ABSTRACT: "Numerous studies have documented the cultural disconnect, social isolation, and stress that occurs for Indigenous women in Canada who must leave their communities for childbirth (hereafter, childbirth evacuees). Yet, to our knowledge, none have explored how the process of childbirth evacuation is implicated in the quality of the medical encounter between Indigenous women and their southern, typically non-Indigenous health care providers. In this article, we document and analyze patient–provider interactions from the perspectives of 25 medically high-risk First Nations and Inuit childbirth evacuees and 8 non-Indigenous doctors and nurses. Interview data revealed that the medical encounter between childbirth evacuees and their health care providers were affected by three factors: evacuation-related stress, hospital bureaucracy, and stereotypes. The combination of these factors created situations where misunderstandings and mistrust could occur. The communication and interpersonal skills of individual providers was key to the quality of the patient–provider interaction in this context. However, individual health care providers’ efforts to decolonize the medical encounter is not currently supported by parallel institutional policies that facilitate more equitable patient–provider relationships. Specifically, hospital bureaucratic procedures such as long waiting times and multiple points of contact with different health care professionals, in conjunction with limited interaction time with doctors, can leave Indigenous patients’ feeling disempowered and dehumanized by the medical encounter. Potential strategies for transforming hierarchical patient–provider relations into respectful partnerships that are more aligned with cultural safety principles are discussed."

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