Culturally Sound Midwifery Care for Migrant Mothers: How Well the Midwifery Curriculum Prepares Graduates

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There are no publicly available data on how many migrant mothers in Slovenia are cared for during pre-, intra- and post-natal period. Nevertheless, with the refugees' situation during the years 2016–2018, Slovenia faced a challenge where not only quality but also culturally sensitive midwifery care was of crucial importance. Foreign midwifery curriculums emphasize cultural competencies of graduates, however; there has not been any study conducted in order to evaluate Slovene midwifery students' cultural awareness. Therefore, a study was performed among the final year midwifery students using a Cultural Awareness Scale (CAS). The findings reveal that the current curriculum lacks specific information on cultural competencies; nevertheless the students expressed high levels of cultural awareness. Midwifery teachers were described as positive role models and it could be estimated that also indirect teaching, using good examples, can be a way students successfully learn cultural awareness.

Introduction

Anthropologists find it very difficult to define culture because the term itself is very complex in meaning, underpinned also with political or ideological agendas (Spencer-Oatey, 2012). Hundreds of definitions have been written so far, but for the purpose of our project the one by Spencer-Oatey (2008, p. 3) is cited: 'Culture is a fuzzy set of basic assumptions and values, orien-

tations to life, beliefs, policies, procedures and behavioural conventions that are shared by a group of people, and that influence (but do not determine) each member's behaviour and his/her interpretations of the "meaning" of other people's behaviour.'

Hofstede, Hofstede, and Minkov (2010) wrote that since the majority of people identify with different cultural groups at different levels (nationally, regionally, ethnically, religiously, linguistically, at the levels of gender, social class, corporate level, and role categories of parent/daughter/teacher) we all basically have multicultural identities. In times of increased global migrations, the cultural context of every individual is becoming recognized as crucial for all aspects of quality living. In the context of healthcare and also midwifery-led maternity care, midwives should continuously strive to provide individualized and culturally appropriate care of the client (New Zealand College of Midwives, 2015). On the one hand, it is valuable if midwives themselves come from diverse cultural and ethnic backgrounds (Rew, Becker, Cookston, Khosropour, & Martinez, 2003), however, the multi-ethnic environment alone does not imply the midwife is intrinsically culturally competent and sensitive (Briscoe, 2013).

Background

Cultural competency is a complex construct and there is no standardized definition. Campinha-Bacote (2007) writes it is an ongoing process in which the health professional (hence midwife) continuously strives to achieve the ability and availability to work effectively within the cultural context of the patient (individual, family, community). According to Camplin-Welch and Lim (2018), cultural competency refers to an ability to interact effectively with people of different cultures. Bofulin et al. (2016) define cultural competency as a wide range of knowledge and skills involved in human interaction that enable an individual to improve one's understanding, sensitivity, acceptance, respect and reactions to cultural differences and intercultural relationships. It enables healthcare workers to provide better quality healthcare and to successfully cooperate with people from different cultural and social backgrounds.

Cultural competency is subdivided into components/steps/constructs that are interrelated and interdependent. According to to Camplin-Welch and Lim (2018), all (four) dimensions (cultural awareness, cultural knowledge, cultural sensitivity and cross-cultural skills) should be applied in the context of research, clinical practice and midwifery teaching.

Campinha-Bacote (2007) presents a slightly different model of cultural

competency, called The Process of Cultural Competence in the Delivery of Healthcare Services – PCCDHS. It describes five constructs, namely cultural desire, cultural awareness, cultural knowledge, cultural skills, and cultural encounters. She intertwines cultural sensitivity into the other four constructs, especially into encounters and skills. However, she introduces two new concepts, namely cultural encounters and cultural desire. The foundational construct of the model that creates the possibility to develop the other four constructs is cultural encounters. It consists of continuous interaction with patients from diverse backgrounds in order to validate, refine, or modify existing values, beliefs, and practices about a cultural group. Continuous because health professionals should not make generalisations over one ethnic or religious group from just a few encounters they have had. Cultural desire is the midwife's motivation to intrinsically want to engage in the process of becoming culturally competent versus to be forced into it.

The Need for Culturally Sensitive Health and Midwifery care in Slovenia

Slovenia as the member country of the European Union (EU), faced numerous refugee and migration flows from 2016 to 2018. According to the latest data from Eurostat (see http://ec.europa.eu/eurostat), 4.7 million people moved to one of the countries of the EU in 2015 and 2.7 million of them were from the countries that are not EU members. Although the flow of immigrants passed Slovenia many times, the majority wanted to achieve western countries of the EU (Germany, the UK, France, Spain, Italy), which made Slovenia merely a transit country. Despite that, a proportion of immigrants and refugees stopped in Slovenia due to different reasons. According to the data from the Ministry of the interior of the Republic of Slovenia from 2018 (see http://www.mnz.gov.si), the biggest numbers of the valid licences for domiciles were given to persons from Bosnia and Herzegovina, Kosovo, Macedonia and Serbia, which indicates that the key migration flow is still from the Balkan countries. At the same time, according to the Ministry, the number of applications for international protection has increased during the period from 2016 to 2018. In 2018, the number of applicants for international protection was 1430, of which 91% were men. The majority of applicants came from countries such as Pakistan, Algeria, Afghanistan, Morocco, Syria, Iran and Iraq (see http://www.mnz.gov.si). Slovenia as an EU member and a part of the Geneva Convention is obliged to offer international protection to the persons who do not receive protection in their own country. This includes refugee status or subsidiary protection.

The migration flows also leave many challenges in the field of healthcare.

While most citizens feel that access to compulsory and supplementary health insurance is self-evident, non-nationals of Slovenia must fulfil certain conditions defined in the Law on Health Care and Health Insurance Act[1]. At the same time, Slovene legislation (Article 7 of the Law on Health Care and Health Insurance Act) enables urgent treatment to persons of unknown residence and foreigners from countries which Slovenia has not signed international treaties with. Emergency treatment includes urgent health services for recovery and preservation of life and prevention of deterioration of the health condition of the diseased or injured (Article 25); childbirth also fits into that category. According to the International Protection Act,[2] applicants for international protection (asylum) also have the right to emergency treatment, including emergency medical assistance and emergency rescue, emergency dental care and emergency treatment prescribed by a treating physician. Juvenile persons who are applying for international protection are entitled to healthcare under the same conditions as the nationals of Slovenia. Vulnerable people with special needs have the right to an additional amount of health services, including psychotherapy. In addition to emergency treatment, female applicants for international protection have the right to healthcare for women, including contraceptives, termination of pregnancy and medical care during pregnancy and childbirth. Persons without health insurance can also seek medical assistance in the 'Pro Bono' Clinic with a counselling service set up to help people without permanent residence and basic health insurance, as well as foreigners, refugees and applicants for international protection who need different forms of assistance but do not have the right to additional health insurance (see pro-bono.ordinacija.net). The clinic also provides healthcare and counselling to pregnant women.

In the past, a negative attitude towards immigrants was sometimes present among Slovene citizens since some believed that the Slovene space was culturally homogeneous. Immigrants were sometimes treated as undesirable with some degree of intolerance and even discrimination (Kulovec, 2012). Today, the Slovene society is much more adaptable to the needs of immigrants, since successful integration into the Slovene society is not only a responsibility of immigrants but also a responsibility of the entire society.[3] Health professionals are by professional conduct and code of ethics obliged to pro-

[1] Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju, see http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO213.

[2] Zakon o mednarodni zaščiti, see http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7103.

[3] See http://www.mnz.gov.si.

vide the same quality care for all people. However, providing treatment to migrants presents health professionals as well as midwives a particular challenge due to specific socio-cultural characteristics that are often difficult to understand or even unknown to us. Establishment of successful communication and vulnerability of individuals also present great challenges (Bombač, Brecelj, Liberšar, & Zelko, 2017). For this reason, Lipovec Čebron (2017) emphasizes an important role of intercultural mediation which can effectively prevent misunderstandings due to linguistic, cultural, social or other differences between users and providers in individual health institutions. With the recent migration flows, the Slovene healthcare is facing constant needs for tolerance towards different cultures. With proper preparation of health professionals and students of health sciences, we can have a positive influence on improving the understanding and reducing inequalities in the health system.

Eurostat (see http://appsso.eurostat.ec.europa.eu) for the year 2016 quotes 2005 women who gave birth to a child in Slovenia and were not Slovene citizens. The number of women who give birth in Slovenia each year and are not Slovene citizens is increasing according to the Eurostat data. Taking this into account, it is very important Slovene midwives deliver empathic and culturally sensitive care to foreign mothers. It is crucial to begin developing cultural awareness of future midwives as early as during the education process in order to obtain midwifery graduates who are culturally sensitive and provide quality and culturally sound midwifery care. Health education programs include cultural awareness into important outcomes of study programs (Loredan & Prosen, 2013) and cultural competence is high on the list of *Essential Competencies for Basic Midwifery Practice* issued by International Confederation of Midwives (2013).

Evaluation of the current Slovene undergraduate midwifery curriculum (Stanek Zidarič, Mivšek, & Skoberne, 2011) revealed that cultural awareness is not specifically addressed. The main aim of the present study was therefore to evaluate the current degree of cultural awareness among the students of the final year of the midwifery studies at the Faculty of Health Sciences in Ljubljana, Slovenia.

Methods

A causal non-experimental method of empirical research was applied. The research instrument was a survey questionnaire Cultural Awareness Scale – CAS (Rew et al., 2003) that was translated through a process of double blind translation and adapted to the midwifery context. The tool measures

36 statements with the 7-point Lykert scale (1 – strongly disagree, 7 – strongly agree).

Ethical issues of the research were considered and the proposal for the research was approved by the Cathedra of midwifery. The survey questionnaire was sent to all 3rd year students of the midwifery study program and to the students of the additional year ($N = 58$) in July 2018. Participation in the survey was anonymous and voluntary.

The analysis is founded on basic descriptive statistics, calculating mean values and standard deviation (SD) using SPSS program version 23.

Results

The questionnaire was answered by 32 students which equals a 55.2% response rate. The mean values of their answers for each tested statement are gathered in Table 1. The majority of the answers reveal that the existing midwifery curriculum educates culturally sensitive midwives. The statement *Midwifery program provides opportunities for activities relating to multiculturalism* earned 4.3 mean value and the statement *During midwifery studies, my knowledge of multiculturalism has improved* scored as high as 4.6. Also the midwifery teachers were evaluated as sensitive regarding this topic – the statement *Midwifery teachers appropriately address the topic of different cultures in midwifery practice* reached 4.8 mean value and *Midwifery teachers are my role models for learning how to be sensitive and consider intercultural differences* even as high as 5.4.

The statements that were most frequently strongly agreed upon (7 on the Lykert scale) were:

- If I needed more information on a patient's culture, I would not be uncomfortable asking my colleagues about it (mean 6.2).
- If I need more information on a patient's culture, I use available sources at hand (e.g. books, videos etc.) (mean 5.9).
- I respect patients' decisions that are culturally conditioned although I personally disagree with them (mean 6.1).

The statements that were most frequently strongly disagreed upon (1 on the Lykert scale) were:

- I feel somewhat uncomfortable working for patients and their families from other cultures (mean 2.1).
- When there is an opportunity to help someone, I less often do it for members of certain cultural groups (mean 2.1).

Table 1 Means and Standard Deviations (SD) for CAS Statements

Statement	(1)	(2)
Midwifery teachers appropriately address the topic of different cultures in midwifery practice.	4.8	1.6
Midwifery program provides opportunities for activities relating to multiculturalism.	4.3	1.7
During midwifery studies, my knowledge of multiculturalism has improved.	4.6	1.5
The experiences I gained during midwifery studies educated me about the health problems that afflict members of different cultural groups.	4.6	1.6
I think my beliefs and attitudes are influenced by the culture which I live in.	4.6	1.7
I believe my attitudes are constructed by my culture.	4.7	1.4
I often think about the ways culture influences beliefs and attitudes of an individual.	5.5	1.6
When there is an opportunity to help someone, I less often do it for members of certain cultural groups.	2.1	1.3
I am less patient with members of certain cultures.	2.1	1.5
I enjoy working with patients of diverse ethnic groups.	5.5	1.6
I think that a midwife's personal beliefs influence her decisions on midwifery care.	5.5	1.7
I usually feel awkward when I am in the company of people from other cultural and ethnic groups.	2.7	1.8
I noticed that midwifery teachers talk to students from a certain culture when there is an issue related to the classmates from the same ethnic minority.	5.2	1.0
When there is a discussion within our class, I noticed that midwifery teachers strive against excluding any students.	5.7	1.7
I believe that a student's cultural values influence his/her behaviour in the classroom (e.g. asking questions, participating in a group, commenting etc.).	5.1	1.5
Midwifery teachers behave in a way that excludes students of certain cultures.	2.1	1.2
I think it is a midwifery teacher's job to adapt to different learning needs of students.	5.3	1.9
In the course of teaching, midwifery teachers sovereignly discuss intercultural issues.	4.8	1.4
Midwifery teachers appear keen to find out how their teaching behaviour can dissuade students from a certain ethnic group or culture.	4.6	1.5
I think that cultural values of those who teach midwifery influence their behaviours in a clinical setting.	4.9	1.2
I think that experiences from theoretical midwifery teachings impact students in a way that they feel less awkward interacting with people from different cultural backgrounds.	5.4	1.5
I think that some aspects of theoretical midwifery teachings could discourage students of certain cultures.	3.4	1.5
I am not uncomfortable discussing intercultural topics in class.	5.3	2.3

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Table 1 *Continued from the previous page*

Statement	(1)	(2)
Clinical placements during midwifery studies have helped me to become more comfortable interacting with people from different cultures.	5.3	1.9
I believe that midwifery teachers respect the differences among individuals that arise from their different cultural backgrounds.	5.3	1.8
Midwifery teachers are my role models for learning how to be sensitive and consider intercultural differences.	5.4	1.5
Midwifery teachers use case studies which integrate knowledge of various cultures into the learning process.	4.8	1.8
The Department of Midwifery carries out research that takes into account the intercultural aspects of health.	4.4	1.7
Midwifery students write graduation theses which also take into account the intercultural aspect of health.	5.1	1.7
When researchers at The Department of Midwifery conduct research on different cultures, they take into consideration relevant measurement instruments for data collection.	5.3	1.0
When researchers at The Department of Midwifery interpret results of their own research, they also consider the cultural aspects.	4.7	1.4
I respect patients' decisions that are culturally conditioned although I personally disagree with them.	6.1	1.6
If I need more information on a patient's culture, I use available sources at hand (e.g. books, videos etc.).	5.9	2.0
If I needed more information on a patient's culture, I would not be uncomfortable asking my colleagues about it.	6.2	1.6
If I needed more information on a patient's culture, I would not be uncomfortable asking the patient or his/her family members about it.	5.4	1.9
I feel somewhat uncomfortable working for patients and their families from other cultures.	2.1	1.5

Notes Column headings are as follows: (1) mean value, (2) standard deviation.

Discussion with Conclusions

There are many linguistic and cultural misunderstandings between health professionals and patients who migrated to Slovenia and origin from different cultural backgrounds. All this contributes to poorer access to healthcare services and lower quality of healthcare, poses a risk to patient safety and creates a sense of dissatisfaction with everyone involved in healthcare. Accordingly, it is very important that health professionals develop knowledge and appropriate relationships and skills in the field of cultural competencies for the treatment of people from other cultural and linguistic environments (see http://multilingualhealth.ff.uni-lj.si).

The authors of this study believe that development of cultural competen-

cies is an ongoing process and an important part of every health-oriented study program, including the program of midwifery. It coincides with other authors who outlined cultural competency as not something static and definite, but rather an ongoing ever-changing process or a journey (Bofulin et al., 2016; Campinha-Bacote, 2007; Camplin-Welch & Lim, 2018). According to the results of our study, student midwives showed the current midwifery study program is adopting a culturally sensitive approach. Moreover, it equips student midwives with the knowledge and practical implementation of culturally sensitive midwifery care by providing a midwifery curriculum that embeds different aspects of cultural competencies. Although the results of this study show that the existing midwifery study program enhances the students' knowledge on multiculturalism, it is still questionable whether newly graduated midwives incorporate this knowledge into their practice. According to the answers from student midwives, midwifery teachers are appropriately addressing the multicultural midwifery practice and have been considered as role models for the majority of students. It might be that indirect teaching (using good examples) truly is a way students can successfully learn cultural sensitivity. Another positive aspect was also the recognition of students to find some external resources in case they do not know the patient's culture in enough detail. Moreover, student midwives do not feel uncomfortable with providing midwifery care to persons from different cultural background. In the context of midwifery education, Rew et al. (2003) pointed out the importance of midwifery teachers' cultural competencies that help them recognize their students' needs, understand how students from different cultural or ethnic backgrounds may experience the learning environment, incorporate diverse cultural and social perspectives into the curriculum and apply a variety of teaching methods to more effectively accommodate learning styles of students from different backgrounds. By setting an example, a culturally competent midwifery teacher strives to help students move on the cultural competency continuum themselves (Rew et al., 2003).

Although the past findings showed that the Slovene curriculum lacked specific information on cultural competencies, this study is important as it firstly addressed the self-assessment of midwifery students regarding their cultural awareness and secondly revealed a predominance of high levels of cultural awareness among the students. We recognise there is an increasing need for further development of cultural awareness among health professionals, which potentially includes specific, culturally sensitive updates of study curriculums, including in the field of midwifery. Becoming culturally competent is firstly a journey of self-reflection upon the components of one's

own culture and understanding how cultural differences influence effective interaction, and secondly it is gaining knowledge and learning certain skills to function effectively as an individual within the context of the cultural beliefs, behaviours, and needs of others. In a healthcare context, cultural competency is an essential component in providing effective and culturally responsive care to clients. Every patient should be treated as an individual and there may be several ways to achieve competent interaction (Camplin-Welch & Lim, 2018). As outlined by Campinha-Bacote (2007), the midwife's level of cultural competency is positively and directly related to positive maternal and neonatal outcomes. Acknowledging this, we as midwifery teachers will strive to enable student midwives to become health professionals who provide culturally sensitive care to patients.

We are aware our study has some limitations as it could include a larger sample of student midwives. Moreover, it would be reasonable to perform a longitudinal study and research how cultural competencies evolve from the period of students' enrolment in the midwifery study program upon the graduation. Nevertheless, more effort needs to be invested at the state level into cultural competencies in midwifery. Amendments of the study program with the culturally sensitive contents using national guidelines (Nacionalni inštitut za javno zdravje, 2016) and international recommendations (International Confederation of Midwives, 2013) would be necessary. Besides the existing documents (Nacionalni inšitut za javno zdravje, 2016), there is a need to prepare more documents that will help health professionals provide healthcare to people from different cultural backgrounds. There is also a need to organise more educational workshops on cultural awareness for health professionals and to help implement the theoretical knowledge into practice in all healthcare institutions.

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