concepts of antidiscriminatory/anti-oppressive practice and from the research data led us to conceptualize a flexible model that incorporated issues of individual and structural agency and a broad definition of disadvantage. The literature review underpinning the theoretical framework means that the model has the potential to be truly interdisciplinary. CONCLUSIONS: Professional educators face a difficult task in preparing practitioners to work with clients in ways that take account of differences in background and lifestyle and which respect human rights and dignity. The model makes explicit a process that enables practitioners to think about their current practice and move towards a greater understanding and awareness of the way they work with disadvantaged clients, and ways in which they prepare others to do so. We suggest that professionals develop an 'inequalities imagination' in order to enhance equality of care. The development of an 'inequalities imagination' helps practitioners to bridge the gap between the challenges they face in day-to-day practice and what they need to achieve to aspire to provide equality of care to all. (35 references) (Author)

©2023 MIDIRS All Rights Reserved

This Search Pack is distributed for your personal use, please do not illegally distribute this Search Pack either in part or in its entirety. MIDIRS web site is provided for reference information only. MIDIRS is not responsible or liable for any diagnosis made by a user based on the content of the website. Although great care is taken to ensure reference information is both suitable and accurate, MIDIRS is not liable for the contents of any external internet sites referenced, nor does it endorse any commercial product or service mentioned or advised on any of these sites.

MIDIRS is part of RCM Information Services Limited which is a company incorporated in England and Wales under company no.11914882 with registered office at 10-18 Union Street, London SE1 1SZ
RCM Information Services Limited is a subsidiary of The Royal College of Midwives



The Royal College of Midwives Trust. A company limited by guarantee. Registered No. 01345335.