

An Exploration of WOMEN-CENTRED CARE in the Context of CERVICAL CANCER SCREENING in ETHNOCULTURAL GROUPS



Underutilization of mainstream health services has led to the development of specialized health services for women from different ethnocultural groups. These services provide an important focus for the study of women-centred care. The purpose of this study was to identify and describe critical elements of women-centred care within the context of three cervical cancer screening clinics in Vancouver serving Asian, South Asian and First Nations women. A further aim of the study was to determine factors that influenced full implementation of women-centred care within these clinics.

A collective case study design was used with each of the three clinics treated as a separate case. The Asian and South Asian clinics began as community-based initiatives offering a limited number of evening appointments with services provided by women from the two ethnic communities. The First Nations Pap Test Clinic, a time-limited demonstration project developed by researchers and a community advisory committee, was not in operation at the time of the study but was included for comparative purposes because of the challenges encountered in drawing women to the clinic. Data for this collective case study included open-ended interviews with purposeful samples of key informants from each target group and women from the Asian and South Asian community. Women who received services from the First Nations Pap Test Clinic were not included because of the time that had lapsed since the closure of the clinic. A total of 35

women and 14 key informants participated in the study. Following thematic analysis, cross-case analysis was completed by comparing and contrasting issues and contextual factors influencing women's and providers' experiences.

Cervical screening services for each group were shaped by attention to ethnocultural values, women's desire for thorough explanations, and the importance of a comfortable setting. While participation rates varied across clinics, women were positive about their experiences in obtaining cervical screening at the specialized clinics. Some women's expectations that they could address a range of health concerns with female health providers at the clinics were stymied by structural barriers that prevented staff from addressing issues beyond those directly related to cervical screening.

Cross-case analysis revealed three key elements of women-centred care: respectful and culturally appropriate interactions between women and health providers, the importance of providing acceptable alternatives for women, and the need for comprehensive health services. Full embodiment of these components of women-centred care within the context of cervical screening were hampered by structures in the health care system. For example, the fee-for-service model of

reimbursement for cervical screening limits which health care professionals provide Pap testing services, and does little to address women's preferences for female providers for this procedure and the social context of women's health care concerns.

Several recommendations were made based on study findings. Given evidence in this study that women were often attracted to the Pap test clinics because of their expectations that they would have the opportunity to discuss health care concerns with a female health care provider and their lack of access to acceptable alternatives, the mandates of the clinics to restrict services to cancer screening needs to be revisited. Policies that support comprehensive women's health services that encompass rather than segregate cancer screening are required. Other models of providing health care to women in ethnocultural groups, including the use of clinics staffed by nurse practitioners, should be evaluated. Funding criteria need to accommodate the need for different services for different ethnocultural groups as well as the importance of language services.

The Pap testing clinics examined in this study illustrate the importance of developing women-centred health services that are acceptable to underserved groups and acknowledge the broader social context of women's health within their respective communities.

Joan L. Bottorff, PhD, RN
Associate Professor and
NHRDP Health Research Scholar
School of Nursing, University of
British Columbia, Vancouver, BC

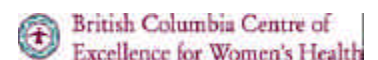
Lynda G. Balneaves, PhD Candidate, RN
Doctoral Candidate
School of Nursing, University of
British Columbia, Vancouver, BC

Lorna Sent, M.B.Ch.B.
Family Physician and
Former Medical Director
The Asian Women's
Health Clinic, Vancouver, BC

Suki Grewal, BSN, RN
Community Health Nurse
Vancouver-Richmond
Health Board, Vancouver, BC

Annette J. Browne, PhD Student, MSN, RN
Assistant Professor
University of Northern
British Columbia, Prince George, BC
Doctoral Student
School of Nursing, University of
British Columbia, Vancouver, BC

Study summary submitted to the



For further information on this paper, please contact:
Joan Bottorff at 604-822-7438 or bottorff@nursing.ubc.ca