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Reflections on the practice of facilitating group-based antenatal education: should a midwife wear a uniform in the hospital setting?

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Should a Midwife Wear a Uniform: Reflection in and on Practice

Abstract

Background: The first author if this paper is a Thai midwife who was seeking to collaboratively develop women-centred circles of learning in Thailand using a feminist action research approach.

Question: Should a midwife wear a uniform when she is facilitating women-centred antenatal learning circles within a hospital setting?

Method: This paper reports on a single, theoretically informed example of reflection in and on midwifery practice which aimed to answer the guiding question. The practice and reflection occurred over a number of months at the beginning of the feminist action research study.

Findings: The midwife should wear normal clothes to the midwifery ante-natal learning circles so as to equalise power relationships and encourage women to feel confident to speak. The importance of reflection for the midwife in changing herself first was critical to realising that there can be no change in the way maternity care is provided without each midwife being willing to be self-aware and open to appropriate self-change.

Key word: Feminist, Reflection, Action research, Theory

Introduction

This paper reports on a single example of reflection in and on midwifery practice. Where the word 'I' is used in this paper it refers the first author who is a Thai midwife. The second and third authors have contributed to the research project as a whole and to the writing of this paper so in all other parts of the paper we use the pronoun 'we'.

The reflection presented here was part of a Feminist Action Research (FAR) study which was conducted in a meeting room near the antenatal clinical in a major hospital in Bangkok, Thailand. The focus of the FAR study was to work with women who were at increased risk of preterm birth to try to optimise their health and perinatal outcomes. The paper begins by presenting some background information about Nursing and Midwifery in Thailand. Next an outline the key principles of feminist group processes are presented because feminist action research requires equality between women and the midwife/researcher. The history and key theorists associated with reflection in health care practice are then presented and discussed. The model of reflection which developed for this study involves 5 stages; 1) the situation in practice, 2) reflection of feelings, 3) understanding behaviour of self and other, 4) identifying and meeting own learning needs, 5) developing an action plan for the future. We apply the model of reflection to answer the guiding question for this paper: "Should a midwife wear a uniform when facilitating antenatal circles of health empowerment in the hospital setting,"? This paper supports the thesis that: The midwife should wear normal clothes to the midwifery ante-natal circles so as to equalise power relationships and encourage women to feel empowered to speak. Because this is a reflective paper the review of related literature will appear where it

actually occurred; at step 4 in the reflective cycle – 'identify and meet own learning needs'.

Background

Midwives in Thailand are also nurses. The midwifery component is incorporated into the 3rd and 4th year of the Bachelor of Nursing Degree (BN). There are two registers; nursing and midwifery, however all BN graduates are called 'nurses'; even when working in midwifery. Based on the act of legislation of the Professional Nurses and Midwives Act of B.E.2528 (1985) as well as the revised version (2nd issue) of B.E.2540 (1997), professional midwives refer to persons who registered and were granted licenses of professional midwifery by the Nursing Civil Law of Thailand (1).

In Thailand, the white uniform has been used to be a symbol of the nurse and midwife for many years which has been related to western perspective. Midwives and nurses wear the same uniform. A search of the literature showed that there have been no published papers on uniform wearing by midwives or nurses. Uniform wearing by midwives is expected by Thai women, doctors, maternity managers and other nurses and midwives. From my experiences as a midwife, the uniform is usually seen as symbol of cleanliness, politeness, generosity, compassion and a sense of power and authority. The uniform is generally seen by Thai midwives as important because they believe that wearing the uniform lead the patients to know the professionalism and trustworthiness of midwives (2).

Feminist Group Processes

Feminism is the theory, research and practice of identifying, understanding and changing the intrapersonal and social factors that sustain women's disempowerment

(3). Feminism is women-centred; beginning and ending with women's experiences. Feminists are concerned with raising women's consciousness so that they can make empowering changes in their own lives. Feminism is an important foundation for midwifery because midwifery is a woman-centred discipline. Feminist group processes are an alternative to traditional power structures to guide meetings. Feminist processes aim to promote consensus and harmony whilst also supporting the empowerment of each woman (4). The planned process for conducting midwife-facilitated, antenatal circles of health empowerment was based on a modification of the principles of feminist group process as described by Charlene Wheeler & Peggy Chinn (1989) (4) and further developed by Fahy (2002) (5). Midwifery Antenatal Circles of Health Empowerment (MANCOHE) are conceptualized as groups of women and midwives who work together in ways that move women towards living lives that are more holistically healthy.

Theory and Models of Reflection in and on Practice

Learning by reflecting, i.e. turning one's attention inward and using thinking processes to create new knowledge, has been recommended since the time of Plato (6). In the last century William James (7) and John Dewey (both American) placed reflection on experience at the centre of their educational philosophy. Paulo Friere, a Brazilian philosopher and educator wrote 'Pedagogy of the Oppressed' in 1970 (8). Friere, a Christian, was influenced by European phenomenology and Marxism. In his book Friere espouses a particular form of experientially-based reflective educational practice that promotes critical consciousness in both student and teacher. Critical consciousness is a state of in-depth understanding about the world which leads people to act differently and so free themselves from oppression in all its forms. According to

Friere, human freedom is the result of struggle; it is not given as a gift by the oppressor. Freedom, he argues, must be pursued constantly and responsibly. Freedom is not an ideal located outside of ourselves; it is the indispensable condition for the quest for human completion."(p. 47) In the US Donald Schon, (9) drawing on the ideas of Dewey, wrote ‘The Reflective Practitioner’ in 1978 where he argued that excellence in professional practice is more than learning technical skills; there is much to be valued by learning from experience . Schon introduced the ideas of reflection in practice and reflection on practice. David Kolb’s presented his reflective learning cycle in 1984. His cycle has been very influential in the way in which educators conceptualise reflection (10). Kolb’s model has four components that are considered to occur in a cycle or a spiral. Each component of the cycle involves a particular learning style. The cycle components are:

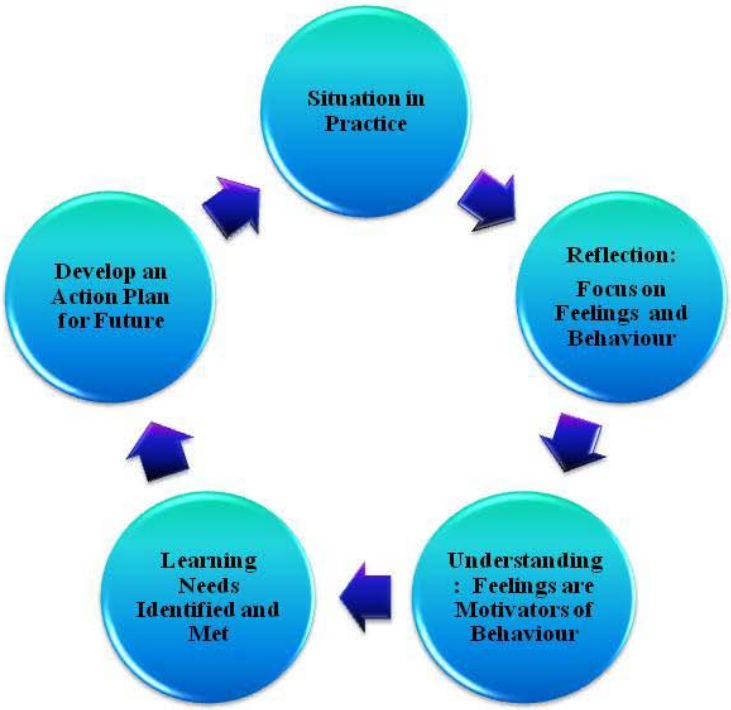
1. Concrete Experience (doing/feeling)
2. Reflective Observation (observing/thinking)
3. Abstract Conceptualising (making meaning/conceptual learning)
4. Active Experimentation (planning and trying out change)

Graham Gibbs (1988) (11) added new elements to the reflective learning cycle, most importantly the focus on thinking about the situation by focussing on feelings and by thinking through alterative actions leading to the development of an action plan should a similar situation arise.

Reflection in and on practice has been integrated into the teaching of the health professions including, medicine, nursing and midwifery. David Boud (12), an Australian professor of education has been very influential in this country. He

developed a model of reflection which placed emphasis on focussing on feelings as the first step in reflecting upon a situation in practice. Boud's teaching about reflection helped us to understand that the situations in practice that cause us the most discomfort are the ones from which we have most to learn. This type of reflection requires self-awareness, self-honesty and a willingness to change. The model of reflection that we have used is adapted from Boud (1985) (12) and Fahy (1996) (13) and is consistent with Schon (1983) (9) and Gibbs (1988) (11).

Model of Reflection for Midwifery Practice



Adaptation of the Model of Reflection on Practice

In our model of reflection, depending upon the time-frame of ***the situation*** in question, one starts the reflective cycle during and/or after practice. The practitioner carefully thinks about the situation and what has led up to it. The key issues to focus on are the ***feelings and behaviours*** of self and others. When reflecting honestly upon one's own behaviour with a situation one can understand why one felt as one did and how those feelings were linked to behaviour. Understanding that most ***behaviour is motivated by feelings*** helps the reflective

practitioner understand the feelings of others by focussing on their behaviour and making sense of it in terms of underlying feeling motivation. Once the situation is understood then the practitioner can ***identify their own learning needs*** which may be deficits in terms of knowledge, attitudes and/or skills (technical and psycho-social). Depending upon what the practitioner needs to learn there are different modes of acquiring what the reflective practitioner needs. Once learning has occurred it leads to the formulation of ***a plan for future action*** if and when a similar situation arises in practice.

Example Reflection

The information is some part of data collection of the research project which has been approved by the Human Research Ethics Committees of the University of Newcastle and the hospital in Bangkok, where the study was conducted. Pseudonyms are used in the stories to protect privacy. In the scenario below descriptions of the situations which occurred at the time were written originally in the Thai language and have been translated by the first author. There are two circles of reflection on practice is that during recruitment and the first meeting of the antenatal circles of health empowerment in data collection.

1. Situation in Practice

Before I began the antenatal circles of health empowerment at the hospital, I had to carefully think about whether I should wear the uniform and the distinctive cap (see picture below). My primary supervisor had suggested that I shouldn't wear a uniform during the groups so as to equalise power relationships and enhance communication with women in the learning circle (she left the decision up to me). However, I was not sure my supervisor was correct in the Thai context. I knew that Thai midwives had a different perspective and they were proud of wearing the uniform.

I discussed the issue of whether to wear a uniform or not with the two midwives. One midwife, Cherry said “You should wear a uniform and put the identity card. When you wear the uniform, patients will trust in you, they think that you are professional so you will get lots of information from them”. I knew that Cherry wanted to help me to get a lot of information from women. However, I was not sure that it was true that women would trust me just because of a white uniform.

The midwife, Terri also said that “I agree with Cherry, when you wear a uniform, the patients will respect you and think that you will keep their information secret”. Terri also wanted to help me. However, I felt that if their opinions were correct, it meant that I just wanted to take advantage from the women. The research project would not have the women at the centre.

I also discussed the issue of uniform wearing with the other academic colleagues. One colleague, Jamy, said that “Why don’t you wear a uniform, it is the rule of this hospital. If you don’t wear a uniform, you will look like a worker so patients will not trust in you.” I felt confused and uncertain about the benefit of the uniform; my own beginning belief was that the uniform was beneficial to the midwife-woman relationship. Jamy continued “Ok you’re now studying a PhD in Australia but don’t forget you are Thai”.

Another colleague, Vita said that “I agree with Jamy, what are the reasons why you would not wear a uniform? Now, you are in Thailand, it is not in Australia” My colleagues were a little angry with me. They criticised me saying “You want to gain new knowledge for Thais not Australians; you must think about how your work fits within the Thai culture. You have studied for only one year and already you seem to forget that you are Thai and part of Thai culture”. I felt worried by their strong

disagreement and I didn't like being in conflict with them. I decided to wear a uniform during recruitment with the aim of reflecting on the experience.

2. Reflection: Focus on Feeling and Behavior

During recruitment, at the antenatal clinic I wore the uniform and looked just like the other midwives in the clinic. In one sense it was good for me to look like the other midwives as I blended in with them and felt that I would be more easily accepted by them. During the initial conversations with the women I tried to build rapport. However, I sensed that the women felt they were in a situation of inequality. The women showed submission towards me e.g. they looked down, spoke very little and agreed with anything I said. I felt that the women looked up to me with great respect

because they saw that I was part of an institution. I realised that I felt more confident wearing the uniform but it seemed that women felt submissive to me. Maybe, that submissiveness was just part of Thai culture but maybe if I wore normal clothes it would symbolise equality.

3. Understanding: Feelings are Motivators and Behavior

I felt conflicted about what I should do. The research aim was to develop a culturally appropriate model of midwife-facilitated group-based antenatal education that is valued by Thai women. I wondered if there was a difference between what is culturally expected of me i.e. to wear a uniform, and what would be most valued by Thai women? I thought about the meaning of the word 'midwife' which means 'with woman' and my feminist research methodology which aims to promote equality and empowerment for women. I realised that I wanted participants to be empowered in relation to their own health then I should avoid setting myself up as 'the expert' on everything. In order to build equal relationships in group discussion then it might be best to not wear the uniform. I knew that I would be criticised by my Thai nursing and midwifery colleagues but I thought I could withstand that but only if me wearing normal clothes would help women to feel more empowered.

4. Learning Needs Identified and Met

Because of my experiences before and during recruitment, I decided to review the literature of the uniform wearing. All the articles were written from the Western perspective; many of them were written by nurses but here we focus all the discussion on midwives. There is lack of consensus about whether a midwife should wear a

uniform (14-18). The formality of the uniform symbolises competence and the crisp white uniform sends an implicit symbol of 'do not touch' which may be important because the nurse or midwife will indeed be touching the patient/person so the uniform can demarcate professional boundaries (2, 19, 20).

The positive benefits of midwives wearing a uniform are said to include: ease of identification for hospital patients, staff, and the public (2, 19, 21). Increased personal confidence for the midwife (21, 22). Some argue that the patient or woman feels safe and secure knowing that the person they are dealing with is a health professional (19). When all members of a discipline wear a professional uniform it projects a sense of professionalism to the public (19, 21, 22). Wearing a clean uniform daily has been argued to assist in infection control (2, 19, 20).

A number of negative effects of wearing a uniform have also been identified. The uniform creates in midwives and the women they care for a sense of power and atmosphere of inequality (2, 23, 24). The uniform may create more interpersonal detachment and less relationship (25). Women are more likely to feel passive and dependent thus relinquishing control to the midwives (23). Women may believe that they need the midwife's permission before taking action (15, 19, 21, 23, 25). Midwives may not share decision-making with the woman (21), Also 'uniform wearing seemed to delay patient recovery' (19, 23) (p. 149) and 'to affect the role of the patient as a passive of care, which is opposing to the philosophy of primary health care' (21) (p. 121). The important reflection of wearing the uniform should focus on profession's work, verbal and non-verbal expressions i.e. face, eye contact or tone of voice (26, 27). 'Patients are more likely to be active in their own self and make

decisions when the people around them are just `people' instead of professionals'(19, 23) (p. 149).

In Thailand the midwife wears a nursing uniform, usually white in colour. This uniform represents the historical-cultural symbolism of what it means to be a 'nurse'. The pure white indicates virginity/purity; these are symbols associated with adolescence. Perhaps wearing the white uniform in Thailand inappropriately prevents the full maturity of the midwives who wear them. From a feminist perspective, male doctors in Thailand (who do not wear uniforms) frequently treat female midwives patronisingly; not as equal colleagues (19, 21). Uniform wearing female midwives may be contributing to the disempowerment of midwives in relation to male doctors.

5. Develop and Action Plan for Future

From the experiences of the first cycle of reflection on practice and my research methodology which is based on feminist theory, midwifery partnership, I decide not to wear the uniform for facilitating the first antenatal learning circle and to carefully reflect on the effects on the women and me.

The Second Cycle of Reflection on Practice

1. Situation in Practice

When I began the first meeting of the antenatal circles of health empowerment at the hospital, I wore normal clothes. When the women in the group met me, nobody asked me about my qualifications or status as a midwife because we had known each other during recruitment when I was wearing the uniform.

2. Reflection: Focus on Feeling and Behavior

When I was not wearing the uniform I felt more relaxed, comfortable and informal. I felt that I was a woman who wanted to help the other women to have healthy babies and feel empowered. I encouraged the women in the group to introduce themselves and share their pregnancy experiences. I attempted to create an equal atmosphere where everyone felt they were on the same footing. The reactions of women in the group antenatal learning circle were different from their reactions during recruitment. They seemed to be more independent and active. The openly shared their knowledge and experiences with the group. This was a new experience for me to see women so comfortable with themselves and me as a health professional.

3. Understanding: Feelings are Motivators and Behavior

Without the uniform I felt free of the need to be the 'expert'. I was able to focus on my aim to facilitate and support the women to feel empowered. I noticed that the wide distance relationship between the women and me at the recruitment was gradually narrowed. The atmosphere was nice and stress-free. I sensed that the women felt more comfortable with me in normal clothes and that is why they felt able speak out (2). I sensed that the women felt more responsibility for their health and well being and did not expect me to take all that responsibility. For instance on the first group meeting, one woman (Tukta) said "I had too much of baby kicking last night. I couldn't sleep so today I feel so tired". Another woman (Mary) said immediately "You could try softly talking to and touching your baby, he or she can listen your voice. In my last pregnancy when I behaved like this, my baby would calm down". Mary went on to say "You may use small pillow to support the uterus when you are sleeping, the baby feel that you are touching him or her". The women in the group agreed with her

suggestions and they said “We will try this tactic with our babies”. I noticed that sharing women’s experience gradually became the motivators to change women’s behaviour. Therefore, equal sharing of knowledge and power between the women and me began to occur even in the first meeting.

Over the months of the action research project I did continue to get some criticism from my colleagues xxxx

4. Learning Needs Identified and Met

Compared with normal midwifery practice in Thailand the women in the Midwifery Ante Natal Circles Of Health Empowerment were more independent and had more freedom to talk. By wearing normal clothes I demonstrated my desire to be treated with equality; not as an authority figure. I could see that wearing normal cloths enhanced communication and most women in the circle felt comfortable to talk. This encouraged me to continue to wear normal clothes instead of the white nurse’s uniform and cap. This is consistent with Waller-Wise’s article (2007) who reviewed ‘Advocating for normal birth with normal clothes’(28). I began to see that a partnership relationship with women would be fostered by not wearing uniform.

The uniform seems to be a protector of midwives when they exhibit inappropriate behaviours or impolite communications with women because the women can see that the midwives are part of an institution and that the institution will most likely protect the midwife if there is a complaint. Women in Thailand are usually submissive to both doctors and midwives; they generally do not have the confidence to take

responsibility for their own health. Childbearing women do, however, have valuable knowledge and experiences about pregnancy and often also about birth and parenting. My experience was that if women have the freedom to think and act and the midwife encourages in that then, they do develop more consciousness and take more self-responsibility (23).

In general, we believe that wearing normal clothes is wise for midwives who have continuity of care relationships with women and/or are working outside the 'ward' setting. Within the ward setting, with many changes of shift, then uniforms seem to be important for easy identification of midwives by patients and staff.

5. Develop and Action Plan for Future

I planned to wear normal clothes for facilitating every group meeting of the Midwifery Ante Natal Circles Of Health Empowerment (MANCOHE).

Conclusion

My original ideas about the importance of the uniform has changed and I will in future wear normal clothes to the midwifery ante-natal learning circles so as to equalise power relationships and encourage the women to feel confident to speak. Reflection in and on practice is an effective way to learn from experience and to change practice toward more woman-centred care.

The importance of reflection for the midwife changing herself first was critical to realising that there can be no change in the way maternity care is provided without each midwife being willing to be self-aware and open to appropriate change. The

model of reflection in and on practice that has been presented here was particularly relevant to what I was attempting to do in Thailand i.e. I was setting up a midwife-led feminist antenatal group aimed at women's empowerment in relation to their own holistic health and wellbeing (something that had not been done before).

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