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Cultural diversity in maternity care in improving the quality of care services: a systematic review

Dwi Indah Iswanti[1], Rio Ady Erwansyah[2], I Made Moh. Yanuar Saifudin[3], Tri Ismu Pujiyanto[1]
[1]Department of Nursing, Faculty of Nursing and Health Science, Universitas Karya Husada Semarang, Semarang, Indonesia
[2]Department of Nursing, STIKes Hutama Abdi Husada Tulungagung, Surabaya, Indonesia
[3]Department of Nursing, Faculty of Medicine, Universitas Tanjungpura, Pontianak, Indonesia

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ABSTRACT

This study aimed to elucidate the significance of cultural diversity in maternity care in the context of enhancing the quality of care services. To undertake this systematic review, we conducted searches across multiple databases, including CINAHL, SAGE, ScienceDirect, ProQuest, Scopus, and Springer. The process of article selection was executed through Science Direct and Sage, with adherence to specific inclusion criteria, such as articles published within the last five years, written in English, and focusing on maternity care. This study excluded articles with unclear literature reviews and those written in languages other than English. To analyze the risk of bias and the caliber of the included articles, we used the JBI assessment checklist and the PRISMA flow chart. A total of 20 relevant articles were selected for review. In order to enhance the quality of maternity care services, it is imperative to consider a range of facets, including showing respect and tolerance for cultural diversity, fostering effective communication, and honing relevant skills. Maternity care providers must cultivate an attitude of respect and tolerance towards the cultural diversity of their patients and their families.

Corresponding Author:

Dwi Indah Iswanti
Department of Nursing, Faculty of Nursing and Health Science, Universitas Karya Husada Semarang
Semarang, Indonesia
Email: misskey.indah@yahoo.com

1. INTRODUCTION

Maternity care refers to the care related to pregnancy, childbirth, and the postpartum period [1]. For women, the most common reason for seeking healthcare services is pregnancy and childbirth. Maternal and child healthcare services are crucial indicators of public health [2]. The experience of giving birth directly influences decisions about future childbirth and the choice between vaginal delivery and cesarean section [3].

During the COVID-19 pandemic, healthcare delivery systems underwent changes due to limitations in in-person services [4]. However, in providing high-quality maternity care, it is essential to consider cultural and language needs of mothers while ensuring the health of both the mother and her baby [5], [6]. Therefore, to improve the quality of maternity care, an effective service system supported by skill development is necessary [7].

Hospitals are institutions that offer healthcare services through various means, including prevention, treatment, and recovery. In this context, healthcare professionals in hospitals including doctors, nurses, midwives, play a vital role in determining the quality of healthcare services, including maternity care [8]. This involves paying more attention to patients' conditions and needs [9]. Additionally, it is crucial to

enhance the perception of staff and care providers regarding a safety culture associated with better healthcare outcomes and patient safety improvement [10]–[12].

Healthcare professionals who do not possess cultural competence, along with disparities in cultural customs and preferences between maternity care services and the communities they cater to, can influence the choices made by women and their families when it comes to utilizing skilled maternity care [13]–[15]. The World Health Organization (WHO) has recently issued a recommendation endorsing 'culturally sensitive' maternity care services as a means to enhance the health of both mothers and newborns. Providing culturally sensitive services, which consider the individual preferences and cultural backgrounds of people and their communities, is a significant aspect of delivering high-quality healthcare [16].

Childbirth, as well as the period surrounding it, is a social and cultural occurrence often guided by established norms. Nevertheless, in most societies, the prevailing culture, primarily expressed through social institutions like the healthcare system, dictates how health matters are perceived and handled. Discrepancies between the cultures of healthcare providers and service users have been acknowledged as a significant challenge in service delivery. The perceived or actual lack of cultural sensitivity or competence among professionals can lead to user perceptions of subpar care or discrimination against specific user groups by service providers. This can result in a lack of trust in both services and those providing them [17]–[19].

Numerous experts have recommended that cultural considerations should be integrated into the planning and implementation of services to effectively encourage service utilization, which is a crucial step in reducing maternal and newborn mortality [20], [21]. Some countries have established intercultural approaches for designing and delivering national policies. The concept of 'culturally sensitive' healthcare facilities is at the heart of the World Health Organization's (WHO) mission for 'health for all' and its strategy for enhancing maternal and newborn health [22]–[26].

Various interventions globally address cultural barriers in maternity care, yet a comprehensive synthesis of this field is lacking. This study addresses cultural insensitivity in maternity care, hindering access to services during pregnancy, childbirth, and the postpartum period. Differences in cultural perspectives between healthcare providers and communities can lead to perceived subpar care, trust erosion, and adverse impacts on maternity care, maternal/newborn health, and mortality. The proposed solution involves integrating cultural considerations in maternity care planning and adopting 'culturally sensitive' healthcare facilities. This approach aims to enhance healthcare professionals' cultural competence and align care with community norms. The study emphasizes the need for a comprehensive approach considering cultural needs, promoting a safety culture, and aligning healthcare practices with community norms to enhance maternity care quality and maternal/newborn health. Thus, this systematic review aimed to elucidate the significance of cultural diversity in maternity care in the context of enhancing the quality of care services.

2. METHOD

2.1. Search strategy

In our systematic review, we conducted an extensive search for relevant research articles in various databases. We employed a literature search strategy on six indexed electronic databases, namely CINAHL, SAGE, ScienceDirect, ProQuest, Scopus, and Springer Link. The search terms in the systematic review were aligned with Medical Subject Heading (MeSH) terms, encompassing keywords like 'cultural' or 'cultural care' and 'maternity' or 'maternity hospital' or 'maternity nursing,' combined with 'nursing' and 'nursing care' or 'Nursing Care, Primary.' We used Boolean operators, including 'AND', 'OR', and 'NOT', to refine our search. Our search results were limited to studies published in the English language between 2018 and 2022. This research represents a review article aimed at exploring ways to enhance the quality of healthcare and maternity care services. To present the findings of our systematic review, we employed the PRISMA checklist and flow diagram for reporting items [27]. Additionally, we utilized the Center for Review and Dissemination and the Joanna Briggs Institute Guideline to assess the study quality.

2.2. Inclusion and exclusion criteria

The eligibility of studies was assessed using the PICOT framework as shown in Table 1. Studies were included for review if they met the following inclusion criteria: published within the last five years, from 2018 to 2022, as the researchers needed the most recent studies for the development of theoretical models in nursing and healthcare. There were no geographic restrictions, but only articles published in English were considered. Articles had to contain discussions related to maternity care. Articles meeting the inclusion criteria were then subject to exclusion criteria. The exclusion criteria were applied when articles were not written in English, were published more than five years ago, or had unclear review content. Data obtained were reviewed, selected, grouped, and discussed based on various points.

Table 1. PICOT framework

Framework	Inclusion criteria	Exclusion criteria
Population	Pregnant women, during childbirth and in the postnatal period, require proper care	Women with history of difficulties in delivery.
Intervention	Maternity care	-
Comparator	N/A	N/A
Output	Improvement in the quality of service	-
Time	Studies published between 2018-2022	-

2.3. Study selection

All articles were first screened for research outcomes through abstracts, and detailed findings were reviewed in full text to assess the methodology, research outcomes, and conclusions as presented in Figure 1. Data extraction was performed using the PRISMA flow diagram to review study characteristics and the level of evidence for each article. An analysis of the evidence and an evaluation of the identified articles were conducted according to the flow diagram. The initial keyword-based literature search yielded a total of 596 articles (159 from CINAHL, 110 from SAGE, 104 from ScienceDirect, 93 from ProQuest, 20 from Scopus, and 110 from Springer Link). Following examination, 401 papers were excluded for various reasons, including non-alignment of the population with the research objectives, articles written outside of English, and non-open access status. A total of 107 complete papers were evaluated for eligibility after the remaining 294 articles were disqualified for being older than five years and not being literature reviews. Of these, 87 articles were eliminated for reasons such as not discussing the quality of maternity care services and having unclear review content, resulting in 20 articles that met the eligibility criteria.

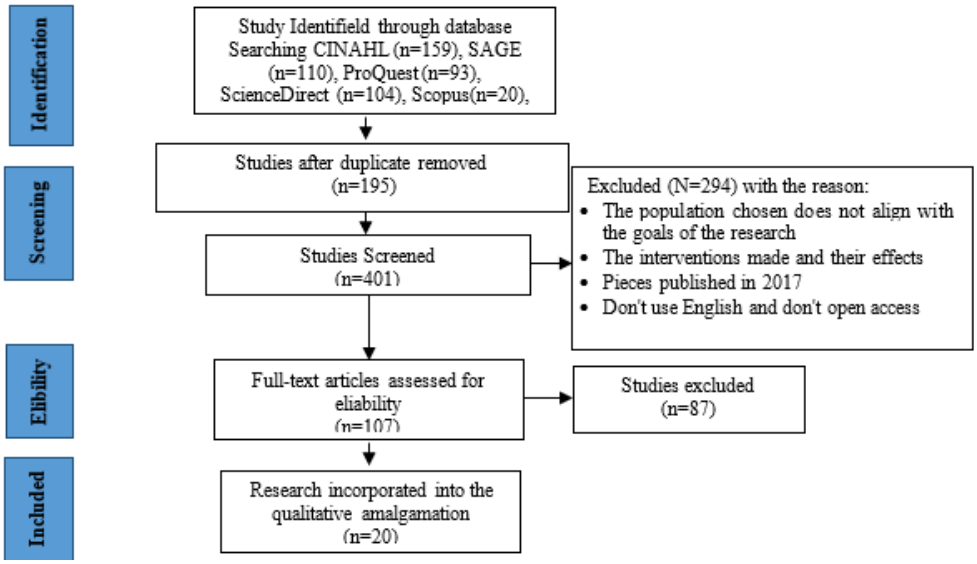

Figure 1. PRISMA flowchart

2.4. Data extraction and analysis

Relevant data related to the research question in this systematic review were extracted, including author names, title, publication year, journal name and volume, country, background, research objectives, theoretical framework, maternity healthcare, study design, sample size, sampling method, participant descriptions, measurement instruments, analysis techniques, and statistics. In order to compile data for this systematic review, a narrative technique was used to gather and create a cohesive textual narrative that emphasized study differences and commonalities. This narrative highlighted both the distinctions and similarities among the studies, offering a nuanced understanding of the topic.

2.5. Assessment of study quality and risk of bias

With the aid of a critical assessment tool, bias risk was reduced. The Joanna Briggs Institute (JBI) critical assessment tool was used in the review. The JBI appraisal tool is a checklist that includes necessary elements, steps to follow, and things to think about. There are various questions for every study design. Researchers evaluated the selected articles, and the scoring results were categorized as low risk, moderate

risk, high risk, or unclear risk. JBI critical appraisal for cross-sectional studies, case control studies, quasi-experimental studies, and cohort studies was used to analyze the methodological quality in each of the 20 studies. Appropriate checklists for qualifying studies had various assessment criteria. The assessment criteria were scored as 'yes', 'no', 'unclear', or 'not applicable', and each 'yes' score was awarded one point. Subsequently, each study's score was calculated. Researchers assessed studies that met the eligibility criteria. A study was included in the evaluation if it received a score of at least 70% during the critical appraisal a predetermined level that was agreed upon by three researchers. For the purpose of protecting the validity of the review's conclusions and suggestions, low-quality studies were eliminated.

The methodological quality of the obtained articles (n=20) was evaluated and analyzed using the Joanna Briggs Institute (JBI) critical appraisal. The researchers decided that the publication will be included for additional data synthesis if the final methodological quality score was at least 75%. In the final screening, all 20 articles achieved scores higher than 75% and were ready for data synthesis. Based on Table 2, there were 9 articles assessed for bias risk using the JBI critical appraisal checklist for cross-sectional studies, and the results were as follows: a score of 87.5% (n=7 articles) [28]–[34] and a score of 75% (n=2 articles) [35], [36]. There were 3 articles assessed for bias risk using the JBI Critical Appraisal Checklist for Cohort Studies, with results of a score of 81.8% (n=2 articles) [37], [38], and a score of 90.9% (n=1 article) [39]. Additionally, 8 articles were assessed for bias risk using the JBI Critical Appraisal Checklist for Qualitative Studies, with results of a score of 90% (n=5 articles) [40]–[44], and a score of 80% (n=3 articles) [45]–[47]. Using the JBI critical appraisal checklist, 20 articles were assessed for bias risk based on the results shown in Table 1. All 20 articles received scores more than 75%.

Table 2. Using the JBI critical appraisal checklist to assess the risk of bias

Citation	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
[45]	v	x	v	v	v	x	v	v	v	v				80%
[35]	v	v	v	v	x	x	v	v						75%
[40]	v	v	v	v	v	v	x	v	v	v				90%
[28]	v	v	v	v	x	v	v	v						87.5%
[37]	v	v	v	x	x	v	v	v	v	v	v			81.8%
[41]	v	v	v	v	v	x	v	v	v	v				90%
[42]	v	v	v	v	v	x	v	v	v	v				90%
[39]	v	v	v	x	v	v	v	v	v	v	v			90.9%
[29]	v	v	v	v	x	v	v	v						87.5%
[38]	v	v	v	x	x	v	v	v	v	v	v			81.8%
[36]	v	v	v	v	x	x	v	v						75%
[43]	v	v	v	v	v	v	v	x	v	v				90%
[30]	v	v	v	v	x	v	v	v						87.5%
[44]	v	v	v	v	v	v	x	v	v	v				90%
[46]	v	v	v	v	v	v	x	x	v	v				80%
[47]	v	v	v	v	v	v	x	x	v	v				80%
[31]	v	v	v	v	x	v	v	v						87.5%
[32]	v	v	v	v	x	v	v	v						87.5%
[33]	v	v	v	v	x	v	v	v						87.5%
[34]	v	v	v	v	x	v	v	v						87.5%

3. RESULTS AND DISCUSSION

3.1. Characteristics of study

This systematic review exhibits heterogeneity, with 11 articles utilizing cross-sectional methods in their research, 7 articles employing cohort studies, 1 article focusing on prevalence studies, and 1 article using quasi-experimental studies. The selected articles yield results from single and combined intervention surveys. The sample composition varies due to the diverse selection of journals. The types of interventions provided are described in Table 3 (see in Appendix).

3.2. Discussion

The findings of this systematic review indicate that improving the quality of care requires a service model supported by the principles of collaborative practice, inclusion, and participation, combined with an understanding of cultural factors, leadership, and evaluation, backed by the concept of collective learning as a crucial element [48]. Furthermore, the importance of communication, compassion, and patient autonomy are key components of maternity care [49]. Healthcare professionals also need to address the cultural and spiritual needs of mothers to enhance satisfaction with the care provided. The significance of communication, compassion, and patient autonomy are essential elements in maternity care. In maternity care, every community also has cultural practices and beliefs related to childbirth [50], [51]. Therefore, to enhance care

services, multiprofessional learning should be conducted to provide care that is tolerant of differences and fosters empathy to address the cultural diversity that exists [52], [53].

Effective and empathetic communication is a linchpin of quality care, as it entails not only conveying medical information but also actively listening to mothers' concerns and preferences, which is especially crucial in a multicultural context where language and cultural norms can vary widely. Compassion, in turn, entails showing genuine care and concern for the well-being of expectant mothers, alleviating their fears, and offering emotional support. This compassionate approach helps build trust and cooperation, particularly essential when dealing with the rich tapestry of cultural diversity in maternity care [54]. Patient autonomy underscores the importance of respecting a mother's right to make informed choices in line with her values and preferences, an aspect that is significantly influenced by cultural beliefs and practices. In a multicultural environment, respecting patient autonomy ensures that maternity care is tailored to each mother's unique needs and cultural perspectives, promoting a sense of control and empowerment [55], [56], [57]. Moreover, multiprofessional learning becomes indispensable in this setting, where healthcare providers from various disciplines collaboratively learn about and adapt to the cultural practices and beliefs surrounding childbirth, fostering empathy and a more inclusive approach to maternity care [58], [59].

Healthcare professionals should also receive training to help them develop skills for better quality care during pregnancy, childbirth, and the early postpartum period. Additionally, healthcare providers should encourage mothers to attend antenatal programs to prepare for childbirth. We should also pay attention to their recommendations and accept feedback from them to ensure areas that need improvement are addressed. Systematically reviewed articles show that various factors can influence the quality of maternity care services, such as cultural diversity among mothers and care providers. Training should encompass a spectrum of competencies, from medical and technical proficiencies to soft skills like empathy, cultural sensitivity, and effective communication [60]. Such holistic training empowers healthcare providers to deliver care that not only meets medical standards but also addresses the emotional and cultural dimensions of maternity care. Encouraging mothers to participate in antenatal programs is another crucial facet of this equation. These programs offer education and support, equipping expectant mothers with the knowledge and confidence they need to navigate pregnancy and childbirth successfully [61].

Moreover, listening to the feedback and recommendations of mothers is an invaluable aspect of improving maternity care. Their insights can shed light on areas in need of enhancement and provide a more patient-centered perspective, ultimately leading to better care outcomes. The systematic review of articles underscores that the quality of maternity care is a multifaceted issue influenced by various factors, particularly the cultural diversity presents among both the mothers seeking care and the healthcare providers delivering it. By addressing these factors, continuously upgrading skills, and engaging with mothers, healthcare professionals can ensure that maternity care services are not just of high quality but also culturally competent, empathetic, and attuned to the diverse needs of the women they serve [21], [53].

This research has weaknesses in the systematic review process, one of which is the limited use of language and time, because researchers only use literature reviews on English papers, which had an impact on the results obtained. While the findings of this study shed light on the critical importance of communication, compassion, and patient autonomy in maternity care, it is essential to acknowledge the inherent limitations and challenges in the systematic review process. This recognition underscores the need for future research in this domain. Firstly, future studies should endeavor to overcome the constraints of language and time by incorporating a more extensive range of literature that encompasses diverse linguistic and temporal aspects. This will help provide a more comprehensive understanding of how these principles apply across different cultural and temporal contexts.

Additionally, it is imperative for future research to delve deeper into the impact of these principles on specific maternal and neonatal health outcomes, allowing for a more granular evaluation of their effectiveness. This research should extend beyond the scope of systematic reviews to include primary studies that investigate the cultural nuances and variations in the application of these principles. In doing so, we can further enrich the body of knowledge on maternity care, enabling healthcare providers and policymakers to craft more tailored and culturally sensitive care protocols for expectant mothers from diverse backgrounds.

4. CONCLUSION

In conclusion, effective communication, compassion, and patient autonomy are essential in providing high-quality maternity care, especially in multicultural settings. Healthcare professionals need training to hone both technical and interpersonal skills. Encouraging participation in antenatal programs empowers expectant mothers, and their feedback is invaluable for improving care. Future research should broaden its scope and delve deeper into the impact of these principles on health outcomes, ensuring their generalizability across

diverse contexts. By emphasizing these principles and conducting further research, we can enhance the quality and cultural sensitivity of maternity care, ultimately improving maternal and neonatal health outcomes.

APPENDIX

Table 3. Study characteristics (*Continue*)

Title	Citation	Methods	Findings
Midwives' Perceptions of Barriers to Respectful Maternity Care for Adolescent Mothers in Jamaica: a qualitative study	[45]	Forming semi-structured focus groups and conducting interviews with Jamaican midwives.	The participants shared their work experiences with teenage mothers and explained that public and institutional policy cultures that restrict personal beliefs and the location of care provision hinder the delivery of fully respectful care that allows for shared decision-making.
Association between the nationality of nurses and safety culture in maternity units of Oman	[35]	A comprehensive survey across various staff categories using the Safety Attitudes Questionnaire (SAQ).	Nurses who are not from Oman have a more positive perception of patient safety culture than nurses from Oman.
Community perspectives: An exploration of potential barriers to men's involvement in maternity care in a central Tanzanian community	[40]	Conducting interviews in 32 focus group discussions with both men and women, and 34 in-depth interviews with healthcare providers and personnel.	Deprivation in terms of tangible and intangible resources not only exacerbates male disengagement in maternity care but also influences women's prioritization of maternal healthcare practices.
Footprints of Birth: An Innovative Educational Intervention Foregrounding Women's Voices to Improve Empathy and Reflective Practice in Maternity Care	[28]	An educational workshop titled "Birth Pathways" attended by 245 interprofessional providers in 14 workshops over a 16-month period.	All provider groups emphasize the importance of communication, compassion, and patient autonomy as key elements of maternity care.
Sowing the seeds of transformative practice to actualize women's rights to respectful maternity care: reflections from Kenya using the consolidated framework for implementation research	[37]	A complex and multifaceted set of interventions conducted in 13 facilities across five counties in Central and Western Kenya, which commenced in 2011.	The success of implementation comes from readiness for change at various levels, constant communication among stakeholders, and the perceived significance for the community.
A theory on intercultural caring in maternity care	[41]	The development of the intercultural caring theory is based on four studies.	The theory can be used in nursing education to raise awareness of culture and compassion in maternity care.
Exploring the space for task shifting to support nursing on neonatal wards in Kenyan public hospitals	[42]	Semi-structured interviews were conducted, following an ethnographic approach.	The routine template of neonatal nursing work used by nurses to manage uncertainty. This nursing model promotes the delegation of less technical tasks to subordinates and other staff through "subconscious triage."
Assessing contextual readiness: the first step towards maternity transformation	[39]	The first author (CC) was employed to support and facilitate maternity care services and their staff with the development of culture, safety initiatives, and quality. CC also acted as an embedded insider and researcher.	The framework can help maternity care services assess their contextual readiness to implement best practices.
Satisfaction with maternal and birth services: a survey in public hospitals in Turkey	[29]	The completion of satisfaction questionnaires by women who have undergone both normal vaginal deliveries and cesarean sections.	Healthcare professionals should receive regular in-service training to help them develop skills for better quality care during pregnancy, childbirth, and the early postpartum period.
Designing mHealth for maternity services in primary health facilities in a low-income setting – lessons from a partially successful implementation	[38]	The development of an mHealth platform.	mHealth, in addition to addressing immediate priority issues at the grassroots level, also provides educational applications for healthcare providers throughout the care continuum, including antenatal, childbirth, and postnatal care.
Quality of nursing care in a maternal intensive care unit	[36]	Filling out a checklist adapted based on the model of the script for operational audit.	Cleanliness, comfort, and safety indicate adequate care.
NICU and postpartum nurse perspectives on involving fathers in newborn care: a qualitative study	[43]	Structured interviews with ten NICU and postpartum nurses.	Changes in the perinatal healthcare system that place a greater focus on fathers can enhance the healthcare experience for fathers and families.

Table 3. Study characteristics (*Continue*)

Title	Citation	Methods	Findings
Development of the person-centered prenatal care scale for people of color	[30]	Conducting cognitive interviews and providing an online survey to individuals who have given birth in the past year.	Person-centered prenatal care may be applicable across various different contexts.
Perspectives of Nurses in Mississippi on Implementation of the Baby-Friendly Hospital Initiative	[44]	Conducting a 90-minute face-to-face focus group where participants describe their experiences with Baby-Friendly hospitals.	Participants from hospitals across Mississippi shared similar experiences, describing the overall Baby-Friendly process.
Traditional open bay neonatal intensive care units can be redesigned to better suit family centered care application	[46]	Conducting structured interviews with nurses who agree to participate.	More than two-thirds of the participants indicated that their NICU was not aligned with Family-Centered Care (FCC).
Administrator Perspectives of Patient-Centered and Culturally Appropriate Reproductive Health Care for Women from Somalia	[47]	Conducting structured interviews with administrators after they have read the prototypical sketch.	The institution respects diversity and provides patient and family-centered care. Cultural barriers, limitations stemming from structural factors, and the provider-patient paradigm contribute to challenges for many healthcare providers when caring for Somali women within various healthcare systems.
Health Care Providers' Perceptions of Quality of Childbirth and Its Associated Risks in Poland	[31]	Conducting training on new perinatal care standards and conducting a survey before the training.	Only a small portion of the participants had a holistic perception of childbirth consistent with the Baranowska model.
Intrapartum Nurses' Beliefs Regarding Birth, Birth Practices, and Labor Support	[32]	Conducting a web-based survey that encompasses intrapartum beliefs of nurses related to childbirth practices.	Most participants held beliefs in supporting physiological childbirth.
Patient safety culture from the perspective of the nursing team in a public maternity hospital	[33]	The nursing team works directly in providing care to patients in the normal delivery center, excellence in midwifery center, and surgical center for at least three months with effective or non-effective bonds.	A weak safety culture in all areas, and it indicates that targeted strategic planning is essential to achieve a culture of quality safety for maternal and child care.
Quality of and barriers to routine childbirth care signal functions in primary level facilities of Tigray, Northern Ethiopia: Mixed method study	[34]	Maternal and newborn healthcare services are provided at all public health facilities seven days a week.	The quality of childbirth services in basic-level facilities in Tigray is still low.

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BIOGRAPHIES OF AUTHORS

Dwi Indah Iswanti is Senior Lecturer in the Faculty of Nursing and Health Science, Universitas Karya Husada Semarang. Her research interests are mainly focused in Community Mental Health Nursing. She can be contacted at email: misskey.indah@yahoo.com.

Rio Ady Erwansyah is Doctoral Program in Nursing, Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia. He is a Senior Lecturer in the Faculty of Nursing, Sekolah Tinggi Ilmu Kesehatan Hutama Abdi Husada Tulungagung. He can be contacted at email: rio.ady.erwansyah-2021@fkp.unair.ac.id.

I Made Moh. Yanuar Saifudin He is Lecturer in the Department of Nursing, Faculty of Medicine, Universitas Tanjungpura, Pontianak, Indonesia. Completed Master's in Nursing at the Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia. Published several articles in national and international journal, in field of nursing and public health. He can be contacted at email: yanuar.ikadek@gmail.com.

Tri Ismu Pujiyanto is Senior Lecturer in the Faculty of Nursing and Health Science, Universitas Karya Husada Semarang. His research interests are mainly focused in Nursing Management and Leadership. He can be contacted at email: tri.ismu2021@gmail.com.