Working Together to Provide Antenatal Care for Migrant Burmese Women: The Perspectives of Health Professionals and Bicultural Health Workers in Southern Thailand

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Background: Recently the health service in Ranong Province changed the way antenatal care is provided for women from the Burmese community. Staffing in the community-based primary health clinic has increased from two nurses to four and two translators were employed. However, staffing in the hospital-based antenatal clinic has not changed and women are encouraged to use the community-based primary health clinic, only coming to the hospital service if they have some risk factors.

Objective: This paper examines the teamwork between Thai health professionals and bicultural health workers and the impact of this on access and utilization of antenatal care.

Methods: Ethnographic research was adopted. Observations were conducted in two antenatal clinics in Ranong Province. Interviews were conducted with four health professionals and the three translators providing maternity care. Ten Burmese women were interviewed before and after birth. Additionally, the interactions between health professionals, bicultural health workers and women were observed during antenatal appointments. The data were analyzed using thematic analysis method.

Results: The staff in the antenatal clinic demonstrated a high level of teamwork. The health professionals recognized that they had to support the translators by not only providing relevant information and training but also supporting them emotionally. The health professionals demonstrated good communication skills, worked well in a team and the translators appeared to work very well with staff. The women who were interviewed reported a positive experience with the antenatal care. In contrast to the literature on migrant women’s use of antenatal services, the Burmese women who are legal migrants were comfortable using the antenatal services and were keen to attend.

Conclusions: Situational awareness is crucial for good teamwork. Improving team health providers in prenatal care and the health system can encourage women to gain benefits of maternity care and decrease adverse outcome.

Development of a Spiritual Care Model for People at the End of Life in Thailand

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Background: Spiritual care has been recognized as being intimately connected to palliative care. Spiritual care becomes more important for people at the end of life, who might be in spiritual distress and suffering, which is expressed by feelings of anger, meaninglessness, hopelessness, loneliness, disharmony with personal beliefs and value systems, and difficulty accepting meaning in one’s death.

Objective: The aim of this paper was to develop a spiritual care model to guide health care providers in Thailand in delivery of spiritual care practices for people at the end of life.

Methods: The new spiritual care model builds upon the strength of existing spiritual care models and uses the four steps of the nursing process as the guiding principles for health care providers to identify goals, plan interventions, provide care, and evaluate the outcomes of spiritual care for people at the end of life and their family members.

Results: This model allows health care providers to implement spiritual care regardless of their own spiritual affiliations and without relying on a specialist spiritual provider. These are the five steps of spiritual care in the model: history taking, assessment, plan, implementation, family members, friends, or community and evaluation of spiritual care. During planning and implementation, family members, friends, or community spiritual providers such as monks, nuns, and spiritual care volunteers will be able to engage in planning and providing spiritual care for the care recipient at the end of life.

Conclusion: This model could guide nurses, physicians, nursing support staff, nursing and medical students, and physical therapists to provide spiritual care for people at the end of life as well as their family members. Moreover, the model could facilitate connections between people at the end of life, health care providers, families, and their communities to achieve spiritual well-being and a peaceful death.

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