An examination of the characteristics of short term international midwifery consultants.

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Abstract

As humanity hurtles towards the twenty first century, it is apparent that the world is becoming a smaller place. Moreover, the colonization of previous centuries has largely shown deference to a differing approach in international interaction. It would seem that consultancy offers nations the possibility of importing expertise in order to aid development without overtly incurring the domination of foreign powers. This thesis debates the veracity of such an assumption and proceeds to examine international consultancy as practised by a single professional group, namely midwives. The study is confined to consideration of those who provide a short term consultancy service. It debates whether international consultancy can rightly be considered an approach which offers the client an equal partnership or whether it remains contaminated by the spirit of western domination.

The thesis explores current thinking on modernization and development and asserts that these issues are of considerable import, demanding an understanding by every midwife practising as an international consultant. This debate sets the scene for the main research question which, using a qualitative research approach, examines the characteristics of midwives who cross international boundaries in order to provide consultancy services, considering how such characteristics may impact on their effectiveness.

Across the developing world, the needs within the maternity and child health services and the responsibilities of the midwife have been brought into sharper focus with the advent of the Safe Motherhood Initiative [WHO:1987]. Currently, a significant number of professionals from the industrialized West travel to Third World countries in response to requests to assist or advise on health and related issues. This thesis dissects differing perspectives of need which may occur between the Orient and the Occident and asks who responds to the expressed need for expertise, how they are selected, whether they are prepared and how they are received.

Ultimately, a theory is born. This proffers that effectiveness in international consultancy is dependent on the fulfilment of certain "laws". The "laws" are derived from the discoveries made during data analysis relating to the main research question. They are also influenced by the consideration of numerous subsidiary research questions which arise during the study. The "laws" are nurtured in an extensive examination of literature scanning several professional disciplines and spanning several decades up to the present day.

(C) Gaynor D. Maclean [1998].
To my mother, Mrs Emma Evans (1911-1998), whose love, interest and support for me were, understandably, unique. She must have known more about the global issues associated with Safe Motherhood than any other octogenarian. She played an active role in international consultancy to the very end of her life, assisting with administrative details at my home based office and frequently entertaining colleagues of various nationalities. She shared with numerous visiting midwives some of the secrets of her longevity - and many practical skills as well. She loved them all and to many she became "Mma", "Ibu" or the colloquial equivalent of "mother". In gratitude for a mother who, along with my sister and I, survived a complicated twin pregnancy and labour and provided for us an inspiration and an example in facing life's many and varied challenges, I dedicate this thesis to her memory.
Acknowledgments

I wish to express my appreciation to the following who have made this study possible and, in many cases, enabled me not only to survive, but to enjoy the challenge:

The respondents of many nations who have given of their time, opinions and experience to provide a rich resource of data;

Numerous colleagues from whom and with whom, over the years, I have learned some of the arts and science of midwifery and of international consultancy;

Women and their families whose need at a very special, but sometimes dangerous time surrounding pregnancy and birth, has enabled me to share their experience by providing midwifery care and permitting me to be a midwife — "with woman";

Professor Peter Jarvis, Professor of Continuing Education at the School of Educational Studies who has been my Supervisor during this study. He has guided me through the jungles of academia which I have traversed at a greater depth and in a different direction than I have done so previously. He has offered wisdom and provided direction, challenging my thinking and my assumptions.

My family. My mother, Mrs Emma Evans, who died very recently and my sister Sheila Maclean. They have painstakingly and skillfully assisted with proof reading at various stages and with many of the laborious tasks associated with assembling a thesis. They have also been very supportive of my numerous assignments overseas and patiently coped with my long periods of intensive study with the correspondingly increasing mounds of paper and books from which I have now become inseparable!
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Footnote

The term maternal mortality rate (MMR) used throughout this text should now be read as maternal mortality ratio. This brings the terminology in line with the current World Health Organization definition used to refer to the number of maternal deaths per 100,000 live births.
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   The definitions and the debate

3  Modernization and development
   The symptoms and
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4  Perceptions of need

5  The need for consultants

6  The nature of consultancy

7  Confronting the issues
CHAPTER 1
IDENTIFYING THE ISSUES

Introduction

Across the developing world, childbirth is accounted the main cause of death in females between 14 and 45 years old. Childbirth also considerably influences the life expectancy of women [WHO:1991:3f] [Kwast:1988:25]. In spite of the degree of devastation which is associated with this natural process of procreation, for generations maternal mortality has been the hidden disaster which terminates the lives of young women in their prime.

"In practically every society, celebration of life is the dominant theme, while the grimmer side of childbearing is often shrouded in silence, known only to those who suffer it and those who attend them."
Royston & Armstrong:1989:9

Whilst there can be little debate about the fact that the death of a woman in childbirth spells tragedy for her surviving family, how such a death is perceived by her society may be very variable according to the area of the world in which the event occurs. In considering the dilemma of maternal death across twenty two African countries, conference delegates were confronted with the observation of a physician that:

"... pregnancy-related deaths had for long been considered part of the normal state of affairs in Africa. . ."
WHO:1989:2

By contrast, some animistic peoples have long considered maternal death a cause for great fear since such a death is deemed to occur before the allotted life span of the victim have been fulfilled. Studies amongst the tribal Kui people of the Eastern Ghats of India demonstrated that their perception of death in childbirth was that of a "violent death" along with those caused by a tiger-kill, drowning or hanging from a tree [Boal:1966:251].

Acknowledging the risks and the tragedies associated with childbirth, Royston & Armstrong point out that:

"It is only very recently that people have started to challenge - loudly and clearly in international forums - the stifling mix of personal fatalism and political disregard for women's needs that has condoned inaction in many poor countries."
Royston & Armstrong:1989:9
The United Nations Decade for Women which commenced in 1976 formed the crucible within which the Safe Motherhood Initiative was conceived [WHO:1987a]. With the vision of "Health for All by the Year 2000" [WHO/UNICEF:1978], the needs of women surrounding the time of giving birth were highlighted and maternal mortality began to be recognized more widely as an international tragedy of immense proportions and indeed a travesty of justice. It is, however, a tragedy perceived at varying depths, throwing a spotlight on inequality. Such a situation was highlighted in the Call to Action of the Safe Motherhood Initiative (SMI) which specified the ideal of reducing maternal mortality and morbidity worldwide by 50% during the thirteen years leading up to the turn of the millennium,

"Maternal mortality is a critical problem that needs to be recognized by all. . . The lifetime risk of a woman in a developing country dying in pregnancy or due to pregnancy related illness is 1 in 25 or 1 in 40; this contrasts sharply with the one in thousand or several thousand risk for women in the developed world." [WHO:1987a:4]

Recent figures reveal a more alarming picture, in that such a risk peaks to 1 in 7 in Afghanistan, Guinea, Sierra Leone and Somalia. In a further thirty eight countries the risk ranges from 1 in 8 to 1 in 24 [WHO:1997].

The SMI paper cited above goes on to emphasize that:

"These measures of maternal death have not been used as part of the quality of health and quality of life index."

Concluding poignantly:

"They should be so used. No country can claim to be advancing if its maternal death rates remain poor." [WHO:1987a:4]

Thus it has been recognized that it is the comparative maternal mortality rates between "rich and poor countries" which "show a greater disparity than any other public health indicator" [Royston & Armstrong: 1989: 64]. However, approaches to intervention have necessarily been based on an acknowledgment that:

"Maternal mortality in the developing world is not a chance event. It is the endpoint of a process that begins at birth and develops over a woman's entire reproductive lifetime. As with most such processes, it has its origins in many intertwined factors, starting with the social status and position of women, greatly affected by the economic resources and infrastructure of the country, and immediately dependent on the accessibility and availability of skills, materials and facilities for family planning and maternity care." [WHO:1991:7]
The Safe Motherhood Initiative has focused attention on maternal health and safety in childbirth in countries with limited resources. It has concurrently stimulated a flow of midwifery consultants and other personnel from "rich" to "poor" countries, from the West to the East, from the northern to the southern hemisphere. Hence it may be perceived that the attempt to reduce maternal mortality and morbidity is immersed in a sea of activity across the world. It is apparent that the advent of the Safe Motherhood Initiative [WHO:1987a] has stimulated governments and national and international organizations to take action. It has simultaneously presented the midwifery profession worldwide with a considerable challenge.

Although the indirect causes of death during childbirth, as indicated above, must readily be acknowledged as being multifactoral and complex, it is also evident that the areas of the world which display the highest maternal mortality rates are those which also witness the smallest percentage of women attended by trained health personnel whilst giving birth [WHO:1976] [WHO:1987b] [WHO:1991] [WHO:1997]. Across the world the demand for evaluation of midwifery education programmes, revision of curricula, introduction of postbasic and continuing education programmes along with a review of midwifery practice and of legislation to regulate the profession has increased during the last decade. Concurrently, it appears that the demand for midwifery consultants has developed in response to the plethora of national goals set as a result of the international aim identified in the Safe Motherhood Initiative.

It is being increasingly recognized across the globe that midwives must be well educated, constantly updating their knowledge and clinical skills. At the same time quality control, performance indicators and practice audit are becoming passwords in the organization of maternity care. Standards of practice, codes of ethics and accountability are now the indispensable pillars of modern midwifery practice. However, the education and level of practice of the midwifery consultant who may traverse the globe offering advice and influencing action at national and international level appears not to be subject to question. Furthermore her accountability may be undefined and her code of ethics may remain unquestioned as she enters the international arena marketing professional approaches which she may sincerely believe will help to promote Safe Motherhood. Yet she may have no experience of living and working in such an area as she now finds herself and she may be the only "expert" who is being asked for specific advice and direction. Her advice is likely to influence government policy and could cost the international community dearly or place the client country into millions of dollars of debt.

This study emanates from a concern about the nature and quality of international midwifery consultancy. At the heart of the research there is, therefore, focus on the characteristics of the midwifery consultant herself.
In order to explore this issue in some depth the following research question has been formulated:

**WHAT ARE THE ESSENTIAL CHARACTERISTICS OF SHORT TERM MIDWIFERY CONSULTANTS WHICH ASSIST THEM TO FUNCTION EFFECTIVELY IN CROSS CULTURAL SITUATIONS AND WHAT CHARACTERISTICS CONTRIBUTE TO THEIR UNACCEPTABILITY IN THIS CAPACITY?**

This detailed examination is confined to the short term international midwifery consultant who is defined as follows:

"A midwife who assumes a consultative or advisory role for a period of not more than six months in any one instance, in order to respond to an expressed professional need in a country other than her own."

Literature reviewed during this study on the general subject of international consultancy, along with the data collected, raises issues which lead to the construction of further important questions believed to be crucial to the topic under examination. These issues centre around the need for consultants, the nature of consultancy and the effects and effectiveness of consultancy. Such aspects of consultancy are explored within the context of a process of modernization and development as it is observed in its various phases in diverse areas of the globe towards the end of the twentieth century.

Each of the Chapters 2 to 6 in Section I of this thesis commences with a question which is addressed during the literature review and the ensuing discussion. Further questions emerge from chapters in this section. These are the subsidiary research questions which, in addition to the main research question cited above, are addressed in the data analysis chapters (12 to 14). in Section III.

Hence the study identifies and addresses numerous major issues which need to be explored in respect of international consultancy in general and in the context of midwifery consultancy in particular. Along with the main or primary research question, the subsidiary questions are believed to be critical in the pursuit of understanding of the whole issue of international consultancy in the midwifery profession. The questions from which each chapter originates and the subsidiary research questions which emerge from the early chapters are outlined below and presented in Figure 1.1. The theoretical framework which this thesis expounds is presented in Figure 1.2.
### International midwifery consultancy

Questions which underlie and subsidiary research questions which emerge from the chapters

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<td>QUESTIONS EXPLORED DURING LITERATURE REVIEW</td>
<td>SUBSIDIARY RESEARCH QUESTIONS EMERGING &amp; ADDRESSED DURING DATA ANALYSIS</td>
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<td>4 Section I</td>
<td>How often do the needs identified by nationals within a developing country and those identified by a visiting consultant constitute a shared vision and what are the consequences of conflict or oblivion in this context?</td>
<td>What skills does the international midwifery consultant require in order to facilitate an educational process which would result in her clients developing their own creative knowledge? How are mutual respect and meaningful communication established between the consultant and her client? How can consultants be selected and prepared in order to provide appropriate assistance to countries seeking to meet their identified needs in respect of Safe Motherhood?</td>
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<td>THEORY CHAPTER</td>
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<td>5</td>
<td>Is there a need for consultants and who defines the need?</td>
<td>Is there congruence between recipients, sending agencies and consultants regarding the need for consultants?</td>
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<td>Do the personal and professional qualities of a consultant influence whether the need for a consultant is expressed?</td>
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<td>What similarities exist between management consultancy and international midwifery consultancy and can those who practice the latter learn from those who practice the former?</td>
<td>How can a consultant who is appointed to an international assignment become fully conversant with the nature of consultancy and the multiple roles which she may be required to fulfil in the course of her work?</td>
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<td>THEORY CHAPTER</td>
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<td>Is it possible and is it important to assess the motive of a potential consultant?</td>
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<td>Is it necessary and is it desirable to establish whether a consultant can demonstrate a spirit of sacrifice or a spiritual dimension in her life?</td>
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<td>What qualities and circumstantial factors are likely to predispose to the establishment of a shared vision between client and consultant in a cross cultural situation and how can these be identified?</td>
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<td>Is it possible to match consultants with clients in such a way that there is a likelihood that mutual respect will be displayed, meaningful communication will take place and a shared vision will be attained?</td>
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<td>7</td>
<td>This chapter links the literature search in the first six chapters and the research methodology, findings, analysis and interpretation specific to this study. It therefore addresses no new question, but raises four further subsidiary research questions which are presented alongside on this page</td>
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<td>DATA ANALYSIS</td>
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Figure 1.2.

International midwifery consultancy
- A Theoretical Framework -

MODERNIZATION & DEVELOPMENT (Chapters 2 & 3)

PERCEPTIONS OF NEED (Chapter 4)

? shared vision

THE NEED FOR CONSULTANTS (Chapter 5)

THE CHARACTERISTICS OF CONSULTANTS (Chapter 12)

THE NATURE OF CONSULTANCY (Chapter 6)

MODERNIZATION & DEVELOPMENT (Chapters 2 & 3)

THE EFFECT & EFFECTIVENESS OF CONSULTANCY (Chapters 15 & 16)

★ Goal of promoting Safe Motherhood
The context of time and place

The notion of promoting Safe Motherhood on a global scale and the use of midwifery consultants to help to achieve this, must inevitably be viewed within the framework of a rapidly changing world. This is a post-colonial world which may notably be divided according to the varying degrees of modernization and development through which different civilizations are passing at any one time. It is a world which is heavily and increasingly dependent on technology whilst attempting to be ecologically and environmentally sensitive. In this rapidly changing environment, the peoples of the eastern and western hemispheres tend to perceive some crucial issues from very different perspectives. Such perspectives are likely to be related to the degree of modernization and development which is being experienced in the part of the world in which they live. For example, in the western world, "big" has been deemed "beautiful", trade and business mergers are the order of the day and "time is money". Such outcomes of massive industrialization impact on every aspect of life, not least on health and health services.

People in the West expect to make choices about their care and increasingly presume to have the last word. Women expect to give birth to a healthy baby and frequently opt for a more natural approach to childbirth. Whilst in the East, traditional collective communities occupy large areas of pre-industrialized society, fatalism is the norm and expectations of health and longevity are considerably compromised. Choice is the luxury of the elite and rarely reaches to the childbearing woman who has limited expectations and sometimes limited hope.

The eastern world is currently experiencing similar events to those witnessed in the west less than a century ago. These include massive urbanization as an adjunct to modernization and with this phenomenon come the problems of homelessness, unemployment and a distortion of values which were once secure in a traditional society. The megapowers of the West have become self appointed experts on human rights whilst demonstrating an increasing level of lawlessness within their own societies. The nations of the East pride themselves on tolerance whilst some may demonstrate reluctance to afford any political freedom or democracy to their citizens in the interest of the greater common good. Across the developing world, hospitals tend to adopt practices which they inherited from their colonial masters. These "old masters", with the privilege of education, research and the wisdom of hindsight, have themselves discovered the folly of some of these ways and moved on. The former dependencies wrestle with uncertainties and an uneasiness with the questioning
approach which accompanies modern education. It also threatens to challenge the western medicine with which their experts have become familiar.

In a world where modernization and development are definable by location rather than time, the relevance of such issues in the context of international midwifery consultancy needs to be explored. A consultant may be prepared to traverse time zones but she may not be prepared to encounter the lapses in time which are not accounted for by lines of longitude. Such "time differences" will be relevant not only to the lifestyle the consultant encounters and must quickly adapt to and from, but also to the professional practice which she witnesses and the likely level of risk associated with childbirth. Jet lag is normally experienced in travelling through time zones, but there is something less easily definable experienced when travelling between countries at different stages of modernization and development. This is more akin to an "epoch lag" which exists between developmental zones experiencing what may be referred to as an "epoch gap". It takes something more than sleep and clock adjustment to compensate for this lag time. However, the ability to recognize the "epoch gap" and make an adjustment to the "epoch lag", and to make it rapidly, could be crucial in short term consultancy. It could affect whether a consultant's recommendations are implementable within a very different society. A difference which reaches beyond culture and language. It seems pertinent therefore to raise the first questions which are addressed in chapters 2 and 3 concerning modernization and development and to consider the subsidiary research questions which emerge from these chapters [Figure 1.1.(a)].

Defining and perceiving needs

Whilst acquiring the type of knowledge which focuses on modernization and development is considered very important for the consultant, there are other issues which must also achieve definition. For instance, the needs within the developing countries which contribute to the expressed need for a consultant beg examination. These include the health and social needs of the nation and the educational and professional needs of midwives and other health care workers. It is interesting that western consultants are being invited to eastern countries in the post-colonial years. Language may dictate that the flow tends to be perpetuated between the old colonial powers and the nations once dependent on them. There is an inherent risk in this situation that dictatorship will come more naturally than partnership, subservience may be more instinctive than co-operation. Two contemporary Asian leaders summarize a fundamental difference in definition which serves to illustrate a dilemma in cross cultural co-operation in the post-colonial era,
"Strict regulation of personal conduct, according to some religious code is not the answer, but we do need new, universal paradigms of "freedom" and "justice". The Anglo-Saxon models are not valid for the rest of the world."

[Mohamad & Ishihara:1995]

Yet it seems that the "Anglo-Saxon models" of health care are actively being sought and it could be argued that these are not necessarily valid for the rest of the world either.

It may be that with a generation removed from colonial domination in much of the world, some nations consider that they have sufficient maturity to be able to acquire the essential technical know how from a western consultant without the risk of becoming dependent or dominated. This may be so at least to a degree where the risks are likely to outweigh the benefits of importing expertise. However, it is salutary for the consultant not to ignore the context and to be fully aware of the heritage which has caused an Indian managing director to pen the sentiment of previously oppressed peoples thus:

"There is a need for a new statue,
A statue of liberation from domination."

[Sharma:1996:51]

This ideal tends to thrust the concept of international consultancy into question, a theme which is taken up again later in the thesis when the nature of consultancy in a post-colonial era is examined [ibid: 144]. Hence, how needs are perceived provide the focus for Chapter 4 where the second question is posed. This chapter gives birth to a further three subsidiary research questions [Figure 1.1.(b)].

Who needs them?

The whole concept of consultancy is challenged in chapter 5 when the third question is addressed, namely:

Is there a need for consultants and who defines the need?

Researchers at the University of Warwick acknowledge that:

"There is some evidence of increasing host involvement in the approval of bids and selection of consultants"


Whilst this is encouraging, the workers go on to acknowledge the common difficulty of selecting consultants from their curriculum vitae and state that this increases reliance on the donor or broker if there is "a non-critical host". One has to speculate whether the donor or broker is in any better a position to identify needs and provide consultants who can offer appropriate assistance to match such needs.
The concept of aid and the need for it can be very differently perceived as the following statement from Japan illustrates:

"Before the Americans came we planted seeds and things sprouted up. Crops grew everywhere on Truk. U.S. officials gave us handouts and "aid", and they showed our children how to play the guitar and sing rock-and-roll, rather than teaching them job skills. Now the younger generation is lazy, and we even import lettuce."

[Mohamad & Ishihara:1995:96]

Importing lettuce may not seem to be the ultimate disaster, but in the opinion of the speaker it was symptomatic of a greater problem. Such a problem appeared to originate with a community being given what was not required and in providing solutions to problems which did not exist. The comment serves to warn consultants of the dangers of providing answers to questions which are not being asked and the wisdom of undertaking the needs assessment and problem identification in partnership with those who perceive them from within the country and situation. The road to hell is said to be paved with good intentions. Care must be taken that the road to Safe Motherhood is not paved with the same material if it is to end in a distinctly better place. Hence, within its historical context and in the current changing face of the world, the need for consultancy services is realistically and critically evaluated. The subsidiary research questions arising in Chapter 5 along with the question which led into it cited above are presented in Figure 1.1.(c).

**The nature and intent**

In order to discern the characteristics needed by consultants, it is essential to understand the nature of consultancy. The question which is explored in chapter 6 therefore asks:

What similarities exist between management consultancy and international midwifery consultancy and can those who practice the latter learn from the experience of those who practice the former?

At the outset it must be acknowledged that it is inevitable that the short term consultant will be challenged to offer culturally sensitive and socially relevant solutions before she has had opportunity to adapt to the alien culture in which she finds herself. From the anthropological perspective the consultant enters an area in which she cannot possibly function effectively, yet in the current situation governments are implementing advice conceived in such a setting. Obtaining some insight into a different
culture and recognizing the limits of her understanding of it are fundamental to the consultant's ability to function in the international arena. Such erudition provides a necessary backcloth upon which to assemble the various components of the problems which the consultant is paid to identify and solve.

The nature of consultancy may be difficult to define. Clark summarizes the characteristics of management consultancy most commonly identified by management theorists as:

"... intangibility, interaction, heterogeneity and perishability"

[Clark:1995:42]

These characteristics, it is argued, differentiate services from goods. Clark purports:

"Consultancy work is one of the most intangible parts of the service sector. Until the service is produced it only has potential. Indeed, it remains just a promise."

[Clark:1995:110]

A promise depends on mutual trust. Trust must be established in the client-consultant relationship if the service rendered is to provide more than potential. Despite the echoes of colonialism which weaken the effort, the relationship between client and consultant is best established as a partnership. Bellman states such a partnership has been created when:

"... the client's investment in the consultant's unique combination of abilities equals the consultant's investment in the client's unique combination of opportunities."

[Bellman:1990:238]

The balance of the equation is clearly dependent on mutual trust and respect, yet the nature of cross cultural consultation presents a situation in which the risk of misunderstanding and suspicion is high and the time for forming the crucial relationship is limited. Whilst there is a need for partnership with equality, there is a possibility that, consciously or unconsciously, the consultant may dominate and create dependence. A short term assignment within a culture which is at variance with that which is familiar to the consultant may totally imbalance the equation, mitigating against partnership formation.

With respect to the risk of perpetuating imperialism, a warning is sounded by American academics in the context of international consultancy work. Caution against maintaining dependence during the consulting process is penned thus:
"The consultant should avoid a posture that perpetuates inequality. Eventually such a stance leads the client to feel inadequate and to become defensive, passive and/or resistant to change. As a matter of fact, in some cultures, a consultant's attempt to appear superior may be seen as projection of a past history of domination by outsiders."
[Lippitt & Lippitt:1986:157]

As has been illustrated already, eastern writers tend to put the matter a little less delicately! [Mohamad & Ishihara:1995, Sharma:1996, ibid: 12-13].

Because management consultancy has evolved and developed since the last century, it is prudent to consider how this branch of consulting may have similarities with the emergence of the embryonic profession of midwifery consulting. Chapter 6 examines the precepts, process and practice of consultancy by different generalists and specialists, by management consultants as well as those engaged in international development consultancy. Literature referring to management consultancy has been heavily cited in this study because, being the oldest consultancy discipline, it is also the most profuse. The subsidiary question emerging from Chapter 6 is presented alongside that from which the text originated in Figure 1.1.(c).

Towards inquiry

Chapter 7 is the last in Section I and links the early chapters with the ensuing research. As such it emerges from the preceding text, but generates some further issues which demand attention in the process. Four further subsidiary research questions arise during this chapter and these are presented in Figure 1.1. (d).

Section II focuses on research methodology. Within this trilogy of chapters, research approach, design and methodology are discussed as well as the scope and limitations of the various options and the ethical considerations. The first chapter in this section, Chapter 8, considers the theory of qualitative research and ultimately poses the question:

Recognising the biases of subjectivity, ethical issues and the scale of the study, how can international midwifery consultancy be adequately examined in order to provide evidence which is valid and reliable?

At the end of Chapter 9 the text is written in the first person, a change which is maintained for the entirety of the thesis from this point. Chapter 10 declares the chosen methodology for this study and the rationale behind this.
Consultant characteristics

Section III, Chapters 11 to 14 present the data collected and analysed during this study. Chapter 11 presents detailed information concerning the samples included in the study and the situations in which data were collected. Chapter 12 addresses the main research question concerning the essential characteristics required in short term midwifery consultants working on overseas projects. The issue of consultant typology is addressed and there is a search for answers concerning the acceptability and unacceptability of midwives engaged in international work.

The presentation and analysis of data collected during this study enable the characteristics of the short term midwifery consultant to be placed under the microscope. Chapters 13 and 14 address the subsidiary research questions [Figure 1.1. (a-d)] thus enabling other major issues in the crucible of consultancy to be considered in some depth and brought into focus.

Concerning the personal characteristics of management consultants, Kubr reasons that "there is no perfect model against which every entrant can be measured" [Kubr:1996:665] but suggests that there are "certain common characteristics" which influence a consultant's success and his job satisfaction. These characteristics identify members of the management consulting profession from those who also "require a high level of technical management and skill" [Kubr:1996:665] proceeds to emphasize that:

"In management consulting, particular importance is attached to analytical and problem-solving abilities, as well as to special competence in the behavioural area, in communicating and working with people, and in helping others to understand the need for change and how to implement it." [Kubr:1996:665]

In response to the question about what kind of person is able to function appropriately in the "multiple roles" of the management consultant, Kubr concludes that these qualities fall into two broad categories which he defines as:

"... a number of distinctly intellectual abilities and a number of distinctly personal attributes." [Kubr:1996:665]

Data collected during this study enable scrutiny of the qualities of international midwifery consultants and allow comparison of this information with that considered appropriate in other consulting professions.

Chapter 15 weighs up the evidence and from it draws conclusions and makes recommendations. In so doing, attempts are made to offer ways of enhancing those characteristics of the consultant which are acceptable and
minimizing those which are unacceptable. Contextual issues are also addressed in this penultimate chapter and areas for further research identified. The text provides a forum for consideration of the effects and effectiveness of consultancy in the international field. These outcomes may be even more intangible than the nature of consultancy itself, but must be examined in the context of this study. Again there are numerous angles from which effect and effectiveness may be viewed and reviewed.

In considering the effective use of consultants in nursing administration, Berger et al conclude that:

"Of the factors needed for a consultation to be successful, the consultant-client relationship is perhaps the single most important." [Berger et al:1993]

The issue of this relationship has been addressed more extensively in Chapter 6 [ibid:145f] and its importance is not underestimated in the closing chapters.

Fry & Thurber in considering the effectiveness of international advisers stress the importance of recognizing:

"... the complex interaction between the qualities of individuals and the context in which they are working" [Fry & Thurber:1989:81]

These factors are recognized in this study and subsequent to a detailed examination of the characteristics of consultants, there is an attempt to identify the realities which will determine the effect and effectiveness of individual consultants and their work.

On this subject Hills suggests that the underlying framework of technical assistance could be improved by paying attention to:

"- the attitudes of the recipient nation,
- the attitudes of the organization employing the adviser and
- the adviser's own attitudes, behaviour and competencies." [Hills:1979:14]

The importance of attitude has been identified during this research and maintains a place of priority in considering future trends in international consultancy.

Building on Hills' contribution, Fry & Thurber propose that effectiveness in international consultancy depends on an interaction among the three basic dimensions which they identify as the country context, organizational context and
the individual traits and competencies of the consultant [Fry & Thurber:1989:89].

Whilst it is the consultant who has been under examination during this study, respondents have been drawn from recipient nations and organizations employing short term consultants (the sending agencies) as well as midwifery consultants themselves.

In the major collective reference text cited above, compiled by the International Labour Office in Geneva and designed for professional management consultants, client organizations are urged to evaluate the results of the consultancy and also to evaluate the consultant. There is an injunction which has been dubbed the ninth commandment in "The Client's Ten Commandments". The injunction reads:— "Evaluate the results and the consultant!": It warns:

"Many assignments end in a bizarre way. The consultant leaves the organization, a report is submitted and accepted, bills are paid and everyone seems to be happy. Yet the client cannot really say whether or not the assignment was worth while, and whether the benefits obtained justified the costs. No lessons are drawn for future assignments, and for the possibility of using the same consultant again." [Kubr:1996:726]

As indicated above, the focus of this study has accorded due prominence to listening to the views of colleagues who have received and worked with consultants in Third World situations. In this context, it is considered likely that the acceptability of consultants to clients in a cross cultural situation will be linked to the effect and effectiveness of their consultancy.

However, the complexity of evaluating "success" and "effectiveness" in international consultancy has been recognized for decades. Alexander [1966:68] dubbed this aspect "one of the most baffling problems" in providing technical assistance. In considering why consultants may fail to operate effectively or what factors may cause their effectiveness to be reduced, Woods suggested that this was likely to be associated with a number of issues. He proposed that these could include a faulty project design, lack of specification of needs by the host government, conflicting instructions from the employing international organization and the consultant himself lacking a clear understanding of his role [Woods:1980:2]. Maybe the enigma originates from the sense of calling claimed by the consultant which may not be shared by the receiving country. It may be salutary to reflect on the claim that:
"Technical assistance cannot be exported; it can only be imported."
[Fry & Thurber:1989:ix]

The tendency for consultants to be sent, rather than selected with knowledge and understanding by a client country, surely needs to decline further if there proves to be a high risk of ineffectiveness. Such ineffectiveness may incur considerable cost. If it is dependent on the provision of statistical data giving evidence of a reduction in maternal mortality rates, it has to be accepted that evaluating the outcome of consultancies relating to Safe Motherhood is predictably a long term task. However, such evidence should not be awaited. Meantime, consultant effectiveness must be measured by other criteria. A joint evaluation of the effect and effectiveness of consultancy by all parties involved is perceived as important. This forms part of the Framework for Practice offered in Figure 15.11. [ibid: 423] and underpins the theory which emanates from this thesis in the final chapter [ibid: 434f].

Offering theory for practice

The final chapter takes up the issues considered to be central to the conclusions and recommendations made. A theory is developed which, it is believed, will contribute to practice in international midwifery consultancy.

The quality of midwifery consultancies could be crucial in influencing the direction in which Safe Motherhood strategies are implemented and direction is very likely to influence the long term effect. It is here that consultant characteristics may be more important than has previously been acknowledged, for if the consultant proves unacceptable to the receiving country this could affect whether her advice is even considered leave alone implemented. If, on the other hand, she lacks the essential technical skills for the particular job, then her intellectual ability and her personal attributes are unlikely to compensate for the void which such a deficiency creates. The study addresses these issues in some detail.

Conclusion

This study generates some original approaches and offers some direction for selecting, preparing and monitoring those who practise as consultants across international boundaries.

Issues which arise here result from an indepth analysis of matters relating to midwifery consultants, but are likely to be relevant to other health care professionals also, especially those practising within countries with limited financial resources. People living and working within the
impoverished environment of too many Third World countries have precious little in the realm of rights. Health professionals as well as policy makers and politicians in the developing world surely have a right to examine the source of inspiration which is being fed to their governments in the current post-colonial era and to do so with understanding and with authority. Similarly, those who cross international boundaries in a consultative or advisory capacity, have a professional and moral duty to pay attention to those factors which are likely to influence their ability to function effectively and to meet the needs of their clients. Sending agencies or organizations, brokers and donors have an obligation to select, prepare and provide those personnel who are most likely to be acceptable to the client and can provide the knowledge and technical skills which are being sought. In essence, to send those who are likely to be effective in the task.

Rather than endeavouring to provide easy answers, this study raises many questions believed to be germane in considering international consultancy. It may be for colleagues in the developing world to further research this topic. They may then begin to offer some of the "real" answers which would be more likely to enable them to access the type of consultant characterized by the qualities which they consider could truly offer them some relevant assistance. Such relevance would be that which is perceived through eastern eyes. The assistance would be that which is defined as necessary by the indigenous mind, fully aware of the effects of consultancy and determined to obtain maximum effectiveness as a result of the contract. Alternatively national colleagues in these situations may decide that those personnel who enter an eastern environment with a western mind set cannot actually be used effectively at all. It surely must be they who make the casting vote.
CHAPTER 2
MODERNIZATION AND DEVELOPMENT
THE DEFINITIONS AND THE DEBATE

Introduction

In any culture, the road to and through modernity will, sooner or later, influence every aspect of existence and have an effect on the ways in which life and death and sickness and health are viewed. Inevitably, approaches to childbirth and the provision of care at the time of this biological event are influenced also by the changing attitudes and priorities which accompany the processes of modernization and development. It has been pointed out repeatedly that the ways in which a society defines the reproductive process and copes with the major life events of birth, death and illness are clearly linked with that community's perceived view of the status of women and closely related to significant social, economic and cultural practices [Chance:1966:20f] [Downs:1966:42f] [Mead & Newton:1967:169f] [Oakley:1976, 1980] [Stacey:1988 in Bennett & Brown:1993:695] [Currell:1990:21]. However, it is important to recognize that the way in which birth is perceived in an eastern society may be very different from the way in which it is viewed in the West and that this may, in no small measure, be related also to the varying degrees of modernization and development which are being experienced in the different areas of the world.

The contemporary world forms the crucible within which the art and science of midwifery is practised and evolves. The introduction of technological change to traditional societies over the last half century has met with varying degrees of acceptability and success, of rejection and failure [Spicer:1952] [Goodeneough:1963] [Textor:1966] [Foster:1973] [Fry & Thurber:1989]. Social and technological change which find their roots in modernization and development impact upon the expectations which communities have at the time of childbirth and consequently on the professional practice which supports women through the birthing process. Therefore, it is proposed that consideration of the promotion of Safe Motherhood worldwide and the evolution of the international midwifery consultant in this context demands a parallel consideration of modernization and development in a global context, since the consultant is likely to move from one developmental zone to another in the course of her professional duties.

Firstly, there are a number of terms in this subject area which require definition or solicit debate. These include development, modernization and its derivatives such as modernity and modernism, urbanization, westernization,
secularization, industrialization and postmodernity. The process of change, along with culture, the context in which change either proceeds or is resisted also demand attention.

Thus, in the context of modernization and development, some important issues beg consideration which are pertinent to international development cooperation in general and to the functioning of the international midwifery consultant in particular. For example:

Is there a distinction between modernization and development? or is the latter inextricably bound up with and dependent on the former?

Does modernization inevitably lead to westernization?

and:

How do the processes of modernization and development affect approaches to childbirth and impact upon midwifery education and practice?

After considering the definitions and characteristics of modernization and development, Chapters 2 and 3 take an indepth look at these processes and reflect on their implications for cross cultural consultancy, especially as these relate to promoting Safe Motherhood. This thesis subsequently addresses the first subsidiary question which has been identified in Chapter 1, namely:

Why is it important for the consultant to acquire an understanding of the processes of modernization and development?

Defining modernization and development

In the literature, the terms used to describe modernization and development have been extensively debated.

Modernization has been defined as:

"... a process of economic, political, social and cultural change occurring in undeveloped countries as they move towards more advanced and complex patterns of social and political organization."

[Outhwaite & Bottomore:1993:392]

In this context "development" and "underdevelopment" are considered to denote:

"... the achievement of economic and social progress (development) by transforming conditions of underdevelopment (low productivity, stagnation, poverty) in countries variously designated as "poor" "underdeveloped" "less developed" or "developing"."

[Outhwaite & Bottomore:1993:151]
The ways in which countries are sometimes categorized is discussed in some detail in Chapter 5 of this thesis [ibid: 113f]. Such world divisions immediately raise issues of comparative degrees of modernization and development and reflect complex and controversial issues of which, it is proffered, the international consultant must have cognizance.

In describing "modernism" more than thirty years ago, Seigman considered this:

"... an attitude of mind which tends to subordinate the traditional to the novel and to adjust the established and customary to the exigencies of the recent and innovating." [Seigman:1963:564]

Such an attitude of mind may aptly describe changing approaches to midwifery and obstetric care. Modernism in this context may describe the introduction of the medical model of care to replace the traditional and customary approach to assistance during childbirth. Subsequently, this manifestation of modernism has prompted a return to "natural childbirth" perceiving this approach as recent and innovative. The symptoms of modernism which can be observed in this area of health care may well be directly or indirectly related to the stage of modernization and development which is currently being experienced in the part of the world in which that care is provided.

In considering the meaning of the word "modern" itself, Inkeles & Smith in their chapter: "Towards a definition of modern man" point out that the term "modern" is used to describe not only man but nations, political systems, economies, institutions, clothes and manners. They state that if the term is taken literally it refers to:

"... anything which has more or less replaced something which in the past was the accepted way of doing things.

They argue that:

"... the modern becomes a catalogue of things rather than a concept." [Inkeles & Smith:1974:15]

However, they proceed to examine different aspects of modernization and point out that from the sociopsychological point of view, it can be seen as a process of change in the way in which things are perceived, expressed and valued [Inkeles & Smith:1974:16]. As has been indicated in chapter 1, the perceptions of maternal death and the value placed on life and on women is very variable in differing societies. With the advent of the Safe Motherhood Initiative [WHO:1987...], it would appear that such perceptions do indeed change as a country develops.
Huntingdon defined political modernization as a set of three processes. The first he describes as the replacement of a large number of traditional, religious, familial and ethnic political authorities by a single and secular national one; secondly, the emergence of new political functions: these include legal, military, administrative and scientific organizations where the management is selected on evidence of "achievement rather than ascription" and thirdly an increased contribution to politics by diverse social groups with the development of new institutions like political parties and interest groups which organize the community participation in politics Huntingdon [1966:378-414]. The development of midwifery as a profession has and is undergoing similar changes. No more than two decades ago, promotion within the nursing and midwifery professions could often be related to "ascription" rather than "achievement". The increasing importance of continuing education has not only given more credibility for academic achievement, but also more opportunity for educational advance. Additionally, there is a much greater awareness of politics in professional matters and participation and political activity by practitioners who, a few years ago, would have been politically naive if not ignorant. Thus political modernization may be traced through the midwifery profession and today can be seen at various stages across the world.

Maybe Inkeles & Smith's consideration of the concept of modernism which places society at the centre of attention, summarizes the situation succinctly. They comment that:

"The defining features of a modern nation are then taken to include mass education, urbanization, industrialization, bureaucratization and rapid communication and transportation."

[Inkeles & Smith:1974:15]

In the attempt to promote Safe Motherhood in countries which are in the process of modernization, it has to be considered that these nations demonstrate the "defining features of modernization" to varying degrees. For example, education is becoming increasingly widely available, but mass education is still a pipe dream in many parts of the world. Urbanization is occurring rapidly as countries industrialize, but the vast majority of the population live in rural areas in much of the developing world and it is in the rural areas where maternal mortality rates are the highest. However the joblessness and homelessness which are the unwanted bonuses of massive urbanization plunge a disillusioned crowd into abject poverty which is one of the major predisposing factors to maternal death. Bureaucratization must surely be at its zenith in the developing world. Whether or not this is the legacy of the British civil service or other colonial powers, its paralysing effect ensures that any procedure, leave alone innovation is destined for a hard passage through the corridors of power before it emerges to effect change.
However, the development of rapid transport and communication may be the most needed feature of a modern nation in respect of promoting Safe Motherhood. It is, however, one of the most difficult resources to access in countries with vast and scattered rural communities and may provide the ultimate test as to whether a country has modernized. Comparison of Australia with India may provide a reasonable illustration of this. Correlation of their maternal mortality rates serves to illustrate the importance of being able to overcome the immense problems encountered by distance. Firstly, a minority of Australia's population inhabit the rural areas by comparison with India's 80%. However, an obstetric emergency arising in a remote area of Australia can usually be attended to with the help of the Flying Doctor Service. In India, the risk of death in such a situation is extremely high due to numerous socio-economic and medical factors which are compounded by the inevitable delay caused by lack of communication and transport. Australia's 3 maternal deaths per 100,000 live births compared with India's 500 such deaths says a lot about the relative risk of childbirth in countries at differing ends of the scale of modernization and development.

Jarvis describes Modernism as:

"A theory of development largely emanating from Western Societies, in which Third World countries are expected to follow the same stages of modernization as has the West."

Jarvis [1990:219]

The Safe Motherhood Initiative [WHO:1987], as the call for "Health for All by the Year 2000" which preceded it [WHO/UNICEF:1978], has largely emanated from the West. Whether Third World countries are expected to follow through the same stages of professional, political and technological modernization as their counterparts in the West in order to achieve these aims, lies partly in the hands of the consultants who offer advice on the logistics of reducing mortality and morbidity rates.

Tracing development

Hofstede [1991] traces development of human societies for more than ten thousand years. He examines the archaeological evidence of the nomadic existence of hunter-gatherers followed by a lapse of thousands of years before some settled to form farming communities. There was a gradual transition from small to large communities, thence to the towns and cities which preceded the "modern megalopolises". He points out that the establishment of empires and nations comprising political units is a recent phenomenon. In the mid twentieth century a "nation system" was introduced which followed the colonial system of the previous three centuries. He states that during the colonial period the technologically advanced nations of Western Europe divided practically all the remaining countries of the world which were not held by another strong power among themselves [Hofstede:1991:11-12].
It may be argued that colonization contributed to the "development" of Third World countries, but the process may well have forced them in the direction of urbanization, industrialization, bureaucracy and doubtless, westernization. It could be interesting to speculate how they might have "developed" or evolved in the absence of such an invasion of privacy which brought its exploitation in the wake of exploration and dependency in the name of development.

Webster's encyclopaedic definition of development in the social sciences describes this as:

"... the acquisition by a society of industrial techniques and technology"

[Webster:1992:328]

He points out the consequent terminology and classification of the "developed" nations of the First and Second World by comparison with the poorer "developing" or "under developed" nations of the Third World. He adds that the assumption that development in the sense of industrialization was inherently good has been questioned since the 1960s [Webster:1992:328-329].

Walter [1989] cautions that:

"The term development now demands quotation marks, a distancing of accounts of what is going on in particular societies from the evolutionary teleology with which the term is indelibly associated. "Caught in this way, contemporary social and political thought has become embroiled in far reaching debates about modernity and the promises of enlightenment."


With the tendency for obstetric care to offer medical and surgical interventions, the value of which are increasingly being questioned, one wonders whether, like the term "development", the word "safe" will also demand quotation marks. Whilst midwifery and obstetrics are proceeding through the stages of modernization and development, with the imposition of the medical model on childbirth becoming part of that process, iatrogenic morbidity becomes an inherent problem. Induced and augmented labours complemented by surgical deliveries under epidural or general anaesthesia which have now become the norm in Singapore serve to illustrate the complications of a technology orientated society. Birth may be relatively "safe", but the cost would appear to be high in terms of long term morbidity. It must therefore be asked whether development in the context of midwifery care can evade the unnecessary interventions imposed by technology or whether this stage of modernization must be traversed before development towards Safe Motherhood can be achieved.
Shukla identifies the term: "development" as being synonymous with "growth", "progress" and "modernization" but in his analysis of the process implies that development and modernization at least seem to be interactive and possibly reactive. He states:

"The link between development and modernization is complex and intricate because development can be both the precursor and follower of modernization . . ."


This would certainly seem to be apparent when viewing the road to Safe Motherhood and the trails of professional progress which run alongside.

Shukla's critical evaluation of the process of development in India could be typical of the characteristics of the western approach to development across much of the globe.

Characteristics

Beyond definition, it could be helpful to reflect on some of the characteristics which identify the processes of modernization and development.

Jarvis has succinctly summarized some of the "Characteristics of Modernity" suggested by Hamilton:

1. The primacy of reason and rationality.
2. Empiricism.
3. Science: the key to expanding all human knowledge.
4. Universalism.
5. Progress through science & reason resulting in ever increasing happiness and wellbeing.
6. Individualism.
7. Toleration.
10. Secularism.

[cited from Hamilton in Jarvis:1994]

Ward & Rustow [1964:ch:1] in considering economic modernization identified ten characteristics which included intense application of scientific technology and inanimate sources of energy, high specialization of labour and interdependence of impersonal markets along with large scale financing and concentration of economic decision making. These features have serious implications in the provision of midwifery care. Certainly the west has experienced "intense application of scientific technology" in the medicalization of childbirth. Furthermore, Britain, forsaking some of the basic principles of the National Health Service towards the end of the twentieth century, joins other countries in making health care a market force in which its managers must, of necessity, be skilled at "economic decision making". These two characteristics however are not unrelated since it is partly the advance of science and
technology which has dramatically increased the cost of health care. Maternal care may make a limited demand on such resources, but neonatal intensive care makes an ever increasing demand as the age of viability decreases and the expectation to have a live if not perfect baby increases amongst a larger section of western society. Eastern nations tend to follow these trends and the example of Singapore cited above is a typical example.

If modern society is primarily an individualistic one, it is reasonable to consider the characteristics of a person who develops within a modern society. Smith & Bond [1993:213] point to the fact that many studies suggest "a common denominator of psychological characteristics" emerging amongst individuals in modern society. They quote Yang who outlined the "Profile of the Modern Person" as follows:

"A sense of personal efficacy (anti-fatalism)  
Low social integration with relatives,  
Egalitarian attitudes towards others,  
An openness to innovation and change,  
A belief in sex equality,  
High achievement motivation,  
Independence or self-reliance,  
Active participation in social organizations,  
Tolerance and respect for others,  
Cognitive and behavioural flexibility,  
Strong future orientation,  
Empathetic capacity,  
A high need for information,  
The propensity to take risks in life,  
Secularization in religious belief,  
A preference for urban life,  
An individualistic orientation towards others,  
Psychological differentiation,  
A non-local orientation."


One has to consider that some of these characteristics may represent the ideal rather than the actual, for example, the tolerance and respect for others which may be the essence of liberalism, tends to become crowded out when individualism is hijacked by the spirit of radicalism. In considering the characteristics of the midwifery consultant it is essential also to consider the characteristics of persons within a society which is in the process of modernizing and to make a comparison. There may be areas of overlap but the likelihood is that the greater the "epoch gap" between the countries, the greater the differences in profiles of the persons from those countries. In this situation it is suggested that the potential for misunderstanding is directly related to the degree of difference which exists here. However, it is this difference which also makes the consultant useful, since the receiving country is seeking to develop and modernize and therefore demands a consultant from a country which is deemed to have progressed further along that road. Hence those characteristics which make the consultant acceptable to a country assume considerable importance and this thesis explores the matter in some depth.
Inkeles & Smith studying the process of modernity two decades ago in six developing countries from the South American and Indian subcontinents, Nigeria and Israel theorised that men become modern as a result of the life experiences which they undergo. [Inkeles & Smith:1974:6] They particularly emphasise the contribution of a man's work experience in "making him modern" and one must reflect on the truth of this as it has affected midwives everywhere through the centuries. Traditional birth attendants no longer exist in modernized societies whilst the education of the professional midwife in the developing world has distanced her from her traditional forerunner.

In studying the contexts and causes of modernization Inkeles & Smith conclude that:

"In the conditions of the contemporary world, the qualities of individual modernity are not a luxury, they are a necessity.

and further that:

"Diffusion through the population of the qualities of the modern man is not incidental to the process of social development, it is the essence of national development itself." [Inkeles & Smith:1974:316]

It can easily be seen that education is a powerful tool in this process of diffusion. The use of western consultants to advise or even provide professional education clearly carries with it the risk of importing westernization as a by product. Yet countries are exposed to this powerful influence. It becomes even more important to consider how much real choice countries have if they are to cash in on the receipt of aid which they need in order to promote Safe Motherhood. A sense of fatalism may indeed prove fatal to national values if the effects of using western consultants on development within an eastern society are not anticipated.

Inkeles and Smith imply that modernization is a desirable characteristic in the context of social development. But there is another dimension to the picture. Commenting on the approach to religious education in British schools, Watson identifies a "five fold respect" which she reckons is essential. This embraces respect for self, others, truth, beauty and the environment both natural and cultural [Watson:1993:4]. It is surely the lack of respect for some of these persons, concepts or surroundings that all too frequently characterizes modern society and causes modernization to be dubbed undesirable. In considering the techniques of psychosynthesis in the context of development of the individual, Ferrucci states that blindness to beauty entails considerable dangers which include:
"... the degradation of the urban landscape, the ruthless destruction of nature, the spread of vulgarity, the eclipse of awe, the triumph of tactlessness, the inflation of boredom, the industry of bad taste, the apotheosis of the loud and superficial."

[Ferrucci:1982:187]

If Yang portrays some of the idealistic characteristics of the modern person, maybe Ferrucci inverts the coin and looks at the other uglier side which cannot be ignored in a study of modernism and its effect on development.

As with any process of change, modernization and development have their benefits and hazards, bonuses and handicaps, images of beauty and flawed echoes of ruthlessness. In seeking a path of development, countries are endeavouring to maximize the benefits whilst minimizing the hazards. An awareness of the hazards is essential for the consultant as well as for her national colleagues. The consultant does not demonstrate this if her approach overtly or covertly declares that "West is best!".

Era, evolution or revolution?

In considering the processes of modernization and development, it is desirable to glance briefly at the two decades between 1910 and 1930 which have been described as the "Era of Modernism" [Faulkner:1977]. The writer comments that these years which witnessed a time of widespread turmoil and suffering ushered in by the first world war and accompanied by economic depression proved culturally to be a period of great creativity. Faulkner describes this period as a time when there was generally a "breaking up" of the nineteenth century consensus in a more or less violent fashion in various countries. However, Shipman claims that modernization does not involve a sudden break with the past no matter how dramatic or radical are the measures which are taken to bring it about. He claims that although the start of the modernization process can arbitrarily be identified, it can be noted that its' origins are rooted deeply in history and that the form in which modernization presents now is constantly shaped by its character in the past. Shipman refers to a pattern observed in eighteenth century Britain, nineteenth century Europe, North America and Japan and twentieth century Asia and Africa [Shipman:1977:11].
It would seem therefore that the form of modernization is already set, but it is predictable also that the rate of this process is likely only to continue to accelerate in the twenty-first century with today's international communication and travel networks serving to expedite the process. The words "rapid", "instant" and "immediate" have become passwords of the late twentieth century and there appears to be an inevitable process of evolution of the human mind identifiable as societies modernize giving rise to changing attitudes across societies. Undoubtedly, people's expectations change and the hope of a woman being able to give birth without encountering death is evidence of a changed expectation amounting to a revolutionary idea in some parts of the world. However, realization of this ideal and anticipating it becoming commonplace is inevitably dependent on change of the evolutionary kind. The process and pace of modernization of midwifery practice in any country tends to progress alongside that occurring in society. Where society's expectations are limited, changes in midwifery practice are apt to be limited. As expectations increase, demands on the health services are likely to be greater and changes introduced to attempt to meet these needs. Currently, it must be considered whether changes in the principles and policies of health care provision and in midwifery practice worldwide tend to occur in response to the expectations of a local community or in response to the international community. It is probable that such changes which do occur in the context of the Safe Motherhood Initiative are motivated by the community of the global village rather than by those within local villages of Third World countries where the process of modernization has barely touched them sufficiently to influence their level of expectation.

From time to time the question as to whether modernization inevitably leads to westernization has to be posed again. Yang claims that modernization "is new to all societies, western and non-western" stating that:

"The major modern features created by such a new process cannot be found in traditional non-Western ones. It is in this sense that modernization is not westernization in its strict and narrow sense - the acceptance of traditionally Western things by a non-Western Society."

[Yang:1988b:68]

By implication there is an argument that modernization incorporates features of westernization, but the suggestion that the process is alien to all societies is worth considering. It would appear that the western world has become accustomed to the situation which is still new in many other parts of the globe. However, modernization,
whatever it may be labelled, ushers in an era of considerable change whether through evolution or revolution. The process of change is inherently traumatic and is discussed later, in Chapter 3. The development — modernization - westernization issue is likely to be a continuing and ever more complex debate as countries increase their industrialization and urbanization and experience the hazards as well as the benefits of a modern technological society. The price paid for progress may not have been anticipated and whether the development experienced is, in fact, progress, is an issue which begs the question. Certainly the hazards of obstetric technology can threaten to outweigh the benefits offered by modern medicine. The balance between such benefits and hazards needs to be finely tuned in both the East and West if the optimum level of Safe Motherhood is ever to be achieved.

From sacred to secular

Secularism in its modern form arose in the seventeenth century with such thinkers as Descartes and Pascal [Hookyaas:1972:41-44]. Descartes' mechanistic philosophy was hotly debated by such thinkers as Arnauld, Henry More, Boyle and Newton as it challenged the accepted Christian doctrine and dogma and religious convention of the day. Although Descartes was reported to have laid emphasis on God and man's immortal soul, his opponents saw him as a heretic and atheist [OU:1974:33-42]. The concept of Cartesian dualism led to a distinction between "mind" and "matter" freeing scientists to study the body as part of a material universe whilst the mind or soul remained the province of theologians. In the world of midwifery, such a division may be observed between the philosophy of care offered by the traditional birth attendant and that of the professional midwife. Traditional healers and midwives in the developing world offer a holistic care which is intricately bound up with the spirit world. Health care workers who have undergone a "scientific" training are likely to be viewed as heretical by their traditional counterparts and can appear to offer a community a far less satisfactory service based on the tenets of western medicine.

Alongside the "intensification of urbanization" Yang identifies the "secularization of religion" as one of the sociocultural changes which reflects modernization [Yang:1988b:67]. Modernism has, however, long been associated with secularism and a move away from the spiritual and traditional values. In introducing the concept of positivism in the seventeenth century, Comte proposed that the human mind progressed through distinct phases of development which he termed: "The Law of Three Stages". These have been summarised as follows:

"THEOLOGICAL STAGE: The most primitive attempts made to explain behaviour in terms of spiritual or supernatural entities."
"METAPHYSICAL STAGE: (A modified version of the theological stage), sets out to explain behaviour in terms of abstractions, essences or forces, that is, depersonalised beings of the earlier theological stage.

"FINAL STAGE: Dispenses with the theological and metaphysical and turns to observation and reason as means of understanding behaviour: Explanation now proceeds by way of scientific description."

[Acton:1975]

Timasheff [1957] presents Comte's evolutionary stages of development in the wider context as follows:

<table>
<thead>
<tr>
<th>Intellectual Phase</th>
<th>Material Phase</th>
<th>Type of Social unit</th>
<th>Type of Order</th>
<th>Prevailing Sentiment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theological</td>
<td>Military</td>
<td>Family</td>
<td>Domestic</td>
<td>Attachment</td>
</tr>
<tr>
<td>Metaphysical</td>
<td>Legalistic</td>
<td>State</td>
<td>Collective</td>
<td>Veneration</td>
</tr>
<tr>
<td>Positive</td>
<td>Industrial</td>
<td>Humanity</td>
<td>Universal</td>
<td>Benevolence</td>
</tr>
</tbody>
</table>

[Timasheff:1957:26].

Thus, it can be appreciated that the process can affect the whole order and meaning of life. The classification may be too categoric to be totally accurate, but the trend in the positivist phase links with some of Hamilton's characteristics of modernity cited above. Jarvis commenting on Comte's concept of man in the process of development, states this to be "a value judgement that is in the least disputable" [Jarvis:1985:18]. Jarvis considers Comte's concept to be rather simplistic but adds that the idea of social evolution should not be lost. However, experience in the developing world suggests that Comte's Law can still be clearly observed across a developing society.

Shweder points to "The Age of Enlightenment" about three centuries ago when it was assumed that "the world woke up and became good". He argues that:

"One of the central myths of the modern period in the West is the idea that the opposition between religion-superstition-revelation and logic-science-rationality divides the world into then and now, them and us."

[Shweder:1991:2]

In the context of health, what divides the world into "then and now" and "them and us" is the issue of Safe Motherhood. Surely there is an interaction between the "religion-superstition-revelation" of traditional midwifery practices and the "logic-science-rationality" of modern obstetrics and maternity care, but Safe Motherhood can lie on either side of this divide. Much skill and wisdom are needed to decide where modernization is essential to save life and promote health and where this amounts to unnecessary and even harmful interference.
Much of the developing world is in the throes of industrialization. Turner maintains that the nineteenth century theories of industrialization were also theories of secularization. He considers that the transition from rural society to urbanization had "broken the hold of the Church over society." He continues:

"The development of European societies was seen to be divided chronologically into ages of faith and ages of secularity, this cultural division coincided with that deep fissure in the structure of western society namely the transition from feudalism to capitalism." 

[Turner:1983:134]

This leads Turner into discussion concerning Comte's Law of Three stages. He points out that a new order was ushered in which replaced the feudal-theological system with a new order based on industrial classes and positivist science. Turner subscribes to the opinion offered earlier by Sklair, namely that the idea that secular society was inevitably conjoined with industrial development was, in fact, partly a wider preoccupation with social progress. [Sklair:1970:134].

Many developing countries adhere to a worldview that is, at heart, one that stems from religion. There is therefore potential for conflict in the process of industrialization if it follows the western model. Burnett divides the world into areas of major cultural traditions prior to European expansion. These are: Christian, Islamic, Hindu, Chinese and primal cultures. He states that primal or animistic cultures seem to be replaced by one of the "world religions" when conflict occurs with a dominant foreign culture. Burnett claims that this is because of the major trauma incurred and that the traditions of the elders no longer seem relevant as society modernizes [Burnett:1990:66]. It could be argued that the sequence of events is consequent upon the effect of the modern missionary movement which has tended to follow in the path of the colonists. Undoubtedly, Christianity and Islam have moved eastward and southward, largely at the expense of primal or animistic religions. But a shift from one of the major world religions to another seems currently to be the exception rather than the rule in the process of modernization and development in spite of even militant missionary efforts by both Muslims and Christians. Elimination of the influence of religion seems far removed from some of the predominantly Islamic states and whilst animism has partly been replaced, it tends to re-emerge synchronising with another religion or defying the monotheistic faiths. Such can be observed in Western culture today, as well as in Africa, Asia and Latin and South America, with the rise of sects and cults, the New Age Movement and Neo-Paganism. Some of these philosophies and faiths harmonize with the rise of the ecological movement, the need for which has arisen directly or indirectly from industrialization and rapid urbanization.
The practice of midwifery has not been unaffected by these trends and has seen a resurgence of interest in the spiritual aspects of childbirth during the last few decades. Midwifery practice in Britain has moved through a process of modernization, away from control by the church to control by the state. Church licensing of midwives was introduced in order to guard against practice by those who might have been involved in witchcraft. Today there is no such safeguard and the resurgence of paganism and fascination with the occult in the West may leave room for question if not concern in this area. However, in a secularized society, the church has no control or authority over any of the caring professions and a decreasing influence in matters of the state.

The lack of a spiritual dimension often strikes visitors from developing countries to the West. A Rwandan veterinary surgeon who studied in Germany, writing about some of the drawbacks in European society and its mode of industrialization, comments on this contrast with African society where church attendance is the norm. He writes:

"When I was still in Africa, I thought that countries that had forcibly brought Christianity to the Africans, supposedly to free them from 'barbarianism', were those people who most scrupulously respected the laws of God. I was nearly floored when I realised that it was just the opposite. . . ."

[Bizimana:1989:225]

Observing that religion clearly has a place in most developing societies, it may be more important than is overtly declared that the visiting consultant shows some deference for things spiritual. Tourist guides often warn visitors about appropriate dress and decorum in areas of a country designated sacred. Such areas are still focal points of the sacred when visited on business, though the trappings of modernization may make recognition more difficult. Indeed, the spiritual aspects of society may not be detected by a consultant who commutes between an international standard hotel and Ministry establishments with little pause for observation or reflection in between. On moving from the metropolis to the rural areas, the trappings are removed and the contrast between ancient and modern, sacred and secular can be marked. It is at this point that the visiting consultant may begin to enter the soul of a society or may suffer such intense culture shock that she subsequently becomes unable to offer the assistance required of her. Here the visitor may fail to see and interpret what is really before her and begin to make judgements which may not only offend her national colleagues but also mislead her into believing that she can quickly prescribe solutions for the apparent mess these people have got themselves into. Alternatively, the consultant may be fascinated by the exotic and following her instinct to escape from the harsh reality of secularism may swoon into a
state of awe at the seeming diversion offered by oriental mysticism. If she tries to become one with a society where membership is not on open offer she will lose her objectivity and her focus and with it the respect which she may just have managed to acquire. Without this respect she cannot function as an international consultant. She is unlikely to realise her acquired state of impotence and renders the country she is visiting no service. The next risk occurs when she offers herself for further consultancy work, usually in another country, for the place where she has lost her credibility will not voluntarily offer her the opportunity to continue. However, the decision may be out of the hands of the country concerned. Unfortunately, the consultant may be no better suited in returning to her own country and rapidly settles into a life of upheaval with the risk of transferring the state of discontent wherever she goes.

Individualist or collectivist?

Burnett states that it was the mechanical model of man which had been proposed in the secular worldview which ultimately led to a concept of man which is individualistic [Burnett:1990:43]. This is in stark contrast to the worldview of most traditional societies where the emphasis is on community or society as a whole and not on the individual.

Concerning the trend towards individualism, it has been said that:

"Sometimes the individual can sing so loudly he can put all the others out of tune!"

[Nardho:1994]

Clearly, there are risks when the needs of the individual take precedence over those of the community, especially where resources are limited or politics unstable. Hofstede points out that a minority of people live in societies where the needs of the individual have priority over those of the group [Hofstede:1991:50], yet this is a tendency in western society today characterized as it is by the ideals of the secular. Hofstede defines individualism as pertaining to:

"... societies in which ties between individuals are loose: everyone is expected to look after himself or herself and his or her immediate family."

[Hofstede:1991:261]

Collectivism, on the other hand, is described as the opposite of individualism pertaining to:

"... societies in which people from birth onwards are integrated into strong, cohesive groups, which throughout people's lifetime continue to protect in exchange for unquestioning loyalty."

[Hofstede:1991:260]
Certainly, collectivism refers to the traditional society by contrast with individualism so characteristic of the modernized society.

Expectations of those living within a collective society have both pluses and minuses in the provision of health care. The support of the family can be crucial, especially in situations where health services are inadequate. However, the attitudes of midwives and other health care workers can be profoundly influenced by the fact that they must provide care for persons outside of their own family. They may find difficulty providing empathic care and indeed have problems in defining what is their duty to those to whom they consider they have no obligation through family ties. This can be a very real problem in providing an effective health care system within a developing society. However, in the postmodern era now being experienced in the West, the provision of empathic care seems to be no more easily attained. It may be that the extreme end of individualism here causes health professionals to fight shy of offering care which involves rendering a service. Self development has hijacked collective development and competition for superiority and supremacy tends to decapitate the spirit of selfless giving for the benefit of another. The capitalistic emphasis on an increasingly commercialized health service only moves the possibility of altruism further and further away. This aspect of change in the health care system of Britain is further discussed in the context of postmodernism in Chapter 3 [ibid: 60-61 and 62-63].

Hofstede [1991] in his study of IBM employees in fifty countries and three regions of the world has identified key differences between collective and individualist societies. He has focused on these differences in the context of the general norm, the family, workplace, politics and ideas. The contrasting characteristics of the two societies can be well illustrated. For example, in the collectivist society harmony is considered very important, therefore confrontation is usually unacceptable, whereas in the individualist society "telling the truth" and "speaking one's mind" are considered desirable qualities. Turner makes reference to the thinking of some sociologists in the study of religion that this modern ethic of "doing your own thing" outside of the traditional confines of organized religion could be "a reflection of consumer culture and narcissism" [Turner:1983:107].

The concept of shame in the collectivist society portrays the dishonour brought upon the group or community by the misdemeanour of a member of the group, whereas in an individualist society this is more likely to be perceived as guilt which is borne by the individual. The concept of "face" and "losing face" is important in collectivism, but in the individualistic counterpart this is replaced by a sense of self respect or the loss of it [Hofstede:1991:57 - 74].
These concepts are important in the context of midwifery education across cultures. Whereas in a western society it may be considered commendable to admit one's ignorance, this will not be so in the East where "not knowing" frequently leads to loss of face. The fact that a midwife practising in the West has access to further education and expert assistance could be very influential in enabling her to admit ignorance. In so doing she will also further facilitate her self development. Where there are limited educational resources, it would appear more in the interests of the group if those who have received some education or training maintain a position of respect where they are considered to be knowledgeable. They are usually unquestioned. The conflict will occur when the modern western philosophy of education is introduced and encourages a totally different approach. This will include an acknowledgment that to lack knowledge is not inevitably a sign of ignorance and to question is an appropriate way for adults to learn and develop. Such an educational approach tears at the foundations of a traditional collective society. The visiting consultant is therefore confronted with a dilemma. She must carefully consider the most effective way forward which incurs the least damage to the fabric of a traditional society. A society which is likely to be totally alien to her.

Individualism has been linked with Protestantism [Daly:1980:68] whereas it seems that some of the eastern religions fit more comfortably into a collectivist society. It has been pointed out that in Islam there is no distinction between religion and politics and therefore Islam can only be fully realised within the context of an Islamic state [Burnett:1990:110]. This would predispose to a collectivist society which is supportive to the promotion of the religion.

Naturally, religion which is endemic to or a recognised part of the life of a community is easier to practice than that which conflicts with the status quo in home and work environments. Burrell & Morgan describe a "leap of consciousness" which has to take place when people have to shift between the world of work to that of home, leisure and religious experience where different ground rules operate in the course of daily life. They reckon that this shift is perfectly within the normal competence of the individual, but that to achieve it demands a "leap of consciousness" [Burrell & Morgan:1979]. Given the difference between the two types of society under discussion, it could be argued that such different worlds are part of life in the individualist society. Collectivist society operates with the worlds of home, work and religion closely intertwined, often with relationships between the same people in each of these areas of life and frequently within the same geographical area, certainly this is so within the traditional village. The concept of leisure is not usually one that is readily part of life in developing countries where, in the main, the collectivist societies are to be found.
These manifestations of the collectivist society which are likely to be encountered by the consultant who crosses cultures serve to illustrate some of the adjustments she must make and some of the insight which she needs to apply before drawing parallels across continents. Midwife colleagues in a collectivist society are unlikely to be comfortable making independent decisions without consulting "the group" in the context of their professional work. The same may well apply to other health professionals, including doctors, in some situations as well as to policy makers, managers and administrators. This aspect of collectivism can place a very different emphasis on health planning, policy making and decision making. Resolving issues or even determining whether to take action tend to take longer and require patience and stamina. However, trying to short circuit the process can result in trauma and possibly paralysis of the decision making process.

Smith & Bond question whether individualism is another name for modernity. They refer to the work of Yang [1988a] cited earlier and point out the conceptual similarity between these notions in the profile of a modern person. They contend that:

"If individualism and collectivism are conceptualized as opposite ends of a continuum, then increasing modernization would lead to a gradual individualization of the psychological process."

[Smith & Bond:1993:214]

Certainly, professional colleagues who have been educated in a modernized country tend to demonstrate more characteristics of individualization than those who have remained within a traditional society. However, these do not inevitably remain when they return to their collectivist society and often depend on the status of the person in the country or organization in which they work. Sometimes such an excursion into individualism and out again leaves the person feeling frustrated, though sometimes they appear to be relieved to return to the relative shelter of collectivism. The effects of western education on eastern minds remains a topic of debate, but it still seems to be in demand by numerous governments and families seeking what they consider to be the best for their young.

**Value and meaning**

Whether people perceive themselves and function primarily as individuals or as members of the group, it is important to consider what it is that constitutes value and provides meaning for them. Hofstede defines "values" as:

"...broad tendencies to prefer certain states of affair over others"

[Hofstede:1991:263]
In writing about community in a primal or animistic society, Burnett explains that the value of an individual does not lie within himself but rather that he forms part of a "vast chain of humanity". Whereas the secular worldview argues: "I can reason, therefore I am", the typical African stance is: "I am, because I participate", "I am because we are". [Burnett:1990:63]. The western consultant needs to be aware of this in her work within such a society.

Sometimes, along with education, comes modernization and unquestioning loyalty to the group is put on trial. Values may be questioned or modified as secularism, amongst other factors, challenges the hitherto sacred.

Shukla [1987], in writing about modernization in the context of development which he describes as "a multifaceted phenomenon" emphasises that the process involves so many dimensions of life which may be considered independently or comprehensively. These include issues which are political, economic, spiritual as well as the intellectual and physical. He concludes that:

"Each dimension of development involves raising issues relating to values and patterns of conduct, which, in turn, produce a variety of impacts on institutional structures."

[Shukla:1987:8]

The institution may, of course, be the family or the larger organization emanating from the very processes of modernization and urbanization. Shipman, in considering modernization in the context of education, points out that old habits and patterns of authority as well as old relationships and values are "challenged, disrupted and replaced" [Shipman:1971:13]. As indicated above, this may well describe the effect of the modern educational approach when a considerable amount of learning is acquired through questioning and challenging assumptions and existing knowledge. This approach, however, as may be expected, is reflected across the whole of lifestyle in urban, industrial or "modern" societies and differentiates them markedly from traditional societies and those which are in the process of modernizing. Whereas traditional agricultural societies educate their young in the art of survival and all things necessary for living, in much of the Third World formal education has little seeming relevance to the practicalities of life. The challenging of traditional values would have no place in a collectivist society, but is rather a mark of the individualistic society. Inevitably, some traditional practices along with their value systems have to be challenged in an attempt to promote Safe Motherhood and in this context the consultant must be aware that she may be suggesting more than a change in midwifery education or practice.
Korten contends that there is a necessity to rediscover spiritual values. He states that although technology must play an important role, it cannot resolve the crisis of values that has permitted humanity to abuse the power of its technology. He concludes that:

"There is a great need for the profound wisdom of Eastern culture and religion with regard to spirituality, community and harmonious living.

He adds:

"However, even in Asia these values have been badly debased by a quest for money, fashion and glittering technical gadgets that will forever remain beyond the reach of all but the favoured few."

[Korten:1993:59]

Likewise, in midwifery and obstetrics, there is a serious need to introduce the technology that can save lives, but to use it with a profound wisdom which will promote safety without eroding values. Conversely, in the process of preserving traditional values, considerable skill is needed to determine when certain traditions have outgrown their usefulness. The education of midwives should equip them to discern these matters and decide with reasoned judgement what is safe and what should not be tolerated.


The Government of Singapore was reported in a news bulletin to have outlined six "shared values" which it stated would help the country to develop a national identity and thereby combat Western influence. The report claimed that a Government White Paper identified the values as:

"Nation before community,
Society above self,
Family as the basic unit of society,
Regard and community support for the individual,
Consensus instead of contention and
Racial and religious harmony"

[South China Morning Post:1991]

Smith and Bond [1993] comment that the Singaporean approach may assist emerging nations to derive some cultural pride by differentiating themselves from western traditions. However, the Singaporean approach to childbirth is heavily influenced by the western tradition of "daylight obstetrics" which is now deplored in the industrialized world. In the process of modernization, there is always the risk that changes made in the East in response to those introduced in the West will not inevitably make the logical progress into the post-modern phase. The western consultant working in the orient must be aware that many of the irrelevant
nursing, midwifery and medical school curricula as well as some of the inappropriate or outdated clinical practices have almost inevitably been inherited during the period of colonialism. Furthermore, to the indigenous population these programmes and practices may well represent a "modern" or "western" approach.

Whatever the historical path which has been laid to pave the values of modern Western society, Smith & Bond subscribe to the view that in time, the logic of industrialization will lead to a common society where ideology will become irrelevant. They purport that this will be the case presumably because we will all share a common ideology. In pointing out that "nations, like people develop over time", they refer to the Convergence Hypothesis and comment that:

"To the extent that ideology or values drive behaviour, then differences across people of different cultural heritages will, in time, cease to exist. Such is the psychological consequence produced by modernization."

[Smith & Bond:1993:210]

However, at the end of the twentieth century, it would appear that although the differences between "modernized" persons in various parts of the world may be diminishing, they most certainly still exist. The perceptive consultant will soon discover that she is working with colleagues who, on the surface, may appear to hold very similar professional opinions to herself, but in fact live and work within the framework of a very different value system. That value system will usually interfere with a free exchange of information and with a freedom to challenge ideas or question proposed changes. In such a situation a nod or a smile may as easily indicate a negative as a positive response and a visitor needs an awareness of this in order to avoid misunderstanding.

In studying the characteristics of persons in the context of modernization and development, it is interesting to note that Banks & Waisfisz [1994] explain a "fifth dimension" which was first described by Hofstede [1991:14-15]. The phenomenon was identified through extensive research in the orient and helped to explain the fundamental difference in thinking between the East and the West. This "fifth dimension" is considered to be closely linked to the teachings of Confucius and is interpreted as the way in which a society searches for virtue. Two ends of the continuum are described. The societies which are orientated to "short termism" show a strong respect for tradition, are described as non-savers, favour quick results and are "truth-orientated". Western societies, it is claimed, approximate to this end of the spectrum. "Long-termism", which is more typical in the orient, is characterised by a tendency to adapt traditions to the modern context, a
tendency to save and invest, persevere in order to achieve results and has "an overriding concern for respecting the demands of virtue" [Banks & Waisfish:1994:76-7]. This description may facilitate description of a dimension which broadly divides people of differing national origins. However, one could take issue with it on some counts, for example, in an age of rapid change, it could be questioned whether western nations retain a respect for tradition. Furthermore, the instinct to persevere can appear seriously muted in a country where fatalism is the predominant philosophy of life.

Hofstede defines another characteristic which he calls "uncertainty avoidance". He describes this as "one of the dimensions of national cultures" and classifies the tendency as varying between weak and strong.

According to Hofstede, uncertainty avoidance is:

"The extent to which members of a culture feel threatened by uncertain or unknown situations." [Hofstede:1991:263]

It is of interest that the majority of developing countries are classified by Hofstede [1991:129] as possessing strong uncertainty avoidance characteristics, the exceptions being Singapore, Hong Kong, Malaysia, The Philippines, Jamaica, India and Indonesia along with small groups of East and West African countries. The northern countries of the Americas and Europe those of Australasia are fairly evenly divided between weak and strong tendencies in this respect. As Hofstede points out, this factor is also closely related to collectivist/individualist characteristics. He emphasises that collectivist countries with strong uncertainty avoidance are at high risk to uprisings of minority ethnic groups which they try to suppress because both the majority and the minority hold the same set of values which he summarises in the adage: "What is different is dangerous" [Hofstede:1991:128-129]. It cannot be coincidental that amongst this latter group are to be found: Chile, Iraq, Iran, Kuwait, Korea, Lebanon, Libya, Salvador and Yugoslavia. Such a list would seem to strongly support Hofstede's thesis regarding the risk of uprisings and in some cases it represents a prediction of countries who later experienced such traumas.

If the dictum "what is different is dangerous" is applied to health care, then modern approaches to midwifery are, by implication, likely to be considered suspect and the consultant ignores such a possibility at her peril. It could be advantageous for a visiting consultant to be aware of the possible effects of short or long-termism and of strong or weak uncertainty avoidance in the context of her work in a particular country. Proposals for change will
inevitably usher in different ideas and ideals. Such proposals need to have regard for the beliefs and value system of the society and if such values are to be modified, the only possibility for safely engineering this must surely arise from within. Of course, where there is a mixed ethnicity, the situation becomes ever more complex, but attempting to impose change on ideologies from without only serves to reintroduce the colonial system with all its injustices.

Short claims that "Dignity and esteem are the birthright of every child" [Short:1971:81]. No less are they the right of every nation. Here maybe Watson's warning is timely to western and eastern society alike. She concludes:

"We hand on understanding. The same must happen with regard to values, and these have been, and for many still are governed by religious belief. "It may perhaps be asked: "Can't we generate new values?" Yes, it is possible, but to be enduring and fair these should not just be dreamed up today but be tested against tradition and sustainability among other criteria."

[Watson:1993:181]

It is the nationals within a country who can test any new approaches and their implied value system against tradition and sustainability. In the process of modernization, it is the secularization of society which has eroded the place of religion and of tradition. This would seem to account for the associated apathy to traditional morals, as the value system becomes neutralized in such a society. New values cannot be tested against a tradition which does not exist. There is therefore potential for a value vacuum in modern society where "anything goes". Such a situation offered in the package deal of modernity demands a high price, and to resist this aspect of development may be beyond the means and even the desire of many nations reaching towards "progress". One can but wish there was some system of immunity which could be offered in the process of modernization which would protect from the pathological and promote those aspects of progress which nurture a kind of development where the outcomes are predictably safer. However, defining the harmful and potentially dangerous can only be done against some kind of value system. In an ideal world, education and international aid should have an inbuilt protection to such ills, but the definition of these, must, of necessity be made by developing countries themselves. A classification, leave alone a consensus on such matters, would be difficult in any country, though eastern countries maintaining some degree of traditional structure and associated value systems may just be in a position of advantage in respect of the necessary discernment."
Status or skill?

During the process of modernization, considerable upheaval and conflict can occur between different generations and various cultural groups and social classes as values are challenged or changed. There is potential for conflict in another dimension when, in a modernized society, who a person is becomes secondary to what he or she can do. This is in stark contrast to the accepted order in a traditional society where identity takes precedence over ability.

In describing political modernization, Yang refers to:

"... administrative hierarchies chosen on the basis of achievement rather than ascription"

[Yang:1988b:67]

Peacock and Kirsch describe "archaic man", whom they differentiate from "primitive man" by stating that the society of the former is based on "king-ship" whilst the latter is based on "kinship". They contend that the earlier archaic type of society may be more universalistic than primitive society because, in the former, man's status is more strongly based on his deeds than on his descent. The reverse is true in a primitive society. Indeed it is pointed out that although kinship will determine archaic man's status, if he does not perform his function well he could be removed from office [Peacock & Kirsch:1970:158]. This aspect of ancient society has definite similarities with modern society, where so-called democracy will ensure that the unsuccessful or unacceptable will be replaced or eliminated depending on the stance which a country or community may take concerning human rights and equity.

The health services in many countries tend to be managed primarily by those who earn their positions by virtue of their standing in society or within their profession. Until comparatively recently, promotion within the nursing and midwifery professions in the United Kingdom was likely to be related to status rather than skill. The United Kingdom Central Council (UKCC) requirement for each nurse, midwife and health visitor to maintain a professional portfolio to provide evidence of education and practice has only been implemented within the closing years of the twentieth century [UKCC:1995]. Maybe the issue of status versus skill is one of the last areas to be conquered in the process of professional development in the modern world.

Modernity: Relative or Real?

Peacock & Kirsch describe five stages or levels of sociocultural evolution. These are: primitive, archaic, historic, early modern and modern which they state are:

"...conceptualized as distributed along a scale of relative modernity."

[Peacock & Kirsch:1970:46]
The writers differentiate societies at the more modern end of the scale as being composed of units which are more specialized. They state that with the process of modernization, social relations within the units become increasingly functionally specific and much less functionally diffuse [Peacock & Kirsch:1970:47].

Concerning the process of social differentiation, mobility and change which characterize the process of modernization, the writers point out that the more modern the society, the more rapid the rate of change. This may seem a statement of the obvious, but the rationale behind the statement claims that modern man is more ready to change because he places greater emphasis on rationality and efficiency than on tradition. This accelerates the process of change as he speeds on, ever searching for more effective means to achieve high productivity [Peacock & Kirsch:1970:61].

It is apparent that the scale of modernity varies across one country and even within defined areas of a country. Urban communities are more likely to display greater degrees of modernization than their rural counterparts, but even within cities, sub-communities sometimes display the characteristics of traditional societies. This can be seen, for example, when considering the importance placed upon a local person's lineage rather than on what an outsider may have achieved and therefore be formally qualified to do. The reluctance to change is also strong in such communities and, as has already been implied, this slows down the potential for modernization within a community. Because mobilisation is reduced, the traditional community stays intact for longer and traditional values assume greater importance. These characteristics have been observed in sections of cities in Wales and is likely to be true also for other parts of the United Kingdom.

On the other hand, the speed with which modern man proceeds along the scale of modernity can be alarming. A Burkinabo historian examining development in the late twentieth century likens it to a rush towards an Olympic medal which he considers, maybe, should never be awarded. He identifies three wrong attitudes which can characterize the developmental race. First, he describes:

"...the temptation of extrapolating the present through a linear projection, through a sort of transfer, line for line, of the present circumstances into the future. [Ki-Zerbo:1993:100]

He decries the practice as being unacceptable to prophets and power holders alike and that the future is only partially a product of the present."
The second wrong attitude Ki-Zerbo identifies as "retrospective extrapolation". It is considered even more absurd than the first route of error whereby the past offers the answer because it is considered to be sure ground holding no surprises. The writer proceeds to state that this does not, however, justify a third erroneous approach, that of moving forwards without considering the past. In a graphic statement he accuses the media of:

". . .pushing us in that direction, by sparing us the asperities and harshness of the present, and feeding us with moisty mirages so as to propel us into the gravity of a phantasmatic future where everyone can "win". " [Ki-Zerbo:1993:101]

As a historian, it is not surprising that he proposes that a sound historical consciousness is the real mother of progress, and that this being true it can help in the dream of a future for mankind which is not an hallucination [Ki-Zerbo:1993:102]. In this respect it is interesting to reflect on the situation described by Mbiti in attempting to explain New Testament eschatology in an African context. He proposes that the key to understanding the worldview held in sub-Saharan Africa relates to two dimensions of time, past and present and that the concept of an indefinite future is foreign to the African mind. Mbiti describes time as moving backwards rather than forwards, the focus being on what has occurred rather than what one might wish to happen in the future. He likens life's journey to that of travelling in a train, back to the engine. The scenery which has passed is still visible and clear, as are the present sights which surround the traveller in the compartment, but the future is not visible and not perceived. [Mbiti:1978:30]

Whilst one may readily identify with the common sense of this illustration, the attitude can present problems, not least in the area of midwifery practice under discussion. Few would reason that the future can be precisely predicted, but certain events will give clues as to the outcomes which are most likely to occur. For example, if a woman is severely anaemic and malnourished, of high parity and has been in prolonged labour, the risk of a postpartum haemorrhage occurring is very high and should not take the professional midwife by surprise. It is this element of learning from the past and the present and predicting possible outcomes with knowledge and insight that can make the difference between life and death in midwifery practice.

In considering urbanization as a component of modernization, it is interesting to reflect on Gibbs & Martin's theory four decades ago linking degrees of urbanization in a society to the spatial dispersion of objects consumed by the population
Even if modernization is dependent upon technology and division of labour amongst other factors, development may be more contingent upon such issues as adult education and the freedom to live and to learn. This is certainly the case in the preparation of midwives as well as other health care workers. Possibly a scale of modernity could be devised against UNESCO’s statement on the right of adults to learn which is defined as:

"The right to:
- read and write,
- question and think,
- imagination and creation,
- read one's immediate environment and write one's history,
- have access to educational resources,
- develop one's individual and collective skills."

[From: Proulx:1993]

Truly honest responses to such a scale of criteria might bring some interesting surprises and make what seems real only relative in terms of development by comparison with modernization, if the two terms for a moment can be separated.

Perhaps a similar statement could be devised which would define the midwife’s right to the knowledge, skills and attitudes which would promote Safe Motherhood. The following is offered:

The midwife has a right to:
- read up-to-date textbooks and journals and share her experiences by contributing to them,
- question traditional practices and think through these issues critically and analytically,
- use her imagination and creativity within her own sphere of practice,
- identify with women in her community and earn their respect and trust,
- have access to educational resources,
- develop problem solving skills,
- contribute to her country's policy on health care in general and Safe Motherhood in particular.

[Adapted from: Proulx:1993]

It is very likely that the midwives who could identify most closely with a profile so defined probably originate from countries which have proceeded far along the road of modernization and development and whose maternal mortality rates are relatively low.

It may be meaningful at this point to reflect on the differences in educational approach which exist in the modernized world. A Ugandan university educationalist writing about African indigenous education summarises the traditional system as possessing:

". . . a multifaceted character that was holistic, utilitarian, community-centred, functional in approach and environmentally conscious. . ." [Ocitti:1994:42]

If such methods were employed in the early education of African youngsters it seems alien to expose them to rote learning which appears to be the legacy of colonialism which enforced a learning in a foreign language as well as other alien concepts. Truly, such an approach to the education of midwives would be commendable. An approach with similar ideals is offered in the first module of the World Health Organization series for the education of midwives in order to promote Safe Motherhood [WHO:1996]. In Gibson's comparison of Freirian with enterprise education, he describes the cultural context in which Paulo Freire initiated his approach to education which has been acknowledged as a source of inspiration in development issues for more than thirty years [Gibson:1994: 46].

He summarises:

"The oppressed exist in a culture of silence determined by the dominant class and characterized by: fatalism, superstition, naivety, dependence." [Gibson:1994:49]

Whilst some may long have considered traditional approaches to education inherently lacking, Ocitti, a Ugandan educationalist, in his dissertation on indigenous education in East Africa seeks at the outset to explode some myths on the subject. One such myth which he describes as perhaps the most persistent, especially during the colonial period, is that such education was dismissed as primitive and found
only in tribal or pre-literate societies. He proceeds to debate the definition of these terms and concludes that since anthropologists cannot agree on what constitutes "a tribe" or on the use of the generic term "primitive" it may be wise to reject it. Ocitti appears to hold a totally different concept of this term by comparison with the anthropological classification cited earlier and attributed to Peacock & Kirsch [1970:46], who place the notion of the primitive on a relative scale of modernity. Ocitti states:

"Moreover, the term primitive lacks exactness and a classificatory value, not to mention that its origins may be deeply rooted in western ethnocentrism."


In essence, the term "primitive" and by implication the term "modernization" represent value judgements and are likely to vary with the stance of the judge. In reflecting on these issues, a person will inevitably be caught in his own web of development, or lack of it, within his own culture and making a comparison with a variable number of other cultures or none.

Conclusion

The processes of modernization and development are undeniably complex and controversial. The consultant may readily admit to being involved in assisting overseas development. She may not be so keen to identify herself as an advocate of modernization, even less as an agent of westernization. Yet the nature of the task calls for the professional consultant to be aware of the character of the cargo which she imports to her client countries. The consultant must be able to differentiate between what may provide a relevant resource in the promotion of Safe Motherhood and what may simply be a parody of progress offered in the glittering wrappings of the West. Such a package may prove irresistible to the poorer nations, but it may not contain the promised ideals when it is unpacked.

Tabora, reflecting on rural community development issues amongst women in Honduras decries some errors of previous attempts to provide improvements:

"We have seen many models that guided the course of the past decade become obsolete for the new historical age in which we live. On the other hand, today's great would-be truths on neoliberalism are proving to be ineffective as solutions for the social problems. Instead they are painfully increasing misery, delinquency and death, leaving us, and others, with a profound sense of confusion and helplessness."

[Tabora:1993:150]
If the midwifery consultant is to avoid a similar evaluation of her efforts, she must be able to recognize and respect the traditions of a society within which she works. These may not be as obvious as would first appear, and so she must spend time developing and refining her sense of awareness. Without this "seventh sense" she will render herself not only useless, but a liability. In order to function effectively, the consultant needs to be able to recognize the various signs and symptoms of modernization and development and weigh up the significance of these processes in the context of her assignment. Chapter 3 focuses on these issues and considers their relevance to Safe Motherhood, midwifery education and practice and the responsibility of the international midwifery consultant.

Two further questions therefore arise in the context of this chapter. Firstly, it must be asked:-

How can the consultant develop and refine her sense of awareness in a culture other than her own?

Secondly, in the context of this and the ensuing chapter it needs to be considered:-

How much knowledge and understanding about modernization and development does the midwife need in order to function effectively in her role as an international consultant?
CHAPTER 3
MODERNIZATION AND DEVELOPMENT
THE SYMPTOMS AND THE SIGNIFICANCE

Introduction

In any advanced disease, recognizing the symptoms is very easy. The skill of midwifery lies in recognizing potential problems and working to prevent them. The astute midwife therefore develops her ability to pick up the early symptoms of treatable conditions. Simultaneously, she becomes accustomed to "reading between the lines".

Discerning the symptomatology of modernization and development needs to become a field of interest and expertise to the international midwifery consultant. Since she usually originates from a country which is considerably further along the road to modernity, she may fail to notice and understand these signs in an alien land, interpreting them only as familiar by comparison with the strange and even bizarre. Smith & Bond point out that modernization is not a uniform, linear process which can readily be identified across different countries. They cite studies undertaken by Sack [1973] and Chiu [1979] to support their theory that "the modernization syndrome", evident across and within cultures, "takes different forms in different places". They conclude that:

"Individuals and groups within different countries can therefore modernize in different ways and with different outcomes."  
[Smith & Bond:1993:217].

Identifying the symptoms could therefore prove to be rather difficult. There is most certainly a need for the consultant to become deeply perceptive and acutely aware throughout her overseas assignments. This chapter aims to complement Chapter 2 and present some further ways in which the processes of modernization and development may be identified and interpreted. The significance of the changes which these societies are undergoing in the context of Safe Motherhood is explored.

Change or adaptation?

Change is perhaps one of the key words associated with modernization and development. John Donne writing on the subject has penned these words:

"Change is the nursery
Of music, joy, life and eternity"
[in Short:1971:v]
Wherever the status quo is not conducive to the promotion of life and health, one would have no difficulty in identifying with Donne's sentiments. In many parts of the world the situation does not favour the promotion of Safe Motherhood and change has to occur if any hope of improvement is to be offered in this devastating situation. The midwifery consultant frequently works to facilitate change or to support national colleagues through a period of change or adaptation. Lippitt & Lippitt describe the role of a consultant as that of "an agent of purposeful or planned change" and maintain that:

"This challenge has become more compelling and the necessary professional skills more relevant in recent years."

[Lippitt & Lippitt:1986:185]

In reviewing the course of sociocultural evolution, Peacock & Kirsch note that the trend throughout history has been moving along at a faster rate of change. They observe that this can be noted most clearly in the realm of technology, but is apparent too in other aspects of life. They claim that a number of areas of life including early-modern science, education and government are designed "to insure incessant and rapid change". The writers maintain that since what they term the "early-modern pattern" is spreading globally the overall rate of change in the world will continue increasing. The only exceptions they identify as likely to intercept this are holocaust and catastrophe [Peacock & Kirsch:1970:282]. It could be pointed out that the notable, though silent catastrophe of the twentieth century has been the maternal death toll which has failed to wane in the greatest part of the world. It would also be true to state that it remains highest in those countries which have been resistant to the change which leads to modernization and development.

Toffler's observation of the process of change is in harmony with that of Peacock & Kirsch. Toffler [1971:42f] claims that there is nothing new about change since it has always been part of man's history. He emphasizes that what characterizes the modern era is the effect of the "accelerated pace of life" with the consequent increasing pace and complexity of change.

However, catastrophe, whether natural or induced through conflict and war, can actually be a catalyst of change, causing technological innovation and further mobilization of aid to disaster zones which might otherwise remain isolated from such medical and scientific advances. Of course, catastrophe in itself will set a country back in the climb
towards development, but it may be a case of moving two steps forward and one back rather than making no steps at all. The catastrophe of maternal death is slowly mobilizing resources to address the multitude of causative factors, but with the legacy of colonialism and the main resources coming from the West, change in this area appears to be alarmingly slow. However, in the history of mankind, the Safe Motherhood Initiative [WHO:1987] has been in existence for but a few fleeting moments, and if, true to form, change does accelerate, there would appear to be hope for improvement at an increasing pace in this challenging area. Maybe Wilson captures the ideal in his analysis of change. He maintains that:

"Change is a phenomenon which cannot be restricted solely to the "behavioural" aspects of management learning"

He suggests that:

"It needs a perspective which can blend the behavioural with the economic, the historical with future-oriented decision making, and the political with the social and economic factors of change."

[Wilson:1992:123]

These are the concepts that midwives, and the governments which employ them, desperately need to capture in the attempt to promote Safe Motherhood. Midwifery education programmes need to encompass such a philosophy in order to prepare professionals who can implement and manage meaningful change.

A country's development will almost inevitably be master planned by a small elite, but the power of the majority to influence change may be infinitesimal. Wilson criticises the "so-called modern British and American approaches to achieving change" which are accomplished through strategies of human resource management. He holds that:

"Decentralization, responsible autonomy and team working (often imported from what is considered Japanese best practice) can be seen as fads and fashions at best; at worst they are deliberate attempts to exert and retain managerial hegemony."


Ki-Zerbo points out, the majority of the world's population living in the south of the planet are not aware of the calendar which indicates the approach of the year 2000
because of their preoccupation with the struggle for survival [Ki-Zerbo:1993:100]. The struggle engendered by such populations render them helpless to influence change in their own country and possibly in their own community. However, it is possible that even a taste of change provides incentive to begin to demand that which has hitherto been out of reach. In most countries, the elite have the power to make some choices, but the poor majority have yet to sample something better than the constant survival struggle before they can stand back and envisage alternative possibilities. They will be the recipients and often the victims of other men's struggles for power in the name of development. The universal divide between rich and poor gives the priority every time to the former, so that the elite nations of the north continue to monopolise the power and hence, almost inevitably, the direction of change or adaptation which will affect the face of the planet in the twenty first century.

Whereas many writers underline the change which takes place in society as a result of development, Singh writing about the cultural response to development in India argues that the process has been largely adaptive:

"Religion, caste and ethnicity, the principles which highlight traditionalism, have not posed hurdles to the process of development as expected initially, especially the level of the value system. . ."  
[Singh:1987:64]

He proceeds to claim that most institutions associated with the process of modernization, namely education, industrialisation, urbanism and "voting behaviour" bear the mark of "primordiality and tradition" [Singh:1987:64]. One is obliged to question here whether, in fact, this statement identifies the sublime in a world overtaken by the concept of modernization. Conversely, it might be wise to consider the comment in its cultural context and ask whether this evaluation of the process of development in India is essentially echoing a typical stance in Hindu philosophy. The Hindu perceives time as cyclical, preaches reincarnation and leans towards an all embracing approach to religion which accepts and absorbs different aspects of truth rather than seeing them as separate entities. The object of worship is claimed to be less important than the act of worship ("puja") itself. As the scriptures say:

"Whatever celestial form a devotee (craving for some worldly object) seeks to worship with faith, I stabilise the faith of that particular devotee in that very form.  
Endowed with such faith he worships that deity and obtains through him without doubt his desired enjoyment as ordained by Me."
[Bhagavadgita:7:21,22]
In attempting to introduce a radical change in beliefs, values and lifestyle, Christian missionaries in India have experienced difficulty in clarifying the difference between the faith which is being offered and what is already believed. The Hindu will often accept the deity of Christ along with the pantheon of Hindu gods with the likelihood of there being very little change in worship or lifestyle as a result. Maybe it appears to the indigenous population that, like Singh's impression of modernization, Christianity has very little to offer that is not already imprinted within the existing culture and tradition.

A similar attitude which demonstrates a passive but powerful resistance to change is illustrated in advice offered by an elderly man of the North American Tewa people:

"It is best to be polite to missionaries, let them come in and preach. We will go on with what we are doing. It is not good to drive anyone away; we must be nice to people no matter who they are. But we feel that no one should disturb what we want to do. If they urge us to listen, we will say nothing. Sometimes they talk a long time telling us that our dances are evil and that we must stop them. They say unless we go the "Christian Road" we will not be saved. But we just keep quiet and they get tired after a while and leave us alone."

[Beals:1979:318]

In addition to opposing change, this comment also declares those things which are deemed important within Tewa traditional society and justify maintaining the status quo, namely, hospitality and courtesy to visitors. These attributes often form part of a religious duty in a traditional society and the consultant can deeply offend in rejecting or failing to respond to them. She must also be aware that if she attempts to introduce change using the same negative critical approach of the missionaries described above the same outcome may well ensue - "we just keep quiet". The Tewa speaker himself would be taken seriously in such a culture where the word of the elderly is respected and may even be revered. Hence, it is worth considering that unless the elderly see the need for change, it is unlikely to be welcome and is liable to be forbidden. It is the elders who must be approached in order to initiate change in the community and in modifying or abandoning harmful traditional practices associated with childbirth. National workers will be aware of it. Visiting consultants need also to respect this inevitable fact.

Leach, considering educational innovation in developing countries, claims that innovation and planned change is
difficult to achieve. She states, from her experience in the Sudan, that there is rarely a change in attitude and behaviour unless there is clearly an understanding of how this might benefit the individual or the institution. She considers that awareness building and persuasion techniques may also meet with limited success [Leach:1991:173]. This finding supported the work of Havelock & Huberman [1977], Foster [1973] and Rogers [1971]. One could view these statements as pessimistic, but in reality they demonstrate a wise caution on the part of the recipients of innovative ideas which may serve to protect them from unnecessary or futile change. At least when change does occur in such environments, it is likely to be planned change and therefore apt to be not only acceptable but also more appropriate to the situation. Leach concludes that providing the right environment is induced, then attitudes which are judged inappropriate will change but she insists that they will not change without the incentive to do so [Leach:1991:183]. This should prompt the consultant to concentrate on nurturing attitudes which will be conducive to change rather than attempting to force change before the ground is ready for the seeds of innovation to be sown.

Considering an anthropological point of view, Sharrock states that the mapping of one set of cultural experiences onto another is assumed rather than actually found to be impossible [Sharrock: 1980:9]. However, what is possible is not inevitably desirable and the consultant needs to be convinced of the desirability of proposed change as well as its practicality. Bizimana [1989] challenges the assumption that Africans inevitably want to move in the same direction as Europeans. A Rwandan veterinary surgeon who had spent a decade in Europe, Bizimana points out initially the incongruence of Africans not wanting to follow the industrialization process apparent in Europe. He refers to the suspicion of Africans urged by Europeans to look for their own path of development, giving the impression that westerners do not want Africans to equal their technology and compete in producing luxury goods. He goes on to identify some of the health and environmental problems experienced by modern societies, from dental caries due to excessive sugar consumption to colon cancer due to a refined diet as well as the problems associated with chemicals, pollution and waste. He points out that the life of the average rural African is a better one than some experience in the poverty and ill health found in Western Europe without the extended family to take care of those who do not succeed in life [Bizimana: 1989:219-234]. It may not be surprising therefore, that people in the developing world view with suspicion health messages which are carried by westerners.

Almost three decades ago Kavadias contended that "the message of modernization" in developing countries was seldom
fully understood and purported that modernization usually fails to be assimilated within the pre-existing culture [Kavadias:1966:368]. This comment starkly contradicts Singh's observation cited above which rather supports the hypothesis of adaptation as opposed to change in the process of development within Indian culture [Singh:1987:64].

In taking an evolutionary approach to social and cultural anthropology, Peacock & Kirsch contend that developing societies "yearn to modernize" and that although they mourn the loss of their traditions, at the same time:

". . . they recognize that in the face of population pressures and other environmental threats, modernization is the only way to survive."


They go on to cite the work of Levy [1966] who points out that when a traditional society comes into contact with a modern one, the non-modern one inevitably modernizes and that this happens irrespective of the spiritual values because a society will always contain some individuals who want the materialistic advantages offered by the modernization. They predict that the process is inevitable and its spread predictable:

". . . modernization is like a dye, which upon touching one thread, is slowly absorbed until it changes the colour of the whole cloth. . . Eventually all societies will thoroughly modernize."


The implication is that the dye is indelible as well as inevitable. If the changes which are considered inevitable in effectively promoting Safe Motherhood are to prove indelible also, there must be much careful preparation of the ground. Otherwise the "dye" will be "washed out" along with the consultant and neither purposeful change nor meaningful adaptation will remain. Consultancy may add to the stains of colonialism which mar much of the developing world, for history has, perhaps, already instilled a resistance to any change which originates from the West.

Postmodernity - a way out or a way through?

An attempt has been made in chapter 2 to define and discuss concepts of modernization and development and to debate whether or not the process of modernization originates from the West [ibid: 22f]. Postmodernity might have been easier to apprehend had modernity, modernism and modernization surrendered more consistently to definition and were they more congruous with history than with philosophy. Bauman,
in debating the relative meaning of modernism, modernity and postmodernity argues that:

"The definitional discord is made particularly difficult to disentangle by the fact of historical coexistence of what Matei Calinescu called "two distinct and bitterly conflicting modernities"." [Bauman:1991:3]

He goes on to explain Calinescu's portrayal of "the irreversible split" between modernity which represents a historical phase in Western Civilization and that which he considers would be better described as "modernism". The former he regards as a product of the industrial revolution accompanied by progress in science and technology, the latter as "an aesthetic concept". He considers that modernism reached its peak by the beginning of the twentieth century and:

"... in retrospect can be seen (by analogy with the Enlightenment) as a "project" of POSTMODERNITY or a prodromal stage of the postmodern condition." [Bauman:1991:3-4]

He concludes:

"In modernism modernity turned its gaze upon itself and attempted to attain the clear-sightedness and self awareness which would eventually disclose its impossibility, thus paving the way to the postmodern reassessment." [Bauman:1991:3-4]

Writing about postmodernism in the context of sociology and health, Fox describes his understanding of the term as:

"... a philosophical position which rejects modernist efforts to discover knowledge about the world, and replaces this with a focus upon the strategies by which such modernist knowledge claims are made." [Fox:1993:162]

Maybe Crook sums up the predicament more succinctly in concluding that:

"The dilemma facing postmodernism is that it must either allow that modernism was once valid, but is no longer, in which case it begins to look like an orthodox historicism or it must insist that modernism (and pre-modernism) were always false, in which case it seems to be advancing claims to represent a timeless truth. This problem arises because postmodernism makes only half a break with modernism. . ." [Crook:1990:68]
However the present condition is defined, the phase in time which has been reached, presents the current global population with a situation which appears to be unparalleled in history. This situation has ramifications in the context not only of national survival, but also of international existence and co-existence. The current ethos which perpetrates from politics to professional education and practice questions many issues which seemed irrefutable and threatens to undermine the very fabric of society. Bauman recognises a certain ambivalence and a "universality of rootlessness" in contemporary society, he states:

"It remains to be seen to what extent the widespread aversion to grand social designs, the loss of interest in absolute truths, privatization of redemptive urges, reconciliation with the relative - merely heuristic - value of all life techniques, acceptance of irredeemable plurality of the world, in short all these worrying yet nevertheless exhilarating trends which are usually subsumed under the name POSTMODERNITY, are a lasting consequence of that ABOLITION of strangerhood which has been attained through raising it to the STATUS OF A UNIVERSAL HUMAN CONDITION."

(Capitals indicate author's emphasis in original text) [Bauman:1991:97-8]

Before reflecting on the relevance of the progression towards postmodernity in the developing world, the effect of the trends attributed to postmodern condition on the health care system in the United Kingdom demands some consideration. The National Health Service was set up to combat the "Giant of Sickness" and the Welfare State established to "overcome the five giant evils of want, squalor, poverty, ignorance and illness" [Jenkins:1993]. Recent reforms including the implementation of the National Health Service and Community Care Act [1990] have created an "internal market" in the British health care system where District Health Authorities along with fund holding general practitioners became purchasers of health care and NHS Trusts the providers of this care.

A definite change of culture in the health care system across the United Kingdom can be observed over the last quarter of a century and the advance of science and technology must be implicated in this context. The "Giant of Sickness" now, no longer wrestles with so many diseases of abject poverty as with the penalties of affluence, whether these result from dietary indiscretion, indulgence or indolence. The expectations of the population no longer rest with acquiring free prescriptions, though these are becoming increasingly elusive, but the British, alongside their Western neighbours, compete for surgery where and when desired and this may include competitive waitlisting and
even vying for organ transplants. Expectations of the clientele in this market economy are ever rising and so too is the trend towards litigation. Defensive medicine, defensive obstetrics, defensive midwifery is practised which sometimes results in unwarranted interference rather than the masterly inactivity which was the adage of the obstetrician and midwife of a few decades ago.

Woman led midwifery care is a reaction to defensive practice as well as the surge in technological care which is being increasingly rejected in favour of "the natural". This issue is discussed in Chapter 4 [ibid:94-95] in the context of considering differing perceptions of need and a dichotomy of demands.

Alheit writing about the characteristics of a "post industrial" society maintains that the first and most obvious characteristic is predominance of Western capitalist organization of the economy. He argues that profit which he describes as "the creation of surplus value" remains the driving force of such a society. The domination of the economy by very large organizations is another characteristic which over the last forty years has appeared in local government, education and public health systems Alheit [1989:42-43]. In the field of international aid including the provision of consultants there is a marked tendency towards domination by large organizations and an increasing emphasis on profit making in the process. It must be questioned whether, in fact, trade and aid can ever be separated.

Korten writing on environmental matters takes up issues related to "Trade, aid and foreign investment". He states that from very early colonial times, those who control capital, technology and state power exercise control too over global ecological resources in order to satisfy their own "conspicuous consumption". He points out that whereas in former times the favoured instruments of control were armies, now these same ends are accomplished:

"...through transactional corporations, the Bretton Woods institutions (World Bank, IMF & GATT), and development assistance. Each work to increase dependence on the international trade system, mortgage national economies to outside interests and gain unrestrained access to local resources and markets for transnational corporations."

[Korten:1993:64]

Whilst acknowledging that the continuation of international trade is essential to human progress and well being, Korten emphasises that the system must provide some incentives and support for ecological self reliance and that this is
particularly necessary in meeting the basic needs of the people. He suggests that the optimal level of both international trade and investment are probably considerably lower than those currently prevailing [Korten:1993:64]. Since Korten is writing from the standpoint of "people centred development" his sentiments arising in the context of ecology can be paralleled in the area of health care and promotion. He proceeds to propose some actions which he acknowledges to be radical and neither simple nor politically expedient. His suggestions include dismantling the World Bank and other banks which create "international indebtedness" and stopping the "consolidation of large countries into regional economic blocks".

Maybe Korten is idealistic rather than realistic in his proposals. Gibson, points out that creating an enterprise climate is one of the approaches of the World Bank and described as market-friendly. He proceeds to cite the comment of Gerry & Panayiotopoulos [1991] that this need for propagation and expansion worldwide has been accepted by most multilateral and bilateral agencies [Gibson:1994:47]. Korten therefore faces a formidable array of opposition if he is in earnest about dismantling the World Bank. If such an action could be contemplated, one wonders whether the funding provided by the financial giants could ever be found elsewhere, but Korten suggests the establishment of an international fund to be responsible for both identifying and negotiating the purchase of those technologies which would be socially and ecologically beneficial [Korten:1993:64]. Maybe his suggestion of repudiating all odious debts and those incurred through faulty donor analysis is admirable, but who decides whether the debts are odious and why projects are "non-performing" raises another set of ethical enigmas.

Currently some Christian organizations are preparing to petition the financial giants in the Year 2000 to cancel outstanding debts to the poorer nations of the world [TEAR Fund:1997]. Such an activity will inevitably be accompanied by an ethical dilemma. It will surely proceed beyond the turn of the millenium and maybe usher in another era of "later postmodernity". It would seem unlikely though that such an era would be characterized by cancelling debts and the political, social and economic equality of East and West, though history is not always predictable.

The spirit of postmodernity appears to infiltrate every aspect of society and with it "the caring professions". The midwifery profession in the United Kingdom along with nursing has seen its culture revolutionized in the last few decades. Low pay and long hours ensured that most people entering these professions used to join with something of a sense of vocation rather than a desire for ease and riches. However, major pay rises, the keeping of time sheets in
order to audit working hours and award pay accordingly and a general rise in unemployment have influenced attitudes and expectations within these health care professions. Whilst time sheets had the potential to properly reward practitioners according to the work done, they had the side effect of causing goodwill to go out of the window. Clinical grading sought to pay those with clinical skills to stay at the bedside, it also caused bitter feuds between the relative responsibilities and importance at various clinical levels. Affiliation with universities gave nurses and midwives the academic credibility which had quite become indispensable in the postmodern era, it also removed many students and teachers from easy access to clinical practice and, as a result, risk their clinical credibility upon which safe practice depends.

So altruism has given way to a market force. The spirit of service has been usurped by power politics. Assertiveness is at risk to aggression on the one hand or apathy on the other. Midwifery has been attacked by radicalism in the name of promoting the interests of the woman, but this can so easily cover the power interests and avarice of an unscrupulous practitioner. This, of course, is the worst scenario. It may not be typical but it is in evidence.

Heller comments:

"Radical cultural critiques might have exaggerated, even over exaggerated, the moral remissiveness and cultural decay of the (post-) modern world, but civilized barbarianism is still not something one can so easily write off from the possibilities of contemporary history, our history."

[Heller:1990:108]

"Civilized barbarianism" may have reached the midwifery profession of western nations. There is an inherent risk that this is pervading the international consultancy field. If this is so, and there is reason at least to search for the evidence, there is surely cause for discomfort. If international midwifery consultancy can be considered a newly born profession, the concern is that it may already be suffering from a congenital handicap borne of modernity, postmodernity or civilized barbarianism. This study seeks to look for the symptoms, examine the issues and raise pertinent questions in this context.

The love of money: A symptom of secularization

In exploring the differences between individualist and collectivist societies, Hofstede notes that individualist societies tend to be wealthy, urbanized and industrialised whereas the collectivist societies are poorer, rural and traditional. However, he identifies some notable exceptions to this observation and cites Japan as well as the newly
industrializing societies of South Korea, Taiwan, Hong Kong and Singapore which seemingly have retained the emphasis of collectivism in spite of the process of industrialization [Hofstede:1991:74]. In a recent television debate [CNN:1997], Singaporean economists reasoned that an entrepreneurial culture is the main hope for the future and claimed that, to an extent, young people of that nation have become "risk aware". This was regarded as a crucial developmental step because entrepreneurial activity is characterized by taking risks and Singapore is totally dependent on her business acumen. Japan's development, like that of Singapore, has been characterized by economic freedom without political freedom. China promises a similar approach as she increasingly opens up her market to the remaining three-quarters of the world. The ultimate test for the survival of Hong Kong as a global market economy is now in place as the country is returned to the motherland of China.

Hofstede nevertheless emphasises that there is a strong link between national wealth and individualism and cites Japan as an example of a country which has achieved fast economic development with a shift towards individualism sometimes at the expense of the family network of support so characteristic of traditional collective societies [Hofstede:1991:77].

The Burkinabo historian, Ki-Zerbo takes a global stance in considering the inequalities in development between countries of the rich north and poor south. On population growth he concludes that the consumption of the minority in the northern affluent countries has to be reduced in order to facilitate a reduction of the number of consumers in the south [Ki-Zerbo:1993:108]. It sounds a logical proposition, albeit an unpopular one and a very difficult one to achieve.

If the love of money is a symptom not only of secularism but of the process of modernization, then the condition is spreading rapidly. The establishment of the European Economic Community (EEC) is to be echoed in the Asia Pacific region with the establishment of the Asia Pacific Economic Cooperation (APEC) which aims to achieve trade and investment liberalization between countries as diverse as Japan and the United States of America, Indonesia and Australia. This move is made in the wake of the Global Agreement on Tariffs and Trade (GATT) [Pangestu:1994]. A further economic move is proposed in forming a North American Free Trade Area (NAFTA) which will extend from Alaska to Argentina [CNN:News Bulletin:9.12.94]. In principle, the countries with the stronger economies may be able to assist the weaker, but in practice this seems unlikely and unpopular. The proposed opening of the EEC to Eastern European countries will bring similar challenges upon a system which is already divided and haunted by greed.
Bond's research into dimensions of individual variation in multicultural values demonstrated a link between wealth and psychological individualism [Bond:1988:1009-1015] and Hofstede's earlier work showed a strong correlation between modernity, measured by the wealth of a country and individualism [Hofstede:1980]. It seems inevitable that it is the wealthier countries which progress more rapidly along the scale of modernity. It is the wealthier countries too which can boast the lowest maternal mortality rates along with lower infant and child mortality rates and a longer expectation of life [WHO:1991]. It is pertinent to reflect whether international trade agreements, which appear to be inextricably bound up with the provision of aid, will enable mortality rates to decline as countries develop and modernize. There is the risk that the anticipated era of postmodernity will strengthen secularism, intensify individualism and curtail any concept of caring and collective responsibility which may exist. Quality of care, which has become a major issue in the West, may continue to be measured by markers which cannot be separated from profit making. It will always be difficult to measure compassion, but without it, the uptake of care will always be limited and the health of a population will inevitably suffer as a result.

**Analysis and synthesis in the symptomatology of development:**

As indicated in Chapter 2, the east-west divide is very obvious in the contrasting approaches to education and in the ways in which people think. A Finnish ecologist writing about the approach to global problems sees western man as "a master of detail but blind to the whole" [Willamo:1993:77]. He considers that emphasis on the analytical approach in education strengthens dualistic thinking which he describes as:

" - a tendency to divide the problem at issue into two diametrically opposed basic elements."

[Willamo:1993:81]

He continues by admitting that westerners regularly practise what he terms "dualistic juxtaposition" in the course of everyday living. He believes that dualistic thinking has many negative consequences. Acknowledging the temptation to divide things categorically because it seems to make for simplicity, he maintains that this approach flaws issues because they are then seen only from one angle. He rates this dualism as often unnecessary with a risk of aggravating the conclusions reached. He describes the worst scenario as "a kind of battle between two elements" [Willamo:1993:81]. The writer concludes that synthetical thinking and a holistic approach are necessary in order to find long-term solutions to man's problems and that these should take their place alongside analysis rather than replace it [Willamo:1993:89].
Yet, on reflection, it appears that modernization has taken mankind in one direction, trading synthesis for analysis, sacrificing community for the individual and losing focus on some of the real issues in the process. Personal professional experience in Africa and Asia has shown a marked tendency amongst national colleagues to analyse issues at the expense of synthesis. Examples include debate over whether a statement should refer to a midwife "of" the country or "in" the country; again whether the national interpretation of the name "midwife" should be that of "wise woman" after the Sanskrit and the French derivation or "with woman" deriving from the Anglo-Saxon. In both issues, there was debate extending over a period of hours and yet clearly the situation begged a need for synthesis. To a western mind, in the first case, reference could have been made to both states of being and in the latter, both terms required inclusion in the total concept of the role of the midwife. However, to the eastern minds which analysed the terms, there were far deeper issues at stake. Issues which linked with their corporate identity, language, culture and their post-colonial status. A foreigner is unlikely to be able to settle such arguments, merely try to offer a few alternative ways of consideration of such issues.

One wonders whether the western educational approach has taught analysis to the exclusion of a holistic view. Has colonisation and western education taught students how to dissect but not how to sew together again? Is the current professional in a developing country caught between traditionalism and modernism in educational terms and as a result is able to utilise neither concept, being trapped in the middle and professionally paralysed as a result? On the other hand, is it merely a matter of semantics which are more linguistic than cultural, leave alone professional?

The significance of language

In discussing the influence of culture on behaviour, Serpell identifies language as an important issue for consideration. He examines the argument of some anthropologists that the transmission of a language from generation to generation provides for a fundamental socialization. He claims that a child is not taught how to use language merely in order to express ideas, but in the process of language learning he is also taught how to think [Serpell:1976:58]. Hereby lies the significant divide.

Experience in Indonesia tends to support Serpell's observation. Conducting an education programme for midwife teachers, the initial needs assessment indicated that there was a need to teach midwifery practice. Reassessment indicated the need to teach the English language. Further analysis revealed that the primary need was neither of the former, but rather, in order to learn the skills of
midwifery, there was a need to learn how to think and develop a problem solving approach. There appears to be an inevitable link between these issues of learning the language and learning how to think. Serpell considers the argument of Sapir, half a century earlier who postulated that the way we see, hear and experience things is because:

"... the language habits of our community predispose certain choices of interpretation."  
[Sapir:1929:10]

Serpell judges this as "a very radical assertion" philosophically, yet professional experience in Asia and Africa has tended to support the statement. For example, in the major Indian languages of Hindi and Urdu, a verb may have an active or a causative form. The latter is used whenever the action is not taken by the subject but rather the subject initiates the action or "causes" it to happen. For example, it may not be said: "I will carry the box" but rather that "I will cause the box to be carried". Literally, the speaker will require someone else to carry it for him. This indeed reflects the reality of a situation where an educated person would not be expected to carry a load himself, but rather require someone else to do it. It is also the expectation within the culture and socio-economic setting. Firstly, the culture with defined castes has appropriately defined areas of work and function. Secondly, a person choosing not to use the services of, in this case, a coolie, deprives him of his rightful job and income.

Brennan, writing about the transmission of culture, comments that it has been largely overlooked how language provides for the transmission of the culture. He comments on the relevance of this, not only in the context of vocational activities but also in the care of children and in the context of rites and roles of people within society [Brennan:1993:19].

Another concept conveyed by the major Indian languages is that of events and happenings being outside the control of the individual or indeed of the group. For example, one does not say: "I missed the bus" but "the bus went without me". Both statements are, of course, true of the same situation, but the latter exonerates the individual of the responsibility associated with the event. This expression of language is also common to the Setswana speaking people of Botswana in Southern Africa. In both these cultures, events beyond the control of the individual may well prevent a person "catching the bus". In both cultures, the spiritual forces, may be believed to intervene and cause or prevent a happening. In many developing countries, the comment can often be heard: "It is God's will" or "It is the will of Allah" and submissive acceptance of the otherwise
unacceptable takes place. The former can also be heard coming from traditional conservative Christians in the western world, most usually within a traditional society or church group.

Such an attitude, wherever it occurs, may reflect the truth of inevitability, but it can also remove the need or desire to intervene in situations of negligence or unnecessary suffering. It mitigates against change, for the status quo is not questioned. It is an example of the language habits of the community predisposing certain choices of interpretation [Sapir:1929:210]. But it could be argued that language has evolved from the interpretation of the situation in which a community finds itself. Maybe the causative verb has been used for centuries because it truly reflects the situation of life experienced in such communities. The question must be asked whether the fundamental structure of such a language will change in the process of modernization or is it already regarded as merely a way of expressing oneself in the modernized areas of such countries as India and Botswana?

This attitude associated with a fatalistic approach to life presents real problems in the attempt to promote Safe Motherhood. Whenever that which can be prevented or changed is allowed to occur in spite of the consequences, Safe Motherhood faces a significant barrier. Midwives need to be educated to differentiate between the inevitable and the avoidable and to discern their professional responsibility within that framework. Achieving this is a major challenge in midwifery education as well as in the preparation of medical and other health care workers across the developing world.

In making a comparison between English and an African Bantu language, chi-Nyanja, Serpell debates the power of a language to express ideas by comparing the economy or plurality of words in use. He argues that whereas one might claim that a language with a single word lacks the power to express conceptual distinctions, on the other hand, there is potential for the one-word language to offer expression of the link between two different concepts with a one multi-faceted word [Serpell:1976:56]. The issue of the language medium of higher education is significant here. Some educated Indians consider that the national languages of Sanskrit and Arabic origin do not offer a satisfactory medium for a scientific education since they do not contain the necessary words. This would certainly appear so, but in nursing and midwifery education the technical words are transcribed into the local script, though the English word itself is retained. Maybe, like modernization itself as described by Yang [1988:68], such terms are new to easterners and westerners alike. Somehow understanding must be transmitted across language and cultural barriers.
Hofstede considers language, amongst other factors, in the context of "power distance" which he defines as:

"The extent to which the less powerful members of institutions and organizations within a country expect and accept that power is distributed unequally".

[Hofstede:1991:262]

He describes power distance as one of the dimensions of national cultures. Hofstede reports that countries where a Romance language is spoken, namely: Spanish, Portuguese, Italian or French, score medium to high on the power index scale, whereas Germanic speaking countries including English, German, Dutch, Danish, Norwegian and Swedish score low. He concludes that some roots of the mental programming which determine this factor can be traced back at least to Roman times, two millennia ago. Countries with roots of Confucian origin, basically of Chinese culture, also tend to demonstrate a medium to high score on the power distance scale and here the culture goes back at least four millennia [Hofstede:1991:42-43]. The attitude towards authority is therefore also linked to linguistic origins and is worthy of consideration in a consultant's dealings with governments and organizations within a country very different from her own.

Language, along with every other aspect of man's life undergoes a process of change, development and modernization. This is evident from different terms being used by succeeding generations, the introduction of new words as technology advances and the borrowing of words from other languages. The latter, if not the former, are influenced and increased by the rapid acceleration in travel, communication and the explosion of mass media in the late twentieth century. Whether international and intercultural understanding is further advanced is an issue yet to be decided.

The semantics of time

Another concept which may be conveyed through language is that of time. Some languages, like Bahasa Indonesia, specify no time concept through the provision of tenses. Past, present and future are either irrelevant or obvious from the context. Idiomatic language conveys accepted norms, for example, the Indonesian will talk lightheartedly about "jam karet", literally: "rubber time", meaning that one has to be flexible with time. With the traffic problems in Jakarta as in Bangkok, the necessity to be flexible exists with no certainty of ever being able to keep an appointment punctually. An Indonesian word which is almost indispensable in everyday language is "belum". This means "not yet" and can be the answer to many questions relating
to time. It may mean "not yet" because it will happen sooner or later, or possibly never. The implication is that because it is not "now", it is not really relevant and there is nothing one can do about it. These uses of language may well be linked to the concept of accepting the inevitable, or fatalism which has already been discussed above. Whilst the irrelevance of time can be an advantage to the midwife obliged to wait patiently in the course of her work for nature to take its course, an unhealthy disregard for time by the midwife can spell danger. The length of labour is of significance when considering whether it is prolonged and likely to become obstructed. In any emergency, time is of the essence when, for example, blood loss can equal half a litre per minute postpartum and the woman can therefore be exsanguinated in a space of ten minutes. Deprivation of oxygen affecting mother, fetus or baby is also significant in relation to time with the risk of permanent brain damage or death increasing as the minutes tick away. The consultant needs to learn to tolerate delays patiently when they are not life threatening. Delay in the emergency situation is another issue and it is here that the consultant requires patience alongside an ability to move things on in order to save life. There appears to be no easy way to achieve this, but such an achievement will significantly influence the progress of Safe motherhood.

Hofstede in his consideration of key differences between "weak and strong uncertainty avoidance societies" discussed in Chapter 2 [ibid:43] identifies time as one factor which has a very different meaning in the contrasting societies which he studied. In the traditional kind of society which has a "weak uncertainty avoidance", time is considered a framework for orientation, whereas in modern society with the "strong" score, time is money [Hofstede:1991:125]. It is essential that midwives across the linguistic and cultural barriers recognize that time is life and that delay means death in so many situations [WHO:1996:75f].

Whorf noted a similar characteristic in the Hopi language of the North American Indians to that noted in the Indonesian language in respect of time. He concludes that Hopi is "a timeless language". Hopi time, he states, has the peculiar property of varying with the observer and does not allow for simultaneous occurrences [Whorf:1956:217]. However, on this topic Serpell [1976:59] comments that such a concept merely reflects a world view. This may indeed be so, but world view is important in the context of culture, development and modernization. It is also significant in the context of midwifery practice. Midwives who cannot undertake or conceive of simultaneous occurrences face very real problems in attempting to save lives and prevent deaths. However, this trend is apparent in much of the developing world and midwifery education programmes need to address it. An educational game designed to assist midwives
to decide on priorities in managing emergency situations [Maclean:1991] presents many midwives from eastern cultures with enormous difficulties. There is a dilemma in deciding the order and combination of the necessary actions to treat, for example, an eclamptic fit, obstructed labour, postpartum haemorrhage or puerperal sepsis. Yet these are some of the main causes of maternal death across the developing world.

In discussing the concept of time in relation to worldview, Burnett analyses this in relation to the various secular or religious stances. He describes the secular concept of time to be linear and progressive with an infinite past and limitless future [Burnett:1990:46]. The Christian concept is similar but dating from creation and looking forward to the fulfilment of creation [Burnett:1990:217]. Whilst the Primal (or Animistic), Chinese and Islamic religions take a linear view of time, these mainly consider past and present reality with a limited concept of future [Burnett:1990:64; 100;111]. Hindu and New Age philosophy considers cyclical time and is associated with belief in reincarnation [Burnett:1990:77] [Burnett:1990:182]. Such consideration of past and present with a lack of emphasis or relevance of the future, drastically affect a society's approach to life and its ability or intention to plan and prepare for what may happen. The concept will infiltrate society at every level including government policy, hospital procedure and practice as well as the focus of village life and activity.

A question of culture

In considering whether an approach is primarily one of analysis or synthesis, it is interesting to consider the innate skills of the bushman of Africa. He must be skilled in analysis as he must observe and interpret the most minute detail. Survival depends on it. The bushman must know whether an animal print is fresh or how many hours ago it was imprinted, in which direction it is going, which animal it represents and whether the animal is with young. He detects which way the wind is blowing and uses all his senses in his detailed observation. But he will synthesize the information to build up the big picture essential for his survival; and that of his family and community. Whilst the bushman makes a close-up examination of the print, he is also alert to what is on the horizon, for as one such expert explained: "If I do not see the animal before it sees me - I'm dead!" He demonstrates an ability to detect simultaneous occurrences, he uses a holistic approach.

It is pertinent to ask what then happens to such people during the evolutionary process which has removed them from the bush and placed them in a modernized health care profession? Has all previous learning been lost in their attempt to achieve the educational status which is either expected of them or seems so desirable? Have western
education systems crushed that which was so desirable in the making of a midwife?

It would seem possible indeed that the stance adopted by the average midwife in the Third World is not so much a cultural one as a post colonial deficit. Clarke in his study of schooling in Zambia, questions the possibility of introducing reform in the primary school. He emphasises that such change challenges the whole social and economic system as well as that of education. He points out the inter-relatedness between the country's state of development and the school system and concludes that the latter is part of an overall structure of dependency and under-development. He describes the school system in Zambia as "an intractable obstacle to development" [Clarke:1984:256]

Given the contrast between "modern" and indigenous education referred to earlier and illustrated further by Ocitti through case studies in Uganda, Kenya and Tanzania [Ocitti:1994:85-99, 101-108, 109-115] one wonders whether the Zambian experience is really a cultural problem or whether this too is a post-colonial syndrome of created dependency, stemming the instinctive cultural approach to education in Africa. Certainly in examining the education of midwives, this cannot be considered in isolation from the primary and secondary education systems within any country.

It is important to examine the concept of culture more closely. There have been many definitions of this term and much discussion concerning the similarity or distinction between, for example, culture and religion, traditions and values, and culture and language to mention but a few areas of debate. Hofstede [1980 & 1991] defined culture as:

"The collective programming of the mind which distinguishes the members of one group or category of people from another."

[Hofstede:1991:260]

This definition is upheld by Smith & Bond [1993:209]. The description would suggest that it is culture which makes a group of people distinctive. Yet Sharrock questions the concept, stating that the existence of separate cultures is a principle of ethnography rather than a finding in the study of humanity [Sharrock:1980:17].

Lynch defines culture as:

"A network of values, conceptions, methods of thinking and communicating customs and sentiments (for it is not wholly rational) used as a socio-ecological coping mechanism by individuals, groups and nations."

Lynch's definition would tend to follow the sentiments expressed by Hofstede, but Peacock and Kirsch base their description on the rationality of the concept which takes issue with Lynch's exposition. They state that culture is:

"A system of logically related ideas and values shared by members of a social system."


Schein, in his analysis of culture, thoroughly questions the creed approach and concept and maintains that to refer simultaneously to beliefs, attitudes and values is uniting a set of concepts that in fact operate differently in the psychic life of a person [Schein:1985:249].

Nicholson in writing about anthropology and education maintains that a person can only live amongst his fellows by acquiring habits which are approved and practised locally. She concludes that consequently culture presents as a behaviour which has been learned and transmitted socially [Nicholson:1968:23-24]. However, she maintains that:

"No culture presents esoteric mysteries beyond the power of outsiders to comprehend . . ."


She justifies this statement using the rationale that what one person is capable of learning, so can another providing they possess the patience and determination to understand [Nicholson:1968:24]. This would seem to be a statement of arrogance and inherently dangerous in entering another culture. Experience suggests that the greater insight one has into another culture, the more one is aware of limited understanding, even with the best will in the world to try to comprehend and identify with it.

Gregory, a psychologist and anthropologist, offers a contrary view. Describing himself as "a culture broker" he argues that adjustment into another culture calls for considerable coping skills in the realms of the cognitive, emotional and social dimensions. Gregory concludes that it is those who lack an awareness that they are in a new culture who have the greatest problem because they lack a framework to enable them to understand why things are the way they are. He points out that this is more common in entering another culture which appears similar than one which is more obviously different [Gregory:1993:71-75]. The consultant has to be aware of this factor in entering and attempting to adapt to differing cultures. The short term consultant faces a particular challenge in this respect and this issue is further discussed in Chapter 4.

Brennan examining the link between culture, language and learning, points out that such a focus during the
International Year of the World's Indigenous Peoples enabled a rediscovery of the processes of indigenous education which are used to transmit culture. He identifies a problem associated with many projects directed towards indigenous people in the past. He reckons that such projects have...

"... whether as part of a specific objective or incidentally, tended to reduce the people's cultural identity and move them towards membership of a homogenous, or some would say, homogenised world culture."

[Brennan:1993:22]

He identifies the problem of the foreign educational experts or anthropologists "who will not necessarily understand", but also points to the problems encountered by those nationals who have become insensitised to their own culture. Such individuals may have become totally socialised into western culture or that of the dominant nation or society and need to experience a process of self discovery before being able to contribute to an indigenous society [Brennan:1993:24]. This kind of socialization gives more credibility to Nicholson's claim cited earlier, that no culture is beyond the comprehension and hence the learning abilities of human beings [Nicholson:1968:24]. This process of cultural socialization certainly occurs when, for example, professional midwives, reared and educated in a "modern" urban setting, even in their own country, need to undertake health care in their own rural community. It is possible that not only do they fail to understand but are tolerated less for their errors and cultural inappropriateness than even a westerner might be in similar circumstances. Here they encounter the conflict of status versus skill which was discussed in Chapter 2 [ibid: 45] and who they are, or in this case, who they are not, takes precedence over what they may be skilled to do.

Healy, considering the argument about the dominance of western culture, perceives "a struggle for control of the past" during the 1980s. He describes the conflict occurring primarily between those who see contemporary western civilization as an achievement of triumph resulting from a process of continuous enlightenment and development and those who have serious doubts about the matter [Healy:1990:11].

**Generation, Gender and Class,**

Hofstede considers that culture involves several layers. In addition to national and regional layers, he identifies those of gender, generation and social class. For those who are employed there is also an organizational level of culture [Hofstede:1991:10-11]. This notion implies that there is the potential for a gap between these layers and gaps can predispose to misinterpretation and misunderstanding. Clearly, there are generation gaps, cultural gaps and class or caste gaps which challenge anyone who attempts to ignore or defy them.
Lewis describes most traditional societies as being "gerontocratic" in the sense that men are ascribed more prestige and power with increasing age. He describes the establishment of generation and age-sets amongst the Galla-speaking peoples of North East Africa as well as the Lele people of the Congo. He quotes the adage of the Coorg people claiming that "The wisest is eldest" and comments that there are practical limits to this "attractive doctrine" [Lewis:1976:278-279]. The practical limits become blatantly apparent in the organization and staffing of health services when the elders who are in control may be so despite their lack of professional skill. It is interesting to compare the Coorg saying with a Setsavana proverb which literally translated reads: "A white beard does not mean old age" and is interpreted to mean that some people look old but do not have the wisdom of old age [Merriweather: 1992:77]. In Batswana society there is a distinct pecking order which respects age and a person who offends another who is older, even marginally so, is required to sacrifice a chicken or goat or other animal according to the gravity of the offence in order to make amends. Although the practice in modern society is treated with apparent light-heartedness, it is difficult for the expatriate to appreciate quite how serious the sacrificial act may be. It certainly seems to be an important factor and illustrates the dilemma in professional education and practice of a younger person having any right to question or take issue with an elder, no matter what the consequences.

In her study of the Kui people of the Kond Hills in the Eastern Ghats of India, Boal states that there is no clear belief in an after-life amongst this animistic people. She deduces, however, from her observation of their social and religious behaviour that the Kui hold a belief in the possibility of the continuation of the human personality in some way after physical death. Sometimes it is believed that the spirit of a grandparent will enter a baby at birth and if this is found to be so, after testing by the priest, then the name of the ancestor must be given to the child [Boal:1966:250-251]. This tendency to be influenced and even indwelt physically by the ancestors is common in animistic society and may well contribute to the increasing respect which is ascribed to a person as longevity ensues. After all, a living ancestor today may not be restricted by the confines of a mortal body tomorrow and hence pleasing and appeasing may be considered more than a mere duty of familial respect. The visitor can therefore deeply offend by ignoring the proprieties associated with respect for the elders. Having done this, a consultant may well forget about any positive outcome her presence may bring, she may have offended the spirit world and that could be perceived as more disastrous than a maternal death.
Gender issues are likely also to be closely intertwined with culture. Mackenzie succinctly defines the meaning of the term gender in this way:

"A woman's sex refers to the fact that she was born female. Her gender refers to what she and others expect her to do."

[Mackenzie:1993:16]

Inkeles & Levinson [1969:447] identify the general concept of self and particular concept of masculinity and femininity as presenting basic and common problems worldwide. They believe such concepts influence the functioning of not only individuals, but also of groups and larger societies. Hofstede, in an extensive survey examining dimensions of national cultures, regards this concept of masculinity and femininity as a problem in the fifty three countries which he studied. He refers to this as "the social implications of being born as a boy or as a girl" [Hofstede:1991:13-14]. He considers the implications of gender in various settings, for example: school, occupation, family, politics and ideas [Hofstede:1991:chapter:4]. In a society with a "high masculinity index" men are seen as possessing qualities of assertiveness, toughness and a focus on material success, whilst women are expected to demonstrate modesty, tenderness and a concern for the quality of life. Countries dubbed "feminine" portray an overlap of role genders and both men and women are expected to demonstrate the qualities described as feminine. Countries in varying stages of economic development can be found at either end of this scale. Those with the highest masculinity index are Japan, Austria and Venezuela with Jamaica and Britain also in the first ten. Countries with the lowest scores which assume the lead as feminine countries are Sweden and Norway with Costa Rica, Chile and Thailand also scoring low on the Masculinity Index [Hofstede:1991:82-85].

Referring to expected qualities associated with masculinity and femininity outlined above, Diehl-Huwe writing from a German perspective, makes some interesting points. She stresses that although the "so-called feminine traits" are much appreciated in the private sphere of life, this is not so in the public sphere where decisions made are likely to affect the whole of society. In writing about equality and difference she emphasises that difference is neither a deficiency nor an inadequacy [Diehl-Huwe:1992:31-33]. She concludes:

"Any attempt, whether by women or men, to create a hierarchy aimed at gender dominance would be precluded by secure knowledge of the fact that both sexes have different qualities of equal value."

[Diehl-Huwe:1992:36]
If such knowledge were so secure, it may not present the world with such a difficult task in trying to develop a balance between the rights, privileges and preferences of men and women. In a pre-modernized society where technological advantages are unavailable in the home, women tend to become indispensable "tools" in the struggle for survival. For example, the woman becomes the only means of facilitating the transfer of water from its source to the drinking bowl. An adequate supply of clean drinking water is fundamental to life and the lack of this causes a massive death toll across the developing world. There may be many ways of looking at this issue and whose responsibility it should be to ensure a community can access this precious fluid. However, before foreigners attempt to condemn and revolutionize the roles and responsibilities of women, it is essential to gain insight into the rationale behind gender discrimination and to see issues in the context of the community as a whole.

In considering management issues, Banks & Waisfisz point out that where there is maximum social differentiation in societies in respect of the masculinity-femininity dimension this will influence a country's institutions. Where these are mainly populated by men they will be permeated by an assertive mentality. Where societies endeavour to demonstrate minimal gender differentiation, given the economic ability, these societies become "welfare" societies. In such a situation it is conceived that caring for all members of societies is a goal for men and women alike. The writers describe a feminine society as one in which the priority is to "work in order to live" and a masculine society where the priority is to "live in order to work". [Banks & Waisfisz:1994:74-75]

Bhasin comments that since all institutions are like pyramids, there is a potential hazard in the empowering of women. She points out that this structure in society ensures that there are a few people who control a disproportionate amount of resources and decision making at the top. Women are at the bottom of all pyramids or hierarchies and once they are empowered they will start stirring and shaking, causing the pyramid to crumble. She warns that, as a result, there will be painful questioning about institutions including the family institution [Bhasin:1992:12]. Undoubtedly, it appears that no progress is painless. There are inevitable labour pains associated with the birth of "development" and inherent traumas associated with the whole process of modernization. What will ultimately matter most, it seems, is not so much whether the pain is bearable, but whether the birth of the new era which seems so desirable to the visionaries was worth the suffering involved.
Polestico describing the Mindanao experience of gender-based interventions, maintains that because genuine development must include all parts of society, "gender inequity" must be addressed, and vigorously so, alongside other developmental and social issues. She advocates the style of Philippine development workers in promoting awareness, action and reflection on the gender issue [Polestico:1993:324-326]. On evaluation, it was noted that women involved in the Mindanao project demonstrated "qualitative changes" including assertiveness and the ability to articulate in public. Additionally, positive attitudes of the community towards the women were attributed to the programme [Polestico:1993:324-326]. Without doubt, a professional education programme which enables midwives to graduate with similar qualities could only be considered advantageous, if these are the health care workers who are expected to promote Safe Motherhood within their communities.

The gender issue is not a minor one in the context of promoting Safe Motherhood. One might argue that it is as comfortable and as safe to be a woman in Switzerland as in Sweden, two countries which are diametrically opposed on Hofstede's masculinity index scale [Hofstede:1991:84]. However, Mackenzie points out that, across the globe, women are considered inferior to men. They have less power to make decisions which affect their community, region or country. She cites United Nations Statistics revealing that women perform 67% of the world's working hours, but earn 10% of the world's income. Two-thirds of the world's women are illiterate and they own less than 1% of the world's property [Mackenzie: 1993:34].

The international effort to reduce the maternal death rate by half by the Year 2000 appropriately includes focus on the inequity of women's status. Royston & Armstrong encountered difficulty in defining women's status, admitting that this is "difficult to pin down as a concept" because of its numerous complex and inter-related factors. They state that the term implies a comparison with the status of men and describe the role of woman in a society as a "significant reflection of the social justice" in that society [Royston & Armstrong:1989:45]. Numerous studies have indicated the boys are given preference when it comes to providing nutrition for a family [Chen:1981] [Harrison:1985] [Khan:1985] [Sen & Sengupta:1983] and a major study of nearly nine hundred villages worldwide indicated that, generally, men's needs were given priority in the family at mealtimes [Schofield:1979].

The World Health Organization in presenting a volume of data relating to maternal death categorically point out that:
"The status of women in the community also strongly affects maternal mortality for a number of reasons, amongst others because it influences the pattern of childbearing. In many societies a woman's only path to personal fulfilment and social status is through marriage and motherhood. Early marriage followed swiftly by pregnancy and childbirth - a pattern carrying many risks - is therefore encouraged." [WHO:1991:11]

Since a woman's status is directly linked to childbearing in the greatest part of the world, the concept of class or caste may well be considered in the light of the above statement. Whereas low socio-economic status presents immense problems in any country, it is not unreasonable to suggest that at the bottom of the pile lies someone in an urban slum or remote rural outback in a Third World country - and it is likely to be a woman.

The justification for early marriage may well be made in that a woman thus increases her chance of raising her class and status. Lewis discusses the anthropological perspectives of marriage systems and considers the Hindu practice whereby parents attempt to marry their daughters into families with a higher wealth status and power than they have themselves. He describes this as "hypergamy" or "marrying up slightly above one's station". Whilst it is expected that women may "marry up" it is not expected that men may do so. Dowry is therefore offered in compensation for the lower status of the bride [Lewis:1976:251]. From observation of this custom in India, the dowry system stretches beyond the confines of the Hindu caste system and often beyond the scope of the bride's family budget, throwing them into considerable debt. Publicity concerning dowry deaths in India has caused some scandal worldwide, but still hospitals admit women severely burned or poisoned, furtively believed to be a poor outcome of an arranged marriage, but publicly recorded in the accident statistics. Some families pay a high price with a dowry. Such deaths, if they were calculable, may justifiably be added to the maternal mortality statistics, for failure to produce a son may be one cause for this violent form of rejection.

Nicholson specifies that a person's status is based on characteristics which are recognizable. This gives a person his place within society and may be limited by biological factors. More likely, status is determined socially [Nicholson: 1968:37]. The ability to produce sons is a visible and unquestionable mark of a woman's status and is apparent most strongly in Pakistan, Nepal, Bangladesh, Korea, Syria and Jordan and to a lesser extent in a further seventeen countries extending through Africa, Asia, Latin America and the Pacific [WHO:UNICEF:1986:5]. In considering the status of midwives within traditional communities, it is evident that the traditional birth attendant (TBA) usually enjoys a privileged status. Her place in society is often predetermined by virtue of her family origins as the art of
her trade is passed down through the generations. TBAs in Kenya are described as mature, wise and possessing economical and political power enabling them to exert considerable influence over local health practices [Mbefi & Njoki:1982] [UNICEF:1984]. Focusing on the traditional midwife of Botswana, Anderson & Staugard comment that:

"Her experience and age increase her status and - in most societies, particularly in Africa - confer respect. This respect and trust is often lacking in the modern sector as the trained midwives are usually young and have frequently not borne any children themselves."

[Anderson & Staugard:1986:26]

It may well be that the visiting midwifery consultant will be similarly evaluated and she must add the qualities of an alien to the handicap already imposed on her national counterpart.

In a rapidly modernizing world, the significance of mass communication systems cannot be overlooked. The mass media provide a powerful influence over society and serve to reinforce or challenge values that have been traditionally held in the various strata of modern and post-modern society. Archer & Costello describe how popular education groups in Chile see television as a threat because it presents a world view which is "at odds with any critical perception of reality". Such groups maintain that the view portrayed encourages a passive reaction in the face of hardship. The writers state that the television transmissions have a profound influence on those viewing and illustrate this by describing how some people who only have a black and white TV set, describe what they have seen in colour [Archer & Costello:1993:55]. The increasing popularity of the video player ensures that some messages can be portrayed repeatedly and extensively. The emergence of "freedom of the press" and lack of censorship aim to promote a democratic society, but in reality, the potential to influence the masses increases, whether through soap opera or satire, illusion or horror.

On the positive side there is opportunity to transmit the key messages of Safe Motherhood on a larger scale than ever before. The Open University, which was originally dubbed "The University of the Air", is a classic example of the use of mass media to reach those who would have traditionally been denied access to higher education. Although it could be argued that such access to education is still only available to those who can afford a radio or television set, and therefore may bar some aspiring to a university education from the poorer social classes, even in a society which boasts the benefits endowed by a social welfare system. How much more so will barriers remain in the
developing world. These barriers will probably continue to exclude those who find themselves at the very bottom of the socio-economic heap. Those amongst whom maternal and infant mortality rates are highest and where literacy and opportunity remain the privilege of the elite.

In considering the education of British children more than two decades ago, Short identifies a social pyramid similar to that identified by Bhasin [1993] and cited earlier. Short's pyramid challenges the concept of democracy whereby it is the affluent who have access to higher education and consequently to business and the professions. He sees an increasing minority of upper and middle class groups at the apex and a large, but decreasing working class at the base. Although Short denies that there is a list of characteristics which define the social classes he admits that these social strata in society are easily recognisable. He nevertheless describes those at the base of the pyramid with a list of characteristics which are clearly the obverse of those at the apex. For example: they have the lowest income, live in council houses or sub-standard accommodation which may be rented and lacking the basic facilities of sanitation, they leave school at the earliest age, travel on public transport, may not take holidays and speak in regional accents [Short:1971:82-3].

Hofstede similarly underlines the fact that social class is associated with educational opportunities and occupation or profession. He emphasises that this is so even in countries that claim to be socialist and possess a classless society. He describes some of the traits outlined by Short, like accents in a national language as "symbols", and emphasises the importance of these in society [Hofstede:1991:17]. Lewis [1976:212] adds the credit card to the symbolic language of modernization widely used to purchase luxury goods in North America two decades ago. By now, such a status symbol is becoming a near necessity, particularly for the international businessman or traveller, but offers a trap to those already ensnared by poverty as it promises them purchasing power but only with the real risk of plunging them into a situation of ever increasing debt.

Esman discusses the appeal of Communist doctrine to the dispossessed and impoverished, pointing out that it is an elite group of intellectuals everywhere who organize and manipulate the system. He describes the ideology of Marx or Lenin as offering ready solutions to the developing nations. He writes:

"It is the doctrine of comprehensive and purposeful change, of eliminating by force the institutions and privileged classes of degenerate backward societies which apparently cause the exploitation and humiliation of the low-income countries, and the building of a new "scientific" society which promises dignity, wellbeing and justice."

[Esman:1966:102]
Little wonder that the ideology seems attractive, though recent upheavals in the previous Soviet bloc and Eastern Europe serve to underline the disillusionment which has followed many dreams of Utopia. Social class, like the inequalities of gender and ageism, would seem to remain part of the structure of all societies whatever their political adherence or religious persuasion. In the process of modernization the emphasis may shift, but the risk is that one set of "isms" are exchanged for another and it is the elite in any nation who call the tune. The subtitle of Fry & Thurber's volume on the topic of international consultancy captures the essential requirement in the approach of those who work to provide aid in the developing world. In attempting to overcome the barriers imposed by gender, generation and class the ability to communicate with "peasants and princes" must surely be prized [Fry & Thurber:1989]. If Safe Motherhood is to penetrate to the depths of society where lies the greatest need, the consultant must be able to mediate at the Ministry, interpret the situation realistically to the international organizations, whilst simultaneously identifying with the impossibilities faced daily in the real world of a developing country.

Mobility, freedom and order:

Lastly, in examining the symptomatology of modernization and development, the issues of mobility, freedom and order are considered. Shipman [1971:20] describes mobilization as one of the universal characteristics of modernizing societies. Inkeles & Smith state that the commonly accepted model of a traditional society is one that perceives mobility as minimal and is most obvious in a culture possessing a rigid and closed caste system [Inkeles & Smith:1974:31]. By implication, the more modernized the society, the greater the mobility from within that society. The process of industrialization demands a mobilization of rural inhabitants to the urban metropolis and with the migration brings a plethora of problems as well as the variable profits of increasing technology.

From the anthropological point of view, it is emphasised that social mobility means the movement of people between the different strata of society. This may occur at a variable rate and it is claimed that the perceived rate of mobility is not always related to the actual rate which occurs. The reason for this kind of mobility is explained by the weakening of the bonds between the individual and the group into which he was born in the process of modernization. This freedom makes it possible, and indeed easier, for a person to move upward and downward into different groups in a society [Peacock & Kirsch:1970:61].
Contrasting the ease of mobility which occurs in a naturally nomadic culture, mobility within and from a population that is traditionally static brings with it a catalogue of challenges. Possibly one of the most devastating and obvious effects of urbanization has been the migration of masses into the cities of developing countries. Leaving behind the relative home comforts where, it may at least be possible to eke a living out of the soil, the poor stream into the city in search of employment, wealth and freedom. Disillusionment follows as they join the ranks of the pavement dwellers in Calcutta, Kinshasa or Rio de Janeiro. This trend can also be observed in the western world where the unemployed or unemployable seek hope or refuge on the streets of London, Paris or New York. It is a dilemma of modernization common to East and West, acceptable to none but seriously tackled with limited success even in countries that can afford to mobilise men in the direction of the moon or Planet Mars. The homeless poor present an increasing challenge to health care systems worldwide. The spread of AIDS presents a particular problem amongst this vulnerable group and threatens to increase the maternal mortality statistics.

Jarvis proposes that communities occur when "individuals tend to be static both geographically and socially". He describes two types of society: Firstly, "community" type societies which are inclined to be homogenous. Here culture is rigidly enforced and those who deviate from the expected norms are dealt with in one of two ways, they are either cast out of the community or else they are forced to conform to its expectations. Secondly there are the "association" type societies. These are characterised by impersonal relationships which are "more rational and regulated" and here status depends on ability rather than ascription [Jarvis:1985:18-19]. This classification of societies has definite similarities to the collective and individualist classification discussed in Chapter 2 [ibid: 36f]. With a migration of individuals from the "community" type society into one of the "association" type, there is a considerable risk of a shift in the value system which may no longer be so rigidly enforced. Thus mobility can rob man of more than his home and his kinship group, it can rob him of his values and moral code too.

The concept of increasing freedom and choice brings with it an increasing responsibility. A quarter of a century ago the British nation was warned of:

"...the actual or threatened dissolution of stable organizations and institutions, anchors for personal identity and systems of values."

[Schon:Reith lecture:1970]
Shipman points out that rapid urbanization leads to disorganization. He describes the social hazards associated with the mobility which urbanization induces, identifying the higher rates of suicide, crime and mental breakdown which occur in such environments [Shipman:1971: 20-21]. In their attempt to provide a definition of "modern man", Inkeles & Smith [1974:24] state that an awareness of and respect for the dignity of other persons seems to be a quality which has largely been lost in modern society. This, no doubt, contributes to the variable degrees of worthlessness which lead individuals into destructive activities whether this results ultimately in self destruction or in a violence which destroys others or their property.

The lack of respect and absence of discipline is increasingly apparent in western society. This degree of lawlessness does not only affect children and adolescents, but has moved into the professional world too. Whereas it may be considered that the strict discipline which preceded the freedom of the sixties was a disadvantage to development, the reverse must now be considered. Hospital staff are unlikely to show deference to seniority and indeed to their patients or clients. As a result, standards are difficult to maintain and the situation may have contributed to the birth of quality control and a separate discipline. The latter may be of ultimate benefit, but what has been lost in the world of feigned freedom is unlikely to be rescued through review meetings and committees. Such may be described as one of the pathological symptoms of postmodernism.

Crime and violence are certainly symptomatic of modern society where social order is more difficult to maintain. Laws can seem irrelevant to the masses and indeed many may be unaware of their existence where legislation cannot be enforced. Such examples can be found in many countries that may, for instance, possess laws requiring car passengers to wear seat belts, but where there is neither the determination nor the resources to ensure that seat belts exist leave alone monitored as to their use. Indonesia faces a problem of this dimension in an attempt to regulate midwifery practice through legislation. Compiling the statute book is one issue, implementing the letter of the law in order to protect women from unscrupulous or unqualified practitioners is another, in a country of more than 180 million people. It is interesting however to note that the law to enforce the wearing of helmets by motor cyclists has been implemented in Indonesia whereas that to enforce the use of car seat belts has, so far, failed. Those attempting to implement midwifery legislation may benefit by considering the reasons for the differences in this area of civil obedience.
Borman's ethnological study of control in kindergarten classrooms reports the fact that a teacher demonstrated a greater degree of control in an "open" classroom than in the traditional closed type [Borman:1978]. It would seem to suggest that freedom is not always what it appears. This illustration may serve to depict a microcosm of the city by comparison with the village. The much desired urban utopia similarly does not offer the degree of freedom which was imagined in the dreams of pre-modern man. For some the journey into modernity will prove worthwhile, but for others, on reflection, it may well be questioned whether such a journey was really necessary or desirable.

A Burkinabo historian has posed a question which begs consideration by any country attempting to join what becomes a rat race towards modernization. He asks:

"To move fast? Yes, but where to?"

[Ki-Zerbo:1993:99]

The question is succinct. The answer is likely to prove more difficult.

Conclusion

Having considered the definitions and debate surrounding modernization and development in Chapter 2 and reflected on the symptoms and significance of these processes in this chapter, it is important to raise some further questions in the context of this study. It must be asked:

(i) Do countries in the Third World want to proceed into a western type highly technological society?

(ii) How can countries be helped not to fall into the pitfalls of the post-enlightenment era?

Such questions are pertinent to the international midwifery consultant and to development and aid workers from many disciplines.

Maybe the word of a musical composer provides inspiration and creativity in this whole process of development. Faced with the challenge of composing for an Indonesian traditional instrument, the gamelan, to be played along with the western percussion instruments of Evelyn Glennie, the composer strikes a chord not dissimilar to that which echoes in the ears of other professionals in the field of international co-operation. He writes:

"Composing for Western instruments and gamelan is a difficult venture. The main reason is that the two tuning systems do not fit each other, nor can we expect two gamelans to be tuned the same. Rather than try to re-tune any of the instruments, or otherwise avoid the issue, I decided to confront it."

[Sorrell:1994:7]
He continues by explaining how he proceeded to incorporate elements of style from the two traditions in order to create a "rhythm of harmony".

In considering the whole process of modernization and development, the differences between modern and traditional society, the contrasts of East and West, North and South, a similar issue to that faced by the composer presents. There are implicit differences. There are discords. This study aims not to ignore the differences, nor try to re-tune discordant themes to make them harmonise, but rather to confront the challenge. In so doing, there is an attempt to make some contribution to the Safe Motherhood Initiative in particular and to the area of international development aid as a whole. The consultant working in this area needs to be constantly aware of the symptoms of modernization and development. She must reflect deeply on the significance of these processes before offering advice which may lead her clients in a direction which they neither needed nor desired.

Maybe the divide between modernization and development is most pronounced when considering the paths which women walk in the process of giving birth. Fathallah referred to this as the "Road to Maternal Death" [WHO:1986] [Figure 3.1.]. It is a road which women do not choose to walk, but to which they often encounter a forced entry. Death is averted if women can be "helped off the road by one of its exits". Some of these exits represent levels of social equity and the status of women. Other exits require access to advanced obstetric facilities and skills. Reflecting on the real experience in many Third World countries, it is the gap which exists between the technology which has been acquired and the skills which are required in order to put this equipment to good effect which causes the most distressing situations in the whole ghastly area of maternal death. The modernization of a health system including provision of technical equipment is one thing, the development of knowledge, understanding and skills to effectively use that equipment is another.

The international consultant may have a role to play in facilitating progress along these two roads which currently do not run in parallel. It may not be necessary to revamp the itinerary, but to relocate the roads and re-examine the map. After all, it is likely that the colonial powers were responsible for allowing the original paths to become overgrown, pointing the signposts in the wrong direction and marking the map in a foreign language. The tyre marks of modernization should not be allowed to obliterate the footprints of development.
Figure: 3.1.

"The Road to Maternal Death"
[derived from Fathallah: WHO: 1986]
CHAPTER 4

PERCEPTIONS OF NEED

Introduction

The provision of international aid assumes an identification of needs and a planned approach to addressing those needs. The ultimate effectiveness of any assistance offered across international borders in the eyes of the recipients of aid must surely depend initially on the perception of needs and an agreement regarding priorities in addressing them. Without a harmony of intent at this stage, the whole process is at risk to leading nowhere, or even worse, to causing chaos, frustration, disappointment or disruption instead of providing the requested help. Examples of such international faux pas are manifold. From personal observation two simple but poignant examples serve to illustrate the point.

In an attempt to assist doctors in making diagnoses, x-ray equipment was transported at considerable cost from the United States of America to a village hospital in the developing world. The action merely added to the problem of storage in an already overcrowded building and provided no assistance because the donors had failed to note that the area had no electricity supply which was prerequisite to installing and using the equipment. Another gaffe occurred when a German charity donated a large quantity of artificial eyes to the ophthalmic department of a major teaching hospital in North India. The donation proved to be an embarrassment because the "eyes" were a shade of true Teutonic blue.

Both these aid initiatives had either failed to perceive the real situation or overlooked some basic facts. National perspectives on these needs would obviously have been quite different. In the first case, the need as perceived by those in the situation might have been first to install electricity or else to provide further training for doctors in diagnostic skills which did not depend upon the modern technology. The second illustration could indicate lack of observation or insensitivity or both. A national opinion would probably have requested a batch of brown artificial eyes or the resources and technology to manufacture their own such prostheses. Without asking the nationals involved, one can only guess at the appropriate solutions. It would be possible, indeed highly likely, to continue supplying the unwanted or the unnecessary to meet needs which remained inappropriately identified or may not have existed at all.

In the context of this study the message is principally the same. The perceptions of need by the recipient nation and those of the consultant who is employed to provide
This chapter seeks to address the question:

How often do the needs identified by nationals within a developing country and those identified by a visiting consultant constitute a shared vision and what are the consequences of conflict or oblivion in this context?

Determining the approach

In determining needs, the moral would appear to be - why not ask national colleagues how they perceive the situation? The approach would seem to be obvious, but working it out in reality at various levels of society and through a political and professional hierarchy calls for exceptional qualities and skills. The focus of this study concentrates on the essential characteristics required in consultants and Chapters 11 - 14 describe and discuss the research findings in this respect. However, it is reasonable to assume that if she is going to be able to grasp the crux of the matter, the consultant must first be able to identify the needs as they are perceived from within the country and from within the situation. In order to do this she requires not only exceptional powers of observation and sensitivity acquired through development of that "seventh sense" of awareness referred to in Chapter 2 [ibid: 51], but also qualities of ethnic humility and a determination to apply empathy in her personal and professional approach.

The consultant working in an international capacity must be able to perceive needs from a totally different standpoint to that in which she was born and bred, has been educated and practised. For in so many instances, the consultant originates from a very different cultural background by comparison with that in which she is required to function. Indeed, it is the difference between consultant and client which promises to offer a way forward in attempting to improve a situation in the area of development. It is the differential between the maternal mortality rates in their countries which justifies the midwife being asked for advice and assistance. The consultant is likely to be imported from the northern to the southern hemisphere, from the West to the East. Her understanding and interpretation of needs will be based on her own cultural identity, her values will originate from her innate belief system and her sense of priorities will emanate from these. Her education is likely to have taught her to question and challenge assumptions and such an approach may be considered impertinent in the land in which she now resides. Basically, the western consultant arrives with a totally different mind set and in many ways she might just as well have come from another planet or from a different era. The "epoch lag" referred to in Chapters 1
and 2 [ibid: 11 & 28] may place her in such a state of
time trauma, culture and reality shock that even her
willingness to listen and learn may be impeded. She may,
however, consider that her perception of the needs and
problems is the one which is most likely to be relevant,
objective and helpful in this situation. Alternatively, she
may be totally unaware of a possible, though fundamental,
difference in the perceptions of need emanating from the
minds of those originating from the orient by comparison
with those from the occident. She may overlook the
contrasting viewpoints of persons who reside in societies
which are at different stages along the road of modernity.
In such a state she is liable to misinterpret and to be
misinterpreted. She enters an arena of risk characteristic
of cross cultural exchange. She will either come out of it
through a process of combat or through cooperation. The
frightening reality could be that she may never know how her
perceptions and her consequent actions and recommendations
have been received. She may never see the success of her
interventions, equally, she may be totally unaware of the
seeds of doubt which she has sown or the chaos which others
may have reaped.

Perceptions of poverty

There is a risk that needs of any description can be viewed
along a scale of relativity. In making such an evaluation,
that which is regarded as "normal" is most likely to reflect
the stance of the assessor. For example, whereas poverty in
Cardiff may be perceived as the inability to purchase a
television set, video or car, in Calcutta it is more likely
to be understood as the inability to obtain food to the
point of experiencing starvation, obliged to scavenge from
rubbish heaps, to beg or to steal. The description of the
nature of poverty by the Independent Commission on
International Development Issues (ICIDI) provides some
insight into the comfortable ignorance which still prevails
on this subject amongst the more affluent nations:

"Few people in the North have any detailed conception
of the extent of poverty in the Third World or of the
forms that it takes. Many hundreds of millions of
people in the poorer countries are preoccupied solely
with survival and elementary needs . . ."
[ICIDI:1980:49]

The report acknowledges that ordinary people living in the
North face "genuine economic problems" which may include the
threat as much as the reality of inflation and unemployment
compounded by uncertainty. This situation is compared with
the desperation of the majority of the population in the
Southern hemisphere. Concerning the fate of the peoples of
the North, the report concludes:
"... they rarely face anything resembling the total deprivation found in the South. Ordinary people in the South would not find it credible that the societies of the North regard themselves as anything other than wealthy."

[ICIDI:1980:49]

The midwifery consultant who hails from the northern hemisphere is, until proved otherwise, automatically identified amongst those considered ignorant of the problems of the South. If she is to be taken seriously, she must, by virtue of her attitude as well as by her words and actions, seek to demonstrate that she is numbered amongst those "few people" who do possess that "detailed conception" of the actuality and the implications of the intense poverty which frequently lies at the root of high maternal mortality statistics. The midwifery consultant has to identify with the issues which predispose to maternal death in the country in which she is working and seek to ascertain how her national colleagues perceive them and how they perceive the possible solutions. Before suggesting potential ways forward, the consultant has an obligation to establish what is acceptable and realistic within the context of the vastly different culture in which she finds herself. She may be astonished to find that even maternal death is viewed by her national colleagues, or by the community at large, as an inevitable part of the cycle of life rather than an event which could have been prevented. Alongside poverty, it could be, that the concept of fatalism may represent one of the greatest enemies to promoting Safe Motherhood worldwide.

In his introduction to the ICIDI report, as chairman to the Commission, Brandt makes a plea for change which will usher in "peace, justice and jobs". He states that:

"This report deals with great risks, but it does not accept any kind of fatalism. It sets out to demonstrate that the mortal dangers threatening our children and grandchildren can be averted; and that we have a chance - whether we are living in the North or South, East or West - if we are determined to do so, to shape the world's future in peace and welfare, in solidarity and dignity."

[ICIDI:1980:7]

Although attempting to dilute the differences in the global divides, Brandt's statement nevertheless serves to typify a Western mind set in rejecting any influence of fatalism. One can only speculate at the dissent which he might have experienced verbally or non verbally during the work of the Commission with participants from as far apart as Algeria and the United States of America; Tanzania and Sweden; India, Indonesia and the United Kingdom; Kuwait, Columbia and Canada [ICIDI:1980:293f]. Perhaps, with the prospect of
improving their lot, the poorer countries were prepared to remain silent about their inbuilt acceptance of fate in the hope that fate herself may, perchance, eventually have something better to offer to their peoples. Maybe Heller in addressing the question "Can modernity survive?" touches the heart of the matter when she considers the issue of human rights in the context of modernity and democracy:

"The age of philosophy of history confronted us with the choice between everything or nothing. Everything became nothing. But nothing did not become everything, only something. Rights are far from being everything - but they are certainly something."

[Heller:1990:159]

In the context of professional education, the nations of the developing world could certainly echo Heller's sentiment. The right to knowledge is "certainly something" but attaining that which is real and meaningful to them is "something else". How persons from differing cultural origins view and express the need for specific knowledge, understanding and skills will vary considerably. The multiple roles of the international consultant are discussed in some depth in Chapter 6 in the context of an examination of the nature of consultancy [ibid: 147 - 154]. The consultant's role and responsibility as a channel for cross cultural transmission of knowledge contributes a very important dimension to providing developmental aid. However, such a function must be inextricably linked with an ability to discern needs and to do so from the perspective of the potential recipients of that educational process. It is pertinent here to consider briefly the nature of knowledge and how the way in which this is evolving in today's world influences the educational role of the international consultant as she attempts to meet the needs of those she is employed to serve.

The nature and nurture of knowledge

Knowledge is ever in a state of metamorphosis and its relevance will vary according to time, place and circumstances. Scheler identified some kinds of knowledge as being "artificial" more than seventy years ago, on the premise that time effects change upon knowledge. He proposed a classification of knowledge into types depending on their degree of artificiality:

1. Myth and legend.
2. Knowledge implicit in the natural folk language.
3. Religious knowledge.
4. Basic types of metaphysical knowledge.
5. Philosophical-metaphysical knowledge.
6. Positive knowledge of mathematics, natural and cultural sciences.
7. Technological knowledge.

Midwifery education programmes in many developing nations have been based on knowledge which was considered appropriate during the colonial period. To whom it was appropriate is another issue, since curricula transplanted from the industrialized West have often failed hopelessly to prepare health care practitioners to work in tropical and remote rural situations of the Third World. Much of the consultant's role in the field of midwifery education revolves around assessing the "real" needs within a country and advising regarding the creation of the most appropriate curriculum content and approach to prepare practitioners to be equipped to meet those needs. Because of the emphasis of western education which was imposed on the dependent territories, the types of knowledge which Scheler classified in categories 1 - 5 and cited above have largely been ignored in midwifery education. Indeed, the major emphasis has been on the natural sciences with an increasing leaning towards the technological in some parts of the world, for example, in countries like the United States, the United Kingdom and Singapore where the microchip has invaded and conquered, albeit sometimes temporarily, the face of obstetrics and midwifery.

Scheler clearly identified technological knowledge as being the most "artificial" because of the rate at which it changes. In this context Jarvis recognizes that:

"...the more a person's knowledge becomes outdated the more knowledge he has to learn if he is to remain in accord with his own culture. The more technologically based the society, the more easy it is for individuals to become alienated, for all are affected by the changes in technology. . ."  


Skager commented on this issue in his study of the principles of lifelong learning. He acknowledged that:

"In the more highly developed countries rapid changes in technology are generating new patterns of productive activity. At the same time, less developed countries are struggling to catch up educationally and technologically."

[Skager:1978:3]

By the end of the twentieth century the struggle certainly persists as it appears that science and technology are valuable currency in the international situation. Credibility seems to be linked increasingly with being computer literate and not just able to read and write one's own language. Obtaining and using scientific equipment can take precedence over learning manual skills in medicine and midwifery as well as in the market place. World trade is increasingly dependent on technology, whether in respect of
mass production of goods or crops to feed a nation or in the ability to clinch a deal quicker than a rival in the international market through the electronic mail. Education and the health care professions increasingly depend on technology. As the twenty first century approaches, the very survival of the human race appears to be related to acquiring technology and an increasing amount of Scheler's "Type 7 knowledge" which can only be separated from the technology itself at a cost. Yet this is the very form of knowledge which has been dubbed the most artificial [Scheler:1926]. It would seem that increasingly, worldwide, midwives working in countries which are attempting to modernize are "trading in" the more basic types of knowledge which they need to acquire when attending women in childbirth, for technological know how.

A dichotomy of demands

As a postmodern era dawns, midwives in the developing world, along with their counterparts in the industrial North, are likely to discover that women themselves may ultimately reject the modern technology for a more natural approach to birth. However, women will hardly trade in safety for satisfaction, and so this is unlikely to occur until the process of childbearing can be made safer.

Postmodern society is experiencing something of a backlash in response to the emergence of a technology dependent culture. In the West there is increasing evidence of active defiance against the concept that technology is an indispensable component of everyday living in today's world. The growth of the natural childbirth movement serves to illustrate this. This movement has arisen from the desire to rebel against technology and any kind of intervention in what is not inappropriately considered to be a natural life event. Midwives' organizations have supported and later initiated such actions as they attempt to work with women to achieve a more natural, less technical approach to birth [ARM:1986] [RCM:1987 & 1991] [NCT:1989] [Ball et al:1992].

Henderson [1997:202f] traces what she describes as a "cycle of change in how childbirth has been viewed" in the United Kingdom over the last century. She identifies a sequence which started and ends with woman-centred care. This care originated in the community but currently offers an option for hospital or community based care reflecting the ideal of offering the woman the choice. However, the cycle evolves from a stage which acknowledges childbirth as a normal physiological event, on to a phase when birth is considered as a hospital procedure which Henderson describes as a "medical mechanical event". Subsequently birth reached the status of being recognised as "normal in retrospect" before returning to the concept of birth as a normal physiological event once again. Henderson links the return to this physiological concept of birth in the United Kingdom with other significant and more measurable changes:
With the reduction in maternal mortality rates, removal of the fear of death in childbirth, and the improved socio-economic situation, mothers and their babies were healthier and having a baby started to be viewed again as a normal physiological process to be enjoyed, not just a medical disorder to be endured."

[Henderson:1997:202]

This being the case, the consultant who is being used as a bridge to transfer the benefits of a technological Western world to her colleagues practising midwifery in the East, faces an enormous gulf between the epidemiological and socio-economic situations in the two societies. For the countries expressing the need for a revision in their approach to midwifery education have not yet necessarily experienced the transformations described by Henderson which have allowed, and indeed pressurised birth into being classified as a normal process. That which has become a realistic expectation in the industrialised West is by no means an assumption in the urban slums or remote villages of the East. Indeed, the western midwifery instinct to revert to "natural" childbirth must be carefully weighed against the benefits of technology before being offered to midwives in the orient. Such colleagues, by and large, cater for women who are probably poor, frequently unhealthy and very likely to succumb to death in the process of giving birth. Indeed, the concept of holistic care and "natural" childbirth is already practised by the traditional birth attendant (TBA) who tends to lack the knowledge and understanding which could render her practice safe.

Polarized perceptions of education

Jarvis purports that:

"There is a profound difference between knowing and having knowledge. It is the difference between actively participating in the process of creating knowledge, on the one hand, and on the other hand digesting whatever others transmit. In simplest terms, it is the difference between being and having."

[Jarvis:1992:148]

Jarvis proceeds to describe education as:

". . . a major element of being - as a process through which the human essence emerges from existence in active participative relationship with others, some of whom might be experts. Yet the very nature of society in which education occurs emphasizes the having mode and expects repetitive action and nonreflective learning so that it can produce people who can rehearse what they have acquired. As a result education has been forced to adopt characteristics of contemporary society."

In the context of postmodernist thought, it is pertinent to reflect for a moment on a French philosopher's definition of "being". Lyotard describes being thus:

"...escaping determination and arriving both too soon and too late"


Given the tradition of didactic teaching and rote learning in most countries of the developing world, there is an inherent risk that the technological knowledge required by midwives as well as by other health professionals will remain at the level described by Jarvis of "digesting whatever others transmit" [Jarvis:1992:148]. This does not allow a professional practitioner to enter the process of "being" or of "knowledgeably doing". The latter being dependent on acquiring a degree of tacit knowledge borne out of experience. The risk of "arriving both too soon and too late" as described by Lyotard is not only high but almost inevitable and the outcome for the midwife practitioner and educationalist is likely to be disastrous.

Contemporary society in the North, it may be argued, has reached the postmodern era, whilst the Southern hemisphere, by and large, is still hurtling towards and through an earlier process of modernization. Underpinning the cultural, political and economic state of development is the state of knowledge upon which a society builds. It is interesting and perhaps critical to reflect on whether the knowledge which is so much prized by the developing nations falls into Jarvis' state of "being" or of "having" cited above.

In her educational role, the midwifery consultant has to guard against offering her clients that which merely requires to be swallowed whole and hardly digested. It should be reasonable to assume that those with whom she works are well able to create knowledge themselves. But can the consultant assist her colleagues to experience this "profound difference" which would enable them to know rather than to have knowledge, to be rather than to have? In this context it must be asked of the consultant, who is deemed to be the imported expert in the situation:

What skills does she require in order to facilitate an educational process which would result in her clients developing their own creative knowledge?

The beggar bowl mentality which has developed through centuries of enforced dependence may have made the majority of inhabitants of the southern hemisphere far more ready to seek "to have" than "to be".
The concept of a shared vision

Perceiving actual rather than assumed needs is consequently an important aim in the attempt to provide development aid. Such needs have to be identified in a partnership between client and consultant if there is to be any substantial degree of a shared vision of the real situation. Since eastern and western minds will be viewing situations from diametrically opposed points of view, in order to achieve any common ground, certain criteria must be satisfied. It is proposed that in a potentially complex situation, there are some basic necessities which can be identified here. These include the presence of a mutual respect and of meaningful communication. Such are considered to be prerequisites to the establishment of any reciprocal insight which consultant and client develop, enabling them to see issues from each other's perspective. This insight must precede and maintain the existence of any amount of shared vision (Figure 4.1.). It is further suggested that the greater the degree of mutual respect and meaningful communication which exist, the more likely it is that the reciprocal insight will increase. This is essentially a situation whereby both parties will possess an awareness and an understanding of the other's perception of needs. Furthermore, the greater the amount of reciprocal insight, the greater the possibility that a shared vision will develop and be enhanced.

At the outset of a consultancy, depending on the situation, it could be perfectly normal and acceptable that there is minimal or even no shared vision (Figures 4.2., 4.3.). However, if this situation persists at the time when the consultant is making her recommendations, then the outcome of the consultancy will be predictably disastrous. On the other hand, a situation of "total eclipse" occurring in the realm of need perception (Figure 4.4.) is equally a danger sign. This unlikely situation could be interpreted in one of two ways. It either represents the complete dominance of the consultant's viewpoint and assessment or a total absorption of the consultant into the client country. The former situation would only serve to crush initiative and impose a western solution upon an eastern problem. The latter would imply that the consultant had nothing to offer that was not already overtly obvious to her national colleagues. This would place the reason for the particular consultant's selection and employment in question or alternatively throw doubt on the need for a consultant at all in the particular situation. Such a picture smacks of unreality.

If a shared vision is to be established, an important question must be asked in this respect:

How are mutual respect and meaningful communication established between the consultant and her client and what may mitigate against this?
Figure 4.1. The establishment of a shared vision

Perceptions of need

Mutual respect

NATIONAL PERSONNEL

SHARED VISION

VISITING CONSULTANT

Reciprocal insight

Meaningful communication

Figure 4.2. A minimal degree of shared vision

Perceptions of need

Mutual respect

NATIONAL PERSONNEL

SHARED VISION

VISITING CONSULTANT

Reciprocal insight

Meaningful communication
Figure 4.3. **Perceptions of need**

No shared vision

Limited or lack of respect

LIMITED OR LACK OF RESPECT

Perception Gap

NATIONAL PERSONNEL

VISITING CONSULTANT

Lack of reciprocal insight

Poor or limited communication

Figure 4.4. **Perceptions of need**

"Total eclipse"

? mutual respect ?

NATIONAL PERSONNEL

VISITING CONSULTANT

? reciprocal insight?

? meaningful communication ?
In an innovative and thought provoking analysis of management in an East-West context, Sharma [1996] expresses the inevitability of a clash of diametrically opposed cross cultural viewpoints but which have the potential to harmonize. This concept echoes the sentiments of Sorrell [1994:7] which were discussed in Chapter 3 [ibid: 85-86]. However, Sharma's "rhythms of harmony" move away from creative art into the arenas of business, industry, social science and human potential development. He urges western managers to acquire greater understanding of eastern concepts and eastern managers to gain insight into the ways of the West. His rationale for this approach stems from the tide of current trends which coerce the nations through an era of constant change. It is this very climate of upheaval which forces East and West to intermingle in a new relationship. It offers opportunity to reflect, reconsider and possibly restructure the basic fabric of society and the values which hold that society together or threaten to tear it apart. When such a society is influenced by a consultant who originates from a different sector of the globe and, by inference, from a different phase along the line of modernity, it is essential that time is taken to compare identified needs as perceived by both parties. This is crucial if, together, they are going to acquire a shared vision and arrive anywhere near a diagnosis of the real needs.

In the process of dialogue between orient and occident Sharma comments that:

"As we move from modernity to cybernity, the dawn of a new age is on the horizon. In the new age, established theories, frameworks and concepts are under challenge and a fresh breeze of discourse is blowing."

[Sharma:1996:vii]

Smith & Bond [1993] perceived the rapidly changing global situation as a catalyst to a greater modernity accompanied by increased intercultural reliance. They purport:

"The world we all inhabit is changing at a dizzying pace. Economic development, political realignments, technological progress and media globalisation are leading us towards greater modernity and inter-dependence."

[Smith & Bond:1993:207]

International consultancy provides a vehicle for the "fresh discourse" referred to by Sharma and fosters the concept of interdependence referred to by Smith & Bond. International consultants may, in fact, be considered as cross cultural catalysts in the process of change from modernity to cybernity. The need for such catalysts is explored in some depth in Chapter 5.
The risk that the discourse is not so much a "fresh" as a recycled approach which camouflages the process of implanting western ideas into eastern minds cannot be overlooked. It could be argued that modernization is progress influenced by an imposed set of standards and ideals with the main benefactor being "extra-terrestrial" to that country; whereas development sets its own goals within its own culture and ideology. The latter enabling progress without the penalty of westernization or perpetual financial disadvantage. However, the truth is far more complex and not nearly so definable. Development without modernization may not even be attainable in the current world situation.

It is important to explore differing perceptions of needs per se as they are viewed by eastern and western intellects. The focus may be on social needs or on individual needs. In terms of western philosophy, social needs are addressed in the direction of working from a policy downwards. This approach also dominates international political thought. However, identification of individual needs may also be viewed from very different perspectives. It may not therefore be coincidental that eastern scholars seem to perceive the whole concept of need from a totally different perspective by comparison with their western counterparts. The following reflections are offered in an attempt to illustrate this point, to promote further contemplation and provoke debate on some of the fundamental differences between the ways in which people think depending on their ethnic origin.

Reflecting on differing perceptions

Without doubt, the whole issue of need becomes problematic when searching for a normative dimension. Within the concept of need at a social policy level there is a normative position whereby countries of the Third World wishing to benefit from conditions of the First World have a need to learn from them. At the same time, the way "need" is perceived in different cultures is very variable. In the more traditional societies which characterize eastern cultures, the emphasis is likely to reflect social need rather than individual need. This is compatible with a collective society and in contrast to the importance attributed to the needs of the individual which is characteristic of western society [Chapter 2:ibid: 36f]. From the philosophical point of view it may be argued that no normative policy in respect of needs in the social context has any meaning because rewriting social policy will change the level of need.

In examining perceptions of need in the cross-cultural context, it is noteworthy that Hofstede takes issue with the traditional hierarchy of human needs first postulated by Maslow [1968] (Figure 4.5.). He points out that the individualistic approach in placing "self-actualization" on top of the triangle does not fit into many cultural stances [Hofstede:1991:125].
Figure 4.5.

Maslow's hierarchy of needs

Source: Maslow [1968]

Figure 4.6.

Adams' hierarchy of needs

Source: Adams [1990]
Adams [1990] inverts the structure of the hierarchy triangle so that the physiological needs are at the apex but remain at the lower end of the diagram (Figure 4.6.). He argues that although the "lower" needs are vital and basic, there is a limit to them, but, he claims:

"... as I ascend that hierarchy the picture changes and as I break into my self-fulfilment and self-transcendence needs, the limiting factors seem to fall away. My needs in those areas do, in fact, feel to me to be limitless."

[Adams:1990:832]

Hofstede, however, maintains that Maslow's five categories have, in reality, been "reshuffled" according to cultural patterns. It would seem reasonable to a western mind to assume that the "lower" physiological and safety or security needs are likely to prevail in cultures where what Hofstede describes as "uncertainty avoidance" [Chapter 2:ibid. 43] is strong. Eastern eyes may view the aesthetic as being more important. Hofstede contends that maybe other needs should be added. He suggests "respect, harmony, face and duty" which he claims were omitted from a hierarchy created by a mid-twentieth century middle-class American [Hofstede:1991:126]. The issue of needs identification and how this relates to different thought processes of eastern and western origin is considered to be a crucial issue in the whole area of international development cooperation.

In the context of education, Child [1977:40f] suggested that the need for understanding and knowledge should be added to the pinnacle of the hierarchy of needs identified by Maslow [1968:60f] (Figure 4.5.). Whether or not the need to know is appropriately placed at the apex of the pyramid and whether, indeed, needs constitute a hierarchy at all have been debated considerably over the past quarter of a century [Argyle:1974]. [Houston:1979], [Tough:1979].[Child:1982], [Jarvis:1987], [Jarvis:1992]. After weighing the evidence, Jarvis [1995:11-15] suggests a taxonomy of needs in preference to a hierarchy and inserts "learning" as an additional component to the needs identified by Maslow (Figure 4.7.). He claims that they do not present a hierarchy but rather "a process through which a child passes during early maturation" [Jarvis:1995:13]. He rationalises that:

"... all the needs exist in individuals, and wherever possible, human beings seek to satisfy them."

[Jarvis:1995:13-14]

Using a typically eastern approach of continuity illustrated by a circle rather than a linear representation, Sharma [1996:102f] identifies a "basket of needs" (Figure 4.8.).
Figure 4.7.

Jarvis' Taxonomy of human needs

self-actualization

self-esteem

learning

love and belonging

safety

physiological

Source: Jarvis [1995]

Figure 4.8.

Sharma's Basket of Needs

Spiritual/Self-realisation need

Psychological/Identity needs

Political/Power needs

Sociological/Social needs

Economic/Material needs

Biological needs

Source: Sharma [1996]
Presenting them thus, Sharma eliminates the necessity of prioritorising the needs in any ascending order. He acknowledges the roots of his thinking in Hindu philosophy which identifies four types of human development needs, namely physical, mental, intellectual and spiritual. These, he maintains, should be developed in concert and holistically [Sharma:1996:102]. He reasons that to survive, human beings must meet certain basic minimum biological requirements, but that:

"... once minimum survival needs are met, individuals display considerable variations in their other needs."  
[Sharma:1996:103]

Sharma offers a new framework of human needs and explains his "basket of needs" with the acronym:

"Necessities  
Entitlements,  
Empowerment,  
Desires and  
Spirituality."
[Sharma:1996:102]

Sharma explains that psychological needs "include the sense of being at peace with oneself", whilst the spiritual needs include:

"...the need to become a "higher human", by relating oneself to the cosmic entity or its manifestations."  
[Sharma:1996:102]

Whereas most of Sharma's stated needs can find equivalence with those identified by Maslow and Jarvis (Figure 4.9.), reflection on the deeper implications of the concepts of the "spiritual" segment of Sharma's basket suggests that "self realization" carries a different emphasis from Maslow's need for "self actualization". In a sense, the difference between the eastern and western identification of needs illustrates the diminishing spiritual dimension which occurs with modernization and the inevitable emphasis placed on materialism. Whilst it could be argued that the terminology used is merely a matter of vernacular, it is suggested that there is a significant difference between the terms "self realization" and "self actualization" and the concepts they represent. This difference typifies the gulf that exists between eastern and western thought and consequently behavioural patterns. Whilst inevitably there is a degree of knowing and doing in both these concepts, the word realization, in effect, is founded on "knowing" whereas actualization implies "doing". It could be a difference between the passive and the active forms of "being", but it is suggested that the difference in terminology is meaningful, implying cultural overtones which could be significant in the context of international exchange.
Figure 4.9.

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<td>pyramid diagram</td>
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<td>SELF-ACTUALIZATION</td>
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<td>SELF-ESTEEM</td>
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<td>*** Identity needs ie &quot;sense of being at peace with oneself&quot; [p.102]</td>
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<td>LOVE &amp; BELONGING</td>
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<td>*** Social needs ie &quot;sense of belonging to the group, community or society&quot; [p.102]</td>
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<td>SAFETY</td>
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<td>Economic/material needs</td>
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* No equivalent  *** Alternative offered
The major religions of the East lay considerable emphasis on the importance of "knowing". In Hinduism and Buddhism an ascendency to the optimum state of existence is aspired. This progressively removes the follower from the necessity of "doing" as "doing" becomes eclipsed by a state of "being" as a consequence of "knowing". The virtue of discovering oneself is stressed in the process of human development. This concept is receiving attention worldwide as the philosophies of the East are taking hold in western society, restless to find peace from the stress of modern living. It is also finding new depths in the evolution and revolution in approaches to adult education and human learning which stress the development of the learner through self direction, reflection and critical reflectivity [Jarvis:1983, 1995] [Freire:1972] [Mezirow:1977] [Argyris:1982] [Schon:1983] [Jarvis:1983, 1995] [Kolb:1984] [Boud et al:1985] [Mezirow:1981].

Jarvis' work cited above [ibid:103] examining issues which surround the development of an individual within society focuses on the different perceptions of knowledge which relate to what may be considered active or passive learning and lead the individual into a state of "being" as opposed to "having" [Jarvis:1992:148]. The UNESCO Report which advocated the philosophy of lifelong education proposed twenty one principles to support this educational concept [Faure et al:1972]. Skager commenting on the social and cultural contexts of lifelong education advocated by Faure points out that:

"Strictly speaking . . . . lifelong education is not a concept or theory, but a set of basic principles through which the Commission, its sponsoring agency, and its growing ranks of supporters hope to stimulate worldwide educational reform over the coming decades." [Skager:1978:3]

Skager goes on to emphasize that these principles of lifelong learning "reflect contemporary forces" and that although educational needs vary in societies at different stages of development "there are still significant areas of communality" [Skager:1978:3]. Whether these "areas of communality" will increase or decrease as the years advance is a matter of conjecture at the present time. However, it behoves the international consultant to take cognizance of the very different perspectives which can exist in this whole area when cultural barriers are traversed. It would be misleading to suggest that Eastern philosophy rests exclusively on "knowing" and "being". Hinduism does stress the approach of "salvation by works" alongside the meditative and knowledge-seeking approach, but it is the need to know which is inevitably superior to the need to do in eastern thought.
Whilst Islamic tradition emphasises that "a learned believer is 70 times better than a worshipping believer" and that "the demand for knowledge is an ordinance for every believer" [Musare:1993:86], the religion also requires the devout to put their learning into practice:

"You cannot be pious without being learned and you cannot be learned without acting according to it."
[Abdul-Dardoa in:Musare:1993:86]

The implication here too, is that learning is a basic need and that knowing takes precedence over doing. The midwifery consultant faces a difficult dilemma in trying to overcome the issue of knowing versus doing in the context of promoting Safe Motherhood. There is frequently considerable emphasis on the need for midwives to know but little on the need to understand. "Doing" can rate very low in the order of priorities, yet it is the doing with understanding that can save lives.

Sharma's inclusion of political needs does not find any direct equivalence in the Maslow hierarchy or the Jarvis taxonomy. He specifies that:

"Political needs include the sense of participation in decision making, and also the sense of power to influence."
[Sharma:1996:102]

Maybe Sharma points out the obvious in stating that needs can occur to different degrees, but he categorises the degrees of need which can range from excessively dominant through dominant and back-up to very low. He warns that when needs are excessively dominant they can become weaknesses and gives an example of an excessively dominant political need leading to "power acquisition at any cost" [Sharma:1996:103].

Conclusion

In the use of consultants who originate from the western world to meet needs identified in the East there will inevitably be a need to step back and consider the perspectives and the priorities which may well receive a differing focus.

In his consideration of comparative oriental and occidental management styles, Sharma [1996:172] considers the driving force of various personality types and how this affects their approach to management. He identifies the driving force of the self actualising personality as that of "self interest" and he claims that this is typical of the professional manager.
The role of the international midwifery consultant may have some affinity with that of a management consultant. Should this be so and the consultant's power needs, as expressed in Sharma's basket of needs (Figure 4.8.) appear in the "excessively dominant form", then the risk of the need becoming a weakness is high. Attempting to meet a need with such a weakness borders on the dangerous. There would seem to be an inherent possibility when consultancy occurs in a West - East direction that the consultant's personal need to achieve self actualization may supersede the needs of the client in the developing world whose perceived need is for self-realisation. Whilst the need of those in the client country may be so, the aim of the consultant may be to facilitate her colleagues' self actualization. In this situation the perception gap will be large and, without achieving insight into the needs of her national colleagues, the consultant is unlikely to be able to offer significant help, though she may or may not succeed in meeting her own needs. National personnel in the client country will encounter difficulty in acquiring assistance to meet their needs. The reason for this may not be overt, though personality clash or culture incompatibility may be suspected (Figure 4.10.).

There is clearly a necessity to pause and reflect whether client and consultant possess a shared vision in this context (Figures 4.1. - 4.3). If they do not, there may well be a need and a definable need, but it is unlikely to be met by that consultant and possibly not by a western consultant at all.

If consultancy becomes primarily a means of fulfilling the personal needs of the consultant for power or financial gain, this could serve only to reintroduce the colonialism which, in many ways, impeded progress in the last century. The current preoccupation with power, politics and profit in health services of many countries in the industrialised world, could be a recipe for disaster in the delicate, unstable and vulnerable situations of many Third World nations. Thus, the motive for consultancy work may well be questioned, though this could prove difficult to establish. The selection and preparation of consultants may, however, be a more manageable area of investigation and should seek to establish motive in the process. The final question which is raised in this chapter therefore asks:

How can consultants be selected and prepared in order to provide appropriate assistance to countries seeking to meet their identified needs in respect of promoting Safe Motherhood?
Figure 4.10. Conflict in perception of needs

Possible outcomes

- Limited or lack of respect
- Difficulty in acquiring relevant assistance
- Poor or limited communication

NATIONAL PERSONNEL

Need for SELF-REALISATION

VISITING CONSULTANT

Need for SELF-ACTUALIZATION

- Difficulty in offering significant help
- Lack of reciprocal insight
- ?May or may not succeed in meeting own needs
In the context of the cross cultural migration of consultants between the postmodern western world and the modernizing eastern nations, the whole issue of need perception becomes poignant. There is a very real risk that those who barter in the global market place at the end of the twentieth century may confuse the concepts of supply and demand. It has been pointed out that the needs perceived by the western providers may not balance the equation of those perceived by the recipient nations. However, if erroneously perceived needs are translated into perceived demands from the East, the action and reaction is potentially disastrous. The midwifery consultant entering the field may be caught in the conflict between the need to promote and maintain a market and that which seeks to provide welfare.
It has already been reasoned that if countries in the Third World wish to benefit from conditions in the First World, they have a need to learn from them [Chapter 4 ibid: 101]. In seeking to acquire the knowledge, skills and technology of the industrialized North, countries in the southern hemisphere are inevitably exposed to the changes associated with the processes of modernization and development which were discussed in some depth in Chapters 2 and 3. How these nations may choose to meet their own developmental needs cannot be assumed. Sending national personnel overseas for education and experience is one approach. This exercise has been dubbed the "Peter the Great Approach" by contrast with the "King of Siam Option" which favours bringing experts in to a country from overseas [Goodwin & Nacht:1984:16]. This chapter considers the necessity for the "King of Siam" and challenges some of the monarchistic assumptions which may be an inherent handicap in extending such a "royal invitation". But the choices are not easy. The wisdom of the "Peter the Great Approach" has been questioned in economic terms, because it was reckoned to represent a loss of almost three billion dollars in foreign exchange almost three decades ago [Lee & Tan:1984:4] whilst:

". . .the positive economic multiplier effects of such spending accrues to the rich industrialized nations."

[Fry & Thurber:1989:72]

When applied to the health care professions, the "Peter the Great Approach" additionally presents dilemmas due to the contrasting clinical situations in different parts of the world. Midwives in the developing world, for example, must be prepared to cope alone with a very different range of conditions and with far less equipment than their colleagues in the industrialized North. The escalating cost of overseas education, particularly in the United States, the United Kingdom and Australia has doubtlessly favoured the "King of Siam Option" cited above. Fry & Thurber present the logic that it is obviously so much cheaper to import an expert from Paris for three weeks than to export twenty or thirty people from a developing country in order to receive training in France [Fry & Thurber:1989:74]. Hence, for economic if not for other reasons, the import of professional experts appears to be an option which is becoming increasingly popular, though the flow of students from East to West continues too.

In the context of providing developmental aid in general and in promoting Safe Motherhood in particular, this chapter therefore addresses the question :
Is there a need for consultants and who defines the need?

In considering the prospects of management consultancy, Kubr reasons that the future is assured "thanks to the ever-changing nature of demand" [Kubr:1996:709]. He forecasts:

"To many potential clients, turning to a consultant will be more than a pragmatic decision on how to optimize the use of resources: it will be a necessity owing to the novelty and complexity of the issues at hand, and owing to clients' desire to avail themselves of the best expertise before taking important decisions."

[Kubr:1996:709]

Such a declaration presupposes that the quality of the desired expertise can be assessed and classified prior to appointment. It assumes that the client has the opportunity to select a consultant whom they judge can effectively meet their needs. It is suggested that this is more likely to be a reality in the western world than in the developing countries of the East. Furthermore, the suitability of any consultant traversing the globe from occident to orient, depends on an ability to adapt personally and professionally across cultures. This chapter seeks to address some critical issues in the context of international consultancy. The similarities and differences between management consultancy and midwifery consultancy is discussed when examining the nature of consultancy in Chapter 6. An examination of the characteristics of consultants forms the focus of the research in this study and is presented in Section III.

World divisions

Traditional or customary world divisions tend to carry with them associated provisos. One may refer to them as implicit advantages or disadvantages, privileges or problems. They are divisions which the international consultant must traverse. Therefore an insight into the ways in which the planet is partitioned provides for relevant reflection in the context of this study.

The world atlas may divide the globe into physical or political regions, it may differentiate the continents and islands or focus on variations in climate, crop production or commerce. World opinion classifies regions of the world as ally or adversary, rich or poor, remote or adjacent, depending on one's own values, beliefs, geographical location and situation at a given time. History divides the planet into power zones and today's world is indelibly marked with the fingerprints of foreign domination. Such divisions tend to determine a country's current status in an ever shrinking global village.
It may be scientific, it may simply be semantics, though it could be more indicative of a value judgement which determines the way in which a country is categorized. A country may be referred to as industrialized by comparison with non industrialized or as developed, developing, more developed, less developed or emerging. Sometimes the terms First, Second or Third World are considered more acceptable. Those with low income in contrast to those with high income or countries of "limited resources" may sound more palatable to some than designating them rich or poor. Countries may be considered pre-modern, modern or post-modern in an attempt to make a comparison between the degrees of transformation through which their civilizations have passed economically, politically and socially. This aspect has already been discussed in some detail in Chapters 2 and 3. Distinctions between orient and occident, northern and southern hemispheres or that which identifies them within the "10-40 window" are more easily defined on a map, at least arbitrarily (Figure 5.1.). However, such divisions, bounded by longitude or latitude need always to allow for exceptions since the contours must inevitably circumvent those regions which do not quite fit in to the directional category.

The report of the Independent Commission on International Development Issues (ICIDI) focusing on the North-South Divide points out the objection to "a simplified view of the world as being divided into two camps" [ICIDI:1980:31] since:

"The "North" includes two rich industrialized countries south of the equator, Australia and New Zealand. The "South" ranges from a booming half-industrial nation like Brazil to poor landlocked or island countries such as Chad or the Maldives. A few southern countries – mostly oil-exporters – have higher per capita incomes than some of the northern countries. But in general terms, and although neither is a uniform or permanent grouping, "North" and "South" are broadly synonymous with "rich" and "poor" "developed" and "developing"."

[ICIDI:1980:31]
colonial powers across much of the globe. It is the "developed" countries found predominantly in the northern hemisphere and in the West which are numbered amongst those whose maternal mortality rates (MMR) are "uniformly low and reasonably well documented" [WHO:1991:595]. It is understandable therefore why the main direction of flow of midwifery consultants tends to be from the northern hemisphere to the South, from occident to orient (Figure 5.2.). The quality of the cross cultural encounter and exchange which takes place will, at least in part, determine the effect and the effectiveness of the consultancy.

**Historical perspectives**

In considering the roots of development cooperation between nations, Juva [1994:19-23] having traced the historical process which preceded, coincided with and followed colonial rule across much of the globe, draws attention to the fact that, historically, innovators and discoverers jealously guarded the advantages they had gained. The onus for obtaining valuable information traditionally lay on those who could acquire it through aggression or espionage [Juva:1994:19]. He contends that:

"...there are no records in history about periods when the affluent nations would have made any special efforts to develop the efficiency and wealth of the underprivileged."

He continues:

"Admittedly, international collaboration has included both mutually profitable trade and the comparison and exchange of ideas and working methods within the sphere of shared religion or culture, but the political state always insisted that its own resources should benefit only the national needs and objectives" [Juva:1994:19]

In spite of the fact that the concept of development cooperation has been recognised as a "relatively recent chapter in the history of mankind" [Juva:1994:19], international exchange can be traced back through the last two millenia. However, there has been an increasing mobilization of personnel in recent centuries. Tradition has it that Thomas, one of the early disciples of Christ, travelled from the Middle East to establish work in South India in the first century AD. The rather flimsy evidence offered for this is the frequent occurrence of the name Thomas amongst South Indian Christians to this day. There is evidence of Roman Catholic missionaries from the Portuguese colony of Goa travelling to the courts of the Mughal emperors in North India as early as 1579 [Alter &
Singh [1966:18] and Sardesi [1983:17] traces the path of Brahmin advisers to the royal courts of India through the early centuries of South East Asian history. Goldhamer [1978:82] reports that the Ottoman Empire employed a considerable number of foreign personnel with expertise in politics, administration and military skills following the fall of Constantinople in 1453. More than two hundred years ago, the "modern missionary movement" of the Christian church witnessed a filtering migration of personnel from the western world to the East and South [Stanley:1996]. These examples serve to illustrate that from earliest times, man has strived to establish international relationships. The aim of those relationships appears to differ. It is, however, distinctly apparent that the tremendous growth of scientific knowledge, technical advances, economic prosperity and social development which occurred in Europe from the early eighteenth until the mid twentieth centuries was largely confined to the European continent.

Juva [1994:20-21] describes a "road to colonialism" which was characterised by battles for supremacy between European Christianity and Eastern and Southern Mediterranean Islam. The latter had a major influence over the great ancient civilizations of Asia and:

"... effectively closed the route from Europe to other parts of the world, a close-down that lasted for a millenium."

[Juva:1994:20]

The superior military powers and the technical skills which were developed in Europe from the time of the Renaissance enabled Europeans to penetrate the further reaches of the globe, monopolise the trade, divide and rule. Juva describes the outcome thus:

"During three centuries Europe used its economic, technical and military supremacy to put both the Americas, almost the whole of Africa and a major part of Asia under its colonial rule. Even countries that retained their independence, China, Japan, Siam, Persia and Ethiopia, had to adjust to the European political hegemony. By the end of the period Europe was no longer master of the seas but, in fact, master of the whole world."

[Juva:1994:21]

Juva proceeds to point out that during the period of colonial rule the benefits of the growth of technology experienced by the colonial powers of Europe were shared "only minimally" with other nations [Juva:1994:21]. In the post-colonial years, that deprivation has persisted to what ought to be seen as an uncomfortable reality.
Figure 5.1.

World map showing the "10/40 window"

The area of the world lying between the latitudes of 10 and 40 degrees north of the equator.

Reproduced by courtesy of the Baptist Missionary Society
Safe Motherhood and
Figure 5.2. International midwifery consultancy
- A Reflective Framework -

High maternal mortality rate (pre & early 20)
Process of modernization & development
Maternal mortality rate within "acceptable"
limits ie "SAFE MOTHERHOOD"

(Northern Hemisphere)

(Predominance of
(former colonial powers)

Cross cultural
encounter &
exchange

Visiting Consultant
Midwife
National personnel - client

Predominance of newly independent nations - formerly dependent territories

High maternal mortality rate (late 20)
Process of modernization & development
Need to promote SAFE MOTHERHOOD
Need for midwifery consultants expressed

(Southern Hemisphere)
The move to send and receive aid during the latter part of the twentieth century may go some way in attempting to address the gross imbalance of the world's resources, but there is yet a long way to go. Madeley et al [1994] maintain that there is "no such thing as free aid". They point out that there are "strings attached" to the aid and loans which are made available to Third World countries by the World Bank and the International Monetary Fund (IMF). This is particularly so in respect of Structural Adjustment Programmes which are intended to lead to economic growth, but in reality, usually mean that countries must:

"... cut their public (or government) spending, reduce the role of government (privatising industry, removing controls on minimum wages etc) and increase exports."


In a critical examination of the effect of the World Bank and the International Monetary Fund (IMF) on the developing world, Christian Aid highlight a statement made by UNICEF in an attempt to focus attention on the inequity of the programmes and policies of these mega organizations:

"The health, the growth, the education and life of millions of children will be sacrificed on the altar of . . . economic adjustment programmes."


Yet the World Bank, the IMF, followed by the General Agreement on Tarriffs and Trade (GATT) were supposedly set up to share the world's resources in a world which did not desire to be torn apart again and suffer the devastating economic disasters of a third world war. An idealistic Brazilian delegate at the inauguration of the World Bank and IMF described the inception of these organizations as being:

"... inspired by a single ideal - that happiness be distributed throughout the face of the earth."

[quoted in Madeley et al:1994]

It may not have been so obvious in 1944 that the distribution of "happiness" would prove so complex. The integral relationship of this elusive phenomenon with fiscal resources and peace is, nevertheless, a reasonable starting point for promoting health, since health is usually an important foundation in acquiring happiness. The Declaration of Alma Ata [WHO/UNICEF:1978] would tend to echo the sentiment of the Brazilian idealist in aiming to distribute health "throughout the face of the earth" by the Year 2000. The Safe Motherhood Initiative attempts to tackle the injustices of maternal mortality and morbidity on the same scale [WHO:1987]. Midwifery consultants are
increasingly playing a part in these efforts as they attempt to share their knowledge and skills with colleagues in the developing world.

A warning and an injunction in respect of aid provision were sounded by a senior official of the United States Agency for International Development (USAID) almost two decades ago. Claiming that even in attempting to upgrade technical competence, the action can actually contribute to the widening gap which exists between the imported "change agents" and the clients, Moore urged that massive efforts were needed in order to:

"... narrow the social and economic gaps that we have unwittingly helped to widen."


It may consequently be asked whether further consultants are genuinely needed to repair the damage caused by their predecessors. Or whether the focus of technical aid and advice is not so much one of altruism as about advantage to the donor rather than the recipient.

In an annual report, The British Council declares that:

"A significant part of the Council's role overseas is to act as an aid and development implementation agency"


Yet the Director General reviews the year with an opening comment about the Council's ability, in a time of change and opportunity, to provide "an unrivalled means to promote British interests" [The British Council:1992:3]. A sentiment which is echoed repeatedly in the report and perhaps best summarised under the heading of "A new realism":

"Britain can reap the benefits of the Council's clear understanding of the relationship between culture and trade"


So the need to provide aid is rightly examined alongside the need to receive aid. Is the need to donate inevitably linked with benefits to the donor? Can the motive ever be altruistic? Or are aid and trade always and inextricably intertwined?

Juva [1994:21] reasons that the collapse of European colonialism following the Second World War was the result of the dependent country starting to demand more resources for expenditure than it could produce for the ruling nation. Whereas numerous countries in Africa and Asia achieved political independence, their economic dependence remained inevitable as they struggled against poverty:
"The new national governments were unable to raise the long-oppressed peoples to the level of the industrialised nations. Both the know-how and the financial means were simply insufficient. Such was the setting for the idea of development cooperation." [Juva:1994:21]

Whilst emphasising that there are "clear options for different policies" in the post cold war era, in the context of international aid, Lankinen points out that:

"Fears of political insecurity are still stronger motivators for aid than purely humanitarian concerns." [Lankinen:1994:569]

It has been argued that the "relatively benevolent caring climate" which characterized much of the "post-1945 internationalism" originating from Cold War competitiveness has now given way to a "selfish realism" which accompanies the new economic order. An elimination of the threat of Cold War no longer forces the northern nations to compete to win those of the South [Duke:1994:311]. Whilst this may be true in terms of colonial power and supremacy, competition within the global market is rife. It may not be coincidental that the peace movement of the sixties experienced a backlash in the seventies at a time when oil prices soared and wealth began to flow into the Middle East. The subsequent rise of Islam across the globe is not infrequently financed by funding from the oil rich nations, the enthusiasm of the faithful being fuelled periodically by the advocated pilgrimage to Mecca which must surely influence cash flow in the same direction.

Hence, the need for international exchange appears in varying guises in different eras. It seems that the necessary funding which must accompany this cross-cultural commuting may all too frequently benefit the donor rather than the recipient. In spite of sporadic global efforts to address major catastrophes of famine and other disasters, aid on a scale which will address issues of "real" need such as abject poverty, ill health and untimely death typified in the high maternal mortality rates of the Third World remains scarce and insufficient. It must be acknowledged too in the context of providing technical expertise, that aid programmes, whatever else they may achieve, can hardly be considered ideal if they create a greater dependency or increase a debt in the process of responding to a crisis or meeting identified needs.

**International interdependence**

In whatever form it takes, there is nevertheless, evidence of an evolving interdependence between nations of the North and South in recent years [UNDP:1993]. In many ways, the current state of interdependence between nations tends to perpetuate Western domination.
However, the United Nations Development Programme (UNDP) recommends a shift in emphasis from exclusively protecting national security, towards promoting individual security thereby liberating considerable resources for the purpose of human development [UNDP:1993]. Theoretically, this approach should provide greater resources for the promotion of health, including Safe Motherhood, and for the prevention and treatment of disease. However, the reality tends to be different. In so many countries where the maternal and infant mortality rates remain high and life expectancy is persistently low, the country's health expenditure is abysmally low (Table:5.1).

In such a climate, the international consultant is required to facilitate information exchange. Current advances in information technology combined with the relative speed of traversing the globe mean that the process of change to which the Third World is exposed is likely to be rapid, forceful and unavoidable. Augmented by international interdependence, the issues which have confronted Europe and North America over the span of a century are now more likely to confront Africa, Asia and South America within a decade. Nkrumah recognised this trend almost four decades ago in reflecting on the Ghanaian situation:

"What other countries have taken three hundred years to achieve, a once dependent territory must try to accomplish in one generation if it is to survive."

[Nkrumah in Montgomery & Sniffin:1966:15]

It has taken European countries centuries before beginning to reduce their maternal mortality rates (MMR). In 1935, the MMR in England and Wales was 430 per 100,000 live births. Over the next thirty years the death rate was reduced and then consistently maintained at a level of 10 or less per 100,000 [Kwast:1984:33] [Sweet:1997:1064]. The Safe Motherhood Initiative challenges the world's poorest countries to reduce their death rates by a gigantic leap. The lapse of thirteen years between the launch and the specified target of the Safe Motherhood Initiative urges nations as well as the international community to move quickly in order to achieve that aim.

Hence, the required speed of "enlightenment" in the spheres of technical and scientific advance needs to be at a similar velocity to that identified by Nkrumah and cited above. "Survival" of a nation in this context may hinge on an effective degree of international interdependence rather than on what may be considered international interference. The speed of technical and professional development could be related to the ability of the international consultant to facilitate the demise of domination and dependence. The midwifery consultant needs rather to be able to impart knowledge, demonstrate skills and foster a confidence in her national colleagues' own skills. In the effort to promote Safe Motherhood, such an approach is needed if midwives and other professionals are to emerge within the world's poorest countries, able to confront the problem of maternal death in their own communities. It appears that consultants who are able to meet this challenge are currently needed.
### Table 5.1.

**A comparison of life expectancy, mortality rates and expenditure on health in selected countries**

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MMR*</th>
<th>IMR**</th>
<th>LIFE EXPECTANCY**</th>
<th>EXPENDITURE ON HEALTH** as % of GNP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>per 100,000 live births</td>
<td>per 1,000 live births</td>
<td>Female (years)</td>
<td>Male (years)</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>1700</td>
<td>172</td>
<td>42</td>
<td>41</td>
</tr>
<tr>
<td>Bhutan</td>
<td>1600</td>
<td>127</td>
<td>47</td>
<td>49</td>
</tr>
<tr>
<td>Mozambique</td>
<td>1500</td>
<td>172</td>
<td>46</td>
<td>44</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>1400</td>
<td>153</td>
<td>43</td>
<td>39</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>10</td>
<td>8</td>
<td>80.2</td>
<td>73.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>8</td>
<td>9</td>
<td>78.1</td>
<td>72.4</td>
</tr>
<tr>
<td>Canada</td>
<td>5</td>
<td>7</td>
<td>80.3</td>
<td>73.3</td>
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<td>Switzerland</td>
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<td>7</td>
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<td>73.8</td>
</tr>
<tr>
<td>Australia</td>
<td>3</td>
<td>8</td>
<td>79.5</td>
<td>72.9</td>
</tr>
</tbody>
</table>

* Source: UNICEF [1996]

** Source: WHO [1991]

MMR = Maternal Mortality Ratio  
IMR = Infant Mortality Rate  
GNP = Gross National Product
An increasing flow of consultants between developing nations

Since 1979 there has been a marked reduction in the flow of personnel providing technical assistance to the developing world from the United States and the United Kingdom. At the same time there have been dramatic increases in those originating from Australia, Austria, Denmark, Italy, Finland, The Netherlands and Switzerland. Although the main direction of the flow of consultants appears to be from the industrialized West to the developing eastern nations, expertise is currently flowing from other directions. It is reported that during the period between 1970 and 1985, whilst expertise from some western nations declined, assistance from Japan markedly increased [Development Co-operation:1981; 1987]. Japan is now considered to be:

"...a major new source of expertise for other nations interested in developing their own technological capacities."

[Fry & Thurber:1989:172]

Technical Cooperation between Developing Countries (TCDC) promotes a significant flow of international advisers and technicians between different parts of the developing world with India, China and Chile providing a noteworthy source of such expertise [Fry & Thurber 1989:189]. Such consultants would be less likely to encounter the diametrically opposed perceptions of need which can be experienced between those originating from the West and their clients in the East [ibid:Chapter 4]. However, India, China and Chile are amongst those nations who still experience high maternal mortality rates. Consequently, the demand for expertise from these countries in order to promote Safe Motherhood may currently be limited.

Fry & Thurber [1989:185f] hypothesize that nations whose mother tongue is an international language such as French or English will tend to supply more international consultants. Other factors which they suggest have influence include the wealth of the country, the opportunities the population have had for higher education and a history of former colonial power. Singapore currently boasts "expertise" as one of her greatest exports [Chen:1997] and providing nursing and midwifery advice to developing countries in South East Asia is becoming an established practice [Lee:1997]. With the low maternal mortality rates in Singapore, this trend would seem to be an advantage in promoting Safe Motherhood. However, given the current state of technology in Singaporean obstetrics and midwifery, such consultants will face some problems similar to those of their western colleagues in adapting from a major "tiger economy" to the developing world in an earlier stage of modernization than Singapore. Japanese midwives may identify with similar problems in this respect. Nevertheless, the eastern minds which accompany such expertise can surely provide a considerable advantage in the process of cross cultural exchange of information and expertise.
Current trends

The need for a rapid transfer of information and expertise has accelerated during the closing chapters of the millennium. The use of a visiting expert, adviser or consultant from an increasing diversity of countries appears to be a current trend in response to this need. Aid in the form of technical assistance has undoubtedly accelerated in the last few decades. Fry & Thurber [1989:189] point out that the number of personnel involved in this type of work had "increased rather dramatically" during the seventies and eighties. The workers also acknowledge that:

"The style and form of cross cultural advising and consulting have changed dramatically in recent years"
[Fry & Thurber:1989:7]

Currently, such an expert needs to be of the twentieth century "disposable" kind. Unlike her counterpart of previous centuries or even of a few decades ago, today's consultant, like many modern commodities must be dispensable once she has fulfilled the requirements of her terms of reference. This characteristic is not unique to the international consultant, but rather typifies what is currently happening in society. Part time employment, early retirement and the growing tendency of outsourcing in modern industry and management are signs of the times and serve to illustrate the way in which a capitalist market operates in contemporary society.

The average length of consultancy jobs have also changed in recent years. Fry & Thurber contrast the five to ten year assignments of large teams of consultants in the 1950s and 1960s with the recent recommendation by a major American aid organization working in North Africa that three weeks represented the "ideal contract period for outside consultants". One of the reasons offered by the workers for this vast change, is the recognition of the need to strengthen local technical capacity. This inevitably reduces the need for large teams to stay in countries for long periods [Fry & Thurber: 1989:7].

Researchers from the University of Warwick rationalise that the increased international demand for short term consultants in aid related development projects reflects a changing need and can be attributed to:

"... the reduction of aid finance, the high cost of expatriate technical assistance and the casualisation of professional labour in a liberal global economy."

They conclude that:

"Increased human capacity in aid-receiving states has seen a change in the nature of demand for expatriate support at all stages of programme and project development."

Arthur et al [1996:i]
So, the need for the short-term international consultant has been born. The adviser must be a conveyer of the sought after knowledge and skills which, it is hoped, will translate a country, an institution or a professional group from one degree of development to that which is considered desirable. But, it may reasonably be asked whether it is the actual knowledge or the will and determination that will ultimately produce change. Brandt's introduction to the report of the Independent Commission on International Development Issues (ICIDI) cited in Chapter 4 [ibid:91], conditioned the ability to avert disaster and shape the future on the determination to do so [ICIDI:1980:7]. A consultant needs to be able to inspire the motivation towards meaningful change if she is going to contribute significantly to the development of a country where she is employed to advise.

A need to promote Safe Motherhood

The need for the midwifery consultant cannot be separated from the changing concepts of health care which are appearing across the world. The issues of maternal and child health are clearly appearing on the international agenda. In the context of promoting world peace and health, it may be no surprise to realise that the countries at the bottom of the league in respect of achieving Safe Motherhood are those torn by war and civil unrest. Amongst the twenty one countries demonstrating a maternal mortality rate in excess of 1200 per 100,000 live births are Burundi, Rwanda, Eritrea, Ethiopia, Angola, Somalia, Afghanistan and Sierra Leone. This figure compares with a maternal death rate of 9 per 100,000 in the United Kingdom [UNICEF:1996].

The last twenty years have witnessed some significant occurrences which have brought midwifery prominently into the international arena and an increasing number of midwives into the field of international consultancy. The first Interregional meeting of the World Health Organization to discuss the prevention of maternal mortality in Geneva recognised and put on record the slow progress which had been made and emphasised that:

"the differential in maternal mortality between rich and poor countries is among the highest observed in public health"

[WHO:1985:1]

The launch of the Safe Motherhood Initiative [WHO:1987a] represented a focus on the neglected area of the "Health for All by the Year 2000" concept of the Alma-Ata Declaration [WHO/UNICEF:1978] and marked an investment of five million dollars as "a symbolic expression" and a commitment by the heads of international organizations which, it was hoped, would have the effect of "shaming the politicians into action" [Mahler:1987:10-11].
Amongst other priorities in the programme, the first meeting of the World Health Organization's Steering Committee of the Safe Motherhood Initiative identified the need to:

"provide technical and managerial support to national health programmes."

[WHO:1987b:5]

So, in effect, the need for international consultants in the context of Safe Motherhood was identified early, though inevitably such consultants would not only span the broader professional spectrum but also demand a variety of expertise from within the health care sector itself. Midwives are currently required to advise and initiate action on a variety of issues including professional basic and continuing education, government policy and legislation as they relate to maternal and child health services, policy, practice, management and research in the context of clinical midwifery.

An official recognition of the need for midwifery consultants can be traced back to discussions which occurred during an international gathering of midwives in the Netherlands in August 1987. It was within six months of the launch of the Safe Motherhood Initiative in Nairobi, East Africa and within a month of the first Steering committee meeting in Geneva, that the attention of the world's midwives was drawn to the plight of women in the developing world at an International Congress of Midwives. A workshop attended by midwives from 25 countries met with the overall objective of proposing:

"...a plan for midwifery action in order to promote maternal health and to reduce maternal mortality and morbidity by at least 50% by the Year 2000, as a key element of primary health care."

[WHO:1987c:3]

Participants were identified as an "informed nucleus" who would be able to tackle the problem of maternal mortality nationally and internationally and from all angles [Bentley:1987:1].

In a plenary session of that same congress, 1600 midwives from 63 countries were challenged to take action and be in the forefront of the fight to reduce maternal mortality worldwide [Peters:1988:3-8]. In respect of international midwifery co-operation, the assembled congress was confronted by the statement that "What we can do is largely dependent upon what we want to do." [Peters:1988:6]. This echoes the sentiments of determination and motivation expressed above. Time has demonstrated that what is desired can also be frustrated by what proves possible. There may, however, be differing perceptions of maternal death by some eastern and western minds [Chapter 4: ibid: 91]. Alternative views about life and death and causality have the potential to cause conflict between the desirable and the possible.
It is salutary to note that although the need for midwifery consultants was recognized in 1987, it was almost a decade later that consideration was given to the preparation of consultants by and for the international midwifery community [ICM:1996].

**World attention on Safe Motherhood - myth or reality?**

Alongside the challenge to midwives and other professionals, political leaders have also been challenged repeatedly in the international forum. Mahler's desire to shame the politicians into action cited above has, maybe, seen partial fulfilment through the World Summit for Children in New York in 1990. In reviewing some of the international organizations' agenda for action, Lankinen acknowledges that the World Summit did not in itself provide any new approaches in health sector development, but rather it had the effect of increasing the momentum of efforts already being made. As a result of the World Summit, within three years 85 countries had drawn up national programmes to improve health, particularly as it pertains to children. A further 60 countries were reported to be in the process of preparing such plans [Lankinen:1994:567-8].

UNICEF drew the attention of the world's media sharply, albeit briefly, to the enormous tragedy of maternal deaths in a factual, yet heart rending annual report prefaced by a description of suffering by Aldous Huxley:

"Screams of pain and fear go pulsing through the air at the rate of eleven hundred feet per second. After travelling for three seconds they are perfectly inaudible."

[Huxley in UNICEF:1996].

The need for international midwifery consultants relates to the ability to attend to the inaudible and to translate empathy into action. There is, however, a risk that the inaudible is misinterpreted and that inappropriate action may be offered and accepted to meet an ill defined need. This risk is not peculiar to midwifery nor to the health sector in international development cooperation. In the realm of Safe Motherhood, there is a risk of not only misdiagnosing the need, but of the issue itself rarely progressing beyond registering in the short term memory. If the epidemic of maternal mortality threatened to cross national boundaries in a similar way to AIDS, if it placed a population at risk without discrimination, as smallpox did earlier this century, if it killed men instead of women, maybe the international community would become more active in seeking to prevent this needless cause of death and despair. However, this fatal monster is not subject to the laws of infection and cannot bridge the gender gap. Therefore the alarm associated with maternal death is shortlived and urgency soon dies.
The World Health Organization has diagnosed a reason why professional and public interest in maternal mortality may not be sustained. Having alerted delegates at the First Interregional Meeting on Preventing Maternal Mortality to the dimension of the crisis by comparing the death rate with that of a fatal jumbo jet crash occurring every four hours of the day and night throughout the year, they were reminded that:

"Maternal mortality does not attract headlines for the reason that the victims do not all die in the same places. They die singly, predominantly in remote areas and most are illiterate and poor and have no leverage in the political system."

[WHO:1985:1]

Even though health appears on the international political agenda, it seems that, in real terms, Safe Motherhood is more likely to be relegated to the zone of "any other business". It is already competing with the more generic approach dubbed "reproductive health" before the target Year 2000 has dawned. It may be a case of technical terminology or an attempt to promote an equity spanning generations and genders that causes exclusive emphasis on maternal death not to seem quite right any more. Nevertheless, maternal mortality remains a tragedy and largely a preventable one [WHO:1986:175-183]. Maternal mortality has been identified as holding a partnership with poverty [Maclean:1996:11]. Poverty has been described as fertile because "it breeds and reproduces itself" and has been dubbed the "greatest enemy of all" [Hermes:1996]. It is reasoned that the real danger associated with pregnancy is not grande multiparity but "grande multipoverty" [Bergstrom:1996]. Poverty is most certainly a treatable condition, though the urgency of treating it as well as treating the more direct causes of maternal death can, of course, be considered from different perspectives. Differing perspectives on poverty have been discussed in Chapter 4 [ibid:90-92]. It has to be acknowledged that in countries which are over populated and where the majority of the population struggle with extreme poverty, the desire to save life "at any cost" to face another day's struggle for existence may be somewhat diluted. The will to promote health may be stronger, but health and poverty rarely walk hand in hand.

It may therefore be argued that the only "real" need which exists is to remove the ugly curse of poverty. In order to do this a clearance of existing debts owed by nations of the Third World would be necessary. If the slate could be cleared, countries may then have the ability to promote health, reduce mortality rates, extend life expectancy and move forward in the direction of their choice. However, that choice may not include increasing health expenditure whilst national security and political instability lurk in the shadows. Meantime, a situation of control through debt persists, with the western powers holding the last card.
Third World debt is undoubtedly a complex and controversial issue and no simple solution is attempted in the context of this study. It has also to be admitted that in many countries, keeping the poor poor provides a cheap workforce for the wealthy who may be more ready to maintain the status quo set up in the colonial era than may be prudent or comfortable to acknowledge.

A high national maternal mortality rate therefore becomes an embarrassment and possibly even a shame within an international community for it inevitably reflects the degree of poverty which exists. The figures directly relate to the degree of development which a country has reached [WHO:1991:595].

From time to time, the world is confronted with the pain caused by the death of countless women as they fulfil what is euphemistically referred to as their biological function and there is action. The World Health Organization has recently acknowledged that earlier figures were gross underestimates of maternal mortality. Emphasising that the new figures issued for 1990 are "not indicative of time trends". The report proceeds to stress that whether or not a woman is attended by someone trained in midwifery skills is "an important predictor of maternal mortality" and is "one of the most significant variables in this new study" [WHO:1995:2].

The need for expertise

So, if there is a need for women to be attended during childbirth by trained personnel, there is most certainly a need for sufficient numbers of health care workers to acquire a safe level of clinical skills. These skills must be underpinned by knowledge and hinged on understanding. In order to acquire midwifery skills, there is a need for personnel to learn through the demonstration and supervision of an expert if they are to become skilled practitioners themselves. The acquisition of these hands-on skills needs to receive priority in any education programme designed to prepare midwives and others to practice with competence and confidence. Studies and experience of midwifery practice in the developing world repeatedly demonstrate not only a gap between theory and practice, but the inability to correlate clinical data and often an ineptitude in providing the essential care which could save lives or preserve health [Kwast:1991:4f] [Kwast & Bentley:1991:8f] [Maclean et al:1995] [Maclean & Sweet:1995] [Maclean & Sweet:1996] [Maclean & Sweet:1997a]. The need for improving clinical skills has prompted the production of educational material and the exchange of expertise by international organizations including the World Health Organization, MotherCare and the American College of Nurse Midwives [Kwast:1993] [Thompson:1993] [WHO:1996] [Maclean & Sweet:1997b].
The exchange of information, expertise and advice through the use of midwifery consultants has currently become one of the ways of addressing the issue of maternal mortality across the world. Whereas, knowledge can be conveyed through the written word, understanding may be acquired through reflection and reasoning, clinical skills can only be acquired through demonstration by experts. It is this latter area which most frequently presents a need for outside help. A Tanzanian midwife educator considering the challenge of clinical teaching stated that the real problem was that:

"We only ever talk about the skills, we never actually show the students how to perform them."

[ Mpanda: 1992 ]

This may be the crux of the matter. The uncomfortable truth often relates to the fact that the teachers and experienced clinical staff sometimes lack the necessary expertise themselves and therefore cannot demonstrate the skills [ Maclean et al: 1994 ], [ The British Council: 1995 ]. In such a situation, midwives must learn from someone and the need for a consultant may be most urgent in this area of midwifery.

However, the ability to provide expertise to fill the identified gap in knowledge and limitations in clinical skills may fall foul if it is not offered with the "ethnic humility" described thus by Fry & Thurber:

"Advisers with ethnic humility strive to be emic; that is to understand local notions and concepts. They recognize the essential importance of local knowledge. They are sufficiently open intellectually to appreciate the richness of Asian or African thought."

[Fry & Thurber: 1989: 85]

This issue is considered further in the context of this research and debated and expounded in Chapters 15 and 16.

Conclusion

So it would seem, for the present at least, that there appears to be a need for consultants in the international context. However, there is also an inherent risk, for the consultant may have a different agenda or an ulterior motive. Her expertise may be costly financially, depending on the terms of the aid or contract. The consultant may be very costly if she is culturally insensitive, ethnocentric or unaware of the real needs of her national colleagues and the country which requests her assistance. Such risks demand a detailed examination of the nature of consultancy which is undertaken in Chapter 6 as well as an investigation into the characteristics of consultants reported in Chapter 12.
But the situation must be viewed within the context of the backdrop of international dynamics. It may be salutary to reflect again for a moment on the possible perceptions of East concerning West. Baudrillard, reflecting on Lyotard's concept of postmodernism [Lyotard:1984:xxiv], perceives America as a prototype of postmodernity. He describes this Western mega power as:

"...the land of non-history, of the non-event, but at the same time the site of the constant swirl, the uninterrupted rhythm of fashion, that is to say the site of tremors going nowhere."

[Baudrillard:1986:102]

This may well be the image of many countries in the West, as perceived through eastern eyes. In considering whether there is truly a need to import a consultant across the occidental-oriental frontier, recipient nations, donor and sending agencies as well as the consultants themselves may need to reflect further on the consequences. Western consultants may frequently present their national colleagues with the predicament of having to sift the technological knowledge acquired from them and identify that which will help them to develop as they perceive the need to do so. They will be attempting to avoid implementing consultant recommendations which may cause them to reverberate the tremors which, in line with Baudrillard's analogy, will take them nowhere. In order to forestall the futility of "the constant swirl" and "the uninterrupted rhythm of fashion" they may be seeking to avoid employing a consultant at all.

In finally reflecting on the need for consultants, two further questions emerge:

(i) Is there congruence between recipients, sending agencies and consultants regarding the need for consultants?

(ii) Do the personal and professional qualities of a consultant influence whether the need for a consultant is expressed?

The use of inappropriate consultants, as well as the inappropriate use of these personnel, is very likely to have adverse effects on all concerned. These effects may contribute to a widening of the information gap and causing the East-West divide to assume chasm-like proportions rather than fostering international cooperation.

One consultant can do a lot of harm. One short term consultant can do a lot of harm very rapidly. The risks may eventually outweigh the needs.
Introduction

Numerous definitions of consultancy have been proffered. At its simplest, a consultation occurs whenever one person asks another for an opinion. Terminology in this area is, understandably, abundant. Amongst the issues raised in this context, the argument as to whether both generalists and specialists have the right to the title of "management consultant" is considered one of the oldest debates by observers of the process [Kubr:1996:34f]. Consultants may be experts in finance, administration, education, health care or from a variety of other professional backgrounds. This study focuses on the midwifery consultant working in international development consultancy, but in this chapter the similarities and differences between the nature of her work and that of consultants originating from other disciplines is examined.

The history of management consulting can be traced back to the industrial revolution and the late nineteenth century. It is interesting therefore that the acceleration of the flow of consultants between the West and the East has coincided with the surge towards industrialization in the developing countries of the orient.

This chapter looks first at the consulting process and then at the diversity of ways in which consultancy is perceived and practised. There is reference to the selection of consultants and the added difficulty this presents in the developing world. A review of the literature attempts to identify which issues are perceived as most critical in the understanding of the nature of consultancy. The frequent emphasis placed on "the helping process" is examined alongside the significance of the client-consultant interaction and the numerous concepts of consultant roles are considered.

A significant proportion of what has been written about consultancy focuses on management consultancy. Kubr [1996:3f] does not perceive a conflict between this branch and that of the "broad functional view of consulting". The similarities and differences between international midwifery consultancy and management consultancy are considered in this chapter as the nature of consultancy is explored and the following question is addressed:

What similarities exist between management consultancy and international midwifery consultancy and can those who practise the latter learn from the experience of those who practise the former?
The consulting process

In the executive summary of a report examining issues associated with quality in overseas consultancy, Arthur et al emphasize that there is a need for consultants working in the international consultancy market to "develop consultancy process skills" [Arthur et al:1996iv]. Throughout the report there is evidence of a cognizance that the consulting process involves not only the consultant, but is also influenced and sometimes steered by donor and broker organizations as well as the client or "host organization". In considering the various responsibilities in this context, the workers present a checklist indicating the contributions which may be expected from the various "stakeholders" if the consultancy is to be effective. The majority of these are summarized in Table 6.1. The exception is the reference which the authors make to the "end-users". An end-user is defined as:

"The person or organization intended to benefit directly from the consultancy service."

Amongst other activities, this group is urged to adopt an effective role in the consultancy process in order to articulate their needs [Arthur et al:1996:44].

If then, consultants are urged to develop consultancy process skills and end-users are expected to play an effective part within the consulting process, the process itself justifies some examination and demands some time for reflection in the context of this study.

In overviewing the consulting process, Kubr points out that:

"During a typical assignment, the consultant and the client undertake a set of activities required for achieving the desired purposes and changes. These activities are normally known as "the consulting process"."
[Kubr:1996:21]

Lippitt & Lippitt reason that the consulting process confronts the client and consultant with:

"... a series of interaction decisions and possible alternatives for behavioural strategy."
[Lippitt & Lippitt:1986:11]

The phases of the consulting process are variously described in five or six steps. Essentially these consist of:

1. Initial contact & entry
2. Contract formulation & establishment of relationship
3. Diagnostic analysis & feedback to client
4. Goal setting & action planning
5. Implementation, feedback, adjusting proposals


Maybe nurses and midwives are most familiar with "the nursing process" and, in essence, this contains phases which are distinctly comparable with those of "the consulting process". The nursing process essentially focuses on the following steps:

1. Assessment
2. Planning
3. Implementation and
4. Evaluation.

One of the major differences between the two processes is that the nursing process is usually displayed in a cyclical pattern indicating the more continuous nature of the care which is provided. Whereas the phases of consulting are more likely to be presented in a linear fashion and are indicative of the clearly defined beginning and end of the process (Figure 6.1.). This actual difference could well be debated. However, it is significant to note that whereas steps 1 to 3 of the nursing process are almost identical to steps 2 to 4 of the consulting process, it is the "entry" in the consulting process which has no nursing equivalent. The "termination" phase has some similarities with the stage of evaluation, but a different process is again clearly indicated in the context of consultancy practice.

The consulting process which is used to depict general [Lippitt & Lippitt:1986:11] and management [Kubr:1996:22] consultancy practice can certainly be applied to international midwifery consultancy. The phases of diagnosis, action planning and implementation will be very similar, whatever the speciality of the consultant. During the consulting process, the midwife who has been educated to use a model of midwifery care which frequently relates to the nursing process may inadvertently underestimate the importance of the "entry" and "termination" phases of consultancy. Yet these are times when the consultant must make considerable adaptations herself and undertake activities upon which the effectiveness of the consultancy may rest. Principal events which must occur at the time of entry include establishing a relationship between herself and her national colleagues and this is inevitably crucial.
Table 6.1.

A summary of:

"The contributions that might be expected of consultancy stakeholders" in the context of promoting "effective short term consultancy through good practice".

<table>
<thead>
<tr>
<th>DONORS</th>
<th>HOST ORGANIZATIONS</th>
<th>CONSULTANT/S</th>
<th>BROKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning the consultancy</td>
<td>Planning the consultancy</td>
<td>Planning the consultancy</td>
<td>Planning the consultancy</td>
</tr>
<tr>
<td>Selection of consultants</td>
<td>Selection of consultants</td>
<td>Selection of consultants</td>
<td>Selection of consultants</td>
</tr>
<tr>
<td>Terms of reference</td>
<td>Terms of reference</td>
<td>Terms of reference</td>
<td>Terms of reference</td>
</tr>
<tr>
<td>Implementation</td>
<td>Implementation</td>
<td>Implementation</td>
<td>Development of plans for action</td>
</tr>
<tr>
<td>Reports</td>
<td>Reports</td>
<td>Report writing &amp; presentation</td>
<td>Review</td>
</tr>
<tr>
<td>Review</td>
<td>Review</td>
<td>Review</td>
<td>Codes of conduct</td>
</tr>
<tr>
<td>Follow up</td>
<td>Follow up</td>
<td>Follow up</td>
<td></td>
</tr>
</tbody>
</table>

Derived from Arthur et al [1996:42-45]
Figure 6.1. A reflection on the comparative phases of "the nursing process" and "the consulting process", concurrent principal events and possible crises in international consulting

"Nursing process":
1. ASSESSMENT → 2. PLANNING → 3. IMPLEMENTATION → 4. EVALUATION

"Consulting process":
1. ENTRY → 2. DIAGNOSIS → 3. ACTION PLANNING → 4. IMPLEMENTATION → 5. TERMINATION.

Principal events which occur during phases 1-4 of the international consulting process:
- Adaptation to different climate
- Adaptation to strange culture
- Establishment - Building & maintaining partnership
- Fostering independence with support & continuity if required

Possible crises which may occur during phases 1-4 of the international consulting process:
- Culture shock - Reverse culture shock
- Jet lag - Jet lag
- "Epoch lag" - "Epoch lag"
- Language gap
- "Quality gap"/professional standards shock - Reverse "quality gap"
Lags, gaps and shocks

At the entry stage in the consulting process, the international consultant may encounter some crises as she adapts to her new environment. These may affect her physiologically, emotionally, intellectually and professionally. Indeed, it is likely that they will affect all aspects of her life which is now confronted with what can prove to be a sinister variety of "Lags, gaps and shocks" (Figure 6.2.). Such is the nature of international consultancy in the developing world. Jet lag is perhaps the most familiar of these problems, but may be a new experience to the consultant who has not travelled so far previously across international time lines. Rest will cure it, but on a short term assignment this is difficult to acquire and could seriously impair the consultant's thinking as well as her sense of physical and emotional wellbeing.

"Epoch lag" has been referred to in previous chapters [ibid: 11, 28, 89f] and challenges the consultant's ability to adapt and sometimes to do without the trappings and comforts of the twentieth century. She must adjust to a way of life which was probably more familiar to her ancestors in a previous epoch. It may include, for example, managing without running water, electricity and adequate sanitation and coping with the frustrations associated with having any such supplies of limited conveniences suddenly withdrawn. The mode of dress and manners which she must adopt in order to avoid causing offence can also seem antiquated, but a mistake in this area may negate the consultant's chances of ever being accepted, for second chances are not usually on offer in this tricky area of relationships.

These issues are linked to a whole larger area of culture shock. Here the consultant enters an unfamiliar and sometimes demanding climate, encounters an alien religion, strange customs, a peculiar legal and social system with an unfathomable bureaucracy and she may be surrounded by abject poverty which can expose her to depths of human suffering which she had never previously considered feasible. Added to this, she may be afflicted as one who is deaf and dumb by the "language gap" which exists between her and the majority of the population.

The language gap can affect her acquiring some of the items that she may consider essential to her survival, though if she is experienced she will ensure that this does not occur. In the professional sense the language gap can cause her anxiety as to whether she is understanding and being understood, whether interpreters accurately convey meaning or add to the confusion which may threaten the quality of her work. The other shock which can profoundly affect the consultant unfamiliar with the developing world is that which surrounds the "quality gap" in the medical, nursing and midwifery care which she observes. The locally accepted
Figure 6.2.

Lags, gaps and shocks

Crisis which may occur during the international consulting process

STATUS in COUNTRY OF ORIGIN

usual time eg (GMT) \[\rightarrow\] JET LAG \[\rightarrow\] new time eg (GMT +/- several hours)

familiar culture \[\rightarrow\] CULTURE SHOCK \[\rightarrow\] unfamiliar culture

"postmodern" era \[\rightarrow\] EPOCH LAG \[\rightarrow\] earlier stage of modernization & development

"mother tongue" spoken & easily understood \[\rightarrow\] LANGUAGE GAP \[\rightarrow\] "mother tongue" rarely heard, has limited use

Professional standards & quality of care accepted & familiar. Predictable expectations of patients, families, communities & staff \[\rightarrow\] QUALITY GAP \[\rightarrow\] Differing professional standards & quality of care. Limited or different expectations of patients, families, community & staff
standards of care are likely to be far different from those which she has left in the western world and the resources available to meet the needs of patients or staff may be scarce or scarcely existent at all. The reactions which a visiting consultant may experience here can range between disbelief and disgust, between pity and anger, a determination to "change the world" or a feeling of hopelessness and despair. Again, the consultant must make rapid adjustments to overcome these "lags", bridge the "gaps" and promptly and effectively overcome the "shocks". Becoming unshockable in the face of even the worst scenarios is essential if she is going to be able to proceed through the consulting process and build a working partnership with her clients.

During and following the termination phase of the consulting process, the international consultant has to cope with these "lags", "gaps" and "shocks" in reverse as she adjusts back to a western environment. Depending on the nature of her own practice, the consultancy may involve her in further activity for the current project, rapid transition to another country or project, or an even more rapid adaptation to responsibilities back in the West. Given the enormous adjustment that is demanded of consultants working in the international development field, it is reasonable to consider who these people are and what are the professional and personal qualities which enable them to function most effectively? This is the focus of the research expounded in this thesis and is therefore taken up again in Sections III and IV.

Consultancy - what is it? Consultants - who are they?

The nature of consultancy essentially involves listening and advising, and doing this effectively demands skill, sensitivity and insight. Block [1981:2] suggests that most people working as staff within organizations actually serve as consultants even though they may not recognize it. He maintains that persons function in consultancy roles whenever they are:

". . . trying to change or improve a situation but have no control over the implementation. . ."

[Block:1981:v]

This concept of consultancy is congruent with Cockman's definition of consultants as people who:

". . . find themselves having to influence other people, or advise them about possible courses of action to improve the effectiveness of any aspect of their operations without any formal authority over them or choosing not to use what authority they have."

[Cockman et al:1992: 3]
The true nature of consultancy therefore appears to be one of influence without power, facilitating change without taking control, being involved in the process of producing an effect without taking direct action. Consultancy may be classified as a catalytic activity. However, for a catalyst to be functional, the conditions have to be right and consultancy goes beyond effecting change to promoting those conditions which will favour the introduction and acceptance of change. Consultancy must go further than intervention, but rather nurture those circumstances which will enable the client to benefit from any assistance offered.

Steele considers consultancy to include:

". . . any form of providing help on the content, process or structure of a task or series of tasks, where the consultant is not actually responsible for doing the task itself but is helping those who are."

[Steele:1975:3]

Again the emphasis is on consultancy in the capacity of helping, enabling, advising or facilitating.

Differing perceptions, various approaches

Margulies & Raia [1972] divide approaches to consultancy into two camps, being either "task-oriented" or "process-oriented". In the former, the consultant is perceived as the "technical expert" whereas in the latter he is seen as the "process facilitator". Taking up this theme, Lippitt & Lippitt reason that consultant behaviour varies in its degree of directiveness. The workers have produced a descriptive model which illustrates the role of the consultant "along a directive and nondirective continuum" [Lippitt & Lippitt:1986:58]. At the nondirective end of the continuum, the level of consultant activity in problem solving is minimal and his or her main activity focuses on raising questions for reflection. At the extreme opposite end, the directive approach ensures that there is minimal client activity in problem solving and the consultant concentrates on proposing guidelines, in persuading or directing the process of problem solving.

Clark lays considerable emphasis on the interaction which takes place between the "buyer" and "seller" in the delivery of a consultancy service. He stresses the need for "direct contact between the client and consultant" and reasons that "without this the service cannot be produced" [Clark:1995:45]. The nature of any interaction is of crucial importance in the context of this study and is not unrelated to the concept of attaining a "shared vision" or conversely of encountering the "perception gap" discussed in Chapter 4 [ibid: 97 - 99 & 110]. Mills & Margulies [1980:263] describe the differing nature of interaction which can occur between "buyer" and "seller". They maintain
that "the vast majority of business services are task-interactive" and describe this as a situation which occurs when the focus is on "solving rather than identifying the client's problem". The workers indicate that consultants demonstrating a "task-interactive" approach are concerned with imparting expert knowledge and supplying the necessary information to help solve problems which have been identified by the clients.

Kubr sounds a warning on the issue of problem identification. He cautions against a consultant "accepting the client's perception of the problem at face value". His rationale rests on the premise that if the problem is not defined correctly the consultant will be caught between one of two situations. Either he may be trying to solve the wrong problem or else the real problem may not actually justify employing a consultant at all. In the context of international consultancy, it would seem shrewd, however, for the consultant to approach this area with caution. Problem identification across cultures can be complex. The problem itself, leave alone the reason for a problem identified in the East, may not be at all what it appears to the western mind.

Shays urges consultants to "define the purpose, not the problem" [Shays:in Nadler & Hiibino:1994:128] maintaining that if a problem is defined in terms of its cause, this will result in the futility of searching for who or what is to blame and can interfere with finding the "best solution". He then offers the approach of what he terms "Breakthrough Thinking" and provides seven principles which offer seven ways of thinking about problems and their solutions (Table:6.2.). This approach may well offer wisdom to the international midwifery consultant, since much time can be wasted chasing causes and dodging blame.

Roles and models

Tiles [1961:87-99] proposed three types of roles which may be adopted by a consultant. Firstly, the consultant may function as a "seller of services", secondly as a "supplier of information and business" or thirdly as a "doctor dispensing cures". Schein later described three models of consultancy which bear some relationship to Tiles' perception of consultant roles. The first he dubs the "purchase of expertise model". This focuses on the "buyer" rather than the "seller" but can also be seen to relate to Mills & Margulies' task-interactive approach cited above. Here the client identifies the problem and then purchases the required expertise to help solve it. The second of Schein's models also has an affinity with the thinking of Tiles, in that of the "doctor-patient model". Here, Schein describes the client as uncertain about the reason for the problem and a consultant is called in to make a diagnosis
### Principle (or way of thinking) | Rationale
--- | ---
1. "The uniqueness principle" | Each problem is unique & requires an approach initially focused on its own contextual needs.
2. "The purposes principle" | Focusing on expanding purposes helps remove non-essential aspects & avoid working on the wrong problem.
3. "The solution-after-next principle" | Working backwards from an ideal target solution can:
- stimulate innovation,
- nurture effective solutions,
- give direction to near-term solutions,
- infuse larger purposes into the situation.
4. "The systems principle" | Every problem forms part of a larger system. Solving one problem leads to others. Workability & implementation depend on creating a clear framework, identifying the elements & dimensions which comprise the solution.
5. "The limited information collection principle" | Determining the purpose of collecting any data beforehand can avoid missing discovery of some excellent alternatives. "Knowing too much" about the problem may prevent this.
6. "The people design principle" | It is important to involve those concerned with using the solution in principles 1-5. When designing for others, in order to allow flexibility for those who must apply the solution only critical details should be offered in the solution.
7. "The betterment time-line principle" | In order to achieve larger purposes & move towards target solutions, preserving the vitality of a solution, it is essential to build in & monitor a programme of continual change.

and prescribe a remedy. Thirdly, Schein describes the "process consultation model" where the consultant and client work together at identifying the problem and seeking a solution [Schein:1969:11]. Schein's third model aims to empower the client and minimize dependency on the consultant which certainly harmonizes with the most commendable in international development consultancy.

Tiles' classification of roles and Schein's models would appear to neatly summarize the essential alternative approaches which present during international midwifery consultancy work. But the available options may be considerably influenced by the nature of the contract, the specified terms of reference or the ambiguity which can surround an assignment in the developing world. Whatever the situation, the way in which the consultancy is perceived by both client and consultant will influence the model which emerges in any consulting situation. The "process consultation model" would obviously endear itself in a situation where development of the client is of paramount importance. It would appear to be the approach of choice where there is a conscious determination to avoid creating an increased dependence on the consultant, whilst attempting to avert undermining the esteem and confidence of the client. This risk inevitably presents in the Third World where foreign domination historically sapped the independent spirit along with any sense of self respect. There, for centuries, dependency was a state of being and the tendency for it to persist can remain.

**Intervention, information or interaction?**

Clark [1995:89-95] criticises previous concepts of consultancy from the premise that they are largely grounded in the "root or structural metaphor of the consultant as professional helper". He argues that the subjectivity of the consultants who have written on the topic emphasises a perception of their role as professional helpers seeking to remedy illnesses of the "organizational variety". He reasons that consequently, many of the consultancy roles which have been identified:

"... seek to highlight and reinforce professional status and professional autonomy, as well as assuming a major and acknowledged body of specialist knowledge."

[Clark:1995:89]

Recognizing that many national institutes of management consultancy as well as the International Council of Management Consulting Institutes (ICMCI) have identified their own body of knowledge for those wishing to be accredited to their membership, Kubr reasons that any such body of professional information which is identified:

"... is not intended to lay down the scientific foundations of consulting as a field of learning."

[Kubr:1996:688]
Nevertheless, Clark reasons that there has been unwarranted emphasis on what is missing from the client-consultant relationship and that it is this which has given rise to the need for a body of knowledge. He goes on to criticize the subsequent demand which has given birth to a plethora of "distinctive" bodies of knowledge which have arisen within the management consultancy industry. He asserts:

"This fluidity in the knowledge base of management consultancy is demonstrated by the consultant-driven package-led, orientation of certain types of consultancy work." [Clark:1995:90]

Clark claims that this creation of a need for a body of knowledge is the first of three main deficiencies which he identifies in the way in which the relationship between consultants and their clients has been understood.

He concludes that:

"In the absence of a clearly delineated and defended body of knowledge, consultants' success is determined by their ability to appear authoritative via their manipulation of a knowledge base that is ambiguous, tacit and constantly under threat." [Clark:1995:91]

Reasoning that views of consultancy are based on the same "rationalistic, utilitarian, formalistic, hard-headed assumptions" that Weber used to commend industrial capitalism in favour of other civilizations, Clark's second criticism of the usual concepts of consultancy is that they are:

"... excessively embedded in a focus on the rationality of modern organizations and modern industrial society." [Clark:1995:92]

He concludes that much of the focus and the real nature of consultancy not only "deliberately opposes" the values which have been cited in so much of the literature, but actually succeeds because these values are opposed.

Clark's third area of criticism lies in the over-emphasis of knowledge and professionalism at the expense of considering the importance of the client-consultant interaction which he sees as critical. Lippitt & Lippitt view consultancy as a "two-way interaction", but then, true to Clarke's observation, proceed to expound the role of helpers and "dimensions of the helping process" Lippitt & Lippitt [1986:1-10]. Kubr [1996:54], however, maintains that, in consultancy, the "overriding objective' should always be to create and maintain "a true collaborative relationship" with the client. This, he determines is "a golden rule of consulting".
The argument as to whether consulting is a profession or an industry is no doubt set to continue. In order to claim the title of a profession, any working group must be able to identify a unique body of knowledge and maybe much of the debate revolves around this issue. Additionally, codes or standards of professional conduct are fundamental requirements in professional practice and these have been developed in the fields of general and management consultancy as well as in that of international consultancy [FEACO:cited in Kubr:1996:735f] [IMC:1996] [Fry & Thurber:1989:191f] [Shive et al:1988] [ACME:1988]. Midwifery, arguably possesses this unrivalled substance of the mind, in the form of a body of knowledge as well as the statutory practice codes [UKCC:1996]. Whether international midwifery consultancy will demand another unique set of information and codes to marry with the technical body of knowledge and UK practice codes is debatable.

Undoubtedly, consultancy requires a specific set of skills and a knowledge base which underpins those skills. Interacting effectively requires skill. Some individuals may well possess an innate ability in this area, but such a skill can always be enhanced by attending to it. In international consulting, the midwife has to demonstrate not only a high level of interpersonal skills which are essential to her normal practice as a midwife, but she must additionally demonstrate cultural sensitivity. Maybe the caution offered by Kubr to management consultants should be amplified for anyone working in the international arena:

"Quite independent of its technical relevance and quality, the consultant's advice may or may not be understood and accepted by the client. The consultant can upset people and hurt their feelings in many different ways. Rejection can take many forms. The history of consulting records thousands of excellent reports that have been buried in managers' desks and never implemented, although they were formally accepted. This underlines the critical importance of creating and maintaining AN EFFECTIVE CONSULTANT-CLIENT RELATIONSHIP."

(Capitals indicate author's emphasis in original text) [Kubr:1996:51]

Numerous reasons, including those of fiscal, political and personal origins, can arise in the cross-cultural situation, accounting for a consultant's recommendations not being implemented. However, a relationship problem between consultant and client is a very real and potentially lethal risk to any project. Because rejection and hurt are extremely easy to cause and experience, and notoriously difficult to redress, international consultants' reports are particularly vulnerable to the "desk draw" or "gathering dust" syndrome. In this context, it is proffered that the success of a consultancy is very largely dependent on the quality of the relationship formed between the visiting consultant and the national colleagues who are her clients.
The nature of the interaction which proceeds between them depends on this fundamental relationship.

In considering the nature of consultancy, it is poignant therefore at this point to focus on a further issue which may influence the client-consultant relationship and subsequently affect the outcome of the consultancy. This concerns the differing roles which a consultant may need to adopt during her work, how she perceives her role and how her clients perceive this.

Multiple roles - a challenge to relationship building?

Differing perceptions of role have already been alluded to above in the context of a general examination of the various models and concepts of consultancy. An indepth analysis of the multiple roles which have been credited to the consultant is now undertaken along with a consideration of how these may apply to the international midwifery consultant.

A "role" concerns the part which a person plays. It may be described as a character or an impersonation, a job or a function. Role relates to the way in which a person behaves or conducts himself. Clarke [1995] uses what he terms a "dramaturgical metaphor" to describe and attempt to understand the work and activities of management consultants. He maintains that:

"The principles of theatre - words, actions, settings, scripts, scenes, cues, props etc - underpin our interaction with other people and the way in which we come to understand this. In this way, social action is generated within the same constraints as drama."

[Clark:1995:99]

Half a century earlier, Burke emphasized the similarity between social action and a theatrical performance and reckoned that any complete account of social behaviour would offer "some kind of answer" to questions concerning:

"... what was done (act) when or where it was done (scene) who did it (agent) how he did it (agency) and why (purpose)."

[Burke:1945:xv]

Using Burke's framework, an examination of the role of the consultant demands consideration of the "act", the "agency" and the "purpose" of the work of the consultant. Additionally, in studying the topic of international consultancy the "scene" of the activity is of significance.
The question of "who" undertakes the role (the agent), has been referred to above and the topic is researched in this study and is the focus of Chapter Twelve when the characteristics of consultants are analysed and later discussed in Section IV.

Along a similar vein to the dramaturgical role described by Clark, Steele suggests that the role of consultants is similar to that of fictional British detectives. His rationale for this parallel is based on the premise that the roles of both consultant and detective share the following characteristics:

"The temporary nature of involvement in a system;
The focus on gathering evidence and trying to solve the puzzles which it represents;
The potential for "dramatics";
The potential action orientation and the excitement it contains;
The stance of "expert" in behavioural science; and
The stimulation of working on several "cases" at once."

[Steele:1969:200]

It could be argued that the role and nature of the work of the detective described here need not be confined to the fictional. It could well describe the real life criminal investigator and may also be extended to depict the role of a doctor seeking to diagnose and treat a pathological condition. However, it can logically be used to describe that of a consultant too.

The emphasis of both Burke and Clark on the theatrical perception of organizational and social life, echoes the stance taken by Goffman [1990:15] who maintains that creating and managing impressions are important in successfully "bringing-off" consultancy work. It would appear that these workers are each suggesting that the nature of consultancy, as the nature of life itself in the social context, is about acting a part and it is difficult to refute this. Shakespeare's declaration of all the world being a stage and human beings merely actors upon that stage was voiced some centuries ago.

The risk of exploitation and manipulation by a consultant functioning within the dramatic scene could, however, be high. Mangham, writing in the context of organizational development, purports that interaction between parties proceeds smoothly because they are:

"... "unconscious" or only dimly "conscious" of their parts in creating, sustaining, and transforming impressions. Interaction, in many circumstances, has the quality of naturalness, a "world-taken-for-granted" that would be the envy of many a stage actor seeking to present "reality"."

[Mangham:1978:28]
This assumption surely depends on the degree of genuineness with which consultants assume their roles and whether, in fact, the area of interaction attains that "quality of naturalness". If the desire to impress or manipulate is present, there is risk. If the personal need of the consultant to acquire power or profit becomes, in Sharma's terms, "excessively dominant" and results in creating a weakness [Sharma:1996:102], [Chapter 4 ibid: 108], there is danger. This issue maybe underlines the need for a professional code of practice for midwifery consultants working in the international situation.

The role of the "Temp" - consultancy's second nature

Arthur et al point out the lack of clarity which exists in describing consultancy and state that:

"Worldwide, the point at which casualised, knowledge-based work passes from temping to consultancy is blurred."


There is currently a movement within management consultancy to call in an expert to do a job. Similarly, in some situations, an international consultant in midwifery may be called in as a "temp" to complete a task rather than to advise. Examples of consultancy of this nature include the provision of refresher courses, workshops or writing educational material which may then be translated, adapted and used by national colleagues at a national or local level.

Arthur et al refer to the "complex etymology" associated with consultancy at the present time. They reason:

"A consultant may be an examiner, a researcher. A consultant may seek advice or give it. Consultancy may refer to a one way or reciprocal process, possibly oriented at caring for someone or something, or at providing for them... it always involves learning and is of itself an educational activity."


The workers proceed to describe the nature of consultancy as varying between being reactive and proactive, as routine, innovative or creative. Additionally, of course, consultants who are external or internal to the organization may be appointed. Overseas development consultancy is not infrequently faced with the choice between using local experts to advise or importing expertise from overseas. The price of the donation which can accompany the latter may influence the choice, but disparity in pay and conditions between nationals and expatriates in this situation can be a cause of conflict in consultancy.
The literature is heavily weighted with numerous and various descriptions of the roles which are adopted by consultants. A comparative list is compiled in Table 6.3. and further roles are presented in Table 6.4., but these are by no means exhaustive. The roles identified by four different authorities and compared in Table 6.3. indicate where there is overlap or similarity in role definition. Some of the workers cited in Tables 6.3. and 6.4. catalogue the roles of general consultants, whilst others classify the specific roles of management consultants, overseas or development consultants [Lippitt & Lippitt:1986] [Champion et al:1992] [Haverlock & Huberman:1977] [Gow:1991] [Kubr:1996] [Fry & Thurber:1989]. Earlier workers, [Argyris:1970] [Blake & Mouton:1976], have identified consultant roles according to the intervention strategies which they use and reason that such intervention decisions are guided by the needs of the client and the value system and sensitivities of the consultant.

The international dimension

In considering the roles of consultants identified in the field of general or management consultancy (Tables 6.3. & 6.4. , it would be difficult to deny that the nature of work undertaken by the international midwifery consultant did not at times find her adopting some of these roles. Cockman et al propound the approach of "client centred consulting". From this perspective they propose that:

". . . consulting should be what happens when someone with a problem or difficulty seeks help to solve that problem or resolve that difficulty from someone who has a special skill."

[Cockman et al:1992:2]

Although the reality, when applied to the international dimension, creates something more of a challenge, maybe this belief expressed by Cockman et al makes for common sense in the whole area of consultancy.

Champion et al [1992] offer a framework which may assist in role determination. They suggest that it is not so much the type of knowledge which is transmitted by the consultants to their clients which determines their role, but the relationships which they develop. They suggest that these can be identified by considering the varieties of client-consultant interaction. These are cited below:

"COUNSELLOR:
You do it; I will be your sounding board.

COACH:
You did well; you can add this next time."
PARTNER:
We will do it together and learn from each other.

FACILITATOR:
You do it; I will attend to the process.

TEACHER:
Here are some principles you can use to solve this type of problem.

MODELLER:
I will do it; you watch so that you can learn from me.

REFLECTIVE OBSERVER:
You do it; I will watch and tell you what I see and hear.

TECHNICAL ADVISER:
I will answer your questions as you go along.

HANDS-ON EXPERT:
I will do it for you; I will tell you what to do.

[Champion et al:1992:126]

Arthur et al rationalize that during the period of a consultancy, consultants may adopt one or a combination of roles or there may be flexibility between roles. They maintain that:

"Across a range of projects, the role repertoire will be extensive."


The workers reason that there may be "hidden roles" and that these may serve interests other than those which are overtly expressed in agreed terms of reference. They point out that there is always a need for the consultant to take account of the several stakeholders over which she "has little control" [Arthur et al:1996:7].

On the issue of role in the context of the international arena. Fry & Thurber acknowledge that this is "perhaps the most complex, confusing and controversial" [Fry & Thurber:1989:17]. They divide the twenty roles which they acknowledge as those of a consultant into six major categories. These are:

"(1) analytical,
(2) political,
(3) economic,
(4) operational,
(5) informational and
(6) cultural."

[Fry & Thurber:1989:17]
Table 6.3.  CONSULTANT ROLES - A COMPARISON OF DEFINITION

<table>
<thead>
<tr>
<th>&quot;CONSULTANTS&quot;</th>
<th>&quot;DEVELOPMENT CONSULTANTS&quot;</th>
<th>&quot;OVERSEAS CONSULTANTS&quot;</th>
<th>&quot;MANAGEMENT CONSULTANTS&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainer/educator</td>
<td>Educator</td>
<td>Teacher/coach</td>
<td>Trainer/developer</td>
</tr>
<tr>
<td>Objective observer</td>
<td>&quot;Third eye&quot;</td>
<td>Reflective observer</td>
<td>Diagnostician</td>
</tr>
<tr>
<td>Process counsellor</td>
<td>Discussant</td>
<td>Counsellor</td>
<td>Personal counsellor</td>
</tr>
<tr>
<td>Joint problem solver</td>
<td>Colleague</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expert</td>
<td>Hands-on expert</td>
<td>Expert</td>
</tr>
<tr>
<td>Identifier of alternatives, Linker to resources</td>
<td>Broker</td>
<td></td>
<td>Provider of specialist resources</td>
</tr>
<tr>
<td>Information specialist</td>
<td></td>
<td>Technical adviser</td>
<td>Information provider</td>
</tr>
<tr>
<td>Advocate</td>
<td>Charterer, legitimator</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change agent</td>
<td></td>
<td>Planner &amp; manager of organizational change</td>
</tr>
</tbody>
</table>

* Derived from the principal ways in which consultants are used. Additional roles which have been identified by single workers & have no equivalent with those identified by others are listed in Table 6.4.
Additional roles identified by specific workers which have no obvious equivalent with those which are listed in Table 6.3:-

"CONSULTANTS"
Lippitt & Lippitt [1986:57f]
Fact finder

"OVERSEAS CONSULTANTS"
Champion et al [1992:126]
Modeller

Havelock & Huberman [1977]
cited in Leach [1993:322]
Leader
Manager
Catalyst
Gap-filler

Gow [1991:1]
Resident watchdog

"MANAGEMENT CONSULTANTS"
Kubr [1996:13f]
Action proposal writer
Systems & methods improver

"DEVELOPMENT CONSULTANTS"
Fry & Thurber [1989:17f]
Builder of research capacity
Diplomat
Editor/translator
Entrepreneur
Evaluator
Evangelist for western values
Fund raiser
Institution builder
Operator/doer
Ornament
Talent scout
In debating the propriety about some of these roles, Fry & Thurber refer to a variety of workers holding extreme opinions in this area. From Illich [1968:7] who reckoned that Americans should go overseas only as learners and not as "helpers", to Minkler who found that Indian nationals had a preference for those who could go beyond advising and were not "afraid of pitching in and getting their hands dirty" [Minkler:1977:409].

Arthur et al underline the importance of the consultant recognizing her role and the problems which can arise in this field. They contend that:

"The history and the organizational complexity of consultancy explain in part the multiple roles ascribed to consultants in recent writing, to the extent that consultants, failing to recognize the purpose of the work that they are doing, choose a role that is inappropriate."


Woods expressed an opinion on the subject almost two decades previously. Reasoning why consultants do not function effectively, he stated:

"... many consultants, however dedicated they may be, do not fully understand the role they are to perform."

[Woods:1980:2]

Fry & Thurber prescribe a two fold cure for the malady experienced in the international context. The first prescription is that consultants are provided with an understanding of the multiple roles in which it is likely they must function. The second assumes appropriate selection for the job and specifies the type of consultant who they consider can handle the complexities of international consultancy:

"... the protean, multidimensional and multicultural individual has the potential to cope effectively and creatively with the multiple roles of the international consultant."

[Fry & Thurber:1989:30]

Considering selection

If clients in the developing world were able to select Fry & Thurber's ideal consultant described above, many seemingly insurmountable problems would be quenched at the outset. Chapter 4 gave rise to the question as to how such a suitable individual may be selected and prepared [ibid:109]. Review of research undertaken in four surveys
### Table: 6.5.

**Criteria for consultant selection**

**A client's guide**

Clients are expected to apply one or more of the following criteria:

1. **Professional integrity**
   The way in which a consultant interprets & respects a code of ethics

2. **Technical competence**
   Knowledge & experience for dealing with the technical problem

3. **Rapport with the consultant**

4. **Assignment design**
   Consultant's understanding of the problem, context & approach to take

5. **Capability to deliver**
   - what was promised, even if conditions change

6. **Ability to mobilize further resources**

7. **Cost of services**
   - not excessive

8. **Certification of competency and/or quality**
   - in support of or as a surrogate of criteria 1-7.

9. **Professional image of the consultant**
   - eg as an author.

Summarized from Kubr [1993:77f]
in respect of the selection of management, logistics and executive recruitment consultants revealed that a consultant's reputation or that of his firm and a personal knowledge of the consultant were high on the list of priorities influencing selection [Stock & Zinszer:1987, Dawes et al:1992, Askvik:1992, Clark:1993 cited in Clark:1995:70]. The verity of the importance of these factors is echoed in the University of Warwick's review of current trends in international development consulting. However, the researchers report that there is discomfort at many levels of consultancy about the "cosy, closed circles" of consultants who are "most frequently employed by donors". The rationale for this approach to selection is that:

"... most donor and broker organizations are unwilling to take the risk of contracting unknown consultants, because it reflects badly on them if at the end of the day, the work is not acceptable."


Kubr [1996:374f, 438f] identifies some of the key issues to consider in the selection of consultants within different specialist groups. A general guide offered by the International Labour Office provides advice for clients on this matter. These are summarized in Table 6.5. The situation in respect of consultants working in the developing world is, however, somewhat more complex, since the choice of consultants, as indicated above, can be heavily influenced by donors and other stakeholders. Nevertheless, it may be helpful for the midwifery consultant to reflect on the selection criteria (Table:6.5.) with regard to the nature of a particular consultancy job which she is offered and consider whether she can indeed meet these prior to agreeing a contract.

Conclusion

It would therefore appear that there is a considerable amount of comparability between the nature of consultancy work undertaken by international midwifery consultants and management consultants. It follows that many of the lessons learned by those in the latter category could be used to good effect by midwifery personnel. There is, however, for obvious reasons, a greater degree of similarity between the nature of international development consultancy or advising and the task of the midwife in international work. It follows that midwives can draw from a wide area of experience and expertise in order to build up this developing area of their profession.

Whilst this chapter provides much evidence to answer the question specified at its outset [ibid:133] in a strongly affirmative vein, many of the issues raised here point to a further question which needs also to be addressed, namely:-
How can a consultant who is appointed to an international assignment become fully conversant with the nature of consultancy and the multiple roles which she may be required to fulfil in the course of her work?
CHAPTER 7

CONFRONTING THE ISSUES

Introduction

The first section of this thesis has considered in some detail the background to international midwifery consultancy, the need for consultants and the nature of consultancy. In examining the latter concept, the nature of this kind of cross-cultural exchange is deemed to be complex and diverse. The everyday practice of an international consultant can be complicated and enigmatic. The research which forms the crux of this thesis seeks to probe into some of the intricacies of international consultancy in the context of promoting Safe Motherhood and to throw some light on the issues which surround the role, function and characteristics of the international midwifery consultant.

The fact that the consultant may need to adopt or adapt to many roles in the course of her work or even do so during a single assignment has already been discussed in the previous chapter [ibid: 147f]. Undoubtedly, a midwife working in a consultancy capacity functions in numerous roles, at times actively practising, at others observing, listening, advising. The consultant may work as a clinical practitioner or as an educator. She may also advise or evaluate the professional roles and functions of her national colleagues or of the programmes they plan and implement. She may offer advice or expertise in areas of management or policy making. The midwifery consultant therefore frequently enters an assignment with an agreement to do or to be that which is needed. In such circumstances, the question may be asked as to whether the consultant is a generalist or a specialist. Her educational and professional background may provide her with the formal preparation and experience to function, for example, as a midwife clinician and teacher. The demands of the job and the situation may, however, demand that she uses numerous other extensive clinical, academic, management, economic, political, diplomacy, interpersonal, intercultural or linguistic knowledge and skills. She may require abilities and experience which incorporate a vast array of these, yet something more. Maybe she needs intangible qualities or expertise, beyond what is overtly evident. It thus appears that the professional consultant may possess a certain uniqueness. Her identity may neither be correctly aligned with a jack of all trades nor with that of a master of a particular one. Rather she may be identified as a unique expert of her art, a sui generis professional. As such she must be considered suitable for export or, as more correctly described in the sentiment of Cleveland [1988], she should be regarded as appropriate for import by her potential clients in a receiving country.
At times the consultant must function as a researcher undertaking research in collaboration with, or on behalf of, her clients, thus fulfilling her terms of reference. This thesis describes and debates a work where, alongside the task in hand, personal academic research has been undertaken by a consultant on the topic of international midwifery consultancy in general and on the personal experience of one such consultant in particular. This chapter forms a hinge between the two doors which connect the world of relevant searched literature and that of specific research methodology, findings, analysis and interpretation on the subject of consultancy in the context of promoting Safe Motherhood.

Considering context

In discussing the effectiveness of international advisers and consultants, a number of contextual factors have been recognized as being important. These include:

". . . a wide range of historical, political, administrative, cultural and economic factors"

[Fry & Thurber:1989:81]

Within this framework, the workers rate the nature of a country's colonial history as a major issue and proceed to hypothesize that the degree of difficulty experienced in international consulting is directly related to the harshness of a nation's experience of colonialism. They conclude that it is easiest for consultants to function in countries such as Nepal, Thailand or Tonga which do not have a history of colonialism or else where there has been a smooth evolution into independence, such as occurred in Western Samoa.

The second major contextual issue identified by Fry & Thurber [1989:82f] relates to a country's stage of development. They consider that consulting is easier in the early and late stages of development and most difficult in the middle of such a process. They point out that early in the developmental sequence neither national counterparts nor adequate resources are necessarily available, so that the consultant easily adopts a directive or operational role. In countries where the process of development is well advanced, foreign consultants can be seen as threats to the jobs and opportunities of national colleagues.

Whilst the historical fact of colonialism is not a matter for debate, attitudes to the colonial powers and the degree of upheaval which accompanied independence can be perceived very differently, even by nationals within one country and of the same generation. Sometimes, there is alienation towards the specific western power which does not extend to nationals of other European countries. For example,
resistance towards the British can easily be identified in India and towards the Dutch in Indonesia, but the rancour is not inevitably extended beyond the historical oppressor once the identity of the visitor is established. Indeed, it is at this point that the consultant has to consciously strive to establish a relationship with her clients and attempt to demonstrate a difference in aspiration and approach from her ancestors who enslaved those she is now trying to serve.

Neither of these issues relating to colonial experience and the level of development were researched by Fry & Thurber [1989], however, along with the opinions of other workers, logic and experience tend to be supportive to such hypotheses. Hofstede [1980], for example, recognizes the significance of history as well as other factors such as economy, technology, urbanization and material resources in influencing societal norms and values. Brislin [1984] links attitudes regarding what is considered acceptable and unacceptable in cross-cultural encounters with the history of a country's race relations. A Salvadorian "educator, organanizer and worker for peace and development" leaves no doubt about the impact of an oppressive power instigated five centuries ago which he perceives as an attempt to "make us like them". Writing of the early colonists he accuses:

"They were really the robbers, the imposers and invaders. . .

Then continues:

"We suffered global privatization. Communal lands were transferred to a foreign owner who believed we did not know the value of things, and that the land was better in his hands. The whole notion was forced on us. . .

"We were periodically murdered in massacres. . .

"We, in the so-called Third World have literally exported capital, and been forced to subsidize the industrialization of the North, while we receive the direct dividends of war, cholera, tuberculosis, illiteracy, joblessness and premature death."

[Benavides:1992:40-41]

One must pause to consider the effect of this depth of feeling on any aid brought in from the North, and the likely influence such feeling will have on the practice of consultancy, especially if the consultant is unaware of a country's history. The influence of language in influencing thought patterns, forming concepts and organizing principles has been cited for generations by other workers, for example [Sapir:1929] [Whorf:1956] [Miller:1969] [Smith & Bond:1993], and was discussed at some length in Chapter 3 [ibid: 66f]. Again there can be mixed reactions to the imposed language of the oppressor. For instance, Indonesians have been noted
to resent the introduction of Dutch as an official language into their country and envy their Indian neighbours for having had the opportunity to learn and use the more global language of English offering them advantages in education and business. Whilst this sentiment may be shared to some extent in South India, the dubious opportunity is largely, though not by any means unanimously, resented in the north of that country. Benavides again does not cloud his resentment of the Spaniards in this context:

"The laws were given in foreign languages so we did not understand that their law had taken our land away as well as our language, our history, our community and culture, our science, our dress, our buffalo, our tomato, squash and corn."

Benavides:1992:40

Thus, the consultant may not only be seen, but emphatically heard as a reincarnation of the oppressor representing "the robbers, the imposers and invaders" recognized by Benavides and cited above. However, a Nahua Indian speaks of a realization by an indigenous population that the outsider whom they term a "coyote" "... is not always evil". He explains:

"There are individuals who manage to bridge the cultural gap between the two social realities. They know the good and the bad, where it is safe to tread and where not. At the beginning of this present century, a coyote came and settled down in my community. He respected our traditions, our people and our Nahauti culture in general."

Hernández:1997:187

Time alone stands as a testimony to the impact such an individual had in that Mexican society.

Reconsidering what is relevant

"The time has come, the Expert said,
To talk of urgent things:
Of views - and trips - and wielding fax -
Of congresses and flings -
And why we all aren't polyglot -
And whether words have wings."

[adapted from Lewis Caroll:Samlowski:1994:266]

These sentiments expressed by a European adult educator coordinating projects in Latin America and Eastern Europe are followed by a prayer which is acknowledged as being a difficult one to answer:

"May God grant me strength to change what can be changed, the patience to accept what cannot be changed and the wisdom to know the difference."

[cited by Samlowski:1994:266]
The difficulty expressed is likely to be that engendered by a western mind. An oriental approach may well consider such an aspiration to be mere logic. However, if the consultant could attain such strength, patience and wisdom, the whole area of international advising would surely be considerably safer. If sending agencies could acquire insight into the qualities of the personnel whom they select, the risks of introducing disaster rather than development may be reduced. If receiving nations had the opportunity to exercise their inherent wisdom seasoned with an understanding concerning the real motive of the "Sender" and the "Sent", maybe there would be more progress and less penalty. However, establishing motive is not an easy task. Just as the response of the schoolgirl aspiring to become a nurse has traditionally revealed a desire "to help people", so the heart's desire of the would-be consultant may be expressed in a similar vein extending into the international arena. However, efforts can surely be made to investigate motive and to promote sensitivity towards matters of integrity as well as importance in international consultancy.

In a study carried out to examine how volunteers can be recruited and motivated in order to make a valuable contribution to adult education, a Ghanaian investigator emphasizes the special qualities which a volunteer can offer to a project. These relate in no small way to the attitude as well as the aptitude of such a worker. He summarizes:

"In short, a volunteer is someone who willingly devotes and offers his/her services for a campaign or purpose of his/her own volition (free will), not restrained or coerced in whatever form. The main motive of volunteers is not immediate reward but to contribute towards a cause. In essence, the actions put forward by the volunteers must be within the framework of the programme objectives."

[Badu-Nyarko:1997:298]

What are they selling?

If the motives of both consultants and sending agencies could be assessed and any ulterior motives could be identified, this may be of considerable benefit to the receiving countries whose development should be at the heart of any international aid. This issue is further debated below. In examining the snares of a market economy, it is claimed that:

"Everywhere it is said and said again that the main thing will be to master and market intelligence, that power will rest with those individuals and groups who hold "knowledge monopolies"."

[Petrella:1997:29]
Consultants have become an important means of transmitting professional knowledge and expertise between countries. In so doing they may, consciously or unconsciously, become purveyors of values, ideals and a market economy designed to ensnare those who are already confined within a poverty trap. This aspect of international exchange has been discussed in Chapter 5 [ibid: 121f].

The motives of the governments of countries which send consultants are rarely, if ever, altruistic. As discussed earlier, there are inevitable and undeniable historical links with colonialism and oppression and aid is frequently tied to trade [ibid: 115f]. The recent Government White Paper on this topic [DID:1997] claims to offer the greatest opportunity for a breakthrough in a quarter of a century in decisively separating aid from trade and its associated profits to the donor. Given this incentive, albeit at a very theoretical and controversial level at present, it may prove somewhat more feasible, notwithstanding more credible, for sending agencies to focus on the development of the receiving country rather than on that of the donor agency. Nevertheless, whichever way aid is provided, selecting consultants as appropriate transmitters of that aid will continue to provide a challenge.

Why do they go?

Assessing the true motive of the consultant in becoming involved in the international scene may require a test more sensitive than that of the indeterminate lie detector. If the true motives of the consultant are rooted in a hunger for personal or professional power, in making a profit or in the pleasure of playing politics, the ultimate outcome of an assignment may also be somewhat dubious. If the consultant's desire for self actualization eclipses her clients' aspirations after self-realisation [ibid: 110f], the enlightenment sought after by the clients is unlikely to occur and development could arguably be delayed. In such a scenario, the lives of women who live and encounter an early death at the bottom of the world's socio-economic pile may remain miserably untouched. Safe Motherhood may yet continue to pass them by, for centuries. Contrasting the animal nature of hedonistic man with the humanity of his non-hedonistic counterpart, an Indian management specialist argues from an oriental perspective:

"For a non-hedonistic individual, the need for self-realisation is uppermost. Control over the "indriyas" (senses) is the starting point, for those who want to achieve self-realisation. Men in this tradition are guided by social interest (paropkaar) rather than self interest. The basic tenet is: "how much one can do for others, rather than for the self"."

[Sharma:1996:107]

The writer points out that the need for sacrifice is very dominant in this situation.
Considering the concept of motivation in the context of development organizations, Sharma [1996:110f] initially argues that self interest is usually the last thing on the minds of managers. He states that those involved in development efforts consider that "the collective interest of the people comes first". One cannot but help assuming that Sharma is considering the ideal rather than the actual here, whether he is confining his comments to relate to movements led by outstanding characters like Mahatma Gandhi or looking more widely into the ever growing global network. However, he goes on to acknowledge a problem in current development managers. He states that they are likely to be more familiar with the kinds of motivational models which are mechanistic and robotic rather than those which emphasise any degree of "divinity" within the human being.

The sacrificial and the spiritual

As debated earlier in this thesis [ibid:- 100f] Sharma has problems with western man's desire to promote self-interest. He finds the concept of "ahamkaar" both unpalatable and untranslatable, but offers the term of ego-centrocism as a crude equivalent. The ultimate desirable quality for those who function in development organizations is referred to by Sharma [1996:111] as "tyag", a term translated variously as "sacrifice" and "undergoing pain and suffering for the benefit of others". Although Sharma draws this inspiration from Hinduism, the phenomenon can be found at the heart of other major world religions. For example, in the Christian context, the Greek word "agape" is used to describe the desire for nothing but the highest good of another. It is a love not dependent on feeling or emotion, but a conscious decision of the mind to demonstrate the principle of self-giving love as a disciplined way of life. Agape is used to describe the ultimate sacrifice of Christ for man's salvation [Barclay:1964:21].

Sharma's concept of "tyag", like the principle of "agape", may therefore be seen as neither eastern nor western, but rather a contrast of the spiritual with the secular. This phenomenon surely has implications in the context of a flow of professional expertise from a largely secularized postmodern world to countries where the sacred remains so and the spiritual realm can be more real than the material. It therefore needs to be asked:

Is it possible and is it important to assess the motive of a potential consultant? and

Is it necessary and is it desirable to establish whether a consultant can demonstrate a spirit of sacrifice or a spiritual dimension in her life?

Sharma focuses on the issue of interaction between managers...
and clients. It is salutary to reflect on the same issues in respect of international midwifery consultants and their clients. The interaction between these parties has been considered earlier in this thesis [ibid: 144]. From an eastern perspective it is stated:

"In the development field, it has been the experience that people are always keen to assess the intentionality of the managers. Part of this assessment is usually based on external cues, such as the language used by these managers. Beneficiaries gain further cues through the process of interaction with managers. For example, in the Indian context, a manager can win the confidence of the beneficiaries only through his dedication and the spirit of TYAG (sacrifice)."

[Sharma:1996:111]

If the "beneficiaries" in the described situation can and do assess the "manager", it is not unreasonable to assume that persons working in receiving countries similarly and regularly assess their consultants. Part of the research reported in this thesis deals with the opinions of such personnel regarding the acceptability or unacceptability of consultants and Chapter 10 addresses the approach adopted to obtaining data on this matter [ibid: 232f]. Maybe it is the warning which Sharma attaches to the lack of these desirable qualities that must be heeded in the field of international consultancy. He continues:

"In the absence of such qualities, people are likely to consider him as "one more cheat", as they can easily see through his intentions."

He concludes:

"Therefore in development organizations, loss of credibility must be avoided. Once the development manager's credibility is lost, it would be extremely difficult to motivate and involve people in development efforts. Therefore the TYAG model is the relevant model for development managers."

[Sharma:1996:111]

Lest it be assumed that such an attitude can be confined, it may be worth reflecting on the observation of the Tarahumara Indians on their experience of Europeans in Mexican society. These peoples firmly believe that:

"White men do not make any offerings to God. They are said to come from below because they partake of food without making offerings to God."

However, if a foreigner is observed to show allegiance to "another god", there is a possible risk of rejection on these grounds. In some cultures the greater disapproval is likely to be encountered towards overt secularism rather than a difference in religion. For example, Indonesian tourist literature advises the visitor that local people can understand an allegiance to any faith, but have difficulty with the concept that a person practices no religion at all. The attitude of a foreigner towards local religions and the respect demonstrated could, nevertheless, make a considerable difference in this situation. Intolerance is rarely tolerated when demonstrated by a foreigner.

One thing which can be promised to the European consultant who steps outside of her cultural homeland, she will most certainly be under very close observation. Whatever she may say, or write in her awaited report, her every action and very life style will be scrutinized. Much of the credibility of her advice could rest on who she is and what she does whilst under this carefully focused microscope. The rest, it may be claimed, is history.

So, in the context of consultant motivation, morals and mechanism, it is important to reconsider whether there may be an essential quality here without which an assignment is doomed to failure. What is it that paves the way for acceptability? What is it that promotes the establishment of a relationship between client and consultant and predisposes to that shared vision [ibid: 97f] and a meaningful interaction at the point of cross-cultural encounter and exchange [ibid: 118:Figure 5.2.]]? Could this depend to a significant extent on a kind of "agape-tyag" or "A-T phenomenon" within the life style of the consultant? That indefinable spiritual quality of self giving and sacrifice for the highest good of another? Furthermore, do receiving countries have a right to demand a service fueled by this type of motivation? Experience has shown that nationals in many developing countries have their own unique and subtle way of disposing of the undesirable, be these principles or people. This can include many approaches but inevitably avoids confrontation and is often effective. The data collected during this study provide pointers toward the styles which are used and these are discussed in Chapters 12 and 13. Is it too much to expect that sending agencies and consultants themselves become intensely aware of the values which their colleagues in the developing world hold dear? Respecting the values and motivational factors which are deemed appropriate by the recipient nations and actively considering these in the selection and preparation of consultants could possibly make effective consultancy more a matter of course than a matter of chance.

The other dimension

However, to be realistic, there is another dimension to be considered. In the context of promoting Safe Motherhood, nationals of the receiving countries may have different and
even ulterior motives too in employing a consultant. They may well have their own agenda. The importance of the client and the consultant acquiring a shared vision has been referred to above and discussed in Chapter 4 of this thesis [ibid: 97f]. The significance of the consultant understanding her role and clarifying her terms of reference have also been emphasized [ibid:142f]. At this point it may be appropriate to pick up these issues and consider two further questions. The first was essentially raised earlier and is now verbalized thus:

What qualities and circumstantial factors are likely to predispose to the establishment of a shared vision between client and consultant in a cross-cultural situation and how can these be identified?

Secondly, pursuing the issues raised in Chapter 4 and illustrated in Figures 4.1. - 4.4. [ibid: 98 - 99] and considered above, it is pertinent to ask:

Is it possible to match consultants with clients in such a way that there is a likelihood that mutual respect will be displayed, meaningful communication will take place and a shared vision will be attained?

Conclusion

As this thesis evolves, it is evident that more questions are generated as further issues are explored. If this work is to offer anything meaningful academically and professionally, this is inevitably so. The questions which have been phrased within this chapter confront the issues which are subsequently examined in detail in Section II of this thesis. Having reached this point in the research journey, it is possible to pose the central research questions more meaningfully and this has been done above. Chapters 8, 9 and 10 provide an opportunity to expound the theory and practice of the methodology selected to address the questions which form the central core of this research, before presenting, analysing and interpreting the data in Chapters 11 - 14.

In considering world perspectives in the context of adult education research, certain conditions which would predispose to international cooperation are identified. The following are extracted from the deliberations of an international seminar, because they echo the sentiments of this study and reverberate the issues considered important in selecting the methodology for this research:

"Practice and context, rather than an artificial definition of topics, must provide the starting point for the research that is being carried out."

[Bélanger & Blais:1995:18]
It is hoped that the ensuing chapters clearly demonstrate this approach to research. Research questions have been formulated which have originated from the daily practice of an international midwifery consultant. These have been refined under the searchlight of relevant and extensive literature published over many decades and up to the present time. Research purpose, principles, and methodology have been carefully selected. These find a starting point and then continuity in the context of promoting Safe Motherhood in several countries which are undergoing the process of modernization and development. At this point, the thesis moves on from theory originating in practice, to the practice of research rooted in the theory of qualitative methodology.
SECTION II

Chapter

8 Research methodology
   Concepts, context and considerations

9 Research methodology
   Motives, morals and methods

10 Research methodology
   Personal preference and position
CHAPTER 8

RESEARCH METHODOLOGY

CONCEPTS, CONTEXT AND CONSIDERATIONS

Introduction

This chapter addresses some of the crucial choices which have to be made concerning methodological issues in carrying out research. Methodology focuses on how knowledge about the world is gained [Denzin & Lincoln:1994:99]. Berg [1995:222f] describes the methodological section of a report as a comprehensive description of how data are gathered and analysed.

This chapter forms the first of three complementary chapters in the methodology section of this thesis. As an introduction to how data are gathered and analysed, the concepts which underlie the various approaches to research are carefully examined and discussed. This chapter confronts some of the historical, theoretical and philosophical concepts of research which beg discussion prior to rationalizing the choice of methodology selected for this study. The differing paradigms of research are debated and some of the terms in common usage are defined and discussed. Personal and professional issues which may influence a researcher's choices are considered in the broader context of sociological research. They are also reflected upon from the viewpoint of research carried out in cross cultural situations which is the task confronted during this study.

Whilst both quantitative and qualitative research methodology are discussed, the debate tilts distinctly towards the latter. This is so because it is believed that the qualitative approach is more likely to be able to reach the depth of the personal professional experience which forms the heart of this study. Indeed, in order to utilise such data which, in fact, generate some of the germane questions arising during this thesis, there are some things in traditional methodology which have had to be jettisoned. The research approach selected for this study is debated and defended in Chapter 10. This chapter sets out to lay the foundation for the decisions which have been carefully taken in the methodological context.

The nature of inquiry

Since the beginning of time, mankind has sought to understand the world in which he lives. The search is inevitably complex, continuing and subject to change within a changing world. Whilst the search for scientific truth has spanned many centuries, seemingly becoming subdued
during the "Dark Ages" and emerging again to gather momentum during the Renaissance, research in the social sciences has been somewhat slower to develop. Treece & Treece claim that this delay can be accounted for mainly by attitudes attributed to religion or else to authority. Opposition arising from religion revolves around the opinion that prying into the lives of human beings is unethical or else that not much can actually be learned about humanity. On the issue of how authority may have slowed down social science research development, the workers reason that:

"Men need to appeal to some higher authority, and when this higher authority disagrees with what they have observed, in spite of first-hand knowledge they tend to go along with the higher authority."

[Treece & Treece: 1973: 36]

This reaction is congruent with pre-modern and even a modernizing society where traditional values predominate. The attitude currently can be very clearly observed in the developing world and is likely to offer resistance to research in the broader area of the social sciences, including the disciplines of nursing and midwifery, whenever it challenges authority.

Research itself has been defined in numerous ways, sometimes related to the discipline from which the definition originates. From the educational perspective, research has been described as:

"... the more formal, systematic and intensive process of carrying on a scientific method of analysis. . . "

[Best: 1970: 8]

The writer claims that this is carried out with the aim of promoting discovery and of developing "an organized body of knowledge" [Best: 1970: 8]. Becker perceives research as a means of communication. He considers that researchers:

"... think they know something about society worth telling others, and they use a variety of forms, media and means to communicate their ideas and findings."

[Becker: 1986: 22]

Researchers also, of course, use a variety of means to pursue their quest for discovery and may approach it from considerably differing angles.

In attempting to address directly the question "What is educational research?", Verma & Beard [1981: 1] acknowledge at the outset that: "There is no universally accepted inflexible meaning" of the term research". However, their considered opinion offers that:
"Research is an organised and deliberate effort to collect new information or utilise existing information for a specific and new purpose. It is directed towards seeking answers to worthwhile, fairly important and fundamental questions through the application of sound and acceptable methods."

[Verma & Beard:1981:18]

Barnes, writing a few decades earlier, takes a more liberal view on the matter. He asserts that most research is concerned in dealing with ideas and that research is:

"... a way of dealing with ideas. It is nothing more than this and it is nothing less."

[Barnes:1964:13]

During the same era, from the perspective of nursing research, Notter [1963:49] considers that research is a systematic search for new facts and for relationships. Treece & Treece maintain that "in its broadest sense", research is "an attempt to gain solutions to problems. They narrow down their definition adding:

"More precisely, it is the collection of data in a rigorously controlled situation for the purpose of prediction or explanation."

[Treece & Treece:1973:3]

In the context of health care, research was defined three decades ago as:

"... essentially a problem solving process, a systematic, intensive study directed toward fuller scientific knowledge of the subject studied."

[French:1968:111]

Whilst educationalists from the same era consider that:

"Any research is an abstraction and selection from an infinite variety of possible things that one might study."


Clearly, definitions of research per se have been offered and argued for generations. The whole issue of research used to be the monopoly of the academic, but in recent years, the health care professions have become "research based" in their practice. In midwifery today, research cannot properly be separated from practice in a world where safety is properly becoming an issue and the expectations and demands of the client, at least in West, are rising every day. In the postmodern era the public are increasingly seeking the evidence for justifying change or
intervention. It could easily be argued that the Safe Motherhood Initiative has been born out of research evidence that preventable maternal death surrounds childbirth for the majority of the world's population [WHO:1987] [WHO:1991].

Beyond basic definition, there are issues of debate currently revolving around research design and approach and these are discussed below.

A search for truth and a quest for understanding

In considering how man searches for truth and makes sense of his environment, Cohen & Manion comment on the three main approaches identified by Mouly [1978], namely, "experience, reasoning and research". The workers view these processes as being far from independent and mutually exclusive. They maintain that experience, reasoning and research rather complement each other and overlap. They further rationalize that this observation is:

"... most readily in evidence where solutions to complex modern problems are sought."

[Cohen & Manion:1989:1]

The complexity of modernity indeed presents humanity with a multiplicity of problems. Problems to which modern man demands an answer. The rise of modernism was accompanied by considerable expansion in the scientific field. The quest for understanding evolved into an expansion of scientific research which gave birth to the scientist who, as Cohen & Manion adeptly depict: "constructs his theories carefully and systematically". Concluding:

"Whatever hypotheses he formulates have to be tested empirically so that his explanations have a firm basis in fact."

[Cohen & Manion:1989:2]

Whereas modernism has been characterized by the positivistic approach first attributed to Comte, a French philosopher of the seventeenth century whose reasoning is discussed in Chapter 2 [ibid: 32 f], the postmodern era has witnessed the emergence of a new paradigm in research. Easterby-Smith et al identify the dichotomy in this philosophical position which is evident in the context of the choice of research methods within the social sciences. Recognizing that philosophers within the same school of thought may disagree with one another and change their own stance over a period of time, the workers make a graphic comparison which may be more familiar in the political arena than in the realms of science or sociology. They write:

"In the red corner is phenomenology, in the blue corner is positivism. Each has to some extent been elevated into a stereotype, often by the opposing side."

[Easterby-Smith et al:1994:76]
Whilst the blue corner houses the structuralists of the positivist persuasion, the red corner is shared with others besides the phenomenologists, namely those dubbed the symbolic interactionists and the ethnomethodologists. Cohen & Manion identify the opposing corners in the ring by using "two generic terms" representing the normative and the interpretive paradigms applied chiefly in the disciplines of sociology and social psychology:

"The normative paradigm (or model) contains two major orienting ideas: first that human behaviour is essentially RULE-GOVERNED and second that it should be investigated by the METHODS OF NATURAL SCIENCE. The interpretive paradigm in contrast to its normative counterpart, is characterized by a CONCERN FOR THE INDIVIDUAL. Whereas normative studies are positivist, all theories constructed within the context of the interpretive paradigm tend to be anti-positivist." (Capitals indicate authors' emphasis in original text) [Cohen & Manion:1989:38]

Reflecting on opposing paradigms

The popular use of the term "paradigm" in the field of social science is attributed to the work of Thomas Kuhn [1962] who used the word to describe:

"... the progress of scientific discoveries in practice, rather than how they are subsequently reconstructed." [Easterby-Smith:1994:77]

In seeking definition for the normative paradigm, when expressed as "positivism", it must be appreciated that this term which has been in the research arena for a few centuries presents a problem. Cohen & Manion consider that since the time when Comte gave birth to the term, positivism has been used in such a diversity of situations by both philosophers and social scientists that "it is difficult to assign to it a precise and consistent meaning" [Cohen & Manion:1989:12]. However, Easterby-Smith et al expound the meaning of the term thus:

"The key idea of positivism is that the social world exists externally, and that its properties should be measured through objective methods rather than being inferred subjectively through sensation, reflection or intuition." [Easterby-Smith et al:1994:77]

In contrast, the workers acknowledge phenomenology as "a new concept" which has arisen largely as a reaction against the use of positivism in the field of social science during the last fifty years. They claim that it:
"... stems from the view that the world and "reality" are not objective and exterior, but that they are socially constructed and given meaning by people."


Cohen & Manion subscribe to the belief that, in broad terms, phenomenology is:

"... a theoretical point of view that advocates the study of direct experience taken at face value; and one which sees behaviour as determined by the phenomena of experience rather than by external, objective and physically described reality."


It has been claimed that phenomenology, ethnomethodology and symbolic interactionism represent the three schools of thought which make up the antipositivist movement in the academic discipline of sociology [Cohen & Manion:1989:30f]. Defining each of these may present challenges, but there are characteristics which emerge to assist in their identification. Cohen & Manion [1989:30] point out that the "common thread running through these three schools" is their interest in "phenomena or things" which are encountered and assimilated through the senses in the course of daily living. Alongside there is the emphasis on "qualitative as opposed to quantitative methodology". Berg [1995:2] acknowledging that there may not be a clear distinction between the quantitative and qualitative schools of thought states that it is the former which is likely to gain more respect in the social sciences. Denzin & Lincoln refer to "a quiet methodological revolution" within social science research in recent years. They describe a move away from the traditional approaches characterized by a belief that only "statistics, experimental designs and survey" achieved credibility, towards a situation where:

"... scholars are now experimenting with the boundaries of interpretation, linking research to social change, delving into characteristics of race, ethnicity, gender, age, and culture to understand more fully the relationship of the researcher to the research."

[Denzin & Lincoln:1994:ix]

These workers maybe capture the essence of the indefinable epitomized in Halcolm's Evaluation Laws and expressed thus:

"Statisticans try to measure IT. Experimentalists try to control IT. Evaluators value IT. Interviewers ask questions about IT. Observers watch IT. Participant observers do IT."

[Cited in Patton:1990:7]
The ultimate question may not necessarily rest upon which role the researcher adopts, but rather on the selection of "IT". Primarily, the question should relate to whether the focus of the research is upon that which is not only meaningful but crucial in the context of the study. Secondly the methodological approach must be appropriate to explore the issues under consideration. Patton explains:

"Qualitative methods permit the evaluator to study selected issues in depth and detail. Approaching fieldwork without being constrained by predetermined categories of analysis contributes to the depth, openness, and detail of qualitative inquiry. Quantitative methods, on the other hand, require the use of standardized measures so that the varying perspectives and experience of people can be fitted into a limited number of predetermined response categories to which numbers are assigned."

[Patton:1990:13-14]

Considering the obvious

The approach of ethnomethodology is attributed to the inspiration of Harold Garfinkel [Garfinkel:1967] [Garfinkel & Sacks:1970] who was greatly influenced by the work of Schutz in the realm of phenomenological sociology [Schutz:1962, 1964, 1966]. Later writers challenge the "perennial argument" that sociology thrashes the obvious and propose that "sociology has yet to treat the obvious as a phenomenon." They argue that:

"... the world of everyday life, while furnishing sociology with its favoured topics of inquiry, is seldom a topic in its own right."

[Zimmerman & Pollner:1970:33]

It has been proposed that the ethnomethodological school simply studies "everyday, commonplace, routine social activities" and that a considerable amount of this kind of research focuses on "how participants in social interaction make sense of proceedings" Bailey [1978:249f]. In order to provide some explanation, reference is made to conversations between persons where a considerable amount of meaning is shared by the two involved and understood by them beforehand rather than being specifically and literally pronounced during the dialogue. It is concluded that:

"Ethnomethodologists study how participants in social interaction clarify such shared understandings to ensure that they are communicating properly. They assume that communication begins with some things needing to be clarified, and clarification proceeds in identifiable stages according to distinct rules."

Bailey [1978:264]
Cohen & Manion [1989:33] conclude that ethnomethodology is an approach which examines "how people make sense of their everyday world". They identify that it is concerned specifically with the "mechanisms" by which persons "achieve and sustain interaction in a social encounter". This is stated to include assumptions made, conventions utilised and practices adopted. Essentially, these writers declare that ethnomethodology attempts to understand social accomplishments "from within". This harmonizes with the explanation of other scholars examining the broader term "ethnography", a phenomenological research style, in which the researcher attempts to:

"... immerse himself or herself in a setting and become part of the group under study in order to understand the meanings and significances that people put upon their own behaviour and that of others."

[Easterby-Smith et al:1994:87-88]

In defining "ethnomethodological contours", two sociological researchers declare that:

"From an ethnomethodological standpoint, the world of "social facts" is accomplished through members' interpretive work - activity through which actors produce and organize the very circumstances of everyday life."

[Holstein & Gubrium:1994]

The researchers conclude that "new analytical resources are being mobilized". They consider that there are new issues which are being raised in the context of linking "classic and contemporary questions of social order" and that:

"New analytic resources are developing to explicate more fully the roles of discourse, conversational structure and the content and context of interactional exchanges."

They add that, in the context of the new connections which are being made:

"... interpretation is being thrust into the context of the postmodern and beyond."

[Holstein & Gubrium:1994:270]

Some terminology pondered

In examining the whole area of ethnomethodology, it is prudent to consider a few other terms which are commonly used in this approach to research. Firstly "indexicality" which Cohen & Manion claim refers to:

"... the ways in which actions and statements are related to the social contexts producing them and to the way their meanings are shared by the participants but not necessarily stated explicitly."

[Cohen & Manion:1989:33]
They proceed to explain that "indexical expressions" are terms used in particular social settings by those participating in the interaction "in order to locate the event in the sphere of reality". Baily [1978:254] explains that indexical expressions are "situation-specific words and phrases", but points out that these may vary in different situations depending on the speaker and the listener. Words that have been identified as indexicals include:

"... she, we, he, you, here, there, now, this, that, I, then, soon, today, tomorrow."


Reflexivity, is described by Cohen & Manion [1989:33] to refer to the way in which all accounts of descriptions, criticisms and analyses and the social settings which occasion them are mutually interdependent.

The writers further distinguish between the linguistic and situational ethnomethodologists. The former, as may be expected, focus on the use of language and the structure of everyday conversation. Linguistic ethnomethodologists look to the indexical expressions to discover possible hidden meanings. Their situational counterparts on the other hand take a broader view and attempt to discover, in a wider social context, the ways in which people negotiate the situations in which they are placed. Situational ethnomethodologists try to understand "how people make sense of and order their environment" [Cohen & Manion:1989:33].

The idea of symbolic interactionism is believed to originate from the work of Mead [1934]. Woods [1979] recognized the dichotomy in the perspectives with which this approach is viewed more than four decades later. It is based upon Wood's reasoned assumptions that Cohen & Manion [1989:34f] present their deduction in the context of educational research. They proffer that in the eyes of symbolic interactionism, firstly, people "act towards things on the basis of the MEANINGS they have for them". Man's attribution and interpretation of meaning in the different spheres of existence is what, it is claimed, makes him definitively human and clearly a social being. The interactionist will concentrate on subjective meanings and the symbols which relate to these meanings. The researcher using the symbolic interactionist approach will not make any assumptions beforehand about what, for example, may be occurring within an institution, but will give serious heed to the accounts of those within the organization and treat these data as a matter of priority.

Secondly, attributing meaning to objects through the use of symbols is perceived as a continuous process by the interactionist. Action is seen not as a result of either psychological attributes, for example - personality, or as a result of the externally imposed factors of role or social structure, but action results from:
"... a continuous process of meaning attribution which is always emerging in a state of flux and subject to change."

[Cohen & Manion:1989:35]

Thirdly, it is promulgated that since the actions of an individual occur within a social context, each person regulates his actions alongside the actions of others. These may be influenced by a desire to influence another's perception of a situation or of himself and may involve him putting on a show in order to achieve his aims.

Thus the symbolic interactionist pays attention not to the individual or to the social context which might influence behaviour, but to "the nature of interaction, the dynamic activities" which occur between people. In summary, this type of researcher, in focusing specifically on the interaction as a unit of study:

"... the symbolic interactionist creates a more active image of the human being and rejects the image of the passive, determined organism. Individuals interact; societies are made up of interacting individuals. People are constantly undergoing change in interaction and society is changing through interaction. Interaction implies human beings acting in relation to each other, taking each other into account, acting, perceiving, interpreting, acting again. Hence, a more dynamic and active human being emerges, rather than an actor merely responding to others."


In considering aspects of cognitive anthropology, Jacob [1987:23] infers that each distinct group of individuals possesses a system which is unique and through which they perceive the world around them. She claims that symbolic interactionists are fascinated by and attempt to understand how:

"... interpretations (of individuals' experiences) are developed and used by individuals in specific situations of interaction."

[Jacob:1987:27]

In an analysis of interpretive practices, Denzin [1994:507f] considers interpretive interactionism as one of three poststructural interpretive styles which he claims is "intimately connected to the critical and emancipatory styles of interpretation". He proceeds to explain that this approach to research "begins and ends with the biography and the self of the researcher". Here the focus of the research is on life experiences which he refers to as "epiphanies", those happenings which:

"... radically alter and shape the meanings persons give to themselves and their life projects."

[Denzin:1994:510]
Thus, the researcher may choose to focus on materials which Denzin declares are evaluated "by their ability to illuminate phenomena as lived experience". He cautions though, that the data which are derived from such life stories need to be contextualized within culture, group and institution and connected to written texts [Denzin:1994: 511].

The influence of personal worldview

In examining two "conceptions of social reality", it is the contrast between objectivity and subjectivity which Cohen & Manion [1989:9] suggest causes "considerable practical implications". The workers point out that the perspective held on the study of human behaviour will profoundly influence educational research, listing criteria which will be affected. These include selection of the problem, formulation of questions which need to be answered as well as methodological concerns and decisions about what data should be collected. They conclude that: "all will be influenced or determined by the viewpoint held" [Cohen & Manion:1989:9]. It can surely therefore be deduced in the wider area of research that the stance of the researcher will inevitably affect the research methodology selected.

Ellis, writing on her experience of participatory research in the Caribbean proffers her opinion and her experience on this matter:

"A researcher's approach to research is conditioned by her view of the world, her philosophical and ideological position, and by the socio-political context of which she is a part and in which the research is being carried out. Her choice of research methodology is as much determined by these factors as it is by the purpose of the research and the particular problem it is attempting to address." [Ellis:1990:23]

An individual's "view of the world" is undeniably associated with personality and personal preference. Myers [1962] derived a personality type index based on Jung's theory of psychological types which provides insight into the basic differences observed in human personalities. At its simplest, it has been explained that:

"These basic differences concern the way people PREFER to use their minds, specifically the way they perceive and the way they make judgements." [Myers & Myers:1988:1]

The writers explain that "perceiving", in this context, includes "the processes of becoming aware of things, people, occurrences and ideas", whilst judging includes "the processes of coming to conclusions about what has been perceived."
The two kinds of perception identified by Myers [1962] bear a striking similarity with the contrasting basic beliefs of researchers committed to the differing approaches to research discussed above. This is evident, for example, in examining the positivist and phenomenological paradigms identified by Esterby-Smith et al [1994:76f], or the normative and interpretive paradigms described by Cohen & Manion [1989:38f] as well as the theories used to interpret social reality described by Cohen & Manion [1989:11f] and the qualitative-quantitative divide identified by numerous others, for example [Dabbs:1982] [Berg:1989] [Patton:1990] [Denzin & Lincoln:1994].

The Myers-Briggs Type Indicator (MBTI) compares what is termed the "Sensing Perception" ("S") with the "Intuitive Perception" ("N"). "Sensing", and the persons whose preference it is to perceive the world in this way, are described thus:

"Sensing establishes what exists. . . persons oriented towards sensing perception tend to focus on the immediate experience and often develop characteristics associated with this awareness, such as enjoying the present moment, realism, acute powers of observation, memory for details and practicality."

[Myers & McCaulley: 1985:12].

Whereas those whose preference is to perceive the world through "intuition" focus on: "possibilities, meanings, and relationships by way of insight". The psychologist researchers explain that:

"Intuition permits perception beyond what is visible to the senses, including possible future events. Thus persons oriented towards intuitive perception may become so intent on pursuing future possibilities that they may overlook actualities. They may develop the characteristics that can follow from emphasis on intuition and become imaginative, theoretical, abstract, future oriented or creative."

[Myers & McCaulley:1985:12]

The scholars observe a distinct difference in the way that individuals of dissimilar personality types tend to consciously direct their mental activity toward different goals. The "sensing" person "seeks the fullest possible experience of what is immediate and real", whereas the "intuitive" individual "seeks the furthest reaches of the possible and imaginative". It would appear that the "sensing" researcher in harmony with the observation of Myers & McCaulley [1985:13] and concurring with Ellis' experience cited above, may demonstrate a preference for the positivist or normative paradigm. Whereas the intuitive is more likely to be naturally drawn towards the interpretive paradigm, seeking to explore one or more of its intertwining threads of phenomenology, ethnomethodology and interactionism in order to throw light on the search for truth and the quest for understanding.
In the work of Cohen and Manion, the contrasting perceptions of those holding different philosophical positions is identified. These may well be compared with the preferences selected by differing personalities. The workers offer "alternative bases for interpreting social reality" founding their theory on the logic first propounded by Barr Greenfield [1975]. They describe the philosophical basis perceived by the objectivist as one of realism by contrast with the idealism of the subjectivist. They state that "realism" conceives that:

"... the world exists and is knowable as it really is. Organizations are real entities with a life of their own."

Whilst "idealism" perceives that:

"... the world exists but different people construe it in very different ways. Organizations are invented social reality."


In this context of opposing philosophical positions, Cohen & Manion make some pertinent comments about research and about research methodology. The objectivist, they claim, interprets research as "experimental or quasi-experimental validation of theory". Whereas the subjectivist would translate research as meaning:

"The search for meaningful relationships and the discovery of their consequences for action."


On the topic of methodology they make the following comparisons. The objectivist approach is one of:

"Abstraction of reality, especially through mathematical models and quantitative analysis."


Easterby-Smith et al [1994:80] note that the preferred research methods of the positivist paradigm involve "operationalizing concepts so that they can be measured", and "taking large samples". Again, it would seem that the stance of the objectivist would harmonize with the researcher whose personality encourages a perception of the world through "sensing" and who is likely to show a preference for the positivist tradition.

By contrast, the preferred research methods of the phenomenological paradigm specified by Easterby-Smith et al [1994:80] tend to find acceptance by the intuitive researcher who is more likely to be of the subjectivist school. The latter research methods are described as "multiple", and are selected in order to "establish different views of phenomena". They are likely to be small samples which are "investigated in depth or over time."
Cohen and Manion's interpretation finds congruence with this stance. They comment that the subjectivist pursues:

"The representation of reality for purposes of comparison. Analysis of language and meaning."


Deciding on design

From the point of view of a social scientist, it has been reasoned that:

"Research design is the point at which questions raised in theoretical or policy debates are converted into operational research projects and research programmes which will provide answers to these questions."

[Hakim:1994:xi]

The writer proceeds to compare research design with the work of an architect in contrast to the research methods which are likened to the task of a builder. She claims that design is concerned mainly with "aims, uses, purposes, intentions and plans within practical constraints." and as such the design stage will precede the implementation of the research activities [Hakim:1994:1]. Lincoln & Guba on the other hand provide the considered opinion that:

"... the design of a naturalistic inquiry. ... CANNOT be given in advance; it must emerge, develop, unfold."

[Lincoln & Guba:1985:225]

They reason that this is not a means of rationalizing a "sloppy inquiry" and attempt to avoid the "hard thinking" but a necessity because:

"The design specifications of the conventional paradigm form a procrustean bed of such a nature as to make it impossible for the naturalist to lie in it - not only uncomfortably, BUT AT ALL."

[Lincoln & Guba:1985:225]

Patton proffers that, in qualitative inquiry, whilst the design specifies an initial focus and raises primary questions, it is neither appropriate nor possible to be specific about operational variables, nor to state hypotheses which can be tested. He considers that it is likewise untimely to make final decisions about sampling and the use of research instruments. Rather, he claims that:

"A qualitative design unfolds as fieldwork unfolds. The design is partially emergent as the study occurs."

[Patton:1990:61]

He argues that, in research, it is purpose which is the "controlling force" and that other decisions which have to be made concerning design, as well as that which relates to measurement and analysis, all flow from the purpose of the research [Patton:1990:150].
Easterby-Smith et al [1994:84ff] identify some key choices which need to be made with regard to research design. The first of these relates to whether the researcher is independent or involved with the material which is under the microscope. The workers refer to the experience of social science where the tradition of "action research" has attempted to convert the problem of subjectivity into a virtue, identifying two features which normally characterize this design. Firstly, that the optimum approach to learning about a social system or organization occurs in the process of trying to change it. Secondly, that those who are most likely to be the implementers of any changes introduced, or involved with them should, as far as seems feasible, be involved in the research process. This concurs with Denzin's work on interpretive interactionism cited above where the "lived experience" of the researcher is a rich source of data. A black feminist writer takes up the cause of reinventing self in the context of research, contending that to avoid the use of the first person and refer to the "Other" can be:

"... a mask, an oppressive talk hiding gaps, absences, that space where our words would be, if we were speaking, if there were silence, if we were there."


Easterby-Smith et al [1994:85] claim that although action research can be conducted in the positivist way, it is mostly derived from ideas that are quite alien to this discipline. Entertaining the idea of using the personal life experience of the researcher, leave alone reporting it in the first person, in other words, "reinventing the self" [Fine:1994:70ff], could be repugnant to the researcher hailing from the positivist school. However, research which includes a focus on the life work of any individual surely loses something important if it is couched in anonymity. That loss can include credibility without which the whole exercise becomes futile and worse than that, a total waste of time, energy and resources.

Concerning sampling

A further choice which is identified by Easterby-Smith et al [1994:84ff] in selecting research design revolves around the size of the samples, whether these should be large or small numbers. The workers specify a choice which essentially rests between the "cross-sectional" and the "longitudinal design". They state that the former, especially where questionnaires and surveys are used, can describe attributes of a large number of people or organizations economically. However, cross-sectional studies often do not explain why correlations exist and there can be a problem in eliminating
external factors which may have given rise to the correlations which have been identified. Easterby-Smith et al [1994:85] conclude that sampling which forms part of a longitudinal study, should enable explanations to emerge from examining patterns which occur during the process of change.

Patton purports that:

"Perhaps nothing better captures the difference between quantitative and qualitative methods than the different logics that undergrid sampling approaches."

He continues:

"Qualitative inquiry typically focuses in depth on relatively small samples, even single cases (n = 1), selected PURPOSEFULLY. Quantitative methods typically depend on larger numbers selected randomly. Not only are the techniques for sampling different, but the very logic of each approach is unique because the purpose is different."

[Patton:1990:169]

Huberman & Miles [1994:441] reflect on the thinking of the researchers divided by the quantitative-qualitative issue in relation to sampling. Those of the quantitative persuasion, they claim, think "randomly, statistically and in terms of context-stripped case selections", whereas the characteristic of qualitative researchers is to think "purposefully and conceptually about sampling". Denzin & Lincoln [1994:201] deduce that research designs vary "depending on the needs of multifocus or single-focus case and process inquiries". They state that differing sampling issues will arise in each situation and acknowledge that such needs and issues will vary in accordance with the paradigm which is in use.

However, the two design choices are not necessarily mutually exclusive. It has been pointed out that qualitative research can be used in combination with practically any other type of study and can form an especially fruitful part of a programme which relies mostly on quantitative data. It can, it is claimed, assist interpretation of the more impersonal statistical data, greatly reducing the risk that:

"... invalid conclusions will be drawn from the researcher's untested assumptions about the motivations and processes underlying correlations in the quantitative data, the attitudinal factors underlying observed behavioural differences between sub-groups, or the range of factors that might affect change in behaviour over an interval of time."

[Hakim:1994:32].
What comes first?

Huberman & Miles [1994:441] consider the importance of a researcher needing to sample "an intricately nested range of activities, processes, events, locations and times". They point out that this is essential with every case in point, even when the case is an individual. They proceed to declare that, in harmony with the philosophies of Glaser & Strauss [1967], "such choices are theory driven".

This issue hones in on the third of the key choices of research design specified by Easterby-Smith et al [1994:84f], namely whether the research tests theories or generates them. The workers question whether it is the theory or the data which should come first and consider that this factor represents:

"... the split between the positivist and phenomenological paradigms in relation to how the researcher should go about his or her work."

[Easterby-Smith et al:1994:86]

The division between the paradigms is, of course, evident here. The phenomenological or interpretive paradigm can comfortably rest upon the "grounded theory" first expounded by Glaser & Strauss [1967]. In this classic text, the workers take issue with an earlier worker, Merton [1964], whose stance essentially claims that the "data should fit the theory". In contrast, the theorists boldly take the position that "the theory should fit the data" [Glaser & Strauss:1967:261]. In a later work, grounded theory is explained thus:

"Grounded theory is a GENERAL METHODOLOGY for developing theory that is grounded in data systematically gathered and analyzed. Theory evolves during actual research, and it does this through continuous interplay between analysis and data collection."


Grounded theory is contrasted with what Glaser & Strauss dub a style of "logico-deductive, systematic grand theorizing" which tends to be considered "more prestigious". The workers reckon that the latter is:

"... in the hands of the most brilliant practitioners, more than merely esthetically satisfying".


They suggest that the approach can also give impetus to "considerable useful, precise verification of hypotheses". However, defending their stance with a reference to the fact that a gap had been noted nearly three decades earlier [Blumer:1940], they complain that the deductive kind of approach:
"... provides no directive - any more than it did a century ago when Comte and Spencer were its spokesmen - to closing that embarrassingly noticeable gap between highly abstract theory and the multitude of miniscule substantive studies so characteristic of current sociology."


In contrast to the approach offered through the phenomenological paradigm, the positivist would initially state the theory, then formulate a hypothesis and seek data to support it. The advantage of the positivist approach is summarized neatly thus:

"... there is initial clarity about what is to be investigated, and hence information can be collected speedily and efficiently."

[Easterby-Smith et al:1994:86]

The near sanctity of establishing a hypothesis at the outset of a study has been enshrined in the words of nursing researchers who describe it as:

"... the most important tool the researcher has. He can make use of the hypothesis to suggest new explorations and observations. Most important of all he can use the hypothesis to help interpret the significance of an obscure event. Hypotheses can be used as tools to uncover new facts rather than as ends in themselves."


Treece & Treece [1973:65] would appear almost to commit blasphemy in acknowledging that although it serves a purpose, in order to conduct research "it is not absolutely necessary to have a hypothesis"! However, a quarter of a century ago, the workers hailed the "scientific method" per se as a "trusted and sacred way to gain new knowledge and information". They explain that this is achieved by collecting empirical data in order to test a hypothesis.

In considering the advantages and disadvantages of research design using the positivist paradigm, it has been suggested that:

"Clarity of method means that it is easier for another researcher to replicate the study, and hence any claims arising from the research can be subjected to public scrutiny. The disadvantages are that its contribution may be quite trivial, confirming what is already known."

The workers conclude that:

"... if the results are inconclusive or negative, the approach can give little guidance on why this is so."

[Easterby-Smith et al:1994:86-87]
On the other hand, the same workers comment that the use of the grounded theory approach is:

"... flexible, and is good at providing both explanations and new insights. However, it may take more time, and researchers often have to live with the fear that nothing of interest will emerge from the work."

[Easterby-Smith et al:1994:87]

They counter the suspicion of some, that the lack of clarity and standardization of methods is a cause for concern, reckoning that this criticism originates from the positivist camp whose emphasis lies on the important issue of "finding the truth" [Easterby-Smith et al:1994:87]. If the truth be confronted, quantitative data are also capable of producing results from which "nothing of interest" may emerge. The associated statistics and statistical tests may, however, ensure that the "nothing of interest" can be verified and unquestionably so. The contribution made to scientific research though may remain in the realms of mystery rather than demonstrate mastery.

Denzin & Lincoln [1994:204] describe the current use of grounded theory in the social sciences as the "most widely employed interpretive strategy". They claim that:

"It gives the researcher a specific set of steps to follow that are closely aligned with the canons of "good science"."

[Denzin & Lincoln:1994:204]

In considering conceptual issues in the use of qualitative research, maybe it is one of Halcolm's Evaluation Laws which captures the essence of the argument most poignantly:

"There is no burden of proof. There is only the world to experience and understand. Shed the burden of proof to lighten the load for the journey of experience."


Experimental design versus fieldwork methods

The fourth issue relating to design which is raised by Easterby-Smith et al [1994:84f] concerns the choice between experiment and fieldwork. They acknowledge that the former is a key element in scientific research but that experiment is not inevitably used in the positivist approach. The classic experimental method is described as one involving the allocation of subjects to an experimental or control group. Conditions for the experimental group are manipulated by the researcher in order to assess the effect of certain influences or interventions whereas those for the control group are not deliberately affected. More than thirty years ago Riley described experiment as:
". . . a powerful design for testing hypotheses of causal relationships among variables."
[Riley:1963:612]

Other workers have more recently similarly defined experimental designs, including nursing researchers [Treece & Treece:1973:153f] and social scientists. An example of the way in which experimental design is perceived by the latter professional group is cited below, specifying that this involves:

". . . a very large number of strategies geared to assess the effects of particular variables on people under heavily controlled conditions."

Survey offers a further opportunity for experiment. Considering a specific design designated "analytic, relational survey design", Oppenheim explains that this is set up "specifically to explore the associations between variables". He acknowledges that it is similar, in many ways, to the laboratory experimental design, commenting that:

". . . like experiments in the laboratory, it is usually set up to explore specific hypotheses. It is less orientated towards representativeness and more towards finding associations and explanations, less towards description and enumeration and more towards prediction, less likely to ask "how many?" or "how often?" than "why?" and "what goes with what?"

Hakim [1994:28] considers the place of surveys alongside qualitative research by likening the former to a "bird's eye view" and the latter to a "worm's eye view". She identifies a common link between qualitative research and surveys, the former sometimes being carried out prior to a survey as:

". . . an exploratory first step that paves the way as well as offering a greater depth of information to complement the quantitative survey results."
[Hakim:1994:32]

Qualitative research in the context of this thesis may well be akin to the worm's eye view, but useful information is believed to generate from the careful dissection of one worm. There is no assumption that the one worm is representative of other worms, since they are not clones, but uniquely created individuals. Only that the findings will prove of interest and possible significance to the others. The value of focusing on the single case has already been discussed [ibid:183f].
"Quasi-experimental" designs have been developed to try and overcome some of the problems of the positivist experimental design. In education, the most common example is cited as the pre and post test offered to assess the effectiveness of a course. However, there are difficulties in managing factors which may influence a control group in this set up and an assumption that "nothing" affects them is fraught with hazards [Easterby-Smith et al:1994:87].

It is this situation which is credited to have given birth to "fieldwork" described as the study of "real organizations or social settings". This may include using positivist, quantitative methods, or it may be phenomenological and more open-ended. Easterby-Smith et al [1994:87] cite ethnography as a distinctive research style in the latter category where the researcher attempts to immerse himself into the setting or be absorbed into the group which is under examination.

Patton describes the primary research method adopted by ethnographers as participant observation within the tradition of anthropology. He maintains that the concept of culture is central in ethnography and that this type of research focuses on attempting to find an answer to the question "What is the culture of this group of people?". He purports that:

"The critical assumption guiding ethnographic inquiry is that every human group that is together for a period of time will evolve a culture."

Patton [1990:67-68]

To return to the analogy of the worm, there will be common bases which will unite this creature with others of the same genotype. They will face challenges and problems with which the others can identify, they will have faced similar decisions and adopted a pattern of standards which is at least discernible by their group, they will share a common difference which separates them from others who move beneath and upon the same ground.

Patton ascribes to the definition of culture as a collection of behavioural patterns and beliefs that constitute:

"... standards for deciding what is, standards for deciding what can be, standards for deciding how one feels about it, standards for deciding what to do about it, and standards for deciding how to go about doing it."


It is these dimensions of culture which may be so differently displayed by midwives from different cultural backgrounds in respect of Safe Motherhood, midwifery education and practice. These have been discussed earlier in this thesis and are summarised graphically in Chapters 4,
5, and 6. It is in this area that the international consultant is likely to experience a gap in perception (Figures 4.3 & 4.10), a culture shock and a "quality gap" (Figure 6.2.). But it is here too, in the cross cultural situation, that encounter must occur and exchange take place (Figure 5.2.). This same area of interaction [ibid:176-179] offers a rich resource for research data.

Seeking disconfirmatory evidence

The fifth and final key choice in research design proffered by Easterby-Smith et al [1994:88f] is that which distinguishes between verification and falsification. The distinction first accredited to Popper [1959] who suggested that instead of attempting to find evidence to confirm a hypothesis or existing view, one should seek that which will "disconfirm" it. This approach requires theories to be so formulated as to make possible refutation of them easy. Easterby-Smith et al [1994:88] comment that there is an advantage here in that "only one instance of refutation is needed to falsify a theory". They argue that:

"... however many confirmations of the theory there are it will still not be conclusively proven."

[Easterby-Smith et al:1994:88]

Guba & Lincoln [1994:106-107] point out that the conventional approach seeking to verify specific hypotheses glosses over the source of the hypotheses which have often been derived from "the discovery process". The workers also identify with a later work of Popper [1968] in asserting that the notion of theory falsification should replace that of theory verification. They claim that the historical scientific position that the "real" truth can be established through research using scientific methods is now "brought sharply into question".

Huberman & Miles [1994:438f] address the issue of verification by stating that it involves checking for the most common or insidious biases that can enter into the process of drawing conclusions. They refer to the use of triangulation which they claim is best achieved by "multiplying independent measures and sources from the same phenomenon". Acknowledging the work of Glaser [1978] they point out that "Grounded" theorists:

"... have long contended that theory generated from one data source works less well than "slices of data" from different sources."

[Huberman & Miles:1994:438]

Easterby-Smith et al [1994:88-89] state that most of the verification-falsification debate finds congruence with the positivist view because "ideas of "truth" and "proof" are associated mainly with that paradigm". Exploring the idea
of a new paradigm for research, Reason [1992:11-12] describes a "shift from an objective consciousness to a quality of awareness". Making reference to his previous work on the topic [Reason & Rowan:1981] [Reason:1988], he calls this "critical subjectivity". Reason likens a process of inquiry at the outset to that of the knowing of a small child which is:

"... very prone to distortions arising from our biases and prejudices, from anxieties, and from the pressures of the social world."

However, he points out that such a process of inquiry:

"... also has a lot of good qualities because it is alive, involved, committed. . ." he adds that:

"... it is a very important part of our humanity, and we lose a lot if we try to throw it out altogether." [Reason:1992:11]

In moving from the more subjective and active form of knowing towards the "objective knowing of orthodox inquiry", Reason contends that:

"This objective approach to inquiry deals with many of the problems of naive inquiry, but because it is separated from our subjectivity we are left with essentially dead knowledge, alienated from its source. It has been argued that epistemology is a root cause of the fundamental problems which appear to beset our civilization [Bateson:1972; Griffin:1984]."

[Reason:1992:12]

Maybe, it is something of an oversimplification to blame epistemology for all society's ills, however, the writer proffers that:

"... one of the features of the emerging new paradigm is that we seek to go beyond this split between subjective and objective. Critical subjectivity is a quality of awareness in which we do not suppress our primary subjective experience; nor do we allow ourselves to be overwhelmed and swept along by it; rather we raise it to consciousness and use it as part of the inquiry process."

[Reason:1992:12]

To return to the verification-falsification debate, Easterby-Smith et al propose that the phenomenologist can learn from the discussion which arises between the differing paradigms. They conclude that:
"If the idea of falsification is to be applied more fully to phenomenological research then one should look for evidence that might confirm or contradict what one currently believes to be true."

[Easterby-Smith et al:1994:89]

This certainly emphasizes the fact that phenomenology is no soft option and one could argue that such an approach challenges the researcher to a point where it could be the most painful.

Conclusion

Reflecting on the differing concepts from which the researcher must select approach, design and method, it can be perceived that in using the interpretive paradigm, the researcher is exposed to a vast area which lacks clear boundaries. However, such a situation can offer opportunities rather than obstructions, it can become a strength rather than a weakness. It is the posture reflecting these positive attributes which has been adopted during this study.

It has been stated that "Research, like diplomacy, is the art of the possible" [Patton:1990:13]. In this chapter an attempt has been made to sketch the outline of a methodology which is deemed appropriate in order to achieve what is reasonably possible and plausible. But what is feasible is not inevitably acceptable. There are other issues of credibility and morality which need to be addressed. These issues are identified, inspected and inquired into in Chapter 9 along with the methods which have been selected for data collection.

Reflecting on the issues raised during this chapter, a major methodological question arises, namely:

Recognising the biases of subjectivity, ethical issues and the scale of the study, how can international midwifery consultancy be adequately examined in order to provide evidence which is valid and reliable?

Building on the theory and academic debate presented in this chapter, the question is addressed broadly in Chapter 9. It is then permitted to become the focus of Chapter 10 where the specific and personal methodological decisions which have been made in order to execute this study are expounded.
CHAPTER 9
RESEARCH METHODOLOGY
MOTIVES, MORALS AND METHODS

Introduction

It has been stated that utilising qualitative methods in carrying out research can result:

"... either in improved social scientific understanding or meaningless gibberish."

[Berg:1995:221]

This chapter sets out to debate some of the issues which, if selected appropriately and used aptly, are believed to increase the possibility of conducting ethical, valid and reliable research which will contribute to the former rather than add to the latter.

Chapter 8 has paved the way for the emphasis to rest upon a qualitative approach to research in this thesis. Qualitative inquiry has been identified as something which:

"... cultivates the most useful of all human capacities - the capacity to learn from others"


In order to learn from others with sensitivity and understanding, one must tread carefully, explore with empathy as well as expectation, keeping an open eye and an open mind about what may lie around and ahead. One must also wade into exploratory areas which are most likely to generate rich data. Qualitative research is likely to take the researcher into some of the fascinating depths of an unexplored world. In the search for understanding and the quest for increasing insight, there may be many a scientific swamp to be negotiated and not a few ethnographic enigmas to be unravelled if a meaningful intellectual chasm is to be traversed during the research process. In order to do this, all the richness of both quantitative and qualitative inquiry must be within the reach of the researcher and choices made with diligence and with decisiveness. Berg [1995:236] suggests that neither the qualitative nor the quantitative approaches are perfect, and in harmony with the opinion of Webb et al [1981], he also maintains that no data-collecting procedure is scientifically useless.

Commending investigation which is centred in grounded theory, research has been described as "a thrilling creative thing" transmitting:
"... the sense of adventure, the air of excitement and of positive apprehension over what is discovered as one tracks down clues and sorts among alternatives"

[American Sociological Review]
[cited in Glaser & Strauss:1967:1]

This chapter builds on Chapter 8 and points to some of the clues in the methodological marathon. It aims to further prepare the ground for the choices which have been made in carrying out this research. The chapter considers the options, scrutinizes them with caution and emerges with a logic upon which the methodological decisions in this thesis are confidently based.

Finally, this chapter focuses on the theory and practice of the variety of research methods which have been selected and used in this thesis. The justification for selecting these methods and the precise way in which they are used are explained in Chapter 10.

Validity, reliability and generalizability

In Chapter 8 the deliberate attempt to seek disconfirmatory evidence was discussed [ibid:190f]. Whether one is seeking verification or falsification of research findings, an essential question needing to be addressed in the context of design issues and options has been phrased thus:

"How will validity of and confidence in the findings be addressed?"

[Patton:1990:197]

Patton proceeds to suggest that in this context triangulation, sources of multiple data as well as a multiplicity of methods, perspectives and investigators should be considered [Patton:1990:197].

Kirk & Miller comment that whatever their detailed goals may be, researchers in the natural and social sciences share the aspiration to generate some collective knowledge that, by its own merits, will have the capacity to attract the attention of a wider audience beyond those described as "the friends and admirers of its creators." They conclude that: "This goal is exactly objectivity." The workers proceed to contend that reliability and validity is as necessary in the social sciences as in scientific research [Kirk & Miller: 1986:13f].

Validity presents particular challenges and these may be specific to a certain area of study. An anthropological researcher identifying her specialism as "a feat of empathy and analysis" claims that anthropologists, using an ethnographic approach to research, must become deeply immersed in what they are researching. She points out that
this is seldom accomplished in a short time and traditionally anthropologists are less concerned about the scientific approach than are social scientists [Nader:1993:7]. Hammersley offers an opinion which is palatable to many scientific ethnographers, namely that:

"An account is valid or true if it represents accurately those features of the phenomena that it is intended to describe, explain or theorize."

[Hammersley:1992:69]

He contends that research is not an individual but a collective inquiry and rather than aiming to produce solutions to practical problems, research is geared towards producing knowledge which is valid and relevant [Hammersley:1992:131].

Altheide & Johnson [1994:488f] propose that validity will depend on the goals of the research as well as the "interpretive communities" who may include those other than academics and researchers. They deduce that "validity will be quite different for different audiences" and declare that any attempt to derive meaningful criteria to assess the adequacy of qualitative research must first identify the goals of ethnography. The workers identify the issue of "ethnographic loyalty and commitment" as one of the key problems which needs to be discussed by ethnographers in particular and qualitative researchers in general. The issue rests around whether these involve the persons or settings studied, those who may read the report and whose favour may be deemed advantageous or whether the research is dedicated to a higher ideal, for example, the liberation of the oppressed. This issue borders on the ethical and as such is discussed below. It is taken up again in the next chapter in the context of this research [ibid:223f,241] since ethical issues helped to influence the need to focus and refocus the primary research question in order to achieve its aims without breaching confidentiality and creating ethical dilemmas.

Bailey [1978:259f] claims that ethnomethodological studies generally appear to be "quite valid" and relates this belief to the fact that the ethnomethodologist searches for observable regularities and then labels them. He voices the suspicion of the ethnomethodologist in respect of the validity of survey questionnaires and interviews since these will be governed by "rules", contending that:

"... the rules will generate the data artificially, with the survey being a game that the respondent plays according to the printed rules in order to please and to give the researcher what he or she really wants rather than what the respondent really thinks."

[Bailey:1978:261]
Bailey [1978:261f] also expresses concern about reliability of survey designs from the ethnomethodological standpoint, arguing that data collected are not necessarily a pure and objective measure of social reality. Rather, it is claimed they tend to provide a reinforcement of the researcher's assumptions or a product of these. However he acknowledges the essential difference between quantitative and qualitative research and concedes that the survey approach does have its uses. He claims that the survey is primarily a cross-sectional technique designed to gather data at a specific point in time rather than over a period of time. Bailey acknowledges that the survey is an efficient method for researchers wishing to study the product rather than the process and concludes:

"Survey research does a good job as long as the questionnaire can be answered routinely, does not have exceptions, and is not ambiguous. Even where ambiguity occurs . . . . error is often negligible, since only a few respondents have unusual circumstances that render interpretation difficult."  
[Bailey:1978:262-3]

This, in reality, may be assuming overmuch, since a researcher may proceed to draw conclusions from misunderstood questions. However, Bailey goes on to suggest that where ambiguity does exist, ethnomethodology can offer an important approach to identify why the respondent answers the way in which he does. This could clarify some issues and throw light on new information, nevertheless, the risk of badly worded questions must be minimized and a pilot study can help avoid a preventable disaster in this area.

An attempt to move the goal posts?

It has been pointed out that in new paradigm research:

". . . the traditional positivist criteria of internal and external validity are replaced by the terms TRUSTWORTHINESS and AUTHENTICITY."  
[Denzin & Lincoln:1994:100]

Easterby-Smith et al [1994a:89] comment that ideas of validity and reliability can provide a very useful discipline as long as the researcher is committed to ensuring a "faithful description of others' understandings and perceptions". The workers provide a helpful guide with respect to the differing viewpoints held by positivists and phenomenologists on questions of validity, reliability and generalizability.

Firstly, concerning validity. Whereas the positivist will ask whether an instrument measures what it is supposed to measure, the phenomenologist will ask whether the researcher has gained full access to the knowledge and meanings of the informants. Regarding reliability, the positivist,
providing there has been no real change in what is being measured, will be concerned whether the measure is likely to yield the same results on different occasions. Whereas reliability for the phenomenologist hinges on whether similar observations will be made by different researchers on different occasions. The positivist seeks generalizability through determining whether there is a probability that patterns observed in a sample will be present in the wider population of which that sample is deemed to be representative. However, his phenomenological counterpart would want to consider the likelihood of the ideas and theories generated in one setting being applicable in other settings [Easterby-Smith et al:1994a:90].

Clearly there is a difference of viewpoint, but researchers from various disciplines are concerned to ensure that their work is credible. Huberman & Miles [1994:438] state that triangulation is the term most frequently used in respect of analysis and confirmation issues. Berg [1995:4f] traces the origin of the word from the activities of surveying, map making, navigation and military exercises. Triangulation as a multimethod approach to social science research and validation of data was described four decades ago by Campbell [1956] and Campbell & Fiske [1959]. Berg points out that because many researchers consider their method as "an atheoretical tool" they fail to appreciate that research methods "impose certain perspectives on reality". He concludes that each method:

"... reveals slightly different facets of the same symbolic reality. Every method is a different line of sight directed towards the same point, observing social and symbolic reality. By combining several lines of sight, researchers obtain a better, more substantive picture of reality; a richer, more complete array of symbols and theoretical concepts; and a means of verifying many of these elements."


He explains that the use of these "multiple lines of sight" is often referred to as "triangulation". Denzin later introduced the phrase "lines of action", describing technologies involving multiple data collection alongside multiple theories, multiple methodologies and multiple researchers or a combination of the four research activities described [Denzin:1978:292]. However, in a more recent work, acknowledging that qualitative research is essentially multimethod in focus, Denzin & Lincoln are careful to point out that triangulation is an alternative to validation rather than a tool or strategy to achieve validation. They declare that:

The combination of multiple methods, empirical materials, perspectives and observers in a single study is best understood, then, as a strategy that adds rigor, breadth, and depth to any investigation."

[Denzin & Lincoln:1994:2]
The addition of such dimensions to a research study can only be a healthy and welcome complement to any piece of academic work.

The ethics and politics of research

It has been declared that:

"The age of value-free inquiry for the human disciplines is over and researchers now struggle to develop situational and trans situational ethics that apply to any given research act."

[Denzin & Lincoln:1994:12]

The workers warn that the researcher must confront both the ethics and the politics of research. Punch acknowledges the whole area of ethics and politics in qualitative research as a "swamp" through which he reckons each researcher will need to trace his own path, explaining that this is because:

". . . there is no consensus or unanimity on what is public and private, what constitutes harm and what the benefits of knowledge are."

[Punch:1994:94]

Punch [1994:89] contends that the main areas of ethical concern in qualitative research focus on "issues of harm, consent, deception, privacy and confidentiality. . . ." These issues similarly form the basis of research ethics addressed by Berger & Patchner [1994:93f] who proceed to consider other ethical issues which focus on the researcher rather than the subjects. The sins of omission and commission identified in this area include:

"Outright fabrication of data and more subtle forms of cheating, such as concealing negative evidence, "covering up data", and incorrectly analysing data. . . ."


Clearly, research is an ethical minefield and each researcher has to determine his or her own ethical stance. Denzin & Lincoln [1994:20f] identify five ethical positions which may be adopted by researchers. These range from absolutist to consequentialist, through to feminist, relativist or deceptive. These concepts may merge or overlap and the main categories proposed by Denzin & Lincoln are summarized and presented in Table 9.1. The feminist position is most usually associated with the relativist stance. The contextualized-consequentialist ethic which has been expounded by Collins [1990:216] however, finds commendation with Denzin & Lincoln also because of its emphasis on personal accountability, a caring and empathic attitude, a recognition of individual expressiveness and a sharing of emotionality.
Table 9.1.

**Ethical stances**

(adapted from Denzin & Lincoln:1994:20f)

<table>
<thead>
<tr>
<th>STANCE</th>
<th>ARGUMENT/ASSUMPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECEPTION</td>
<td>&quot;Endorses investigative voyeurism in the name of science, truth and understanding&quot;. The researcher may use any method to obtain information and it is justified on the grounds that frequently, people will hide the truth from a researcher. Lies, deception, and infiltrating settings are amongst the techniques which are considered appropriate.</td>
</tr>
<tr>
<td>ABSOLUTIST</td>
<td>Social scientists have no right to invade the privacy of others but they do have a responsibility to contribute to help a society to understand itself. Therefore a method which contributes to the latter is justified, but study should take place only in the public sphere.</td>
</tr>
<tr>
<td>RELATIVIST</td>
<td>There is freedom for scientists to study any issues they consider appropriate, providing they flow from their own experiences. The researcher sets his/her own agenda according to personal biography and not that of a larger scientific community. Standards are dictated by individual conscience and each situation requires a different stance. Open, sharing relationships are encouraged with subjects investigated and deception is removed.</td>
</tr>
<tr>
<td>CONTEXTUALIZED-</td>
<td>Builds on the principles of (1) mutual respect, (2) noncoercion &amp; nonmanipulation, (3) the support of democratic values and institutions and (4) a belief that every act of research implies ethical decisions which are contextual. All ethical decisions affect others in the short term and long term. The researcher must build relationships of noncoercive respect and trust which are not based on deception. Assumes researchers are committed to personal accountability and caring, and value individual expressiveness, the capacity for empathy and sharing emotionality.</td>
</tr>
</tbody>
</table>
To do no harm

In examining the harms and benefits, rights and wrongs in fieldwork associated with social research, Cassell [1982:17] points out the wisdom of adhering to Kantian ethics whereby the fundamental principle is respected that people are always treated as "ends in themselves, never merely as means". This notion is in harmony with a basic principle of medicine enshrined in the Hippocratic oath, namely that the doctor should do no harm. Researchers originating from the health care professions may have no difficulty in identifying with such a familiar principle, but actually implementing the principle in research practice, may not be quite as straightforward.

Treece & Treece [1973:29] declare that people seemed not to object to publicity concerning their personal health and illness since it would be likely to benefit the medical profession and the public in the long term. They state that in order to collect data on human interaction though, this could "only come about by some sleuthing" and that the real question to be addressed in this context is the ethical acceptability of gathering data and reporting findings. Although, in essence, the moral issues surrounding the situation may not have changed, in reality, the expectations of the public have changed drastically in the last quarter century since Treece & Treece made these assertions. One certainly could not make the same assumptions today. "Sleuthing" in any form is liable to become a punishable form of activity in today's world, but differentiating sleuthing from ethical investigation may not be so clear cut, and particularly so in cross cultural situations. What, for example, may be considered an invasion of privacy in the western world may be a normal way of life in the East. However, every culture has its norms and limits of acceptability and it is the responsibility of the cross cultural researcher to determine these in every new and different situation.

Johnson [1982] considers some of the risks associated in the publication of fieldwork. Her focus is upon community studies in which she cautions that it is possible not even to recognize that there are ethical problems in relation to publication. An international consultant, however, would be very naive to consider that this area was anything but potentially hazardous. Nonetheless, some unwise, if not unethical actions have been taken in this respect and it could be unethical even to cite them here. Johnson identifies the following areas which are potentially problematic in the publication of fieldwork:
(1) the "upset" of persons (able to identify themselves in a report) at the way they are portrayed;
(2) the subjecting of individuals to unwanted publicity;
(3) hazards of disclosing data about identifiable individuals or groups to others who have the power to use that information for exploitative purposes;
(4) problems of depicting peoples in a way that is embarrassing to the larger group to which they belong; and
(5) harm done to science, scientific opportunities, and to individual scientists."

[Johnson:1982:71]

These problems most certainly constitute risks in a cross cultural situation and the implications as well as the ways in which such issues have been addressed during this research are discussed in the next chapter [ibid: 232f].

Patton compares the problems faced by the "scholarly" researcher with those confronting workers undertaking evaluation research. He contends that it is easier to protect the identity of informants or study settings in the former situation. On evaluation research he comments that:

"... while the identity of who said what may be possible to keep secret, it is seldom possible to conceal the identity of a program and doing so may undermine the utility of the findings."

[Patton:1990:213]

This particular challenge has been faced repeatedly during this study. Maybe Berger & Patchner spell out most clearly the obligation of the researcher to adhere to ethical standards throughout the research process, in order to "protect their subjects and act responsibly and morally". They state that:

"Ethical codes governing research involving human subjects require that subjects give informed consent for their participation, that subjects are not physically or psychologically harmed, that all information about subjects is kept confidential, and that researchers do not deceive study participants."

They add:

"Moreover, the researcher is ethically required to be honest and accurate in conducting and presenting research findings."

Credence and credibility may well be the watchwords of the researcher. A self audit of credence and a credibility check should perhaps form part of the researcher's daily routine. Checking out with another trusted person who can, without breaching the promised confidentiality, offer objectivity to the situation, can provide another safety net. Without positive feedback from these areas there is a potential for harm, a risk of deception and a possible void in the whole area of credibility. There is a prescription for disaster.

A word about politics

The word "politics" itself may not immediately and instinctively be associated with thoughts aroused by the term "ethics" in the context of research. In considering the "dynamics and dilemmas" associated with qualitative fieldwork it has been pointed out that:

"... acute moral and ethical dilemmas may be encountered while a semiconscious political process of negotiation pervades all fieldwork."

The writer proceeds to "summarize crudely" these issues which he describes:

"... in terms of getting in and getting out, and of one's social and moral conduct in relation to the political constraints of the field."

[G punch:1994:84]

Guba & Lincoln [1989:125] declare that politics, to a greater or lesser extent, suffuse into all social science research. Citing the work of Hammond [1964] and Bell & Newby [1977] in considering the meaning of the word "politics", Punch declares that he interprets this to convey:

"... everything from the micropolitics of personal relations to the cultures and resources of research units and universities, the powers and policies of government research departments, and ultimately even the hand (heavy or otherwise) of the central state itself. . . ."

[G punch: 1994:84]

Punch [1994:85f] considers the likelihood that much research is carried out in order to raise awareness, to provide emotional catharsis or to increase politicization or activism. He identifies marginal groups or those who have experienced discrimination. Examples cited include the feminist movement who have established an accepted practice of using research to lead to liberation. This has been demonstrated through studies focusing on such issues as abortion, AIDS clinics and violence against women.
The World Health Organization and its partners in the Safe Motherhood Initiative [WHO:1987] have encouraged and sponsored research worldwide into the predisposing factors and causes of maternal mortality and morbidity and continue to do so [WHO:1995] [WHO:1991] [Royston & Armstrong:1989]. As discussed at the outset of this thesis [ibid: 1-2], Safe Motherhood is a political issue, but it appears to be rather a weak one, it is on the international agenda, but not very high on it. It has also been proffered that consultancy may have links with past colonial approaches and aid with trade [ibid: 61f, 115f]. This study, therefore, encompassing Safe Motherhood and the consultancies generated in its wake, cannot be deemed apolitical, it is not totally without "a cause", though there is nothing to be gained by the researcher which may be regarded as data dependent. This issue is addressed specifically in Chapter 10.

A matter of method

In attempting to define research methods, Cohen & Manion [1989:41] acknowledge that the term is traditionally associated with positivistic approaches and cite "eliciting responses to predetermined questions" and "recording measurements" as well as describing phenomena and performing experiments" as examples in this context. They proceed however, to include the methods which are associated with the interpretive paradigm and identify participant observation and non-directive interviewing amongst these.

Treece & Treece [1973:46] point out that in social science research "how information is found is more important than what is found". The "how" in this frame of reference refers to the methods which are used to acquire information. They proceed to define research method as:

"... the technique used by the scientist to collect and order data, to use statistical manipulation and to arrive at a logical conclusion."

[Treece & Treece:1973:46]

The workers acknowledge that it can be difficult to separate research theory from methods and this is borne out in considering the different methods needed in actioning research which rests on differing underlying theories. In reviewing methods of collecting and analysing data, Denzin & Lincoln considering the constructionist position explain that:

"... the socially situated researcher creates through interaction, the realities that constitute the places where empirical materials are collected and analysed."

They proffer that:

"These practices are methods and techniques for producing empirical materials as well as theoretical interpretations of the world."

[Denzin & Lincoln:1994:353]
Douglas [1976:12] proposes that the research methods of social scientists form a continuum ranging from the totally uncontrolled and possibly uncontrollable techniques which arise in natural settings to those observational methods which are totally controlled. Undoubtedly, studying human subjects presents a sensitive and complex challenge to the researcher. Almost four decades ago Mills argued that:

"If humans are studied in a symbolically reduced, statistically aggregated fashion, there is danger that conclusions - although arithmetically precise - may fail to fit reality."


The social scientist, amongst whose ranks the midwife researcher frequently aligns, is obliged to touch reality. In order to do this she is obliged to use the best tools available and the choice of research methods is an important consideration in the careful planning of any research.

Denzin & Lincoln point out that there is a distinct history linking the various paradigms of research and the research methods associated with them. They emphasize, however, that:

"Although the methods-as-tools are somewhat universal in application, they are not uniformly used by researchers from all paradigms, or if they are used, they are fitted to the particularities of the paradigm in question."

[Denzin & Lincoln:1994:359]

The workers contend that in order to acquire a full appreciation of the strengths and limitations of various research methods, the researcher needs a thorough understanding and working knowledge of all the methods which may be used in data collection and analysis. The wisdom of this caution is acknowledged here, but the perspectives discussed in this chapter relate specifically to those methods which have relevance in the context of this study. The reasons for selecting the methods and the justification in using them are explained and discussed in Chapter 10 [ibid: 232f].

As one management and development researcher aptly comments:

"The choice of research methods is influenced by the beliefs of the researcher and her approach to research. The methods used in a particular study will depend on the objectives of the research, on its expected outcomes and on the information which, in the view of the researcher is important."

[Ellis:1990:26]

The methods which have been selected for discussion below reflect these particular issues.
The questionnaire

It has been acknowledged by numerous workers that in research terms, survey, including both written questionnaire and interview may be interpreted in different ways by different workers. It may include postal, group or self administered questionnaires as well as structured interview schedules including those conducted over the telephone [Oppenheim:1996:100f] [Berg:1995:35f] [Fontana & Frey:1994:361f]. A quarter of a century ago Treece & Treece [1973:107f] acknowledged the questionnaire as "the most common type of research instrument". However, the workers acknowledge that although the tool has advantages in both its construction and administration to a sample which may be widely scattered, there are also many disadvantages. It is prudent first to take issue with Treece & Treece over the suggestion that the questionnaire can be utilised quite easily by "beginning researchers". An assumption that a research tool is easy to design is rather dangerous, since once it is finalised it will dictate a considerable number of other issues in respect of the research process. It may even prove impossible to analyse, or at least to do so in a way which will contribute anything valid, reliable and meaningful to the research. Youngman picks up this issue in providing a guide for designing and using questionnaires, cautioning that the simplicity of this method can too often be exaggerated:

"Popular conceptions of survey research often see the use of questionnaires as a mechanistic exercise requiring minimal thought, especially if compared with qualitative approaches, for example. But the effective use of questionnaires demands a clear understanding of the research context. This is seen most starkly in the extent to which the ultimate analytical interpretations exhibit confusion or lucidity, scepticism or conviction."

[Youngman:1994:248]

Amongst the disadvantages of the questionnaire acknowledged by Treece & Treece [1973:107] are those surrounding possible misunderstanding of the questionnaire, the cost and limitation of its use amongst those who are literate. Youngman[1994:255] warns that if questions are formulated in such a way that response becomes difficult, this will cause the reliability of the tool to be questioned. Treece & Treece [1973:107] and Hakim [1994:49] point to the difficulty that a questionnaire is likely to generate less depth and quality of information by comparison with that which may be obtained through an in-depth interview.

The questionnaire may be open-ended or closed-ended or may contain a combination of these approaches. As indicated above, it needs to be carefully designed, clearly worded and
also accompanied by an explanation and request to the respondent. If mailed it should be accompanied by a self addressed envelope to assist in its return to the researcher. Careful records of despatch and return and a system of follow up where necessary will assist in achieving a maximum response rate. As indicated above, it is essential to test the tool by undertaking a pilot study.

The interview

The interview, like the questionnaire can take many forms. It may be conducted face to face or over the telephone. It may be carried out on a one-to-one basis or in a group. It may be structured, semi-structured or unstructured. The structured interview has many similarities with the questionnaire, but is administered orally.

It has been claimed that although interviewing is the oldest research method in the world, it is also sometimes the most ill-used [Wragg:1994:267]. It may be that familiarity breeds a false sense of security. A feminist writer likens interviewing to a marriage:

"Everybody knows what it is, an awful lot of people do it, and yet behind each closed front door there is a world of secrets."

[Oakley:1981:41]

The skill of interviewing rests on the ability of the interviewer to formulate relevant and unambiguous questions and to listen with empathy to the responses, in the words of Malcolm's Epistemological Parables:

"The skilled questioner and attentive listener knows how to enter into another's experience."

[Cited in Patton:1990:278]

Patton [1990:278] emphasises that open-ended interviewing is designed to "access the perspective of the person being interviewed", not attempting to put anything into the mind of the interviewee. He proceeds to describe three basic types of interviewing techniques which can be used in qualitative research. These are:

"(1) the informal conversational interview,  
(2) the general interview guide approach, and  
(3) the standardized open-ended interview."

[Patton:1990:280]

Patton proceeds to point out that the variation in these techniques rests on the extent to which the questions which are to be asked are decided and standardized in advance of conducting the interview. The informal conversational interview is likened to interaction which occurs naturally during the course of participant observation. This is concurred by other workers including Adams & Preiss [1960],
Lofland [1971], Spradley [1979], Denzin [1989], Fontana & Frey [1994], Berg [1995]. Patton [1990:280f] explains that this conversational type of interview relies entirely on the natural flow of questions which are spontaneously generated. Whereas the standardized open-ended interview may have much in common with an open-ended questionnaire. Standardization in interview content and approach, of course, has its advantages where there is more than one interviewer involved.

The traditional unstructured interview has been described as the "open-ended ethnographic (in-depth) interview" and is claimed to provide greater breadth by comparison with other approaches to interviewing [Fontana & Frey:1994]. Berg [1995] comments that this kind of interview assumes that not all the necessary questions are known in advance and because of its use in establishing rapport has been dubbed "chit chat" [Douglas:1985]. In this context it is understandable how this interviewing technique commends itself to consultants working in cross cultural situations. It is also understandable why researchers who are adherents to the normative paradigm may have difficulty in accepting the credibility of such an approach.

The group interview

Group interviewing, which has its roots in market research, politics and the military, has also been used for decades in the field of sociological research [Bogardus:1926] [Thompson & DeMerath: 1952] [Zuckerman:1972] [Morgan & Spanish:1984] [Berg:1995]. Merton et al [1956] are credited with having introduced the term "focus group". This particular kind of group provides a forum for specific questions after a considerable amount of research has already been carried out on the topic.

Fontana & Frey comment that:

"The group interview has the advantages of being inexpensive, data rich, flexible, stimulating to respondents, recall aiding, and cumulative and elaborative, over and above individual responses."

It was the experience of educationalists that:

"Groups are not just a convenient way to accumulate the individual knowledge of their members. They give rise synergistically to insights and solutions that would not come about without them."

Group interviewing has been acknowledged essentially as a qualitative research method, but according to the purpose of the interviewer, the interview may range from being very structured to very unstructured [Fontana & Frey:1994:365].
The focus group interview can certainly have its uses in traditional communities where the group has more significance than the individual. Difficulties can occur when culture and custom may inhibit or prohibit those who are younger or of lower status from expressing their opinions in the presence of their elders or seniors, but interactions between group members can be observed.

Berg [1995:72f] describes how focus group sessions can provide for "bracketing", a term first used by Husserl in 1913 [Husserl:1962:86] in which a phenomenon is held up for close inspection and examination. Such bracketing will unmask, define and determine "the phenomenon's basic elements and essential structure" [Berg:1995:73]. In respect of international midwifery consultancy, it is therefore possible to "bracket" this topic and collect data through the use of a focus group which will throw light on this specific topic. The introduction of this technique as part of a collaborative inquiry is explained in the next chapter [ibid: 234f].

The biographical method

Biography or "life writing" forms one of the ethnographic methods of data collection which is becoming increasingly popular in the social sciences [Burgess:1984] [Burgess & Ruddock:1993] [Berg:1995]. Smith [1994:287] identifies the numerous labels which may be affixed to various forms of life writing, these include profiles, case studies, autobiographies, diaries and journals. Some workers distinguish between logs, diaries and journals [Holly:1984] [Holly:1989] [Burgess:1994]. The log is described as an "aide-mémoire rather than a continuous free-flowing piece of writing". A diary tends to be more structured, containing data about the writer's experiences [Burgess:1994:300f] whereas a journal is more structured. It contains objective notes as well as being descriptive and discursive [Holly:1984:5f].

Autobiography may be written consciously or unconsciously during the keeping of a log book, diary or journal and as such may form an implicit and inevitable method within participant observation whilst undertaking fieldwork. Commenting on the use of autobiography as a research method, an educationalist perceives this as:

"... the core of late twentieth century paradigmatic shifts in the structures of thought".

[Smith:1994:288]

Acknowledging the work of Skinner [1977], [1979] [1983] he warns against generalizing about "life writing" or evaluating it too quickly. Nevertheless Smith declares a belief that:
"... the stories and ideas that one creates should be useful for solving further problems in one's professional life."

[Smith:1994:302]

He concludes that autobiography forms an important research method in this respect and that reflective practice is another of the significant biographical methods. Since reflective practice has become a recommended approach in midwifery alongside other professions, reflective journalling can surely offer an important resource in researching professional practice, especially when that practice contributes to the focus of the research.

The positivist would doubtless find it hard to swallow, but maybe autobiography in itself, at least to some extent, is impossible to separate from research for it has been claimed that:

"There is no theory that is not a fragment, carefully prepared, of some autobiography."

[Valéry: cited in Olney:1980:i]

Autobiography openly declares its source and does not pretend to be anything other. However, it is important to recognize both its strengths and limitations. It has been acknowledged that any autobiographical piece of writing is:

"... a particular reconstruction of an individual's narrative, and there could be other reconstructions."

[Connelly & Clandinin:1988:39]

Maybe the text should be stronger here, since, given the unique nature of the writing, inevitably there will be other possible reconstructions and other interpretations. Autobiographical writing has been likened to creating a field text which captures:

"... a tension between self and others, of generating reflection on the fluctuating place of the subject within its community."

[Molloy:1991:9]

Thus, this research method provides an indispensable technique for examining a situation in which the researcher forms one of the population which is under examination. In research which includes self examination, personal experience methods which also embrace field notes, letters, annals and chronicles, conversations and interviews must surely play an important part [Clandinin & Connelly:1994].

The case study

Stake [1994:236] suggests that the majority of researchers using case study may do so referring to their work by some other name. He cites the instance of Simons [1980] who
referred to his own studies as "fieldwork". However, in his dissertation on case study, Stake [1994], building on the work of Campbell [1975], Hamilton [1980], Kemmis [1980] and Yin [1989], uses the term to address the epistemological question "What can be learned from the single case?". Stake [1994:240f] reasons that making a direct comparison of the single case with others diminishes the opportunity to learn from that case. He reports that researchers vary in the amount of comparison they will make between their own and other cases and comments that:

"Most naturalistic, ethnographic, phenomenological researchers will concentrate on describing the present case in sufficient detail so that the reader can make good comparisons."

[Stake:1994:241]

This approach can be commended from the point of view that it could have the effect of encouraging a greater diversity in making comparison than may occur with those other cases selected by the researcher for this purpose.

The question inevitably arises whether case study has anything to offer scientific research and whether singularity and subjectivity detracts from meaning or credibility. Stake [1994:245] maintains that whereas case study is most certainly part of scientific method, its purpose is by no means limited to the advance of science. In an earlier work he contended that the case study could:

"... provide more valid portrayals, better bases for personal understanding of what is going on and solid grounds for considering action."

[Stake:1981:32]

Acknowledging that a case study, amongst other possibilities, can constitute a person, event or critical incident Patton [1990:54] points to the value of using case study when the aim of the evaluation involves capturing individual differences or unique variations. Yin [1994:146f] identifies the value of using a single case in several research situations including the critical case and the extreme or unique case. However, Yin warns that there is a potential vulnerability in using the single case since it may not turn out to be what it was considered to be at the beginning of the study and suggests that it is reasonable not to commit oneself to single case study until all the major concerns about it have been addressed. However, the researcher who stands amongst those who are rooted in grounded theory [Glaser & Strauss:1967] will not find this a matter for alarm since the case would only serve to give birth to new thought and generate new and possibly exciting theories. Yet an autobiographic case study is unlikely to reveal the unknown to the researcher, though it may well and indeed ought to provide some unexpected insights.
On the matter of subjectivity and objectivity, Patton [1990:55] claims that these terms have become "ideological ammunition in the paradigms debate". He argues that:

"The ideals of absolute objectivity and value-free science are impossible to attain in practice and of questionable desirability in the first place because they ignore the intrinsically social nature and human purposes of research."

[Patton:1990:55]

He goes on to point out that since the notion of subjectivity has such negative connotations in the minds of most people, the researcher who openly advocates the value of insight of a subjective nature risks undermining the credibility of his or her work. In order to counter this he advocates neutrality in approach which he states involves the researcher entering the arena with no axe to grind or theory to prove. Patton maintains that this is associated with credibility, validity and reliability, accuracy and meaning which is a necessity in all types of research. It means that the researcher:

"... does not set out to prove a particular perspective or manipulate the data to arrive at predisposed truths."

[Patton:1990:55]

Hence subjectivity may actually offer a unique opportunity for credibility. The dilemma may rest upon how much an autobiographic researcher is prepared to reveal about his or her life story and how much of the truth is reasonable to share. This, in turn, will of course depend on the purpose of the research. Like any method, case study is not an answer in itself. Stake concludes that:

"The utility of case research to practitioners and policy makers is in its extension of experience. The methods of qualitative case study are largely the methods of disciplining personal and particularized experience."

[Stake:1994:245]

Patton [1990:54f] maintains that any research strategy which is to be considered credible, demands that the investigator takes a neutral stance. However, in qualitative inquiry he advocates an approach termed "empathic neutrality" where the neutrality differs from detachment in that it requires the researcher to learn from empathy. Patton goes on to emphasize the importance of a doctrine which underpins much qualitative inquiry, that of "verstehen". "Verstehen" is interpreted to mean "understanding" and is associated with a capacity which is believed to be uniquely human, that of making sense of the world. This doctrine demands that,
because humans have emotions and purposes, because they plan and build cultures, because they hold values, it is possible and indeed essential to understand humans very differently from objects. Case study, which recognizes the importance of neutrality whilst permitting an empathy with insight and understanding offers a plausible option in studying human characteristics.

Thinking about analysis

Approaches to handling data will vary considerably according to whether these are of a quantitative or a qualitative nature. However, analysis itself can also be undertaken in a quantitative or qualitative style [Smith:1975] [Abrahamson:1983] [Berg:1995]. Smith [1975:218] suggests that a combination of approaches can be used and identifies the essential difference to relate to the fact that whereas quantitative analysis examines frequency and form, qualitative analysis considers "the forms and antecedent-consequent patterns of form". Huberman & Miles [1994:428f] define and further expound the meaning of data management and data analysis. Data management is considered as:

"... the operations needed for a systematic, coherent process of data collection, storage, and retrieval."

The aim of such operations is to produce:

"(a) high quality, accessible data;
(b) documentation of just what analyses have been carried out and
(c) retention of data and associated analyses after the study is complete."

[Huberman & Miles:1994:428]

The workers identify "three linked subprocesses" in the context of data analysis which occur before, during and after data collection, namely "data reduction, data display and conclusion drawing/verification" [Huberman & Miles:1994:429]. The process represents an organized approach to refining and organizing data which facilitate focus in order to enable the researcher to think about meanings and implications. In order to draw conclusions and verify them, the workers report that a large range of tactics appears to be in use:

"... ranging from the typical and wide use of comparison/contrast, noting of patterns and themes, clustering, and use of metaphors to confirmatory tactics such as triangulation, looking for negative cases, following up surprises and checking results with respondents."

[Huberman & Miles:1994:429]
Denzin & Lincoln [1994:356f] acknowledge Huberman & Miles' postpositivist approach as "elegant and systematic" commenting that:

"... their model argues for rigor in the collection, production, analysis, and presentation of qualitative empirical methods. They use analytic induction and grounded theory, and they believe in studies that can be replicated and judged against the canons of good science. . . ."

[Denzin & Lincoln:1994:357]

The workers acknowledge that the guidelines offered by Huberman & Miles could have widespread use in qualitative research. However, they warn that although "the tools for building qualitative interpretations" are on offer, the issue surrounds not the tools themselves, but rather what is done with them. Repeatedly the focus turns to credibility. Easterby-Smith et al [1994b:350] identify "the honesty of the person conducting the research" as an implicit component in any research. On the credibility issue, Hubberman & Miles [1994:429] comment that "It is healthy medicine for researchers to make their preferences clear". This statement emphasises the importance of the researcher declaring his or her position in respect of theory, philosophy and practice. In this thesis, these issues begin to be addressed at the outset of Chapter 8 [ibid:169], can be traced through this chapter and are developed, explained and defended in Chapter 10.

Treece & Treece [1973:198] comment that "A research study is no better than the quality of the analysis". It could be added that the quality of analysis will never rise above the rigour to which it is subjected and the credibility checks to which it is submitted.

Easterby-Smith et al [1994b:344f] emphasise that the research process will be dictated by the inseparable link between the nature of the problem under investigation and the philosophical stance of the researcher and that these links are still evident at the stage of analysis. The workers identify two ways in which they consider qualitative data may be analysed. These refer to the "content analysis" approach where the researcher focuses on numbers and frequency in contrast to the "grounded theory" approach. The latter approach is discussed in Chapter 8 [ibid: 185f]. In the context of data analysis it is described as a process whereby:

"... the researcher goes by feel and intuition, aiming to produce common or contradictory themes and patterns from the data which can be used as a basis for interpretation."

[Easterby-Smith et al:1994b:345]
The workers also use the following terms to describe content analysis by comparison with that associated with grounded theory. The former is regarded as "bitty" whereas the latter is holistic. The former is deductive, whilst the latter is inductive. Content analysis is characterized by objectivity but grounded theory enables the researcher to be "closer to the data" which remain "open much longer". Whereas content analysis facilitates hypothesis testing, that associated with grounded theory assists in testing out themes and developing patterns. Patton [1990:390] emphasises that inductive analysis provides opportunity for "patterns, themes and categories" to emerge from the data by comparison with the "identifying, coding and categorizing the primary patterns" in data which is the essence of content analysis [Patton:1990:381]. Strauss [1987:55] takes issue with the misconception surrounding the belief that grounded theory is associated entirely with a process of inductive analysis. He argues that the idea that such an approach tends to mould the theory to the data rather than the other way around and does not verify findings is a serious misunderstanding of the approach. Strauss [1987] purports that researchers can use categories in content analysis which may be determined deductively, inductively or by a combination of these approaches.

Sifting, sorting and interpreting

Developing the grounded theory theme first expounded by Glaser & Strauss [1967] and expanded by Turner [1981] and [1983], Easterby-Smith et al [1994b:347f] consider that there are seven main stages associated with grounded theory analysis namely:

(1) Familiarization
(2) Reflection
(3) Conceptualization
(4) Cataloguing concepts
(5) Recoding
(6) Linking
(7) Re-evaluation


The workers claim that this approach can be used with almost any qualitative data. They warn that in using this approach in analysis the researcher may feel that the process is "chaotic and extremely messy", but they defend the approach in that the potential to identify and develop themes from such an approach to analysis is well worth the uncertainty and the inconvenience. Recognising the tensions within which the qualitative researcher must exist, they conclude that:
"Along the road to qualitative research there are also many dilemmas. There is the problem of public access to private experiences, and the difficulty of deciding how and when to impose any interpretive frameworks on this. There is the question of how "accurate" it needs to be or can be. And there is the continual tension underneath the research process between creating meanings and counting frequencies."


The actual feat of analysis, along with that of recording and storing data, may be achieved "by hand" or with the aid of a computer. Word processing is an indispensable skill in the preparation of the research report as indeed it has become in the working life of an international midwifery consultant. Beyond the method or approach to data analysis, the researcher has the right and responsibility to interpret the findings. Patton states that:

"Interpretation means attaching significance to what was found, offering explanations, drawing conclusions, extrapolating lessons, making inferences, building linkages, attaching meanings, imposing order, and dealing with rival explanations, disconfirming cases, and data irregularities as part of testing the viability of an interpretation."

He adds, poignantly:

"All of this is expected - and appropriate - as long as the researcher owns the interpretation and makes clear the difference between description and interpretation."

[Patton:1990:423]

Such a distinction, however, may not be so easy to define since in using observational methods, one describes what one perceives to be so and perception is notoriously difficult to separate from interpretation. This may be noted when comparing the observation of several individual witnesses describing a single event. This issue may merely present a further case for triangulation.

Patton likens the act of interpretation to that which is expected by stakeholders of evaluators, namely:

"(1) to confirm what they know that is supported by data,
(2) to disabuse them of misconceptions, and
(3) to illuminate important things that they didn't know but should know."

[Patton:1990:423]
He cites earlier workers who succinctly capture the essence of interpreting data, stating that this may be done in one of three forms: 

"(1) making the obvious obvious, 
(2) making the obvious dubious, and 
(3) making the hidden obvious."


It is difficult to describe the process any more succinctly or any more accurately than that.

Conclusion

Selecting, planning and designing an appropriate methodology presents the researcher with a challenge. A challenge which is fraught with hazards but inspired by excitement and creativity. The researcher must identify the problem, postulate a hypothesis or define the research questions. Having clarified the purpose of the study, the central concern of the investigator now revolves around designing suitable tools to carry out the task. This chapter, complementing Chapter 8 has attempted to examine methodological issues in some depth and breadth. Such an approach may be likened to painting a broad brush picture prior to selecting specific areas for further definition and colour. The close-up picture of the methodology selected for this research is then presented in the next chapter using, as it were, an enlarged canvas, fine definition and full colour.

In the context of methodological approach, it needs to be considered that a method, and the paradigm from which it is generated, provides some assistance in viewing the total picture. But each method used, merely gives a partial slant in looking at the whole, which is always bigger than can possibly be recorded. Every picture has a frame, but the frame does not encapsulate the full extent of any picture. To use another analogy, an orchestra is more than a combination of numerous and different instruments and instrumentalists. The ultimate chords and any dischords produced will most certainly rest heavily on these, but they are inseparable too from the conductor and the composer and how the former interprets the latter. Other factors will also have a significant effect on what is ultimately heard and seen. These include the acoustics of the area in which the music is played, the potential for invasion by other sounds, the clarity of the scores from which the musicians read, even to the practicalities of the seating, lighting and ventilation not to mention the absence, presence and indefinable emotion contributed by a particular audience.

The researcher uses selected instruments and at times becomes an instrument herself. She tunes the instruments to the finest pitch and ensures that they can harmonise with
the melody of the chosen paradigm. She becomes composer and conductor and writes a new score. This may echo the themes of the old masters, but it must also permit and impel her to creatively transpose or totally recompose in order to play a new tune.

In selecting to use qualitative research, a researcher consciously opts to consider:

"... meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions of things."

[Berg:1995:3]

A decision to use this approach is accompanied by the responsibility of using it to its maximum potential and draining out of it every possible contribution that qualitative inquiry can offer to the advancement of knowledge and understanding. In attempting to do just this in the context of the new, but rapidly developing professional area of international midwifery consultancy, qualitative inquiry has been consciously and deliberately selected as the favoured methodological approach.

One of Halcolm's Evaluation Laws states:

"When in doubt, observe and ask questions.
When certain, observe at length and ask many more questions."

[cited in Patton:1990:7]

This thesis evolves from doubt to certainty. In doing so, it has echoed the sentiments of and complied with Halcolm's Law. In the process of observation and asking questions a certainty emerges which has, predictably, demanded a much lengthier observation and a much deeper probe. This has inevitably generated many more questions.

Understanding is not necessarily generated from finding the answers but rather through asking questions. Kirk and Miller [1986:29f], building on the work of Freeman two decades earlier has identified a potentially fatal pitfall for researchers in this whole area. Freeman [1965:154f] points to errors which he labels Type I and Type II. The former relates to rejecting a null hypothesis which is true, the latter to failing to reject a false null hypothesis. Kirk & Miller identify a Type III error as that of asking the wrong question. Maybe another downfall which could be labelled a "Type IV error" in the field of research methodology lies in assuming that all questions have answers which are accessible to the researcher. It would seem that the incidence of both Type III and Type IV errors could be reduced if it were appreciated that a research question may need to be modified during a study. Research which finds
its roots within grounded theory must respond to the changes identified during the process of discovery. Hence it is proposed that avoiding a "Type V error" which suggests that a research question, once stated, cannot be modified during the research study, should also be a matter of serious concern to the qualitative investigator.

Chapter 10, in harmony with the spirit of the chosen methodological approach used in this thesis is written in the first person. In the context of this study, it has to be so, since it includes an autobiographical case study. It offers a uniqueness which does not make a case for generalization, but attempts to share the experiences of one life and life's work. In so doing it seeks to contribute, along with the other selected methods, to a deeper understanding of midwifery consultancy in an international context. The data which have been collected and analysed will be seen to generate more questions than answers in the search for an ever deepening insight. There is, however, a conviction that the methodology chosen for this study is relevant and rigorous. It is pertinent and personal. On the personal note, it must be stated that at this juncture the thesis leaves the dual carriageway of significant others, the questions they have posed and the answers they have offered. But heeding these, it heads along the narrower lane of the first person, questioning, reflecting, reasoning. If doubt surrounds such a departure from the highways which appear on the large map at this point, maybe the words of a wise professor will help to point the way. When asked why he always answered a question by asking another question, he simply retorted "Why shouldn't I?" So, then, why shouldn't I?
CHAPTER 10
RESEARCH METHODOLOGY
PERSONAL PREFERENCE AND POSITION

Introduction

This chapter is the third of a trilogy in this thesis which focuses on research methodology. Emerging from the theories and arguments presented in Chapters 8 and 9, I am now introducing my selected approach and design, stating the philosophies and theories upon which I have based my inquiry, explaining the reasons for my preferences and philosophical position. I describe the methods I have used in collecting and analysing data and the efforts which I have made to present this thesis as a credible contribution to the specialized and growing body of knowledge in the professional field of international midwifery consultancy.

At the end of Chapter 8, I raised the following question:-

Recognising the biases of subjectivity, ethical issues and the scale of the study, how can international midwifery consultancy be adequately examined in order to provide evidence which is valid and reliable?

In this chapter, I explain how I have attempted to address this question in conducting my research.

Identifying with a philosophy

Easterby-Smith et al [1994:76] maintain that there are at least three reasons why it is useful for the researcher to have an understanding of philosophical issues. The workers suggest firstly, that such an understanding can help in clarifying research designs, secondly it can assist the researcher in deciding which designs are likely to work and which are not. Thirdly they consider that it may encourage the researcher to identify and possibly create designs which were previously outside his or her experience. In designing my study, this has certainly been my experience. In particular, developing an understanding of the philosophy of research design has encouraged me to be more adventurous in my planning and in carrying out this study. The process has stimulated me to follow what have become for me new and untried paths in the world of qualitative research. My previous research experience [Maclean:1975, 1977, 1980 & 1982] has placed me in what Easterby-Smith et al [1994:76f] refer to as "the blue corner" of positivism by comparison with "the red corner" of phenomenology in which I now stand with this thesis. Having read for a first degree within the "pure" sciences, my educational background has also contributed to a positivistic stance. This has not always
been a natural tendency but rather perhaps one of necessity, sometimes elected, sometimes enforced by the ambience of the professional world too in which I was trained, rather than educated as a nurse and midwife.

I cited the work of Cohen & Manion [1989:38] in Chapter 8 [ibid:173]. The writers contrast the normative or positivist paradigm with that of its interpretive counterpart and emphasize that the latter is characterized by its concern for the individual. Ellis [1990:23] emphasizes the fact that the researcher's view of the world, her philosophical and ideological stance will influence her choice of methodology as much as the socio-political context of the inquiry. Thus, selecting an appropriate methodology demanded that first I reflect on my own world view and upon my personal philosophical position.

My view of the world

The Myers-Briggs personality type indicator (MBTI) [Myers:1962] [Myers & McCaulley:1985] [Myers & Myers:1988] which was described and discussed in Chapter 8 [ibid:8/11f] reveals that my personal preference is to perceive the world through intuition rather than through sensing. I am a possibilities person, an "ideas" woman. In the words of the psychologist researchers, I am inclined to be:

"... imaginative, theoretical, abstract, future oriented... creative."

In considering further my MBTI profile, the way in which I naturally select to make judgements is through "feeling" (F), rather than "thinking" (T). Myers & Myers [1988:3] describe these approaches as "two distinct and sharply contrasting ways of coming to conclusions". The instinct of the "feeling" individual is to bestow on everything "a personal, subjective value" [Myers & Myers:1988:3]. It is understandable therefore to appreciate that the individual is especially important to me and that the interpretive paradigm is a natural choice in selecting my research methodology.

Having identified the preferences in my personality type which offer me strength, it is important to recognize also my weaknesses and to take steps to compensate for these during the research process. My personality type as classified using the MBTI can be described more fully as "INFJ" - Introverted (I), Intuitive (N), Feeling (F), Judging (J). The positive characteristics which the psychologists ascribe to my personality type are:

"I Depth of concentration
N Grasp of possibilities
F Warmth and sympathy
J Organization"

The full description of the INFJ personality is presented in Table 10.1. The warnings for me to heed in conducting research would seem to centre on the risk that, having identified my own goals there may be a tendency to overlook issues which might conflict with those goals. My scoring on the MBTI scale for "feeling" (F) is quite high, therefore the necessary judgement should be sufficiently developed to assist me in that decision making process which results in drawing conclusions. However, an awareness of such a risk is important in auditing my own research. I repeatedly have to challenge my own assumptions and check them out with others. Consultant colleagues provide a valuable safety net "in the field" and my supervisor does so in the academic context.

I am likely to be limited in those attributes credited to a personality who possesses the exact opposite preferences to me, namely the person defined by the MBTI as an "ESTP" - Extroverted (E), Sensing (S), Thinking (T), Perceptive (P) who displays the following characteristics:

"E  Breadth of interests
S  Reliance on facts
T  Logic and analysis
P  Adaptability"


By deduction, which is not, after all, my natural inclination, my limitations may centre on a narrow field of interests, failure to give regard to, leave alone rely upon, factual material, making decisions which may be illogical and lack analytical thinking and a desire to organize and complete a project before allowing sufficient time to adapt to the changing situation. Acknowledging these potential weaknesses, and paying due attention to them in my practice as a midwifery consultant as well as that of a researcher, is an important issue and a constant challenge which I seek to address as intimated above.

The dominant area in my personality type is that of intuition (N) which has been shown to be very marked on psychological testing. The intuitive focuses on future possibilities and because my "judging" function is relatively weak and influenced by the strong "feeling" preference, the desire to complete a project is sufficient to see me through, though does not tend to inhibit my considerable desire to delve into the unknown, search for new information and create a plethora of new ideas which will hopefully be of some use to my fellow human beings, thereby also satisfying my "feeling" function. My marked characteristic of introversion enables me, without hardship, to bury myself in my study amongst the data which accumulate at a phenomenal rate throughout the fascinating process of qualitative research. The habit of reflecting on information acquired comes naturally. The possibility of creating ideas which may eventually enable me to offer to the world something of the richness of my discoveries provides an acceptable stimulus, particularly when the task is somewhat uphill.
**Table 10.1.**

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<tr>
<th>INFJ</th>
<th>Introverted Intuition with Feeling</th>
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<td></td>
<td><strong>Individual personality description</strong></td>
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<td></td>
<td><strong>according to the Myers-Briggs Type Indicator</strong></td>
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"People with INFJ preferences are great innovators in the field of ideas. They trust their intuitive insights into the true relationships and meanings of things, regardless of established authority or popularly accepted beliefs. Problems only stimulate them - the impossible takes a little longer, but not much.

"They are independent and individualistic, being governed by inspirations that come through intuition. These inspirations seem so valid and important that they sometimes have trouble understanding why everyone does not accept them. Their inner independence is often not conspicuous because INFJs value harmony and fellowship; they work to persuade others to approve of and cooperate with their purposes. They can be great leaders when they devote themselves to carrying out a sound inspiration, attracting followers by their enthusiasm and faith. They lead by winning (rather than demanding) acceptance of their ideas.

"They are most content in work that satisfies both their intuition and their feeling. The possibilities that interest them concern people. Teaching particularly appeals to them, whether in higher education, or through the arts or the ministry. Their intuition provides insight into the deeper meanings of the subject and they take great satisfaction in aiding the development of individual students.

"When their interests lie in technical fields, INFJs may be outstanding in science, or research and development. Intuition suggests new approaches to problems and feeling generates enthusiasm that sparks their energies. Intuition powered by feeling may be of immense value in any field if not smothered in a routine job.

"Some problems MAY result from the INFJs' single-minded devotion to inspirations. They may see the goal so clearly that they fail to look for other things that might conflict with the goal. It is also important that their feeling is developed, since this will supply necessary judgment. If their judgment is undeveloped, they will be unable to evaluate their own inner vision and will not listen to feedback from others. Instead of shaping their inspirations into effective action, they may merely try to regulate everything (small matters as well as great ones) according to their own ideas, so that little is accomplished."

[Myers & McCaulley:1988:29]
More than a natural choice

Because the ultimate purpose and usefulness of what I do is significant to me, qualitative research has become for me more than simply the most natural selection in considering my methodology. The primary purpose of conducting this study is to contribute to my own personal and professional development through doctoral studies so that I will be better equipped to do the work which over the last decade has become my full time occupation and obsession. Namely the work of an international midwifery consultant focusing on issues relating to the promotion of Safe Motherhood.

In seeking an educational institution within which to study, I discovered that there were many and diverse interests expressed and suggestions made concerning possible approaches. One professor suggested that I needed to be seeking confirmatory evidence of declining maternal mortality rates which could be attributed to my work. Whilst I acknowledge that I am a possibilities person, my knowledge of the facts in this context indicated clearly to me that it would take longer than a four year period of study to show the effect of anything I did or omitted to do through the presentation of statistics. It would be even more difficult and also presumptuous to claim any such improvements as directly or indirectly attributable to my input. To do so would be unethical. Variations on such a theme however could offer some statistics for the positivist. To cite one example. Working as an external examiner in one African country, I noticed a decline over a period of four years in the students I examined in practice who mismanaged the third stage of labour and caused a postpartum haemorrhage. It would have been possible to set up a study and look into this, but there would also have been so many variables that the validity of such research would have been very questionable. Publishing the findings may have been of interest to a few, but doing so may also have posed an ethical problem. For example, if the reason for the high incidence of postpartum haemorrhage could have been traced back to erroneous teaching and poor standards of practice, it would have been unethical for the person employed as a consultant and paid by that country to publish such findings for her own benefit.

The more important issue here seemed to be for me to reflect on my own practice and consider which approaches that I used resulted in introducing change and which met with resistance. Whilst resistance to change in any culture can be for many reasons, when a consultant's recommendations
have been implemented, it is surely more important to consider what attitudes in the consultant are likely to have contributed to a positive outcome and place these within the context of the total situation. The same is true in situations which result in negative outcomes. Keeping a reflective diary has enabled me to consider, in some depth, a variety of approaches in consultancy. Since the aim of my research is not destined to try to prove anything, but rather to explore, discover and raise questions which may be significant to international consultancy practice, I am, as Halcolm phrases it, able to "Shed the burden of proof" and "lighten the load for the journey of experience" [cited in Patton:1990:7].

I am also able to hold my head up high and request the co-operation of my colleagues overseas, not to become data for my study, but to help me discover more about people like myself whom they employ as international consultants. When I have introduced this approach to my research I have experienced a refreshing curiosity amongst those I have interviewed, lightened by a sense of relief that it is I - and my kind - who are now under the microscope and not them. This approach to qualitative research finds an acceptability, not only with overseas colleagues, but also in the ethics of my own heart-searching. It was therefore with a sense of relief that I came to the ethical dilemma of using those whom I was employed to serve as "research fodder" early on in my study. It was even more a sense of relief that my supervisor came to the same conclusion at the same time and together we were able to pave a way forward that was academically sound and ethically acceptable.

The numbers game

Although I have used some data collecting methods which could be analysed in a quantitative sense, the numbers with which I have been dealing make statistical analysis and inferences invalid though not necessarily inconsequential. Berg [1995:175] advocates a blend of quantitative and qualitative emphasis in content analysis. Whilst the former focuses on determining specific frequencies of relevant categories, the latter concentrates on examining:

"... ideological mind sets, themes, topics, symbols and similar phenomena, while grounding such examinations to the data."


My analysis of the data picks up quantitative issues where appropriate, but the emphasis throughout this study is on the qualitative approach to data collection and analysis. Whereas the concern about small samples has haunted me for some time along my journey from the "blue corner" to the "red corner", I have finally rejected the ultimate weapon of the positivist that it must be possible to count and
quantify data. I may not be totally in harmony with Kaplan [1964:206] who contends that "if you can measure it, that ain't it!", but I would say that quantifying data does not inevitably prove or dispute the veracity of a theory or even necessarily increase confidence in a hypothesis. In skilled hands, quantitative data most certainly has a place and, as indicated above, I have previously gathered, analysed and interpreted these, as well as acted upon research recommendations so produced by others. This clearly must be so in some fields, for example in science and technology, and not least in the area of clinical trials where the safety of treatment offered is a primary consideration. However, quantitative research does not inevitably provide evidence that is either useful or even interesting.

The deep and the detailed

Qualitative research is my considered choice here because it enables me to "study selected issues in depth and detail [Patton:1990:13]. It offers an option for studying what Berg [1995:3] refers to as the "essence and ambience" of things. The "things" or phenomena under examination here are the characteristics of international midwifery consultants and such phenomenology inevitably moves beyond things to people. Thus the methodology I have employed fits into the school of social science, the tradition of anthropology and harmonizes with the approaches of ethnomethodology.

Since the best person to examine a problem is the practitioner working in the field, it is plausible that the practitioner becomes the researcher and considers her own field, her own practice in the spirit of action research and participant observation.

Denzin & Lincoln [1994:ix] point out that the use of qualitative research is facilitating scholars to delve into characteristics and understand more fully the relationship between the researcher and the researched. In this study, because biographical methods have been employed, the researcher has become part of the researched. Concerns in this area immediately focus on subjectivity and this has been discussed repeatedly in the previous two chapters, for example, with regard to validity and reliability in Chapter 8 [ibid:170f] and in the context of autobiography in Chapter 9 [ibid: 208f]. It has been pointed out that whereas poststructuralists and postmodernists have made contributions to understanding:

"... there is no clear window into the inner life of an individual. Any gaze is always filtered through the lenses of language, gender, social class, race and ethnicity."

[Denzin & Lincoln:1994:12]
Recognizing and identifying the filters through which this gaze is steered, I have deliberately sought throughout this study to penetrate the subjective world of the observer, and to do so with the assistance of those who are normally "the observed". In my research I have attempted to stand back from MY practice to look at THE practice of international midwifery consultants, using all the insights which I have acquired in doing the job to do so. It needs to be appreciated that what follows is based on the fundamental point that it is an insider telling the story. Therefore the questions I have asked and the perspectives I have adopted have developed out of the experience of my own occupational career over the past decade. My reflective practice and analysis of critical incidents has raised questions. Some of these questions are also raised in the literature, but much of what I present from here on embodies my own position. I believe that analysing my professional practice offers opportunities for lessons to be learned and identifies important issues which may need to be addressed.

My own practice thus forms a case study, a single case study. Yin [1994:147f] describes three reasons for focusing on a single case study. The case may be a critical case used to test a well-formulated theory, an extreme or unique case or a revalatory case where a researcher has opportunity:

"... to observe and analyse a phenomenon previously inaccessible to scientific investigation."

[Yin:1994:147]

This single case study blends the second and third of Yin's categories as I aim to delve into the depths of a unique experience in international consultancy, which has not hitherto been observed and analysed in this way. I have used action research because I have utilised data gathered in the course of my daily practice. A consultant is frequently called in to advise on the implementation of change and in this context, my approach complies with the definition that:

"... action research is an intervention in practice to bring about improvement."

[Lomax:1994:156]

Lomax concludes that there is an essential difference between action research and the "good" professional practice which is engaged in as a matter of course, namely that in action research:
"Action is both informed and committed. Values are made explicit and practices are monitored to see that discrepancies are minimized. Other people are involved and empowered. Claims to know are validated as work progresses. . . "

[Lomax:1994:166]

I had practised as a consultant for eight years before being asked by an organization in a "receiving country" to declare the philosophy of what they referred to as my "consultancy group". This forced me into committing to paper the values which I consider important in consultancy practice. In order to respond to this request, my stated philosophy needed to be discussed and agreed with my colleague who was expecting to join me on the particular assignment. As a consequence the statement has received the benefit of academic rigour and peer assessment at an early stage. I concluded with a philosophy in which "values are made explicit" and this is included in Appendix I.

Having identified a number of principles upon which action researchers should base their work, Lomax offers an ultimate principle which should be considered in this method of data collection, she suggests that:

"... action researchers should be obliged to bring their good professional practice into the public arena so that others can judge the quality of the professional work in which they have engaged."

Adding that:

"This arena might be a small one such as the specific workplace or it might be throughout an institution. Ideally it should be the whole professional community through publication."

[Lomax:1994:166]

In presenting this thesis and the publications which I anticipate will emanate from it, I am attempting to fulfil Lomax's ultimate principle. It is my hope that in sharing my experiences in an academically viable way, what I have learned may also be accessible to others and it is my sincere desire that some of the questions which I have raised will be explored by others, who, in their turn may also make a valid contribution to the knowledge and understanding of international consultancy.

Construing and contextualizing

In my research I have considered the interactions which occur between international consultants and their clients. As I reflect on my own interactions and associations "in the field" using sociometric strategies, I am adopting the approach of interpretive interactionism which Denzin [1994:507] describes as one of the poststructural
interpretive styles. This approach was discussed in Chapter 8 [ibid.:178f] and I believe that some of my chosen methods harmonize with the philosophical position described in that my research does begin and end with "the biography and life of the researcher".

Sociometry can be traced back more than sixty years. Moreno [1934] used the approach in social psychology and sociology. Others have used it, for example, in organizational settings and in education [Hartup:1976] [Asher & Hymel:1981] [Newcomb & Bukowski:1983] [Hampson:1984]. Parts of my reflective diary contain sociograms which indicate the people to whom I choose to relate during assignments.

Influencing interactions

At this point it must be asked whether research of this nature affects professional practice. In other words, does the fact that I am undertaking action research, including, for example, keeping a reflective diary and constructing sociograms, actually influence my practice? It would be naive to consider that such an exercise could be purely clinical and totally sterile. In fact, I would not wish it to be so.

A major reason for implementing reflective practice is to achieve meaningful learning from professional experience. Jarvis [1995:73] asserts that reflective learning is not automatically innovative, nor is it necessarily revolutionary. However, one must consider the possibility that it can be both of these and the professional who learns through reflection in her normal practice situation may be more likely to reach new depths of discovery than the practitioner who has not so learned. Such a practitioner may then feel morally obligated to change practice as a result of discovery. The question of how and when the individual functions as a practitioner and when as a researcher, where the two roles intersect and when they may conflict are issues which I have had to consider in carrying out this research (Figure:10.1).

In conducting research as part of an academic exercise within a university, it needs to be acknowledged that aiming to present a thesis of the quality and kind which will be acceptable to the institution is bound to influence the methodology. It has been pointed out that, in the last analysis, all those who undertake research as part of doctoral studies are obliged to acknowledge the academic context within which they are functioning. One such researcher concedes that:

"We have to recognize that the research cannot be isolated from the real world of departmental boards, external examiners, upgrading hurdles, and the final goal is that other people, whose opinions matter, find your work acceptable."

[Salmon:1992:85 citing "Maggie"]
Figure 10.1.

Role identification and interaction for the researcher-practitioner

Relating with:
- clients (in receiving nations) &
- sending agencies

Relating with:
- university (supervisor, examiners, academic boards)

Potential for

! CONFLICT !
in role identification

in deciding priorities

! ETHICAL DILEMMAS !
in research & practice

+ PROFESSIONAL DEVELOPMENT +
This is most certainly true and I have found it not only a challenge to face head on, but also a discipline which has coerced me into an academic rigour to which I would not have been subjected outside a university setting. Furthermore, beyond a university discipline, I encounter the university focus and philosophy with which I voluntarily opted to identify in my selection of a place of study.

The University of Surrey boasts:

"...a growing reputation for its successful achievement in pure and applied research, and is home to a flourishing research and postgraduate community."

[Postgraduate Prospectus:1992]

A University of Surrey Fact Sheet offers choice and flexibility as two of the assets to commend the institution to prospective students, claiming that the university has a course profile which is described as both innovative and relevant. Whilst published statements are significant, it was most important to me to be able to identify with a Department where there appeared to be an understanding of and an empathy with, not only my professional background, but the more unusual situation in which my life's work was taking in international midwifery consultancy.

Meeting with university requirements is one issue, continuing to function as an international consultant with credibility and cognizance needed to run alongside my research. I have sought to enhance my practice through the learning which has been occurring during my research, but I have also needed to challenge myself repeatedly with questions such as:

Is the fact that I am recording this incident influencing the decisions I am making?

Are the questions which I asked my colleagues, and the responses I received about their perceptions of consultants, influencing my behaviour?

Does the fact that I am constructing a sociogram of the relationships I am establishing on this assignment influence the choices I make in this respect?

My considered opinion is that the answer to these questions is most often YES and that this should be so. A subtle difference would creep in if my practice were to be so contrived as to provide "suitable" data rather than an appropriate service to my clients. This would present an ethical dilemma and it is necessary for me to audit my own practice and also to check it out through peer evaluation which has become part of my normal professional consultancy practice. It is also a part of the rigorous academic checking which forms an essential component of doctoral studies.
Identifying populations and selecting samples

In considering the characteristics of midwifery consultants in the context of cross cultural exchange, it is essential initially to identify the potential populations from which relevant data could be sought. Hills [1979] emphasizes three dimensions which are relevant in considering overseas advising. These focus on the attitudes of the recipient nation, those of an organization which employs an adviser and the attitudes, behaviour and competence of the adviser. Fry & Thurber [1989:89] viewing the issue from an ecological perspective comment that success in international advising is derived from the interaction of three basic dimensions, namely the country context, the organizational context and the individual traits and competencies of the adviser. They maintain that in order to achieve effectiveness all three of these elements need to be favorable. It seemed to me that the populations identified as being crucial in this area by previous workers were the populations I wished to access during this research. However, in this research I have not attempted to gather data from representative samples, but rather to collect and analyse data which will enable me to come up with hypotheses, raise awareness of issues and ask pertinent questions rather than try to prove a point.

In order to collect data from personnel from receiving nations and from international midwifery consultants, convenience samples were identified. The former are drawn mostly from those with whom I have worked in their own countries and some whom I have met in the United Kingdom or elsewhere during conferences or meetings. Some are midwives, some doctors, some employed in educational or medical institutions, some are working at government policy making level in Ministries of Health or they may have been responsible for the administration of reproductive health projects. I have sought Midwifery consultant respondents in the following ways:

1. Those colleagues whom I know have experience of international consultancy.

2. Those whose names are held by some "sending organizations" who were free to release names.

3. Contacts sought at the International Congress of Midwives in Oslo (1996) through placing a written request on a notice board.

I explained in Chapter 1 [ibid:4] that, for the purposes of my study, I defined a short term international midwifery consultant as:

A midwife who assumes a consultative or advisory role for a period of not more than six months in any one instance, in order to respond to an expressed professional need in a country other than her own.
The process of identifying consultants was not easy. Some organizations were not able to release names for reasons of confidentiality. Others held very few. One large organization attempting to set up a national register of consultants with expertise in reproductive health contacted me to seek the names of midwives known to undertake this kind of work. Undoubtedly, international midwifery consultancy is an ill-defined field when it comes to demarcating its population. Ultimately, the size of my sample ceased to be an issue since my selected approach was most definitely qualitative. The questionnaire which I used with consultants can, after all, only ask certain questions. Such a method is unlikely to get at the depth of the issues by comparison with using an ethnographic approach.

Chosen methods for chosen respondents

Since the respondents from recipient nations inevitably came from a background of oral tradition, it seemed appropriate to use interview for collecting data from these individuals. Interviews were very informal and semi-structured. Every effort was made to put the respondent at ease and they were assured of confidentiality. I considered it important to promise these individuals that neither they, the institution they represented nor their country would be identified in any report or publication resulting from this research. Whilst it might be interesting to compare responses of individuals from specifically identified countries, it seemed to me to be important to protect the identity of the country for several reasons. Namely:

1. Some countries are small and individuals in a single profession are easily identifiable.

2. Some respondents held very senior positions in government. An inability to "speak on behalf of their country", may have inhibited their response and stemmed the sharing of their personal experiences and viewpoints.

3. Individuals in less authoritative positions may have feared for their jobs if their opinions were quoted and identifiable.

The informality of the interview was intentional in order to maximise the opportunity for discussion. Depending on the situation in which I was working and my initial assessment of the needs of the individual, I either took notes during the interview or wrote them up as soon afterwards as possible. I consider that active listening is an important interpersonal skill to utilise if there is going to be meaningful communication. Although I had purchased a small cassette recorder for possible use in my research I refrained from using it for several reasons.
Firstly, my awareness that in some cultures there is superstition and sometimes considerable fear about how an individual might use anything obtained from another. This sometimes originates from a fear of magic and spells being cast on, for example, strands of hair or other body tissues which have been obtained. The question of "what will you do with my voice?" may never have been verbalized by my educated colleagues, but I am aware that education and modernization does not necessarily eradicate deep rooted traditional beliefs and long instilled fears. I neither wanted to place my respondents in a position where they needed to refuse my request to record an interview nor to inhibit their responses because of it. Further, as an introvert myself, I always feel uncomfortable when I am "being taped". Colleagues, particularly in Asia, and especially women often tend to display reservation if not introversion in such situations.

I acknowledge that my approach may have sacrificed recording some of the detail formally and contemporaneously, but it did enable a richness of communication to occur where a depth of feeling was often shared which would have been lost had I determined to capture every uttered word.

The questions which I asked the recipient nation respondents on interview were simple and direct. Firstly I asked what is it that makes a consultant acceptable to you?. Secondly what is it that makes a consultant unacceptable to you? Some in-depth interviews evolved naturally from these basic questions, some did not and I did not pursue those who appeared to have completed all that they wished to share with me. Where possible and appropriate I probed more deeply to try to determine the experiences which lay behind the opinions and what could be learned from them. Sometimes it was appropriate to ask such questions relating to what prompted them to request a consultant to return. Obviously, this was not always diplomatic or ethical, for example, if I was interviewing someone whom I knew to have some influence in the selection of consultants who might have construed that I was requesting another contract. This is a more significant issue in traditional communities where subtlety is a way of life, than in postmodern societies where directness is more acceptable and less likely to cause offence. My interview report sheet is included in Appendix II.

A collaborative component

In order to access further information from both recipient nations and midwifery consultants, I co-operated in some collaborative exercises with a colleague who was also undertaking postgraduate research. Collaborative inquiry is certainly not a new approach, two decades ago, for example, it was carried out, in the field of education [Elliot:1976] [Hull:1978] [Duckworth:1978]. Within the context of action
research collaborative inquiry has been encouraged by previous workers to address community or organizational problems where there is a mutually acceptable ethical framework [Argrys & Schon:1989] [Whyte:1989].

In this situation, the researchers represented two individuals who were both undertaking research for the purpose of achieving academic qualifications rather than attempting to solve problems within an organization or community. However, as midwifery consultants who had worked together on several overseas assignments, we shared a desire to promote Safe Motherhood and could work within an agreed ethical framework. Valerie was undertaking research as part of her postgraduate study into Change Agency Skills. Her pilot study focused on the international midwifery consultant as an agent of change [Tickner:1996]. She was able to identify with my definition of a short term international midwifery consultant cited above. It was therefore opportunistic in a small area of data collection to agree to collaborate for the purpose of maximising the opportunity to collect data and to avoid requesting a repetition of information from a small group of accessible midwifery consultants. The collaborative effort involved:

1. Jointly conducting a focus group interview with midwives representing recipient nations and

2. Sharing the consultant profile which formed the initial questionnaire sent to international midwifery consultants.

A multicultural debate

The first collaborative activity involved midwife respondents from developing countries who were experienced in receiving and working with consultants in their own country. These midwives were, at the time, studying for postgraduate degrees in the United Kingdom and agreed to meet with us in order to assist us in our data collection. In the context of our respective studies there were some questions which we both wished to ask the group. There were others which were highly individual. For example, Valerie was concerned to know whether the respondents perceived consultants as change agents. I was particularly interested to know whether the midwives considered that they needed consultants at all. Since Valerie was the extrovert and experienced in counselling skills, she initiated the discussion whilst I recorded the comments in writing, almost verbatim. I had managed to convince my colleague and co-researcher in this situation that recording the interview may be counter-productive in the circumstance for the reasons explained above. Valerie relied on me to guide the discussion and to help probe deeper at times, because of my greater experience of living and working in the developing
world and because of my reading and researching of my own topic at doctoral level for a longer period of time. My studies had begun before Valerie's and continued beyond the time when she submitted her dissertation.

The initial questions which we asked were identical to the ones which I had already been asking in my one to one interviews, namely what makes a consultant acceptable and what makes her unacceptable to you? We also asked about the usefulness of consultants to the receiving nations and other questions emerged or were planned as indicated above. The guidelines which we used for the focus group interview are included in Appendix III.

Patton [1990:173] states that the typical focus group is homogenous and consists of between five to eight people. Our group of seven midwives was homogenous in terms of professional identity, but multinational and multicultural including respondents from four countries. Two of these countries were African, but vastly different in so many respects. The other two were Asian countries and also represented contrasting situations. Patton also states that in a focus group:

"Participants get to hear each other's responses as they hear what other people have to say."

He advises that:

"It is not necessary for the group to reach any kind of consensus. Nor is it necessary for people to disagree. The object is to get high-quality data in a social context where people can consider their own views in the context of the views of others."

[Patton:1990:335]

Later Patton warns that "intercultural interactions are always subject to misunderstanding" but acknowledges too that:

"All in all, cross-cultural, interviewing is intriguing, challenging, rewarding and not a little precarious."

[Patton:1990:338]

This was certainly our experience and conducting a multicross-cultural interview as part of a collaborative inquiry was exciting and very precarious.

We chose to analyse our data separately and draw our own conclusions initially. Then we discussed our findings and interpretations so that we could benefit from each other's insights and share differing perspectives.
Pooling profiles

The questionnaires which I sent to midwives whom I believed to have experience in the field of international consultancy consisted of two documents accompanied by a letter of explanation. The first questionnaire consisted of a series of questions designed to build up a profile of the consultant. The second questionnaire sought the opinions of the consultants. It was the first questionnaire which I shared with Valerie, having designed it together, piloted it and sent it out to identified respondents. I subsequently used it along with my own opinion seeking questionnaire. My sample of consultants has grown over the four years of my doctoral study. As I discover further midwives who have worked or are working in international consultancy, I have added to my sample. The scope of Valerie's research was limited by the nature of her academic studies which she was required to complete within the two year period of the Masters' degree taught course.

Ultimately, eight of the midwives amongst my respondents were those who formed part of the original sample which we identified together. The questionnaires which I sent to the consultants in my sample are included in Appendix IV. All respondents in the United Kingdom were sent a stamped addressed envelope, those who received questionnaires at the International Congress of Midwives in Oslo had opportunity to return them to me during the course of the congress if they so wished. Questionnaires sent overseas were accompanied by a self addressed envelope with an explanation in the attached letter about the reason for being unable to affix appropriate postage stamps. The findings from the questionnaires are presented in Chapters 11-14.

Speaking with "The Senders"

Attempting to establish the criteria which sending agencies or organizations use in selecting consultants was the aim of conducting interviews with this population. Sending agencies are here defined as those organizations who select and employ consultants. They may be the donors funding a project or they may be the brokers. The broker has been defined as:

"The organization which has entered into a contract with the donor to supply specific services. The broker may be a consultancy company, university, or NGO, and may either employ its own staff or freelance consultants to carry out consultancy work. Not infrequently the broker of consultancy services will have been employed as the agency responsible for implementing the project with which the consultancy is associated."

A report published by The British Council notes that organizations employing consultants are usually clear that they require consultants who will make recommendations that are possible to implement. Citing the work of Preston [1994], it is emphasized that such organizations:

"... do not want the most creative of innovative strategies that are likely to be unacceptable and unimplementable."

The report continues:

"They want recommendations that are recognized to be in accordance with policy and practice that have become popular with stakeholders over the years. Today these include gender, democratic governance and poverty alleviation."


Clearly, The British Council is concerned to satisfy the client. In providing a checklist to assist in the selection of consultants, the report recommends that it is important from the point of view of all parties to ensure that selected consultants:

" - have appropriate skills and expertise (including interpersonal skills and cultural sensitivity),
 - are accepted by other key stakeholders,
 - include nationals of the country concerned,
 - are able to work well with others."


In the context of my study it was important for me to attempt to ascertain the priorities of sending agencies for myself. If the priorities officially published by The British Council were important, how do they and other organizations go about identifying the kinds of people whom they believe will fit their description? Furthermore, how do the factors identified by the "senders" fit in with the expectation of the "receivers"? My study examines but a small and clearly defined area of international consultancy. As it has been pointed out above, the findings, are not intended to offer answers which can necessarily be generalized, though the issues raised may highlight principles which can be considered in the broader context of international consultancy.

I selected the interview method to collect data for this part of my study. I have taken the opportunity to interview personnel from sending organizations whilst I have been working overseas. I have also undertaken a few telephone interviews with respondents in this sample. Again the sample is a small, convenience sample and not a large one, though it is drawn from more than one country and from
national and international organizations. Interviews were semi-structured following the guidelines set out in Appendix V, conducted informally wherever appropriate. They were recorded by taking detailed notes during the interview. As with the other respondents, confidentiality was assured, so that opinions expressed were not likely to be identifiable or published as those representing a named organization or person.

**Telephone interviewing**

The advantages and disadvantages of telephone interviewing have been debated over the last decade. Considering the work of a number of other writers, Frey [1989] concludes that a respondent contacted by this method feels an obligation to answer the questions, an obligation to negotiate a termination of the conversation and also a pressure to continue with active conversation. Reflecting on the realm of consumer surveys, one cannot but agree in essence with this viewpoint. It has been salutary therefore, for me to remember the risk of nuisance creation as a possible factor when conducting telephone research. I have only selected to use the approach when it has not proved possible to travel to an organization for a face to face interview. Furthermore, my use of the telephone interview was not usually the only or even the main reason for making the call. In such instances, Frey's expressed concerns, cited above, were largely superseded. Nevertheless, in asking questions relating to my research, I had to ensure that the respondent understood that the questions I was asking formed part of my research. I provided the individual with the necessary explanation about my study and offered them the same assurance of confidentiality as in a face to face interview (Appendix V).

Proponents of telephone interviewing claim, for example, that one of the main arguments in its favour surrounds the fact that it is possible for the researcher to control the quality of the interview and that:

"When properly organized, interviewing done by telephoning most closely approaches the level of unbiased standardization that is the goal of all good surveys."

[ Lavrakas:1987:12]

It would seem that "properly organized" here might mean the researcher taking a firm control and limiting spontaneity. In my experience, interviews which really seek the opinions of respondents require the interviewer to demonstrate empathy and active listening skills. I consider that responses cannot be standardized without sacrificing some of the "real data". Data obtained may be neat and more easily
analysed, but like the structured questionnaire, people essentially do what they are asked, they play by the rules of the game [Bailey:1978:261]. Fidler [1994:284f] acknowledges that telephone interviewing offers a "limited channel capacity" and thus "communication is limited to verbal and paralingual utterances". He warns that because verbal communication is at a premium:

"Initial motivation and interest has to be conveyed in the first few seconds of the interaction."

Fidler acknowledges the work of Cannell [1985] and comments that whilst experience in conducting telephone interviews seems to be an influential factor, response rates to certain voices can vary between sixty and ninety per cent. Financial considerations have also been cited to support the use of telephone interviewing [Cannell:1985] [Fidler:1994]. This has certainly been a consideration during my research. Although the cost of making an international telephone call is obviously less than an air fare, a phone call is still a very expensive alternative if an in-depth interview is to be conducted. It therefore often became a prohibitive method for me in practice.

Using ethnomethodology

In the previous chapter I have discussed the use of biographical methods in collecting data [ibid: 208f] and considered the implications of using a single case study [ibid: 210f]. Taking an ethnomethodological stance, I have chosen to focus some of my research on my own practice and collect data which relate to that. It has been pointed out that ethnomethodology is particularly concerned about:

"...the mechanisms by which participants achieve and sustain interaction in a social encounter - the assumptions they make, the conventions they utilise, and the practices they adopt. Ethnomethodology thus seeks to understand social accomplishments in their own terms; it is concerned to understand them FROM WITHIN."

[Cohen & Manion:1989:33]

Using autobiography in research is risky. However, during the course of my study I have realized increasingly that using my own professional experience over the last ten years as a source of qualitative data could make a significant contribution to my understanding of the whole issue of consultancy. It seemed to me to be the ultimate approach to seeking understanding "from within". Fine [1994:70f] refers to the reinvention of the self in qualitative research and demonstrates the use of the first person in writing her contribution. Unmasking the origin of some of the data may contravene conventional research practice, but
doing so only at one's own expense can enable the "significant others" in the study to remain anonymous. Hence I have become a tool of research as well as the researcher. My work has contributed data which have been submitted to analysis as I have become a case study.

In order to collect data I have used a reflective diary and recorded and analysed critical incidents during my consultancy practice in a number of countries. I have also constructed sociograms to identify those persons with whom I choose to relate and who choose to relate to me during assignments. I have kept my logbooks recording my fieldwork and diaries of assignments in order to submit them too to rigorous analysis. I have kept newspaper cuttings which inform me of current issues in the countries in which I have practised and retained the Safe Motherhood Strategies of the countries I have served. Some of these documents have been of assistance in earlier chapters as I have considered issues of modernization and development (Chapters 2 and 3), the differing perceptions of needs (Chapter 4) and the need for consultants (Chapter 5). I have endeavoured to keep accurate and detailed records, but I acknowledge that such records are entirely subjective. They portray the world as I see it, consultancy as I practice it. My word pictures, like works of art, have frames and these are delineated by their creator. They are incomplete, they are partial, but that does not prohibit them from being meaningful. Concerning qualitative research, it has been stated that:

"Subjects, or individuals, are seldom able to give full explanations of their actions or intentions; all they can offer are accounts, or stories, about what they did and why."

[Denzin & Lincoln:1994:12]

I can do no more, but neither can I do less. This contribution to the data is made with the same strengths and limitations common to all humanity, we are a part of the whole.

In using an autobiographical case study method, the immediate question which is raised concerns validity. One may well ask what methodological validity does this kind of case study have? In this study, using a number of research methods has provided triangulation in order to reflect validity. The only validity which can exist is one of internal validity within this study in that each of the methods used are not contradictory in the answers they provide nor do they contradict the literature. In addressing the issue of validity, it has been stated that:

"No single method can grasp the subtle variations in ongoing human experience. As a consequence... qualitative researchers deploy a wide range of interconnected interpretive methods, always seeking better ways to make more understandable the worlds of experience that have been studied."

[Denzin & Lincoln:1994:12]
My ethical position

I discussed the broader issues of ethics in research, as well as the politics involved, in Chapter 9 [ibid: 198f]. My own ethical stance can be identified as "contextualized-consequentialist" as described by Denzin & Lincoln [1994] and summarized in Figure 9.1. [qv: Chapter 9:7]. Holding these values and building on such principles, led me initially to refocus my research from issues of Safe Motherhood with which I was involved in various countries, towards the consultant herself. I turned from the client to the consultant. I moved from "them" to me. This, as I explained earlier in this chapter [ibid: 223f] released me from what would have created an unethical situation for me, in which I would have been using those who were employing me to become the objects of my research.

I identify with the philosophy of Kant, expressed more than two hundred years ago, that people should always be treated as ends in themselves and never as means [Kant: 1785]. I believe that every research activity involves some ethical decision making and that this is influenced by the context of the study, having a long or short term effect on others. As well as it being necessary for the researcher to build a relationship of "noncoercive respect and trust" which is not based on deception, I consider that this is a fundamental requirement in consultancy practice. The issue of establishing a relationship between client and consultant has been raised from the beginning of this thesis and illustrated in the theoretical framework (Figure 1.2) [qv] [ibid: 9]. The importance of an interaction which generates a shared vision is emphasized in Chapter 4 [ibid: 97f] and relevance of relationship and interaction between the parties is further scrutinized in Chapter 6 in the context of examining the nature of consultancy [ibid: 140f].

Keeping track and undertaking analysis

Throughout this study which includes numerous overseas assignments during the past four years, I have attempted to record carefully and compile data with honesty and with accuracy. The nature of my study makes for some messy stages in data collection and some hazardous moments in ensuring that none is lost. Keeping track of questionnaires and interview schedules is, by comparison, relatively easy, as questionnaires are sent out, returned or respondents followed up. It has been stated that in qualitative inquiry:

"The challenge is to make sense of massive amounts of data, reduce the volume of information, identify significant patterns, and construct a framework for communicating the essence of what the data reveal."

[Patton: 1990: 371-2]
Berg [1995:221f] describes the process of report writing as akin to "sorting the noodles from the soup". Before this stage however, the ingredients of the "data soup" have to be carefully examined in order to justify a place in the pot. Data analysis is a protracted and painstaking job, but it is the reason for which the information was collected in the first place and has the potential to offer the sought after enlightenment for which the research process was initiated. It also has considerable potential for raising more questions than answers and causing periods of panic punctuated by moments of exhilaration of the "eureka" variety. Patton cites one of these as follows:

"The moment you begin data analysis it will become perfectly clear to you that you're missing the most important pieces of information and that without those pieces of information there is absolutely no hope of making any sense of what you have."

[Halcolm's Laws of Evaluation Research a la Murphy]
[cited in Patton:1990:371]

Being forewarned is also being forearmed. Whilst the pursuit for knowledge continues, this law will always apply. However, on the positive side, this is the stage at which the researcher has the opportunity to compare findings from the different research methods along with what has been revealed in the extensive literature reviewed as part of the study. In order to try and minimise Halcolm's Law "a la Murphy", periodically throughout my research I have reviewed the direction from whence I have come and in which I am going. I have considered the data which I have in hand and contemplated if there are further data which I should acquire in order to allow the study to develop further. In using qualitative research, my whole philosophy and methodological position have not only permitted me to do this, but demanded that I approach my study in this way.

Conclusion

I believe that my chosen methodology reflects my world view, indicates my philosophical position, is influenced by the socio-cultural context in which I work and appears to me to be relevant to the primary and subsidiary research questions I am exploring. It is also presented in the form of a thesis which is written in accordance with the guidelines required to meet academic standards for a doctoral degree of the university at which I am registered.

The research methods which I have selected and used are summarized in Figure 10.2. Through using these methods I have sought to make more understandable the world of the international midwifery consultant. I have attempted to plumb new depths in a cross cultural arena and I believe that my chosen methodology has assisted me to offer a study which is unique and which I trust will be of value to the field of academic research within my own professional specialism.
Figure 10.2.

A summary of my chosen research methods

** a collaborative exercise
Even in this day and age of rapid and ever increasing discovery, the depths of knowledge are, of course, largely unsounded. At the outset of this trilogy of chapters on methodology I explored the nature of inquiry, man's search for truth and endeavour to understand the world about him [ibid: 169f]. In steering my own pathway through the deep oceans of qualitative research, I have at times, wondered when I would reach the shore of enlightenment and if I would even recognize it when I got there. The early proponents of grounded theory recognize the problem and indicate some compass points which give direction and confidence in the heavy seas of data collection and analysis:

"When the researcher is convinced that his conceptual framework forms a systematic theory, that it is a reasonably accurate statement of the matters studied, that it is couched in a form possible for others to use in studying a similar area, and that he can publish his results with confidence, then he is near the end of his research."


The workers add that the researcher:

"... believes in his own knowledgeability and sees no reason to change that belief. He believes not because of an arbitrary judgment but because he has taken very special pains to discover what he thinks he may know, every step of the way from the beginning of his investigation until the publishable conclusion."


The ensuing chapters indicate how I came to such a point.
SECTION III

Chapter

11 Analysing the data
   The samples and the situations

12 Analysing the data
   The acceptable and unacceptable
   characteristics of consultants

13 Analysing the data
   Developing their senses
   and skills
   Defining selection and
   preparation

14 Analysing the data
   Sharing or disputing the needs,
   the tasks and the vision?
CHAPTER 11
ANALYSING THE DATA
THE SAMPLES AND THE SITUATIONS

Introduction

In Chapter 10 [ibid: 219f] I described how and why I identified the populations which I decided to sample. I explained the way in which I approached my research and discussed the methods which I selected for data collection. In this chapter I describe my respondents in some detail without divulging their identity and thus maintaining their confidentiality. These include individuals representing the "receiving nations", midwifery consultants who have worked short term in cross cultural situations and representatives of organizations responsible for selecting and employing consultants in this context. Since I am using my own practice as a midwifery consultant as a data source to contribute to the study, I have also provided some biographical and professional details concerning myself in this chapter.

Some of the information in this chapter is presented quantitatively. It is intended that this should assist the reader to appreciate the extent and limitations of the samples and the study to which they contribute. There is no attempt here to present a quantity of data in order to test a hypothesis. Wherever possible these data are presented in a tabular or figurative form and further descriptive text is provided where appropriate.

The receiving nations

In the preceding chapter I explained that my convenience sample of respondents in this group were drawn mainly from amongst those with whom I have worked during overseas consultancies. In addition, some were contacted during conferences or whilst they were undertaking study in the United Kingdom [ibid:231]. The majority of the respondents were interviewed individually. However, the seven participating in the focus group comprised midwives who were studying in the United Kingdom at the time. In total, there were twenty three respondents in this sample representing ten countries (Table 11.1.). The majority (16) of the respondents were midwives. There were also five doctors and two nurses included in the sample. All had had experience in their own country of the presence of consultants from another culture. Four held positions involving policy making.

Doctors in this sample included one obstetrician/gynaecologist, one specialist in public health and three general medical practitioners (physicians). Ten of the
Midwives were educationalists whilst five were clinical practitioners and one held management responsibilities. Both the nurses interviewed held posts in academic institutions. All of the respondents in this sample were senior personnel in their own country, four working at their Ministry of Health, one at a non-government organization (NGO), nine in government institutions and two in the private sector. A summary of the respondents' professional origins and their specialism within that group is indicated in Figure 11.1. The places of employment of each professional group are presented in Figure 11.2. In accordance with the assurance of the confidentiality which I offered to respondents [ibid: 232f], the exact post held by a respondent within a specific country is not indicated.

The consultants

Midwifery consultants included in this convenience sample [ibid: 231f] needed to comply with my definition of a consultant in the context of this study, namely:

A midwife who assumes a consultative or advisory role for a period of not more than six months in any one instance, in order to respond to an expressed professional need in a country other than her own.

[ibid:4]

A total of twenty six midwives were contacted from five different countries which may be variously considered as "developed", "industrialized", "western" or outside of the "10/40 window" [ibid:114] also Figure 5.1. The majority (18) of those contacted were from the United Kingdom. Others approached were from the United States of America (2), Sweden (2), Denmark (2) and Australia (2). Twenty four midwives replied, twenty of them returning a completed questionnaire. Of the remaining four, two excluded themselves from the sample because they declared that they did not come within the declared definition of a short term international midwifery consultant, one stated that she could not claim to be short term consultant, but because of her overseas experience she still completed the questionnaires and offered these to me. I excluded this respondent from this part of the study. The fourth wrote a letter apologising for the delay in her response but promised to forward the completed questionnaires during her next assignment which she was about to commence. However, her questionnaires were not received in time to include the responses in the data analysis.

A summary of the respondents indicating their country of origin is presented in Table 11.2. The response rate to the request to participate in the study was therefore 92% with a completed questionnaire respondent rate of 77%.
Table 11.1.
Origin of respondents representing receiving nations
(n = 23)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>NUMBER of RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>9</td>
</tr>
<tr>
<td>Botswana</td>
<td>5</td>
</tr>
<tr>
<td>Singapore</td>
<td>2</td>
</tr>
<tr>
<td>Brunei</td>
<td>1</td>
</tr>
<tr>
<td>The Gambia</td>
<td>1</td>
</tr>
<tr>
<td>India</td>
<td>1</td>
</tr>
<tr>
<td>Nepal</td>
<td>1</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>1</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTAL = 23
Figure 11.1.
Analysis of receiving nation respondents by professional speciality

(n = 23)

MIDWIVES
16

Education
10

Clinical practice
5

Management
1

Obstetrics/gynaecology
1

Public health
1

DOCTORS 5

General medicine
3

NURSES 2
Figure 11.2.

Analysis of recipient nation respondents by place of employment

(n = 23)

KEY

Doctors

Midwives

Nurses

*Non Governmental Organization
Table 11.2.

Origin of respondents representing midwifery consultants

(n = 20)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>NUMBER of RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>15</td>
</tr>
<tr>
<td>Sweden</td>
<td>2</td>
</tr>
<tr>
<td>Denmark</td>
<td>1</td>
</tr>
<tr>
<td>United Stated of America</td>
<td>2</td>
</tr>
</tbody>
</table>

TOTAL = 20
Although six replies and five completed questionnaires were received from outside the United Kingdom, it is recognized that in these cases, return of the questionnaires incurred some cost to the respondents. Addressed envelopes were sent to everyone in the sample, but these were stamped only for those within the United Kingdom. One overseas respondent returned the questionnaires by hand during a congress, another chose to post hers after the congress. The three other respondents posted their questionnaires by air mail. Four of the sample in the United Kingdom who did not respond initially were followed up by letter (Appendix IV) or by telephone. This resulted in responses from all of these consultants. I did not follow up those from overseas whom I had contacted by post, because of the cost to them mentioned above. Whilst seeking a larger sample from outside the United Kingdom may have been interesting, it would also have considerably increased the cost of undertaking the research and did not prove possible during this study.

Although two of the respondents from the United Kingdom were born in developing countries, they are British citizens and have resided in the United Kingdom for more than two decades. All the British respondents undertook their midwifery training in the United Kingdom and the others also trained in their own countries of origin. Six of the respondents had practised midwifery in a country other than their own, prior to doing consultancy work and these data are summarized in Table 11.3.

Seven respondents had lived or temporarily resided in a country other than their own before undertaking consultancy work, but most (13) had always previously lived in their own country. Those who had resided in another country had done so for various reasons including work, study or leisure. The time spent as expatriates ranged from two months to twenty two years with a mean of five years. These data are presented in Table 11.4. The respondents had undertaken short term midwifery consultancies in a total of forty three countries and these are listed in Table 11.5.

**Education, experience and age**

All of the respondents were midwives registered in the country where they qualified, most of these (16) were also registered nurses and one held a qualification in paediatric nursing. Most of the respondents (14) held a recognized qualification in the teaching of adults. This was frequently the Midwife Teachers' Diploma or the Postgraduate Certificate in the Education of Adults amongst UK respondents. In total, fourteen respondents were graduates, holding degrees at bachelors, masters or doctoral level. Some held more than one degree at the different levels. Thirteen respondents held higher degrees, two of these included Doctor of Philosophy degrees. The range of the consultant respondents' professional and academic education is summarized in Table 11.6.
Table 11.3.

Countries in which midwifery consultants practised prior to doing consultancy work

\( n = 20 \)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>NUMBER of RESPONDENTS</th>
<th>ORIGINATING FROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>11</td>
<td>UK</td>
</tr>
<tr>
<td>Sweden</td>
<td>2</td>
<td>Sweden</td>
</tr>
<tr>
<td>Denmark</td>
<td>1</td>
<td>Denmark</td>
</tr>
<tr>
<td>United States of America</td>
<td>1</td>
<td>USA</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1</td>
<td>UK</td>
</tr>
<tr>
<td>Canada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1</td>
<td>UK</td>
</tr>
<tr>
<td>Israel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1</td>
<td>UK</td>
</tr>
<tr>
<td>United States of America</td>
<td></td>
<td>UK</td>
</tr>
<tr>
<td>Mozambique</td>
<td>1</td>
<td>UK</td>
</tr>
<tr>
<td>Nicaragua</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yemen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States of America</td>
<td>1</td>
<td>USA</td>
</tr>
<tr>
<td>Liberia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL = 20
Table 11.4.
Countries in which midwifery consultants have lived prior to doing consultancy work
(n = 7)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>LENGTH OF STAY</th>
<th>NUMBER OF RESPONDENTS</th>
<th>ORIGINALLY FROM</th>
<th>REASON FOR RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>2 months</td>
<td>1</td>
<td>Sweden</td>
<td>study visit</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>18 months</td>
<td>1</td>
<td>UK</td>
<td>work</td>
</tr>
<tr>
<td>Canada</td>
<td>1 year</td>
<td>1*</td>
<td>UK</td>
<td>work</td>
</tr>
<tr>
<td>Ecuador</td>
<td>1 year</td>
<td>1*</td>
<td>UK</td>
<td>&quot;fun&quot;</td>
</tr>
<tr>
<td>Guinea</td>
<td>18 months</td>
<td>1*</td>
<td>UK</td>
<td>work</td>
</tr>
<tr>
<td>Guinea Bissau</td>
<td>8 years</td>
<td>1</td>
<td>UK</td>
<td>country of birth &amp; early childhood</td>
</tr>
<tr>
<td>Liberia</td>
<td>2½ years</td>
<td>1+</td>
<td>USA</td>
<td>Peace corps</td>
</tr>
<tr>
<td>Mexico</td>
<td>4 months</td>
<td>1+</td>
<td>USA</td>
<td>university semester abroad</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1 year</td>
<td>1+</td>
<td>USA</td>
<td>exchange student</td>
</tr>
<tr>
<td>Norway</td>
<td>1 year</td>
<td>1</td>
<td>Denmark</td>
<td>work</td>
</tr>
<tr>
<td>USA</td>
<td>6 months</td>
<td>1*</td>
<td>UK</td>
<td>&quot;fun&quot;</td>
</tr>
<tr>
<td>Wales</td>
<td>22 years</td>
<td>1</td>
<td>Malaysia</td>
<td>work</td>
</tr>
</tbody>
</table>

* represents a single respondent  
+ represents another single but different respondent

Note
Where respondents have indicated that they have practised midwifery in another country this is displayed in Table 11.5 above and not repeated here.
Table 11.5.
Countries in which respondents have worked as short term midwifery consultants

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>NUMBER OF CONSULTANTS VISITING THE COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>2</td>
</tr>
<tr>
<td>Angola</td>
<td>2</td>
</tr>
<tr>
<td>Botswana</td>
<td>3</td>
</tr>
<tr>
<td>Brazil</td>
<td>1</td>
</tr>
<tr>
<td>Brunei</td>
<td>1</td>
</tr>
<tr>
<td>Cambodia</td>
<td>1</td>
</tr>
<tr>
<td>Canada</td>
<td>1</td>
</tr>
<tr>
<td>Curacao (Dutch West Indies)</td>
<td>1</td>
</tr>
<tr>
<td>Ecuador</td>
<td>1</td>
</tr>
<tr>
<td>Estonia</td>
<td>1</td>
</tr>
<tr>
<td>Ghana</td>
<td>2</td>
</tr>
<tr>
<td>India</td>
<td>3</td>
</tr>
<tr>
<td>Indonesia</td>
<td>4</td>
</tr>
<tr>
<td>Japan</td>
<td>1</td>
</tr>
<tr>
<td>Kenya</td>
<td>1</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>2</td>
</tr>
<tr>
<td>Malawi</td>
<td>1</td>
</tr>
<tr>
<td>Malaysia</td>
<td>1</td>
</tr>
<tr>
<td>Malta</td>
<td>1</td>
</tr>
<tr>
<td>Nepal</td>
<td>1</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2</td>
</tr>
<tr>
<td>Pakistan</td>
<td>1</td>
</tr>
<tr>
<td>Palestine</td>
<td>1</td>
</tr>
<tr>
<td>Peru</td>
<td>1</td>
</tr>
<tr>
<td>Philippines</td>
<td>1</td>
</tr>
<tr>
<td>Poland</td>
<td>1</td>
</tr>
<tr>
<td>Rumania</td>
<td>1</td>
</tr>
<tr>
<td>Russia</td>
<td>1</td>
</tr>
<tr>
<td>Senegal</td>
<td>1</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>1</td>
</tr>
<tr>
<td>Singapore</td>
<td>1</td>
</tr>
<tr>
<td>Somalia</td>
<td>1</td>
</tr>
<tr>
<td>Sudan</td>
<td>1</td>
</tr>
<tr>
<td>Swaziland</td>
<td>1</td>
</tr>
<tr>
<td>Switzerland</td>
<td>1</td>
</tr>
<tr>
<td>Syria</td>
<td>1</td>
</tr>
<tr>
<td>Taiwan</td>
<td>1</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>1</td>
</tr>
<tr>
<td>Uganda</td>
<td>2</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>1</td>
</tr>
<tr>
<td>Yemen Arab Republic</td>
<td>1</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2</td>
</tr>
</tbody>
</table>

(The spelling of the names of the countries listed is an exact copy of that used by the respondents)
Table 11.6.

Professional and academic qualifications of consultants  

\( (n = 20) \)

<table>
<thead>
<tr>
<th>QUALIFICATION</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered midwife</td>
<td>20</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>16</td>
</tr>
<tr>
<td>Registered sick children's nurse</td>
<td>1</td>
</tr>
<tr>
<td>Diploma in counselling skills</td>
<td>2</td>
</tr>
<tr>
<td>Diploma in psychosexual counselling</td>
<td>1</td>
</tr>
<tr>
<td>Family planning certificate</td>
<td>2</td>
</tr>
<tr>
<td>Diploma in health care in developing countries</td>
<td>2</td>
</tr>
<tr>
<td>International studies (government certificate)</td>
<td>1</td>
</tr>
<tr>
<td>Teaching qualification in adult education</td>
<td>14</td>
</tr>
<tr>
<td>Certificate in management studies</td>
<td>1</td>
</tr>
<tr>
<td>First degree (BA, BEd)</td>
<td>7</td>
</tr>
<tr>
<td>Higher degree (MA, MSc, MEd)</td>
<td>11</td>
</tr>
<tr>
<td>Higher degree (PhD)</td>
<td>2</td>
</tr>
<tr>
<td>Higher degree studies in progress (MPhil)</td>
<td>1</td>
</tr>
</tbody>
</table>

Some respondents held more than one qualification
All of the consultant sample reported experience of clinical practice and teaching midwifery, although not all had a teaching qualification (Table 11.6). The majority (16) had some management experience and 14 reported having research experience. Less than half of the sample (9) had any experience of working for a statutory body. Three reported experience of writing or editing and 2 of counselling. Single respondents stated that they had experience of psychosexual counselling and stress management, family planning practice, conference organization or "project work" and working on government policy within a government organization. A summary of the kind of professional experience reported by the respondents is presented in Table 11.7.

The majority (13) of the consultants in the sample had experience as practising midwives ranging between twenty six and thirty five years. Five reported between thirty one and thirty five years experience. None had less than ten years. The total amount of experience reported by the consultants is presented in Figure 11.3.

The majority (17) of the respondents spoke English as their first language, 2 spoke Swedish and 1 Danish (Table 11.8.). Five of the sample whose mother tongue was English spoke no other language. Six respondents were fluent in at least one other language. One of the total number of consultant respondents stated that she was fluent in two other languages. An ability to manage limited conversation in another language was claimed by a total of twelve respondents, nine stating that they could attempt to communicate in one other language, one consultant could manage two languages and two could communicate to a limited extent in three languages (Figure 11.4.). A total of fourteen different languages were spoken in varying degrees of fluency by the respondent group as a second or subsequent language. These languages and the consultants' own rating of their ability in using them are presented in Table 11.9.

The majority (15) of the respondents were more than forty years of age when they began consultancy work, three were between thirty one and forty years old and two were under thirty years of age. During their most recent assignment seventeen respondents were more than forty years old, one stating that she was over sixty years. Two respondents were between thirty one and forty years and one less than thirty years at the time of her most recent consultancy (Figure 11.5.).

Consultancy - the length, breadth and frequency of respondents' experience

The most frequent type of consultancy work undertaken by the respondents related to midwifery education, seventeen of the group reporting experience in this area. Thirteen stated
that they had been involved in projects concerned with midwifery practice. Many of the consultants had been involved in several aspects of work which included education, practice and other areas. Eight respondents had advised on management or administration, seven on research, five on legislation or Statutory Body work and two stated that their work had focused on advising about the broader issues of health. Other single respondents had each been involved overseas in the setting up of a research ethics committee, the setting up of a professional body or the production of videos. One respondent stated that she had been responsible for supervising a group of overseas obstetrician - gynaecologists whilst they were observing clinical practice in the United Kingdom. This consultant had previously worked as a consultant in the country from which these doctors originated. These data are presented in Table 11.10.

The most frequently reported length of time for a consultancy was two weeks. Out of the ninety eight consultancies reported by the twenty respondents, a two week consultancy was reported on forty five occasions. A three week assignment was reported fourteen times and a one week assignment eleven times. Eight of the consultancies had lasted less than one week. Five assignments had lasted four weeks, eight had lasted between five and seven weeks, three between eight and eleven weeks and four had lasted between twelve and fifteen weeks (Figure 11.6.).

In addition to the length of each consultancy, the pattern of visits undertaken by the consultant respondents was also examined. These data are summarized in the form of a scatter graph (Figure 11.7.) and described below. The tendency to make five or more visits to a single country was displayed by three respondents. One respondent had made twelve visits to one country and six to another. Two further respondents had made four visits to the same country and six respondents had made three visits to a single country. One respondent in the latter group was the same individual who had reported visiting the same country six times and another country on twelve occasions.

Two visits to a country were reported by a total of ten consultants. One respondent had visited four countries on two occasions, three respondents had visited two countries twice and a further six had visited one country on two occasions. Thirteen consultants reported the experience of making just one visit to a country. Single visits to between one and five different countries were reported by these consultants. Six of the thirteen consultants who reported single visits to countries, never returned to any country a second time, though their single visits, in some cases involved assignments in up to five countries.
<table>
<thead>
<tr>
<th>TYPE OF EXPERIENCE</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical practice</td>
<td>20</td>
</tr>
<tr>
<td>Teaching</td>
<td>20</td>
</tr>
<tr>
<td>Management</td>
<td>16</td>
</tr>
<tr>
<td>Research</td>
<td>14</td>
</tr>
<tr>
<td>Statutory Body</td>
<td>9</td>
</tr>
<tr>
<td>Government policy making</td>
<td>1</td>
</tr>
<tr>
<td>Writing/editing</td>
<td>3</td>
</tr>
<tr>
<td>Conference organization</td>
<td>1</td>
</tr>
<tr>
<td>Family planning</td>
<td>1</td>
</tr>
<tr>
<td>Counselling</td>
<td>2</td>
</tr>
<tr>
<td>Psychosexual counselling &amp; stress management</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Project work&quot;</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 11.7.
Type of professional experience of consultant respondents
(n = 20)
Figure 11.3.

Amount of midwifery experience of consultant respondents

(Number of consultants: 10)

Years of experience

<10 10 - 15 16 - 20 21 - 25 26 - 30 31 - 35

Counts:

- <10: 0
- 10 - 15: 3
- 16 - 20: 3
- 21 - 25: 1
- 26 - 30: 8
- 31 - 35: 5

(N = 20)
Table 11.8.

Linguistic ability of the consultant group

First language

(n = 20)

<table>
<thead>
<tr>
<th>FIRST LANGUAGE/MOTHER TONGUE</th>
<th>FOR: NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>17</td>
</tr>
<tr>
<td>Swedish</td>
<td>2</td>
</tr>
<tr>
<td>Danish</td>
<td>1</td>
</tr>
</tbody>
</table>
Figure 11.4. Number of languages spoken by consultant respondents who can communicate in more than one language whose first language is English

Number of respondents (n = 12)

KEY to respondents' self assessment of fluency

++ can manage limited conversation
+++ fluent

0 1 2
Number of languages spoken

f = those who were fluent in another language also reported being able to manage limited conversation in further languages
### Linguistic ability of the consultant group

Range of languages spoken as second or subsequent language

<table>
<thead>
<tr>
<th>LANGUAGE SPOKEN:</th>
<th>-FLUENTLY BY NUMBER OF RESPONDENTS</th>
<th>-LIMITED CONVERSATION BY NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Spanish</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Dutch</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>French</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Arabic</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Portuguese</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Portuguese Creole</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>German</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Bengali</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Chicheva</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Malay</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Malayalam</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Russian</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Welsh</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>
Figure 11.5. 

Age range of consultant respondents 

(n = 20)

Number of respondents

0 5 10

Years of age

< 30 31-40 41-50 51-60 > 60

2 3 7 8 1

KEY

at beginning of consultancy work

during most recent consultancy
Table 11.10.
Nature of the projects undertaken by consultant respondents 
\[(n = 20)\]

<table>
<thead>
<tr>
<th>Nature of Work</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwifery education/training programmes</td>
<td>17</td>
</tr>
<tr>
<td>Midwifery practice</td>
<td>13</td>
</tr>
<tr>
<td>Management/administration</td>
<td>8</td>
</tr>
<tr>
<td>Research</td>
<td>7</td>
</tr>
<tr>
<td>Legislation/Statutory Body</td>
<td>5</td>
</tr>
<tr>
<td>Addressing broader health issues</td>
<td>2</td>
</tr>
<tr>
<td>Setting up research ethics committee</td>
<td>1</td>
</tr>
<tr>
<td>Setting up professional body</td>
<td>1</td>
</tr>
<tr>
<td>Production of videos</td>
<td>1</td>
</tr>
<tr>
<td>Supervising overseas professionals observing clinical practice in UK</td>
<td>1</td>
</tr>
</tbody>
</table>
Approximate length of a single consultancy visit (in weeks)

<table>
<thead>
<tr>
<th>Length (in weeks)</th>
<th>Number of Occasions</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-15</td>
<td>4</td>
</tr>
<tr>
<td>8-11</td>
<td>3</td>
</tr>
<tr>
<td>5-7</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>45</td>
</tr>
<tr>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>&lt;1</td>
<td>8</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Figure 11.7. Scatter graph to show pattern of visits undertaken by consultant respondents.

<table>
<thead>
<tr>
<th>Number of Visits</th>
<th>Number of Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>XX</td>
</tr>
<tr>
<td>4</td>
<td>XX</td>
</tr>
<tr>
<td>3</td>
<td>XXXXXX</td>
</tr>
<tr>
<td>2</td>
<td>XXXXXX XXX</td>
</tr>
<tr>
<td>1</td>
<td>XXXXXX X XXXX XX X</td>
</tr>
</tbody>
</table>

X: Indicate the number of visits per number of countries.
Preparation for the job

Consultant respondents were asked if they had received any specific preparation for their role as consultants. The majority (10) stated that they had not, seven stated that they had received preparation and two qualified their response by stating that they had had a little preparation (Figure 11.8). One did not reply to this question. Five of the nine respondents replying in the affirmative stated that the type of preparation which they had received was in the form of a workshop. One consultant stated that this had lasted twelve weeks, two others specified a three day workshop. The remaining two respondents did not specify the length of the workshops they had attended, but one who had also completed a course in "international health" stated that the workshop she had attended focused on "consultant methodology". Another respondent identified "project management" as the central theme of a workshop. Both the twelve week and the three day workshops had taken place in Scandinavia, though one had been organized by the International Confederation of Midwives. A further workshop had been organized in London.

One respondent stated that her Masters' degree studies in change agency skills had prepared her for consultancy work. One considered that her work in a government organization had prepared her for consultancy work. Another single respondent considered that receiving documents from the non governmental organization sending her on the assignment had constituted preparation for her work as a consultant. "Accompanying an experienced consultant" was described as preparation for the job by one respondent. The specific preparation for undertaking consultancy work identified by nine respondents is summarized in Table 11.11.

Respondents who did not consider that they had received specific professional preparation for the role of a consultant were asked what had helped them to learn their consultancy skills. Along with one respondent who had considered accompanying an experienced consultant to be a specific preparation for her role (Table 11.12.), most (6) of the consultants in this group considered that working with such a colleague whom they could observe, would provide feedback and who acted as a mentor, was a most valuable experience. Half (5) of the consultants responding to this question stated that reading about the country beforehand was very helpful.

Preparation by a colleague beforehand was acknowledged by four respondents. A further four identified the usefulness of discussion with nationals from the country they were to visit or with expatriates who were familiar with the country. Some (4) respondents emphasized the importance of
having a respect for and interest in people, especially those of other cultures as well as an interest in travelling. Two respondents advocated reflective practice. One of these emphasized the necessity to reflect upon personal strengths and weaknesses in order to try and address her knowledge deficit. The same respondent underlined the importance of reflection between visits to one country, stating:

"On return from the first visit I reflected upon how unprepared I had been for sights, sounds, poverty and my feeling of inadequacy. On my second visit, I felt more able to realistically set goals, not be "upset" by the slower approach to problem solving. My skills of negotiation had improved, I was able to say no to unrealistic demands and able to commit the organization I represented to long term plans."

Experience on the job was identified by two respondents. One of these emphasized the importance of returning to a country for a second time when clients are "much more willing to share" and the consultant herself had learned "to shut up and listen". She had also learned more facts about the country and some basic words of greeting. Stating that obeying local taboos is important, she concludes "I leave my UK head at Heathrow and collect it on the way home!".

Having previous experience working long term overseas was identified as an important learning experience by two respondents and I stated that working with ethnic minorities in the UK had helped her prepare for work as a short term consultant. Experience of serving on a Statutory Body where responsibilities had included validation of educational courses and evaluation of midwifery education and practice had been valuable to two respondents. One respondent had found her "briefing" for the assignment useful and another considered it important to explore the historical background to the project which she was to work on.

One consultant stated that she had learned some consultancy skills because "I like working with people and learning from them". Another in acknowledging ways in which she had learned some skills commented:

"However, I would like to say I still have a lot to learn and I am grateful to all who share their experiences with me." [C/1]

A single respondent who had undertaken three consultancy visits to three different countries lasting a total of fourteen weeks made the following comment in respect of learning consultancy skills: "I am not at all sure that I have any" [C/27].
Consultant respondents who had received preparation for their role

(n = 20)
Table 11.11.

**Preparation for consultancy work reported by respondents who acknowledged that they had some preparation for their role**

\[(n = 9)\]

<table>
<thead>
<tr>
<th>PREPARATION</th>
<th>LENGTH (if stated)</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory workshop</td>
<td>12 weeks</td>
<td>1</td>
</tr>
<tr>
<td>Consultancy workshop</td>
<td>3 days</td>
<td>2</td>
</tr>
<tr>
<td>Consultancy methodology workshop &amp; international health course</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Project management workshop</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Accompanying experienced consultant</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>MSc studies</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Work in government department</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Received documents from sending organization</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

**Total** = 9
Table 11.12.

Factors which helped consultants learn consultancy skills although they did not receive preparation for their role

(n = 10)

<table>
<thead>
<tr>
<th>FACTOR IDENTIFIED</th>
<th>NUMBER OF RESPONDENTS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentoring by experienced consultant</td>
<td>6</td>
</tr>
<tr>
<td>Reading about countries beforehand</td>
<td>5</td>
</tr>
<tr>
<td>Preparation by a colleague beforehand</td>
<td>4</td>
</tr>
<tr>
<td>Discussion (in UK) with nationals &amp; others familiar with the country</td>
<td>4</td>
</tr>
<tr>
<td>Respect for/interest in people, cultures, travel</td>
<td>4</td>
</tr>
<tr>
<td>Reflection on practice</td>
<td>2</td>
</tr>
<tr>
<td>Experience on the job</td>
<td>2</td>
</tr>
<tr>
<td>Previous long term work overseas</td>
<td>2</td>
</tr>
<tr>
<td>Experience of validation &amp; evaluation on statutory body</td>
<td>2</td>
</tr>
<tr>
<td>Briefing</td>
<td>1</td>
</tr>
<tr>
<td>Exploring historical background of project</td>
<td>1</td>
</tr>
<tr>
<td>Working with ethnic minorities in UK</td>
<td>1</td>
</tr>
<tr>
<td>No reply</td>
<td>1</td>
</tr>
</tbody>
</table>

* Some respondents stated more than 1 factor which helped them learn their skills.
My own profile

Since I am including autobiographical data [ibid: 208f, 210f, 213f] obtained from my own reflective practice in this research, it is appropriate here that I present some information concerning my own background and professional profile. This is in order to enable the reader to obtain a picture of myself as part of the sample. It is relevant for the same reasons which justified obtaining the profiles of the group of consultants in my convenience sample who have contributed data to this study. My profile is no more important and no less important than each of the consultants included in this survey, but should help to set the opinions which I have expressed and the conclusions which I have ultimately drawn in the context of lived experience. My personal and professional profile is summarized in Table 11.13. and I have provided a few relevant background details below.

For the majority of my life, I have lived in the United Kingdom. Except for periods not exceeding one year at any given time, my life in the UK has been spent in an English speaking area of Wales. For a period of five years I lived in India undertaking language and cultural studies followed by work as a nurse and midwife. This included some time teaching midwifery at a major teaching hospital under the auspices of a British Christian missionary society. I have therefore lived for longer in India than in England where I have spent brief periods working or studying.

Having been reared and educated in Wales, I have always been aware of the concurrent existence of two languages and although I have never had reason to learn Welsh I can read and pronounce it as well as use greetings in the language and utilise words of common courtesy. I have much more fluency in two of the major North Indian languages, Hindi and Urdu. Whilst this seems strange to many who inquire about my linguistic ability, the vowel sounds in these Indian languages as well as some of the more guttural phonetics are very similar to those in the Welsh language. Hence learning pronunciation did not present me with a major problem. In the years which have elapsed since my residence in India, I feared that I might have lost some of the fluency, but on a recent consultancy visit to India, it was interesting that an Indian lady whom I met socially volunteered the comment: "You speak Hindi like we speak it!". Because I was aware that literacy in any language can be lost if reading material is not available for the reader, I maintained my literacy in the Deva Nagri script through reading scriptures in the language long after returning to the UK. I did not do this with the Arabic script in which Urdu is written and consequently am no longer literate in that language which I am able to speak fluently.
The changes which were enforced upon my posting in India caused me to travel extensively in the subcontinent when I was between twenty five and thirty years old and I commenced learning several different Indian languages prior to the ones I eventually mastered. I have paid social visits to India on many occasions between my missionary experience and my consultancy experience and I have a fascination for languages. I attempt to learn the very basics of a language in any country which I visit. A summary of the linguistic ability which I have managed to attain to date is presented at the foot of Table 11.13.

I have undertaken consultancy work in eight different Asian and African countries. I have also worked on a project involving writing educational material for midwives in developing countries under the auspices of the World Health Organization in Geneva. All the consultancy work which I have undertaken has been related to the international Safe Motherhood Initiative. Since 1991 I have worked full time as a midwifery consultant and over the past four years I have combined my professional work with my doctoral studies.

My consultancy work in the developing world has involved a range of experiences in midwifery education and practice and has included the responsibilities of an external examiner for a basic midwifery programme, curriculum reviews, workshops and refresher courses for doctors, midwives and neonatal nurses.

My consultancy work has frequently taken me into clinical practice areas and involved observing, assessing and teaching clinical skills in hospitals, health centres and in the community. I place emphasis on this aspect of any assignment and, as indicated in my declared philosophy (Appendix I), I consider identification with the workers and families at the most basic level to be an essential basis to my consultancy work.

I have assisted in reviewing and revising midwifery legislation and advising on its implementation. I undertook some pre-testing of the first World Health Organization (WHO) midwifery module which I wrote focusing on the midwife in the community. I have since adapted this for the use of Auxiliary Nurse Midwives (ANMs) in India and Nepal. In partnership with a colleague, I have written further modules to assist rectify the identified deficit in basic clinical skills in this professional group. A summary of my consultancy work to date is presented in Table 11.14.
### Table 11.13.

**PERSONAL & PROFESSIONAL PROFILE**

Gaynor D. Maclean

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>Place of education</th>
<th>Other country of residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wales, United Kingdom</td>
<td>Wales &amp; England, United Kingdom</td>
<td>India (5 years) Nurse-midwife working with a missionary society</td>
</tr>
</tbody>
</table>

#### Qualifications

- Registered nurse
- Registered midwife
- Midwife Teachers' Diploma

#### Professional experience

- Clinical practice in gynaecology & operating theatres
- Clinical practice

#### Education

- Research (into midwifery practice & education)
- Statutory Body - Chairman of the Standing Midwifery Committee of the Welsh National Board for Nursing, Midwifery & Health
- Visiting (5 years)

#### Academic awards

- Bachelor of Arts (degree conferred by the Open University for studies completed within the Faculty of Science).

#### Linguistic abilities

<table>
<thead>
<tr>
<th>Mother tongue/ first language</th>
<th>Fluently</th>
<th>Limited conversation</th>
<th>Greetings &amp; courtesy words</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Hindi</td>
<td>Bahasa Indonesia, Nepali</td>
<td>French, German, Italian, Japanese, Setswana, Swahili, Welsh &amp; numerous Indian dialects</td>
</tr>
<tr>
<td></td>
<td>Urdu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I speak the following languages to the extent indicated:-

- **Fluently**
  - English
  - Hindi
  - Urdu
- **Limited conversation**
  - Bahasa Indonesia, Nepali
- **Greetings & courtesy words**
  - French
  - German
  - Italian
  - Japanese
  - Setswana
  - Swahili
  - Welsh & numerous Indian dialects
<table>
<thead>
<tr>
<th>Country</th>
<th>Employed or sent by</th>
<th>Number of visits</th>
<th>Approximate length of visits</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland</td>
<td>WHO Global HQ Geneva, based in UK</td>
<td>(3 contracts, each of 6-9 months)</td>
<td></td>
<td>To write midwifery education modules (Safe Motherhood)</td>
</tr>
<tr>
<td>Botswana</td>
<td>The British Council &amp; WHO (Geneva)</td>
<td>6</td>
<td>2 - 5 weeks</td>
<td>Basic &amp; continuing midwifery education, To pre-test midwifery modules</td>
</tr>
<tr>
<td>Indonesia</td>
<td>The British Council</td>
<td>6</td>
<td>5 - 8 weeks</td>
<td>Basic &amp; continuing midwifery education, legislation, research &amp; practice</td>
</tr>
<tr>
<td>Nepal</td>
<td>WHO (SEARO) (+ 1 more agreed/1998)</td>
<td>2</td>
<td>6 - 7 weeks</td>
<td>Midwifery education</td>
</tr>
<tr>
<td>India</td>
<td>WHO (SEARO)</td>
<td>1</td>
<td>10 weeks</td>
<td>To adapt &amp; write further modules for promoting Safe Motherhood</td>
</tr>
<tr>
<td>Japan</td>
<td>WHO/UNICEF/ICM</td>
<td>1</td>
<td>3 days</td>
<td>To facilitate international Safe Motherhood workshop</td>
</tr>
<tr>
<td>Seychelles</td>
<td>WHO (AFRO)</td>
<td>1</td>
<td>2 weeks</td>
<td>Midwifery education</td>
</tr>
<tr>
<td>Singapore</td>
<td>Private Singaporean hospital</td>
<td>1</td>
<td>2 weeks</td>
<td>Midwifery education (refresher course) including practice</td>
</tr>
<tr>
<td>Tanzania</td>
<td>WHO (Geneva)</td>
<td>1</td>
<td>2 weeks</td>
<td>To pre-test midwifery modules.</td>
</tr>
</tbody>
</table>

WHO = World Health Organization
SEARO = South East Asia Regional Office (of WHO)
UNICEF = United Nations Children's Fund
AFRO = African Regional Office (of WHO)
ICM = International Confederation of Midwives
Introducing the senders

This sample, includes a total of six people representing three different organizations in four countries. Each organization is concerned with identifying, selecting and employing midwifery and other consultants and facilitating their working in a country other than their own [ibid: 236f]. A summary of the respondents and the Sending Agencies which they represent included in the study is presented in Table 11.15.

Some of the respondents declared that they were not speaking about their organizational policy but about the issues that they personally considered important and which influenced their choice in selecting consultants. All of the respondents were frequently involved in consultant selection as part of their role responsibility.

Interviews were carried out face to face where practicable [ibid: 232f] and these I completed in the course of my own consultancy work. Others were conducted as telephone interviews [ibid: 238f] where access to conduct face to face interviews with the respondents did not prove possible during the course of the research.

The World Health Organization (WHO) is an intergovernmental organization within the United Nations system. It has 166 member states and has the objective of attaining the best possible level of health for all peoples. The constitution of WHO was approved in 1946 and came into force in 1948. The Organization has two main constitutional functions, namely:

"(1) to act as the directing and coordinating authority on international health work;

(2) to encourage technical cooperation for health with member states."

[WHO:1990:1]

The World Health Organization claims its characteristic feature as that of decentralization whereby there are six regions each with their own Regional Director, Regional Committee and Regional Office. The global headquarters are in Geneva, Switzerland. The six regions comprise Africa, the Americas, South East Asia, Europe, Eastern Mediterranean and the Western Pacific. The six regions of WHO are illustrated in Figure 11.9. [WHO:1990]

The British Council is described as a non-departmental public body and is a registered charity. The Council receives funding from the Foreign and Commonwealth Office and from the Department for International Development (DFID) [BC:1997].
<table>
<thead>
<tr>
<th>AGENCY</th>
<th>LOCATED IN</th>
<th>NUMBER OF RESPONDENTS</th>
<th>METHOD OF DATA COLLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO global headquarters</td>
<td>Geneva, Switzerland</td>
<td>1</td>
<td>Telephone interview</td>
</tr>
<tr>
<td>WHO (SEARO)</td>
<td>New Delhi, India</td>
<td>1</td>
<td>Face to face interview</td>
</tr>
<tr>
<td>British Council</td>
<td>Manchester, England</td>
<td>1</td>
<td>Telephone interview</td>
</tr>
<tr>
<td>British Council</td>
<td>Jakarta, Indonesia</td>
<td>2</td>
<td>Face to face interview</td>
</tr>
<tr>
<td>Options Consultancy Services</td>
<td>London, England</td>
<td>1</td>
<td>Telephone interview</td>
</tr>
</tbody>
</table>
Figure 11.9.

The six world regions as classified by the World Health Organization including the location of the six regional offices

Reproduced with permission from WHO (Geneva)
Options Consultancy Services Limited is a UK based company providing technical expertise and project management services in population and reproductive health. Options' aim is to enhance the reproductive health and well-being of women and men worldwide. The agency works for multilateral and bilateral agencies, national governments and non-governmental organizations (NGOs) and holds a contract with the UK Government's Department for International Development (DFID) to carry out all its international short term work in population and reproductive health. The agency has a special interest in the promotion of Safe Motherhood and experience of providing both long and short term technical assistance to such projects [OP:1997].

**Interview situations**

By nature of the samples, the majority of the interviews were opportunistic, since they were mostly carried out during the course of my work overseas as a consultant. Eight of the interviews with respondents from receiving nations were associated with a workshop, conference or other educational activity. Two of these were conducted in the UK, two in Norway and and four in their own country of domicile. These interviews were conducted either between sessions or at the end of the session. Four interviews with recipient nation respondents were conducted in a social context, most frequently over a meal, three were carried out in the respondent's own office or place of work and one was conducted whilst travelling for a field visit. Those contributing to the focus group were met by arrangement in an informal university setting in the UK and the discussion took place whilst enjoying light refreshments offered to the group.

Most of the recipient nation respondents demonstrated an eagerness to share their opinions once they had been given assurance of confidentiality and I emphasized that I would not make any identifiable reference to their country or their exact responsibility within any organization [ibid: 232f]. They were also relieved to understand that the questions which I would ask them focused on the consultant and not on themselves, their work or their country.

Although I always asked the questions in the same order as presented in the interview report sheet (Appendix II), almost all the respondents in this sample started by answering my second question first, namely those characteristics which make a consultant unacceptable to them. In fact, there was inevitably an audible pause when I asked about the acceptability and helpfulness of consultants which was visibly relieved by offering the respondent the second question. The interview then frequently proved to serve almost as a catharsis for some as they confided some of their deep feelings and bitter experiences.
One respondent was initially aggressive and very critical of consultants. I noted "warmed on being listened to and responded to empathic approach". I considered that it was crucial that I did not try to defend consultants or western approaches and, by avoiding this attitude and remaining non-judgemental I was able to collect more data. I discovered that by offering both the questions concerning the acceptability and unacceptability of consultants at the beginning of the interview before expecting a response, the session flowed more easily. The usual pattern was that first the negative aspects were stated, then the positive and frequently there was a return to the negative. The content of these replies is presented in Chapter 12 [ibid:283f] in the context of addressing the primary and subsidiary research questions raised during this study.

All the interviews were carried out in English. One interview was limited by a language barrier where the respondent and I did not have fluency in the same language. The others were very fluent English speakers and all had completed some professional or academic studies through the medium of English.

I noted down that one respondent was "indifferent" and because of this the interview lasted only a few minutes. I did not know this respondent well and I was not working with her but alongside her and we were residing at the same institution at the time.

Interviews lasted between 5 and 45 minutes with a mean of 20 minutes. One respondent, after making an initial response to my questions, asked if she could reflect on the questions overnight and chose to write down her answers and gave them to me the next day. On three of the interview sheets I commented that the interviewee was reflective or appeared to think very deeply about the questions. One was shy, but I noted that she "spoke with feeling once she got going". With the exception of the one respondent mentioned above, there was an eagerness amongst the respondents to share their opinions and experiences, they were open and matter of fact in their deliberation. I approached one respondent prior to an educational session to ask her if I may interview her. Following the session, she eagerly pursued me to make sure that she could give me an interview. This was an example of a person I had only recently met.

However, ten of the respondents whom I interviewed individually and four of those in the focus group were previously known to me very well because I had worked with them in their own countries. In this context I considered it important to first carry out my job as a consultant and secondly collect data for my research. I have discussed some of the dilemmas which I experienced arising from working in the role of a researcher-practitioner earlier [ibid: 228f]. Generally, I considered that I needed to earn the right to spend time asking questions about my own role and the factors relating to cross cultural consultancy
which formed the focus of my research. The length of time for which I had personally known the respondents did not seem to influence the openness with which they answered my questions, though it did tend to influence the time of the interview resulting in more in-depth interviews to probe some of the issues with colleagues with whom I felt it appropriate to pursue some of the more sensitive issues.

Conclusion

I have attempted in this chapter to introduce my respondents and paint the background pictures from which they emerge, so that the reader becomes familiar with them in many aspects, but does not know them by name. Owing to the methods of data collection used and the boundaries which I considered ethical to draw around such a process during my consultancy practice, I have acquired more background information concerning the midwifery consultants than I have about the receiving nations. Naturally, I have most background information available concerning myself as a midwifery consultant. I have attempted to present a selection of this as objectively as possible, whilst recognizing that one can never be truly objective about one's own background. As a marker, in sketching my own profile, I have attempted to follow the questions which I asked of my consultant colleagues in building up their profiles, complemented by such information as I am most frequently asked by those interested in my professional practice.

Some of the background information concerning the sending agencies has been offered by the respondents but, as indicated, some has been extracted from personal communications or publications made by the organizations.

I have also attempted in this chapter to describe the situations in which the interviews have taken place, so that as far as possible the scene has been set for an in depth consideration of the data which has been gathered from a diversity of people in many and varied circumstances. This chapter has attempted to paint the backdrop for the stage on which the respondent players have performed. I have tried to introduce them and paint the backdrop with clear definition and in as full a colour as possible. However, I recognize that there is an inevitable risk that, to the reader, some areas will lack the vividness of a firsthand experience and ambience is notoriously difficult to convey through the written word.

The next chapter listens to the contributions which the respondents have made to the questions which I have directly asked of them. They have also contributed, sometimes inadvertently to other questions which I have raised during this thesis. This is not surprising, since the origins of the questions I have raised are rooted not only in the literature reviewed, but also in the lived experience of
my own international consultancy practice. As a result of undertaking an in depth qualitative analysis, at times the respondents throw light on these issues, at others they confirm my confusion and raise yet further questions which in themselves beg to be researched or at least respected as perpetuating enigmas which will continue to challenge researchers and practitioners of international consultancy, possibly for many years to come.

Analysis of my own reflective diary, critical incidents and fieldwork notes has permitted further insights to emerge. Questions which were not directly asked of respondents have sometimes emerged through the pages of my diaries or the structures of my sociograms. Analysing one's own reflective practice enforces a critical look in the mirror. In writing this thesis I am inviting the reader to glimpse into that same mirror. Reflection in the closing chapters of this thesis aims to interpret the images which have been reflected, but this is not attempted until the perceived dimensions of reality have first been carefully analysed. It is as if there is a chance that if the picture were frozen for long, it would no longer depict the lived reality which this thesis attempts to capture. However, the elusive nature of the situation merely makes it more important to delve and not be content until the picture is relieved of any shadows which need not exist. This analysis, and its subsequent interpretation, therefore attempts to clear any unnecessary ambiguities which may obscure what can be known and what needs to be understood about international midwifery consultancy. It may also throw light on issues relevant to health consultancy in the broader framework, but more particularly in the context of cross cultural exchange.
CHAPTER 12

ANALYSING THE DATA

THE ACCEPTABLE AND UNACCEPTABLE CHARACTERISTICS OF CONSULTANTS

Introduction

The first and central research question upon which this thesis focuses, relates to the characteristics of consultants:

What are the essential characteristics of short term midwifery consultants which assist them to function effectively in cross cultural situations and what characteristics contribute to their unacceptability in this capacity?

[ibid:4]

Responses which are presented and analysed in this section have been acquired from interviews with recipient nation respondents (Appendices II & III), from midwifery consultants themselves (Appendix IV) and from respondents representing the sending agencies (Appendix V). A description of the research methods used to collect the data is made in Chapter 10 [ibid:232f] and the respondents themselves are described in some detail in the Chapter 11 [ibid:245f].

Since the approach to this research is qualitative, and I have presented my rationale for using this earlier in my thesis [ibid:219f, 223f], I have made no attempt to quantify the responses in analysing and presenting these data. Where a similar response has been offered by numerous respondents, this is apparent by the referencing to the particular groups and the serial numbers allocated to the respondents. These have been identified by the following codes:

R = Recipient Nation
C = Consultant
SA = Sending agency

References to my own journals are coded as:

RD = Reflective Diary
FW = Fieldwork Notes

Because the recipient nation respondents almost inevitably chose to respond first to the question concerning consultant unacceptability, these data are presented first in this section.
The unacceptable faces of consultants

The situations in which the interviews with recipient nation respondents took place are described in the previous chapter [ibid: 279 f]. I have separated the responses from recipient nation respondents who hold a post which involves policy making responsibilities at their Ministries of Health from the others who work in government institutions, private institutions and nongovernmental organizations. The employment status of these respondents is indicated in Figure 11.2 [ibid:249]. This facilitates the comparison of responses from the perspective of those who receive consultants with the opinions of the consultants themselves about their acceptability to professional colleagues and politicians and policy makers. No politicians were interviewed during this study, but there are four of the recipient nation respondents who come into this category.

I have classified the responses in this section into two broad categories. These relate to the "Sins of Being" which I have labelled "SOBS" and the "Sins of Doing" which I have referred to as "SODS". Whilst I recognise that there may well be overlap between these areas, the "SOBS" consisting of adjectives and adverbs and the "SODS" comprising verbs, the distinction provides opportunity to transfer raw data as they were presented during interview or on the questionnaire into the tables.

The total responses offered by the recipient nation respondents with regard to the unacceptability of consultants to their national professional colleagues are presented in Table 12.1. Those responses received from the consultants in the study are presented in Table 12.2.

Of the numerous qualities which offend (SOBS) specified by both recipient nation and consultant respondent groups, a few were commonly identified and these are summarised in Figure 12.1. Both recipient nations and consultants considered that being arrogant, critical, rude or disrespectful was totally unacceptable. Being unaware of the needs was another "SOB" suggested by both parties, though the recipient nation respondents stated this in personal terms of being unaware of "our" specific needs (R/4, R/6, R/7, R/22), whilst the consultants referred to a lack of awareness of a country's health needs or problems (C/6, C/9).

Deficiencies identified by recipient nation respondents included the consultant being unskilled in respect of clinical practice (R/4, R/12, R/14) or incompetent in the area of the assignment that has required the consultant expertise (R/6). An unacceptable personality was an issue to some respondents, one emphasising the need for compatibility in the situation:

"It needs to be the right person in the right place."

[R/7]
Another provided an illustration relating to a consultant who:

"... was not acceptable to the country because of her personality and a critical spirit."

[R/11]

Whilst there were several areas of approximate agreement in the perceptions of unacceptability (Tables 12.1 & 12.2), there were three areas of congruence between the two respondent groups with regard to Sins of Doing (SODS). These involved "telling us/them what to do", acting in ways which caused cultural offence and not heeding the views of local professionals in respect of need identification (Figure 12.2.).

Specific sins offending national colleagues

Recipient nation respondents repeatedly emphasised the importance of consultant attitudes and some provided examples of inappropriate attitudes and unacceptable behaviour:

"We do not like consultants telling us what to do. I was chairing a meeting on one occasion and an American consultant came in and tried to change the agenda - that is not appropriate."

[R/7]

"I had experience once of a consultant who was not acceptable - she tried to tell us what to do! You cannot transfer things directly from one country to another. We did not ask her back."

[R/12]

"There are many things which make a consultant unacceptable. It is mainly their attitude, especially if they have a superiority complex and approach us as if they know more. Also if they remind us of our colonial past and that they were the ruling powers, this does not go down well. If they are judgmental, negative and talk down to us. If they make comparisons with our worst standards and make us feel small..."

[R/13]

One respondent concluded:

"Some consultants are useless and ineffective. They may argue, I can accept that, but they should not dictate."

[R/7]
Ignoring the views and the contributions offered by the nationals were offences which caused pain to recipient nations. Two recipients responded with obvious hurt on this aspect:

"When the consultant came we had already done a lot of work, but she was not interested in what we had done and wanted to change everything around."

[R/15]

"It is bad if, when I have prepared a lot of papers for the consultants' visit, when they come they have not read them."

[R/10]

Another emphasised the error of not researching the area sufficiently before drawing conclusions, with the sin of ignoring the local experts being implicated:

"It is unacceptable if a consultant claims to know it all and cannot see reason with the people seeking their help. If she jumps to conclusions without having collected enough objective evidence of the background surrounding the consultancy or project."

[R/14]

The critical spirit was abhorred by some recipient nation respondents. The anger and alienation in their expressions was evident during interview. Criticism accompanied by inaccuracy appeared to be an unforgivable sin which was only compounded by delay in submitting a report:

"We once had a consultant. After 6 months she sent her report, but we cannot use it. She was critical and rude and not even accurate in what she was criticising."

[R/7]

"Consultants are not acceptable if they criticise or write reports with severe criticisms. This is like the effect which the media have, people read the bad and then ignore the good points."

[R/11]

Other Sins of Doing identified by recipient nation respondents include the consultant "not going to the field" (R/17), giving up easily (R/8), imposing her will upon her national colleagues (R/4), "fighting with us" (R/20) or "failing to see reason" with those who are seeking her help (R/14). Introducing conflicting ideas (R/18) and "identifying problems which are not problems" (R/17) were also considered unacceptable. One respondent warned about the potential risk of failing to establish what the last consultant has advised before advising herself because:
"Always it's the last consultant who comes who messes it up!"

Another respondent warned about the unacceptability of consultants quarrelling amongst themselves in their own team, or showing differences of opinion with those from a different country:

"When consultants from the USA and UK come at the same time or soon after one another and perceive things differently, they should consult with each other. . . otherwise they may fall into the same pit or take the opposite direction."

Making generalisations from the specifics which a consultant has observed, is not acceptable and leads to error. The respondent proceed to explain:

"What happens at an elevation of 10,000 ft in my country is not representative of what is happening in the whole country."

Consultant awareness of causing offence

Consultants themselves were very conscious of the dangers associated with cultural offensiveness whether relating to national colleagues, politicians and policy makers or the local community. With regard to unacceptability by their professional colleagues, amongst the "Sins of Being", the consultants identified being aggressive (C/22), "pushy" (C/4, C/22), rude (C/27) and lazy (C/16). The total responses in this area are summarised in Table 12.2. Taking a superior attitude manifested by intimating that the consultant ''knows all the answers'', "knows best" or appears as a "know all" was repeatedly identified as being unacceptable (C/1, C/2, C/3, C/6, C/11, C/13, C/14, C/16, C/17, C/21, C/22). Transferring concepts from one country to another, assuming that they will work, was another problem identified by consultant respondents (C/11, C/14). One interviewee from a sending agency also identified this as a problem (SA/5).

Various approaches resulting in undermining colleagues were recognised as being counterproductive. These included undererratting them (C/6), disparaging the present system and sometimes imposing practices and policies from the West (C/11). Introducing the use of inappropriate research (C/2, C/5) or claiming that only evidence based practice is valid" (C/21) would also have a negative effect. Demonstrating disinterest in their skills or ideas and only wishing to implement her own or not acknowledging those
contributed by her national colleagues was considered unacceptable (C/3, C/6, C/16). One consultant considered that "showing amusement at titles such as matron" (C/25) was likely to cause offence. Whilst another (C/14) suggested that to give the impression of being an "old colonial" was unacceptable and this is congruent with the opinion offered by one of the recipient nation respondents (R/13) and cited above.

There was concern expressed by some individuals in each of the three groups of respondents, sending agencies (SA/4), consultants (C/14) and recipient nation respondents (R/14) concerning professional knowledge and skills. Whereas the sending agency and consultant respondents identified a problem in being professionally out of date, the recipient nation respondents considered lack of clinical skills to be unacceptable.

**Offending at the local level**

Consultant respondents report a few "SOBS" but numerous "SODS" in the context of unacceptability by the local people. Their response to this question was much more limited than to those areas dealing with professional colleagues and politicians and policy makers. However, failing to visit at all (C/14), failing to listen to them (C/1, C/14, C/25), failing to respond to their natural curiosity (C/5) and failing to observe cultural, religious and political norms (C/2, C/5, C/6, C/14) were amongst the sins of omission suggested. Remaining aloof from the people (C/1, C/2, C/16), refusing their hospitality (C/2, C/5, C/12) and asking for food or drink which is unavailable in the area (C/25) were considered sins of commission by the consultants themselves. In the context of causing offence to the local community, one consultant added that in her experience:

"... people are immensely generous and make all sorts of excuses for visitors' outlandish behaviour."

[C/6]

The consultants' responses are summarised in Table 12.3.

Being haughty (C/16, C/17) was perceived by the consultant respondents as inappropriate in the community and this attitude may be identified as being intrinsic in several of the Sins of Doing stated above.

Some consultant respondents (C/16, C/19) suggested that wearing local dress was sometimes an appropriate way of avoiding causing offence to people in the local community.

I recorded in my fieldwork notes an incident where, on my first visit to Indonesia, I was taken on a visit to a village. From the outset, I realised that I had misjudged the length of my sleeves and I felt very uncomfortable in
the situation and not a little angry with myself for not having known better. It could have cost me relationships during those early days of my assignments in that country [FW/A:5].

On another occasion on a visit to rural India, I decided to wear a sari. I was comfortable in this garment and knew that it would be appropriate in the village setting. However, on the way back from the village, we called unexpectedly on a professor at one of the local colleges. My mind spun back to an institution in which I had previously worked in that country where the dean was very averse to Europeans wearing saris. I was conscious that I might cause offence here, by trying to be "too Indian". I could not change my clothes en route and in the situation I decided to go for it completely on the cultural side and greeted my host in the local language and in the Indian fashion. It was a considerable relief to note his pleasant surprise:

"This is wonderful - an English lady who wears a sari and speaks Hindi!" It did not seem to be the appropriate time somehow to confess that I was not English and declare my Welsh origins!"

[RD/A:16]

However, the experience raised my awareness about the risks of cultural unacceptability which were to feature again during my work in Singapore. Listening to a Singaporean colleague talk about the problems she had had in adjusting to British culture, it was our mutual conclusion that very often one does not get a second chance when a cultural error has been made. My own reflection on the matter was that whilst that may be so, the times when I might have, indeed must have, caused cultural offence but remained unaware of it are the danger areas of my practice and the whole issue demands constant vigilence if I am to minimise such events. Totally eliminating them would seem to be an impossibility in real terms [FW/D:12].

Any indication of belittling the local people was implicated by the consultant respondents as being unacceptable behaviour. This may take the form of "telling them to change their lifestyle without getting to know it" (C/19), "criticising their health service provision" (C/21), "complaining about accommodation " (C/25), treating them as "savages" or "natives" (C/25) or "laughing at primitive facilities" (C/25). A consultant lacking knowledge and skills was considered to be unacceptable to the local people.

Data were not collected from people in the local communities in respect of consultant acceptability and unacceptability during this study. Neither were the recipient nation respondents asked specifically for their opinions on this matter. Therefore no comparisons of perceptions can be made on this aspect of the study. Characteristics perceived by the consultant respondents to make them acceptable to local communities are presented later in Table 12.18 [ibid:322].
Table 12.1.

UNACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH HAVE A NEGATIVE EFFECT IN RELATING WITH PROFESSIONAL COLLEAGUES

AS PERCEIVED BY RECIPIENT NATION RESPONDENTS

<table>
<thead>
<tr>
<th>SINS OF BEING (&quot;SOBS&quot;)</th>
<th>SINS OF DOING (&quot;SODS&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*arrogant,&quot;know it all&quot;</td>
<td>*not obtaining our views</td>
</tr>
<tr>
<td>*critical</td>
<td>*telling us what to do/dictating to us</td>
</tr>
<tr>
<td>*rude</td>
<td>*imposing her will/ideas</td>
</tr>
<tr>
<td>*too serious</td>
<td>*fighting with us/failing to see reason with those seeking help</td>
</tr>
<tr>
<td>*bossy</td>
<td>*jumping to conclusions</td>
</tr>
<tr>
<td>*motivated for self gain</td>
<td>*failing to understand our culture</td>
</tr>
<tr>
<td>*unskilled clinically</td>
<td>*failing to understand our problems</td>
</tr>
<tr>
<td>*incompetent in area</td>
<td>*making inaccurate observations in her report</td>
</tr>
<tr>
<td>*requiring expertise</td>
<td>*making severe criticisms in her report</td>
</tr>
<tr>
<td>*inappropriate attitude</td>
<td>*giving up easily</td>
</tr>
<tr>
<td>*unacceptable personality</td>
<td>*ignoring papers prepared for her before the visit</td>
</tr>
<tr>
<td>*having a superiority complex</td>
<td>*generalising issues which are specific</td>
</tr>
<tr>
<td>*judgmental</td>
<td>*making comparisons using our worst standards</td>
</tr>
<tr>
<td>*negative</td>
<td>*making people feel small</td>
</tr>
<tr>
<td>*antisocial</td>
<td>*not working closely together with us</td>
</tr>
<tr>
<td>*too busy</td>
<td>*refusing to eat with us</td>
</tr>
<tr>
<td>*unaware of needs</td>
<td>*quarrelling amongst themselves (within their team or USA/UK)</td>
</tr>
<tr>
<td>*condescending</td>
<td></td>
</tr>
</tbody>
</table>
Table 12.1. (continued)

UNACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH HAVE A NEGATIVE EFFECT IN RELATING WITH PROFESSIONAL COLLEAGUES

AS PERCEIVED BY RECIPIENT NATION RESPONDENTS

<table>
<thead>
<tr>
<th>SINS OF BEING (&quot;SOBS&quot;)</th>
<th>SINS OF DOING (&quot;SODS&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*not communicating clearly</td>
<td></td>
</tr>
<tr>
<td>*coming at the wrong time</td>
<td></td>
</tr>
<tr>
<td>*not visiting the rural areas</td>
<td></td>
</tr>
<tr>
<td>*reminding us of our colonial past/their colonial powers</td>
<td></td>
</tr>
<tr>
<td>*coming with very definite ideas about what will help</td>
<td></td>
</tr>
<tr>
<td>*ignoring the &quot;grass roots&quot; workers</td>
<td></td>
</tr>
<tr>
<td>*listening only to those at the Ministry of Health (who are likely to be 20 years out of date)</td>
<td></td>
</tr>
<tr>
<td>*identifying problems which are not problems</td>
<td></td>
</tr>
<tr>
<td>*giving a lecture without using critical thinking</td>
<td></td>
</tr>
<tr>
<td>*identifying with the authorities</td>
<td></td>
</tr>
<tr>
<td>*quoting what the implementers have told her in making recommendations</td>
<td></td>
</tr>
<tr>
<td>*introducing conflicting ideas</td>
<td></td>
</tr>
<tr>
<td>*not establishing what the last consultant has advised before advising</td>
<td></td>
</tr>
</tbody>
</table>
Table 12.2.

UNACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH HAVE A NEGATIVE EFFECT IN RELATING WITH PROFESSIONAL COLLEAGUES

AS PERCEIVED BY THE CONSULTANTS THEMSELVES

<table>
<thead>
<tr>
<th>SINS OF BEING (&quot;SOBS&quot;)</th>
<th>SINS OF DOING (&quot;SODS&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*aggressive</td>
<td>*not conforming to/unable to understand cultural norms</td>
</tr>
<tr>
<td>*&quot;pushy&quot;</td>
<td>*not listening to expressed needs</td>
</tr>
<tr>
<td>*critical</td>
<td>*telling them what to do</td>
</tr>
<tr>
<td>*disrespectful</td>
<td>*telling them what you did elsewhere, assuming it will work here</td>
</tr>
<tr>
<td>*rude</td>
<td>*telling them what others do</td>
</tr>
<tr>
<td>*disorganised</td>
<td>*acting superior, saying or implying &quot;we know best&quot;</td>
</tr>
<tr>
<td>*ignorant</td>
<td>*aligning with the medics and not the midwives</td>
</tr>
<tr>
<td>*arrogant</td>
<td>*failing to acknowledge what is good</td>
</tr>
<tr>
<td>*professionally out of date</td>
<td>*drawing conclusions hastily without knowing local needs</td>
</tr>
<tr>
<td>*impatient</td>
<td>*not using local ways of expressing disagreement</td>
</tr>
<tr>
<td>*lazy</td>
<td>*underrating the nationals</td>
</tr>
<tr>
<td>*unclear</td>
<td>*disparaging the present system</td>
</tr>
<tr>
<td>*&quot;old colonial&quot;</td>
<td>*showing preference &amp; causing jealousy (people, institutions)</td>
</tr>
<tr>
<td>*uncompromising</td>
<td>*expecting rapid change</td>
</tr>
<tr>
<td>*unaware of country's health problem</td>
<td>*showing amusement at titles eg &quot;matron&quot;</td>
</tr>
<tr>
<td></td>
<td>*uninterested in their skills/ideas, only wanting to implement your own</td>
</tr>
<tr>
<td></td>
<td>*imposing practice &amp; policies from a developed country</td>
</tr>
<tr>
<td></td>
<td>*using inappropriate research</td>
</tr>
<tr>
<td></td>
<td>*claiming that only evidence based practice is valid</td>
</tr>
</tbody>
</table>
Figure 12.1.

COMMONLY IDENTIFIED "SOBS"
(Sins Of Being)
Figure 12.2.

COMMONLY IDENTIFIED "SODS"
(Sins of Doing)
### Table 12.3.

**UNACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH HAVE A NEGATIVE EFFECT IN RELATING WITH THE LOCAL PEOPLE**

**AS PERCEIVED BY THE CONSULTANTS THEMSELVES**

**SINS OF BEING ("SOBS")**

<table>
<thead>
<tr>
<th>* haughty</th>
<th>* appearing bored</th>
<th>* uninterested in them</th>
</tr>
</thead>
<tbody>
<tr>
<td>* unable to perform skills</td>
<td>* lacking knowledge</td>
<td>* culturally offensive</td>
</tr>
</tbody>
</table>

**SINS OF DOING ("SODS")**

<table>
<thead>
<tr>
<th>*failing to listen to them</th>
<th>*not asking their opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>*remaining aloof/appearing alien</td>
<td>*failing to learn about their needs</td>
</tr>
<tr>
<td>*refusing generosity/hospitality</td>
<td>*imposing your own way on them</td>
</tr>
<tr>
<td>*conveying negative body language</td>
<td>*failing to respond positively to their natural curiosity about your personal &amp; professional background</td>
</tr>
<tr>
<td>* making no attempt at the local language</td>
<td>*failing to visit them</td>
</tr>
<tr>
<td>*rushing in &amp; rushing out (in an expensive jeep)</td>
<td>*failing to observe cultural/religious &amp; political norms</td>
</tr>
<tr>
<td>*appearing not to care</td>
<td>*giving them money/equipment they are unsure how to use</td>
</tr>
<tr>
<td>*failing to understand</td>
<td>*treating them as &quot;savages&quot;/&quot;natives&quot;</td>
</tr>
<tr>
<td>*telling them to change their lifestyle without getting to know it</td>
<td>*laughing at primitive facilities</td>
</tr>
<tr>
<td>*criticising their health service provision</td>
<td></td>
</tr>
</tbody>
</table>
Causing affront in the corridors of power

Data collected during interviews with four recipient nation respondents who worked at a policy making level contribute to the study along with the responses of the consultants. There was agreement about two Sins of Being, namely that of being critical (R/2, R/9, C/2, C/21) and culturally offensive or inappropriate (R/2, R/3, R/9, C/25). Sins of Doing identified by both groups harmonised in the area of consultants failing to discuss decisions or proposals with the policy makers (R/9, C/19) (Figure 12.3.). One policy maker explained:

"Sometimes the consultants' behaviour is not suitable. They do not discuss with the decision makers, they do not understand our problems. Sometimes they do not form good relationships. . . ." [R/9]

The issue of failing first to discuss proposals, whether verbal or in written recommendations, with the policy makers was also identified as unacceptable by one consultant respondent (C/19).

Other areas of approximation in this area of inquiry rested on the recipient nation respondent (R/2) disliking the consultant who is impractical and the consultant (C/2) identifying the offence of "giving inappropriate advice". There were, of course, many more (20) consultant respondents offering suggestions in this area by comparison with the available (4) policy makers from the recipient nations. A syndrome which seemed familiar to an experienced colleague, was described as "NATO". She explained:

"We call it "NATO" when the consultant comes and nothing happens, we say - "No Action - Talking Only!" That is no good to us!" [R/2]

The responses of the policy makers themselves concerning unacceptable characteristics of consultants are summarised in Table 12.4.

Consultant respondents emphasised the importance of attitude and approach to politicians and policy makers. Being disrespectful was frequently mentioned by respondents as being one of the "SOBS" (C/6, C/8, C/16, C/22). Actively disregarding etiquettes and hierarchies or failing to observe the expected visiting protocols, along with ignoring cultural norms were regarded as serious "SODS" (C/2, C/8, C/14, C/21). Being impertinent, (C/16), overbearing (C/8) and high handed (C/14) were considered unacceptable by the consultant group, but also being ignorant of political issues (C/2, C/5), unaware of the national and local situations (C/19) and unrealistic about finance (C/25) were
considered "SOBS" that could lead to unacceptability. With respect to the latter, "asking for the impossible" and failing to enquire about what is available, what is functional and what is acceptable were considered serious omissions (C/6, C/14). One consultant suggested that the policy makers should be asked directly about what funding was available for the project (C/19). Whereas one respondent stated that failing to be assertive enough when her opinions are asked can have a negative effect (C/6), another reasoned that "arguing too strongly for change" was unacceptable (C/21). "Not achieving agreed goals within the time scale" (C/5) and "telling them what they do not want to hear" (C/27) were also considered actions likely to alienate consultants from the politicians and policy makers. The consultants' responses in this area are summarised in Table 12.5.

One respondent from a sending agency (SA/4) who also had considerable personal experience of working as a health care consultant herself, expressed concern about the unacceptability of some consultants to recipient nations:

"I have received comments from recipients . . . they are very sad . . . I have had a client saying to me "Please see if you can make something happen!" In our office in another country some of the staff have said to me: We have had dozens of consultants - but they're not all like you!" I know what they mean - some are real prima donnas . . . !"

[SA/4]

Using the data amassed during this study, I have compiled profiles of the unacceptable faces of consultants as perceived by some of the respondent groups. These are presented in Tables 12.6, 12.7. and 12.8.

[SA/4]
"SOBS" and "SODS" identified by both policy makers and consultants

"SOD" = Failing to discuss decisions = "Sin of omission" or proposals with the policy makers
<table>
<thead>
<tr>
<th>UNACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH HAVE A NEGATIVE EFFECT IN RELATING WITH POLITICIANS &amp; POLICY MAKERS</th>
<th>AS PERCEIVED BY RECIPIENT NATION POLICY MAKER RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINS OF BEING (&quot;SOBS&quot;)</td>
<td>SINS OF DOING (&quot;SODS&quot;)</td>
</tr>
<tr>
<td>critical</td>
<td>*telling us what to do/saying &quot;you must&quot;</td>
</tr>
<tr>
<td>bossy</td>
<td>*fighting to discuss decisions with us</td>
</tr>
<tr>
<td>emotional</td>
<td>*culturally insensitive</td>
</tr>
<tr>
<td>*practically insensitive</td>
<td>*talking but not acting (&quot;NATO = no action, talking only&quot;)</td>
</tr>
<tr>
<td>unable to work independently</td>
<td>*carrying too much baggage</td>
</tr>
</tbody>
</table>
Table 12.5.

UNACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH HAVE A NEGATIVE EFFECT IN RELATING WITH POLITICIANS & POLICY MAKERS

AS PERCEIVED BY THE CONSULTANTS THEMSELVES

<table>
<thead>
<tr>
<th>SINS OF BEING (&quot;SOBS&quot;)</th>
<th>SINS OF DOING (&quot;SODS&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*disrespectful</td>
<td>*ignoring cultural norms</td>
</tr>
<tr>
<td>*impertinent</td>
<td>*disregarding etiquettes/hierarchies/visiting protocols</td>
</tr>
<tr>
<td>*high handed</td>
<td>*making unrealistic promises</td>
</tr>
<tr>
<td>*disinterested</td>
<td>*giving inappropriate advice</td>
</tr>
<tr>
<td>*culturally offensive</td>
<td>*not finding out what is available/functional/acceptable</td>
</tr>
<tr>
<td>*overbearing</td>
<td>*asking for the impossible</td>
</tr>
<tr>
<td>*ignorant of political</td>
<td>*failing to achieve agreed goals within the time scale</td>
</tr>
<tr>
<td>issues</td>
<td>*failing to be assertive enough when opinions are asked</td>
</tr>
<tr>
<td>*unprepared</td>
<td>*failing to build up local competence</td>
</tr>
<tr>
<td>*lacking knowledge of</td>
<td>*complaining about their mistakes</td>
</tr>
<tr>
<td>the country</td>
<td>*failing to provide the information required</td>
</tr>
<tr>
<td>*unaware</td>
<td>*criticising local practice and service provision</td>
</tr>
<tr>
<td>*critical</td>
<td>*criticising without encouraging/praising achievements</td>
</tr>
<tr>
<td>*unrealistic re finance</td>
<td>*digging one's heels in</td>
</tr>
<tr>
<td></td>
<td>*recommending inappropriate or unrealistic strategies</td>
</tr>
<tr>
<td></td>
<td>*describing what happened in another country</td>
</tr>
<tr>
<td></td>
<td>*presenting proposals (written or verbal) without first</td>
</tr>
<tr>
<td></td>
<td>discussing them with the policy makers</td>
</tr>
<tr>
<td></td>
<td>*arguing too strongly for change</td>
</tr>
<tr>
<td></td>
<td>*rejecting their suggestions</td>
</tr>
<tr>
<td></td>
<td>*telling them what they don't want to hear</td>
</tr>
<tr>
<td></td>
<td>*claiming our country/we know best</td>
</tr>
</tbody>
</table>
Our nightmare consultant is critical, rude and arrogant. Her personality is unacceptable to us and she displays inappropriate attitudes. She fails to understand our culture, is antisocial and refuses to eat with us. She is sometimes too serious and too busy and she gives up easily. She does not visit the rural areas. She identifies with the authorities, listening only to personnel at the Ministry of Health who may be twenty years out of date in their ideas of what is happening in practice. She ignores the "grass roots" workers. She does not obtain our views, ignores the papers which we prepared for her visit and does not establish what the last consultant advised in the situation before advising us herself. She fails to understand our problems and is totally unaware of our needs. In fact, she identifies "problems" which are not problems to us.

This consultant generalizes issues which are specific, makes comparisons with our worst standards and jumps to conclusions. She comes with very definite ideas about what will help and these ideas are often conflicting. She is bossy and imposes her will, refusing to work closely with us and telling us what we ought to do. She even fights with us and fails to see reason with us, although we are actually seeking her help. When she works in a consultant team, there is quarrelling in the team.

If she comes to us at the wrong time she inconveniences us and we cannot use her. She is motivated by self gain and has a superiority complex. She is condescending and makes people feel small. She reminds us of our colonial past and of her country's colonial powers. She is negative and judgemental.

Our nightmare consultant is incompetent in the very area in which we require expertise and she is unskilled clinically. She does not communicate clearly and if she gives a lecture she does not demonstrate critical thinking. In writing her report she makes criticisms which are based on her inaccurate observations and quotes us, the implementers, in her recommendations so that we are implicated in her faulty proposals.

[Composite data derived from interviews with recipient nation respondents]
Our nightmare consultant is critical and bossy. She fails to establish a good relationship with us and does not discuss her decisions with us. She tries to tell us what to do and her usual approach in advising us is to say: "You must...". She is emotional and sometimes she fights with us.

Our nightmare consultant is culturally insensitive, dresses improperly and carries too much baggage. She neither understands our culture nor our problems.

She is impractical and inflexible. She is unable to work independently and therefore demands too much of our time. She talks a lot, but we see no action.

[Composite data derived from interviews with recipient nation respondents who work at a policy making level]
An unacceptable consultant is aggressive and pushy, she is critical, rude and disrespectful. She is impatient, arrogant, overbearing and lazy. She may not understand the cultural, religious and political norms of the country, but she ignores them anyway or fails to conform to them, thus causing offence. She appears disorganized to her colleagues and disinterested to the policy makers.

This consultant does not listen to the needs expressed by her national colleagues and she does not attempt to find out what is already available, functional and acceptable. Therefore she asks for the impossible, fails to provide the information required and gives inappropriate advice. She makes unrealistic promises and recommends unsuitable strategies. She uses inappropriate research and claims that only evidence-based practice is valid. With a superior attitude, she imposes practices and policies from a developed country and, like an "old colonial", insists that her country knows best.

The unacceptable consultant offends her national colleagues by telling them what to do, and offends the policy makers by telling them what they do not want to hear. She draws conclusions hastily without first knowing the local needs. She fails to acknowledge what is good and does not build up local competence. She underrates the nationals, disparaging the present system and criticising local practice and the services provided. She therefore undermines the confidence of the local people in their health service provision. She provides money or equipment which may be useless because the people are unsure how to use it.

The unacceptable consultant is not interested in the skills and ideas of her national colleagues. She rejects the suggestions of the policy makers, only wanting to implement her own ideas. She is unaware of the country's health problems and of the prevalent political issues. She describes what has happened in other countries where she has worked and assumes it will work in her current placement. She argues too strongly for change and expects to see rapid change. She disregards the etiquettes, hierarchies and visiting protocols in the corridors of power. At times she "digs her heels in" and at other times, when her opinion is sought, she fails to be sufficiently assertive.

This consultant usually fails to visit the community, but if she does so, she appears bored and uninterested. She remains aloof, appearing alien to the local people and refusing their hospitality. She asks for food or drink which is not available and complains about her

...../continued...
accommodation. She does not ask the opinion of the local people, does not listen to them and so fails to learn about their needs. The unacceptable consultant is haughty, rushing in and out of the community in an expensive jeep. She tells people that they ought to change their lifestyle without first learning about it. She tries to impose her way on them.

This consultant makes no attempt to learn the language in order to communicate with the local people and her body language conveys negative messages. She fails to understand the people and appears not to care. She does not respond positively to a natural curiosity about her. She laughs at what she considers primitive facilities and regards the people as "savages" or "natives". She shows amusement at titles like "Matron" which she considers outdated.

The unacceptable consultant lacks knowledge and skills and is professionally out of date. She tends to align herself with the medics rather than the midwives and causes jealousy between people and institutions by showing preference. She is uncompromising and fails to make herself clear. She is high handed and if she encounters disagreement she does not use local ways of expressing it. She complains about the mistakes of the policy makers and presents her proposals without first discussing them with them. This consultant further aggravates the policy makers by failing to achieve the agreed goals within the timescale.

[Composite data derived from questionnaires received from consultant respondents]
Recipient nation and consultant respondents were in harmony about six characteristics which commended consultants to their colleagues in the host nations (Figure: 12.4). Adaptability (R/4, R/5, C/16), and respectfulness (R/7, C/22, C/27, C/28), creativity (R/4, R/17, C/8) and humility (R/4, R/7, R/13, C/9, C/13, C/21, C/26) along with the virtue of being hardworking (R/4, R/17, C/15, C/16) and possessing a sense of humour (R/17, C/9, C/15) were qualities which would find acceptance in a cross cultural consultancy situation. Six areas embracing knowledge and abilities found congruence between the two groups of respondents also (Figure 12.5.). These comprised professional competence, knowledge and understanding of research based practice (R/6, R/7, C/1, C/2, C/5, C/6, C/8, C/14, C/15, C/17, C/21, C/25, C/26), an ability to demonstrate cultural sensitivity (R/4, R/5, R/6, R/18, R/21, C/21, C/22, C/26), good communication and interpersonal skills (R/5, R/7, R/13, R/23, C/8, C/15, C/17, C/21, C/22), making some effort to learn the local language (R/8, C/21, C/27).

Recipient nation respondents sought consultants who were methodical and tough (R/4), yet cheerful (R/4, R/17), understanding and helpful (R/4, R/5, R/12). Some specified that they needed the consultant to be able to bring some credibility to their project by virtue of their professional record, publications or other achievements (R/13, R/14). Notes in my reflective diaries in several countries in which I have worked have recorded the fact that my having written the WHO midwifery modules appears to commend me, sometimes in situations which were or had the potential of becoming hostile.

Differing perspectives of what is important

Those who receive consultants appear to be looking for a consultant who can identify needs in partnership with national colleagues, develop an awareness of what is currently happening and be able to provide specific technical assistance in order to meet those needs (R/4, R/6, R/17), working closely with those who are resident in the country (R/4, R/5, R/6, R/7, R/10, R/15). Their approach needs to be culture sensitive (R/4, R/6, R/8, R/19, R/21), relevant and up to date (R/4, R/6, R/11, R/12, R/14, R/17, R/22, R/23). The data provided by recipient nation respondents which describe the acceptable characteristics of a consultant have been summarised in Table 12.9. These data have been used to outline a description of an "ideal" consultant as perceived by this respondent group and this is presented in Table 12.10.
Adaptability was a characteristic identified by a single respondent in each of the categories: a recipient nation policy maker (R/2), a consultant (C/16) and a member of staff from one sending agency (SA/5).

The policy makers themselves who were included in the study focused on the knowledge and experience of a developing country (R/2, R/9) which was shared as a general requirement in consultant selection by the sending agencies (SA/3, SA/4). The recipient nation respondents required practical people (R/2) who could provide detailed information (R/2, R/3) and there was a request to provide them with options whereby they could make the decisions from the selection of possibilities. However, there was emphasis in this approach that the consultant should provide clear explanations of the consequences of each option offered (R/1).

One recipient nation respondent identified "the key" to acceptable consultancy:

"Give us your opinion underpinned by research evidence related to our situation - this is the key".  
[R/9]

She proceeded to emphasise that the government were impressed by such an approach and would place more trust in the consultant who did this.

The policy makers' responses are summarised in Table 12.13 and a picture of their "ideal" consultant is outlined in Table 12.14.

Self commendation in the corridors of power

In considering the acceptable characteristics of consultants which would commend them to politicians and policy makers, the consultants themselves focused much more on showing, courtesy and respect and acknowledging their position and power (C/6, C/11, C/21, C/22, C/26). Approving their policies (C/27) and praising their initiatives (C/26) were also recommended. One consultant stated that the attitude shown towards politicians and policy makers should be as for professional colleagues, but there should be "more respect and humility". She also recommended "the judicious use of expertise" (C/28). "Who you know", "who has recommended you" and "where you have worked before" were considered important issues by one respondent (C/1) and having money to bring to the project was suggested by another (C/4). Being direct and assertive (R/2) and being able to "negotiate and argue a case with clear evidence" (C/15 were offered by some, whereas others propounded humility (C/17), diligence (C/16) and hard work and commitment (C/15).
One consultant emphasised the importance of a consultant being quick to grasp essentials, making particular reference to this in the context of short term consultancy (C/15). Others emphasised the virtue of being able to keep to time scales and agendas (C/5) and to "be clear with recommendations (C/14)."

The consultants' responses in this area of interaction are summarised in Table 12.15. and the consultants' own perception of an "ideal" consultant who would be acceptable to politicians and policy makers is portrayed in Table 12.16.

**Commending oneself to the community**

Consultants were asked their views about what made them acceptable in the local community. Recognising that whilst recipient nation respondents in the other two categories included in the study are to a greater or lesser degree representative of the local community, as indicated above, no opinions were asked specifically of community members who did not fall into the two former categories. The data presented here therefore represent the one sided view expressed by consultants themselves.

Making visits to the community (C/13), showing an interest in the family, especially the children (C/13, C/15) and being able to communicate, ideally in the local language (C/1, C/2, C/4, C/15, C/16, C/17, C/21, C/26) were identified as being commendable. Accepting the social and cultural norms without criticism (C/5, C/6, C/8, C/13, C/14, C/15, C/16, C/17, C/19, C/28) was advocated by half of the respondents. In this context some consultants specified the importance of smiling and accepting the local hospitality and generosity (C/2, C/5, C/14, C/21) and responding positively to families in order to:

"... meet their need to satisfy their interest in personal and professional lifestyles." [C/5]

Showing a genuine interest (C/13), having a genuine desire to help (C/15), listening carefully (C/3, C/6, C/14) and attempting to empathise with local worries and fears (C/26) were other attributes which the consultants thought commended them to the local community. One respondent considered that "having children oneself" (C/6) was important and another underlined the virtue of "being the right age, race and religion in context" (C/4).

The acceptable characteristics which are perceived by the consultant respondents to commend them to the local people are summarised in Table 12.17. The local people's "ideal" consultant as perceived by the consultant group is outlined in Table 12.18.
Beyond the areas of congruence regarding the acceptability of consultants described above and summarised in Figures 12.4 and 12.5., most of the consultant respondents perceived that acceptability by their national professional colleagues rested considerably on depth, breadth and credibility of their professional knowledge and skills (C/1, C/2, C/5, C/6, C/14, C/15, C/16, C/17, C/18, C/21, C/25, C/26). They also considered teaching skills (C/4, C/9) and "organizational" and "implementational" talents important (C/9). Valuing existing expertise, respecting the experience of national colleagues, and accepting and praising what they consider to be successful projects and practices were considered important by several consultant respondents (C/4, C/5, C/6, C/11, C/19, C/26). Although recipient nation respondents did not verbalise these attributes in positive terms, a remark by one concerning the under use of his compatriots as consultants possibly expresses a similar sentiment here:

"I do not understand why our countrymen are not appreciated and used as consultants."

[R/7]

The data presented by consultant respondents regarding the characteristics of consultants which they perceive to be acceptable to their professional colleagues are summarised in Table 12. The data have been accumulated to outline a picture of the consultants' own "ideal" individual in this respect (Table 12.12.).

Pleasing the politicians and policy makers

An important issue to the policy makers was that the consultant came at a time when she was required (R/2, R/9). None of the consultant respondents picked this up, though one sending agency respondent emphasised the importance stating that:

"In the end, it is the person available on the day who gets the job."

[SA/4]

Another matter which commended consultants to one recipient nation respondent in this category was the consultant's effort to learn the language. She stated that:

"If they learn the language, this shows great interest, they are serious in wanting to solve the problem. We trust them."

[R/9]

Several consultant respondents highlighted the importance of attempting to grasp some of the language in the context of becoming acceptable to local communities (C/1, C/2, C/4, C/6, C/15, C/17, C/21, C/26), two mentioned "good language skills"(C/27) or "attempting the language (C/21) as being important in commending themselves to professional colleague, but none with regard to acceptability at the politician and policy maker level of interaction.
The criteria considered important in selecting consultants for overseas assignments, used by the sending agencies included in the study, are presented later in this thesis [ibid: 353] when the subsidiary research question raised in Chapter 4 [ibid:109] is addressed. However, the data concerning the acceptable characteristics of consultants as perceived by the sending agency respondents have been used here to outline a description of the "ideal" consultant as viewed by this group (Table 12.19).

Conclusion

In this chapter I have presented data which directly address the main research question concerning the acceptable and unacceptable characteristics of consultants [ibid: 283]. Whilst the sample of consultants comprised only midwives who may or may not have been influenced by their knowledge and experience of others working as consultants in cross cultural situations, respondents from the recipient nations and the sending agencies had other professional backgrounds. These individuals responded in general terms, drawing from their personal experience of consultants from various professional backgrounds.

Other data collected from these three groups of respondents as well as from my own journalling are presented in Chapters 13 and 14 as they relate to the subsidiary questions raised during this thesis. The data are interpreted in the concluding chapters after the analysis and presentation of all the collected data.
### Table 12.9.

**ACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH COMMEND THEM TO PROFESSIONAL COLLEAGUES AS PERCEIVED BY RECIPIENT NATION RESPONDENTS**

<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>KNOWLEDGE, ATTITUDES &amp; ABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>*adaptability</td>
<td>*able to identify needs</td>
</tr>
<tr>
<td>*respectfulness</td>
<td>*able to understand us &amp; respect our culture</td>
</tr>
<tr>
<td>*active</td>
<td>*demonstrating an interest in learning about our lifestyle</td>
</tr>
<tr>
<td>*creativity</td>
<td>*demonstrating very good listening skills</td>
</tr>
<tr>
<td>*methodical</td>
<td>*demonstrating good interpersonal skills</td>
</tr>
<tr>
<td>*cheerfulness</td>
<td>*able to adapt to the local situation</td>
</tr>
<tr>
<td>*humorous</td>
<td>*identifying existing plans</td>
</tr>
<tr>
<td>*persistent</td>
<td>*able to give clear explanations</td>
</tr>
<tr>
<td>*hardworking</td>
<td>*working along with us</td>
</tr>
<tr>
<td>*tough</td>
<td>*able to give technical assistance according to the needs</td>
</tr>
<tr>
<td>*understanding</td>
<td>*demonstrating a problem solving approach</td>
</tr>
<tr>
<td>*professional</td>
<td>*able to work well in a team</td>
</tr>
<tr>
<td>*helpfulness</td>
<td>*can demonstrate relevant professional expertise &amp; experience</td>
</tr>
<tr>
<td>*humility</td>
<td>*can demonstrate good analytical skills</td>
</tr>
<tr>
<td>*professional background</td>
<td>*attempting to learn our language</td>
</tr>
<tr>
<td>offers the project</td>
<td></td>
</tr>
<tr>
<td>credibility</td>
<td></td>
</tr>
</tbody>
</table>
She is able to understand us, respects our culture and is interested in learning about our lifestyle. She uses good interpersonal skills and listens to us. She can identify our needs, familiarises herself with existing plans and is able to give us the required technical assistance. She adapts to the local situation and learns to speak our language. She has considerable professional expertise and experience which is relevant to our needs and her professional background brings credibility to our project. She is able to give us clear explanations, she is active, persistent, tough and hardworking. She is humble and creative and able to work well in a team. She works along with us demonstrating analytical thinking and a problem solving approach. She is helpful, cheerful and has a good sense of humour.

[Composite data derived from interviews with recipient nation respondents]
Figure 12.4.

CHARACTERISTICS WHICH BOTH RECIPIENT NATION AND CONSULTANT RESPONDENTS BELIEVE COMMEND CONSULTANTS TO THEIR NATIONAL COLLEAGUES

- Hardworking
- Respectfulness
- Adaptability
- Creativity
- Humility
- Sense of humour
KNOWLEDGE AND ABILITIES WHICH BOTH RECIPIENT NATION AND CONSULTANT RESPONDENTS BELIEVE COMMEND CONSULTANTS TO THEIR NATIONAL COLLEAGUES

ACCEPTABLE CONSULTANTS can demonstrate:-

- cultural sensitivity
- good communication & interpersonal skills
- language learning skills
- professional competence
- problem solving skills
- knowledge & understanding of research based midwifery practice
Table 12.11.

ACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH COMMEND THEM TO PROFESSIONAL COLLEAGUES

AS PERCEIVED BY THE CONSULTANTS THEMSELVES

<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>KNOWLEDGE, ATTITUDES &amp; ABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>*sensitivity</td>
<td>*able to demonstrate professional acumen/competence</td>
</tr>
<tr>
<td>*cultural sensitivity</td>
<td>*academically able</td>
</tr>
<tr>
<td>*not &quot;pushy&quot;</td>
<td>*able to share knowledge which is practice based &amp; applied</td>
</tr>
<tr>
<td>*friendliness</td>
<td>*able to share knowledge &amp; experience of research/evidence based practice</td>
</tr>
<tr>
<td>*hardworking</td>
<td>*able to draw on a depth &amp; breadth of up to date professional knowledge</td>
</tr>
<tr>
<td>*honesty &amp; trustworthiness</td>
<td>*able to make decisions</td>
</tr>
<tr>
<td>*sense of humour</td>
<td>*able to demonstrate analytical, evaluatory &amp; problem solving skills</td>
</tr>
<tr>
<td>*openness</td>
<td>*able to pose good questions</td>
</tr>
<tr>
<td>*open-mindedness</td>
<td>*teaching skills</td>
</tr>
<tr>
<td>*creativity</td>
<td>*organizational talent</td>
</tr>
<tr>
<td>*integrity</td>
<td>*implementation talent</td>
</tr>
<tr>
<td>*respectfulness</td>
<td>*able to communicate well/uses good interpersonal skills</td>
</tr>
<tr>
<td>*humility</td>
<td></td>
</tr>
<tr>
<td>*adaptability</td>
<td></td>
</tr>
<tr>
<td>*empathy</td>
<td></td>
</tr>
</tbody>
</table>

continued/...
<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>KNOWLEDGE, SKILLS &amp; ABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>understanding</td>
<td>*demonstrating good language skills</td>
</tr>
<tr>
<td>*confidence</td>
<td>*knowledgeable about &amp; understanding of the country &amp; people</td>
</tr>
<tr>
<td>*quiet credibility</td>
<td>*demonstrating enthusiasm</td>
</tr>
<tr>
<td>*&quot;collegial&quot;</td>
<td>*quick to grasp essentials</td>
</tr>
<tr>
<td>*careful listener</td>
<td>*valuing existing expertise/respecting their experience</td>
</tr>
<tr>
<td></td>
<td>*acceptance of what they consider successful &amp; offering praise</td>
</tr>
<tr>
<td></td>
<td>accordingly</td>
</tr>
<tr>
<td></td>
<td>*able to improvise</td>
</tr>
<tr>
<td></td>
<td>*able to adapt &amp; demonstrate cultural responsiveness</td>
</tr>
<tr>
<td></td>
<td>*demonstrating an interest in their situation</td>
</tr>
<tr>
<td></td>
<td>*able to form good relationships</td>
</tr>
</tbody>
</table>
Table 12.12.

**THE IDEAL CONSULTANT WHO WILL BE ACCEPTABLE TO PROFESSIONAL COLLEAGUES - AS PERCEIVED BY THE CONSULTANTS THEMSELVES -**

<table>
<thead>
<tr>
<th>Ideal Consultant Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>She is knowledgeable about the country and understands and respects the people. She is a sensitive person, empathic and open and demonstrates sensitivity to the local culture. She is a person of integrity, being honest and trustworthy. She communicates well using good interpersonal skills and she listens well. She is interested in their situation, friendly and forms good relationships. She accepts what her colleagues consider successful projects and encourages them with praise. She values their expertise and respects their experience. She is academically able and professionally competent, having a depth and breadth of up to date professional knowledge and experience from which she can draw. She can share research based knowledge which is relevant to their practice. She is able to improvise, adapt and is responsive to the cultural situation. She has good language skills, poses good questions and is able to make decisions. She is hardworking, confident and has a quiet credibility. She is humble and creative and is a good colleague. She demonstrates analytical thinking and a problem solving approach. She is able to evaluate and teach and has a talent for organization and implementation. She is friendly, not &quot;pushy&quot; and has a good sense of humour.</td>
</tr>
</tbody>
</table>

[Composite data derived from questionnaires received from consultant respondents]
Table 12.13.

ACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH COMMEND THEM TO POLITICIANS & POLICY MAKERS

AS PERCEIVED BY THE RECIPIENT NATION POLICY MAKER RESPONDENTS

<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>KNOWLEDGE, ABILITIES &amp; ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>*adaptability</td>
<td>*able to provide detailed information</td>
</tr>
<tr>
<td>*sensitivity</td>
<td>*providing us with various options so that we can select</td>
</tr>
<tr>
<td>*understanding</td>
<td>the most appropriate action</td>
</tr>
<tr>
<td>*helpfulness</td>
<td>*able to explain the consequences of recommended actions</td>
</tr>
<tr>
<td>*resourcefulness</td>
<td>*providing practical suggestions</td>
</tr>
<tr>
<td>*interested</td>
<td>*has knowledge &amp; experience of a developing country</td>
</tr>
<tr>
<td>*practical</td>
<td>*having knowledge and understanding of our country</td>
</tr>
<tr>
<td></td>
<td>*demonstrating sensitivity to our culture</td>
</tr>
<tr>
<td></td>
<td>*able to work alone</td>
</tr>
<tr>
<td></td>
<td>*able to provide research based evidence</td>
</tr>
<tr>
<td></td>
<td>*attempts to learn our language</td>
</tr>
</tbody>
</table>
Table 12.14.

THE IDEAL CONSULTANT WHO WILL BE ACCEPTABLE TO POLITICIANS & POLICY MAKERS
- AS PERCEIVED BY THE RECIPIENT NATION POLICY MAKERS -

She comes at the right time, when we need her. She first learns about our situation, she understands our problems and establishes a good relationship with us. She wants to help us. She provides detailed information and in suggesting possible ways forward she gives us options, explaining what the implications will be of any actions which we select. She gently offers some suggestions. Her suggestions are practical and can be adapted to our situation. She provides us with facts without getting emotional about issues, so that we can make the decisions with understanding. She discusses her opinions and the recommendations she is considering with us. Because she comes from outside, we will listen to her. She appreciates that what works in the West may not work here and that only we can decide what will work for us. She is accustomed to a developing country and can cope with its demands, she is very adaptable. If she learns our language we know that she has great interest and is serious in wanting to solve our problems. She is sensitive to the situation and can get on with work on her own without needing us to sit with her. She shares her experience and makes suggestions which are practical. She provides us with her opinion underpinned by research evidence which is related to our situation. Once we trust her we will follow her everywhere and ask her to come back again.

[Composite data derived from interviews with recipient nation respondents who work at a policy making level]
Table 12.15.

ACCEPTABLE CHARACTERISTICS OF CONSULTANTS WHICH COMMEND THEM TO POLITICIANS & POLICY MAKERS

AS PERCEIVED BY THE CONSULTANTS THEMSELVES

<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>KNOWLEDGE, ATTITUDES &amp; ABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>*courtesy</td>
<td>*professionally well qualified, competent &amp; experienced</td>
</tr>
<tr>
<td>*realism</td>
<td>*academic credibility</td>
</tr>
<tr>
<td>*genuineness</td>
<td>*possessing some air of authority in the field</td>
</tr>
<tr>
<td>*diplomacy</td>
<td>*ability to be concise and clear</td>
</tr>
<tr>
<td>*tact</td>
<td>*showing a genuine interest in their projects</td>
</tr>
<tr>
<td>*adaptability</td>
<td>*a willingness to listen &amp; learn</td>
</tr>
<tr>
<td>*diligence</td>
<td>*ability to instil a confidence in them that you are not changing</td>
</tr>
<tr>
<td>*hardworking</td>
<td>*their structure</td>
</tr>
<tr>
<td>*commitment</td>
<td>*ability to keep to time scales and agendas</td>
</tr>
<tr>
<td>*assertiveness</td>
<td>*having an understanding of the pressures on their time</td>
</tr>
<tr>
<td>*directness</td>
<td>*showing a respect for their experience</td>
</tr>
<tr>
<td>*humility</td>
<td>*demonstrating good communication skills (formal &amp; informal)</td>
</tr>
<tr>
<td>*respectfulness</td>
<td>*ability to be clear with recommendations</td>
</tr>
<tr>
<td>*professionalism</td>
<td>*having a knowledge of the area &amp; its political problems</td>
</tr>
<tr>
<td>*sense of humour</td>
<td>*having experience/a solid background which is culturally &amp; politically appropriate</td>
</tr>
<tr>
<td></td>
<td>*having money to bring to the project</td>
</tr>
<tr>
<td></td>
<td>*being recommended by someone known &amp; acceptable to them</td>
</tr>
<tr>
<td></td>
<td>*arranging meetings with them</td>
</tr>
<tr>
<td></td>
<td>*able to grasp issues quickly &amp; correctly</td>
</tr>
<tr>
<td></td>
<td>*able to negotiate &amp; argue a case with clear evidence</td>
</tr>
<tr>
<td></td>
<td>*using your expertise judiciously</td>
</tr>
<tr>
<td></td>
<td>*having an understanding of policy making practice &amp; procedures</td>
</tr>
<tr>
<td></td>
<td>*approving of their policies</td>
</tr>
<tr>
<td></td>
<td>*demonstrating an awareness of how powerful they are</td>
</tr>
<tr>
<td></td>
<td>*respecting rank</td>
</tr>
</tbody>
</table>
Table 12.16.

THE IDEAL CONSULTANT WHO WILL BE ACCEPTABLE TO POLITICIANS & POLICY MAKERS — AS PERCEIVED BY THE CONSULTANT RESPONDENTS —

She will have been recommended by someone known and acceptable to them and she will bring money to the project. She will have knowledge and experience of the area and its political problems. Her approach is culturally and politically appropriate. She will be courteous, humble, diplomatic and tactful. She uses good communication skills both formally and informally. She is adaptable and has a sense of humour. She will arrange to hold meetings with them but will have an understanding of the pressures on their time. She recognises how powerful they are and respects their rank and experience. She is professionally well qualified, competent, experienced and academically credible. She is professional and possesses an air of authority in her field but is willing to listen and learn. She is diligent, hardworking and committed to her work. She is able to grasp issues quickly and correctly and instils confidence in them that she is not changing their policies. She has an understanding of the practice and procedure of policy making. She shows a genuine interest in their projects. She is direct and assertive and able to negotiate and argue a case with clear evidence. She keeps to time scales and agendas and uses her expertise judiciously. She makes clear and concise recommendations.

[Composite data derived from questionnaires received from consultant respondents]
<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>KNOWLEDGE, ABILITIES &amp; ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>*respectfulness</td>
<td>*making visits to the community</td>
</tr>
<tr>
<td>*flexibility</td>
<td>*demonstrating clinical competence/&quot;practical knowledge&quot;</td>
</tr>
<tr>
<td>*sensitivity</td>
<td>*able to communicate in the local language</td>
</tr>
<tr>
<td>*approachability</td>
<td>*demonstrating a genuine interest in them/their families</td>
</tr>
<tr>
<td>*realism</td>
<td>*dressing simply/in local clothing if appropriate</td>
</tr>
<tr>
<td>*&quot;down to earth&quot;</td>
<td>*showing genuine concern &amp; a caring attitude</td>
</tr>
<tr>
<td>*not patronising</td>
<td>*displaying a genuine desire to help</td>
</tr>
<tr>
<td>*insightfulness</td>
<td>*respecting cultural &amp; social norms</td>
</tr>
<tr>
<td>*of the right age, race religion - in context</td>
<td>*never appearing shocked (outwardly)</td>
</tr>
<tr>
<td>*having children oneself</td>
<td>*using a &quot;with woman&quot; approach (not a charity approach)</td>
</tr>
<tr>
<td>*openness</td>
<td>*demonstrating an awareness of local expectations</td>
</tr>
<tr>
<td>*pleasant/smiling</td>
<td>*ability/attempting to communicate in local language</td>
</tr>
<tr>
<td>*friendliness/warmth</td>
<td>*using appropriate non verbal cues</td>
</tr>
<tr>
<td>*tactfulness</td>
<td>*listening carefully to their opinions</td>
</tr>
<tr>
<td>*sense of humour/fun</td>
<td>*demonstrating good knowledge</td>
</tr>
<tr>
<td></td>
<td>*accepts hospitality</td>
</tr>
<tr>
<td></td>
<td>*responds positively to their natural curiosity</td>
</tr>
<tr>
<td>Table 12.18.</td>
<td></td>
</tr>
</tbody>
</table>

| **THE IDEAL CONSULTANT WHO WILL BE ACCEPTABLE TO THE LOCAL PEOPLE** |

| **- AS PERCEIVED BY THE CONSULTANT RESPONDENTS -** |

| **She visits the community. She is friendly and warm. She dresses simply, often wearing the local dress and she respects cultural and social norms. She joins in local events and is able to communicate in the local language. Even if she is not a skilled linguist, she makes an attempt to use the language and she transmits appropriate non verbal cues through her body language. She never appears shocked, at least not outwardly. She demonstrates a genuine interest in the whole family, admires the children and the local scenery. She attempts to get alongside the people and help them. She accepts their hospitality and generosity and respects their lifestyle. She responds positively to their natural curiosity about herself. She demonstrates her ability to practise and uses a "with woman" approach. She attempts to empathise with their worries and fears. She does not undermine their confidence in the local professionals. She has insight and listens carefully to the opinions of the people, becoming aware of their expectations. She is respectful, sensitive and approachable. Her race, age and religion are acceptable to the community and she has children herself. She is realistic and down to earth, a warm, friendly person who is pleasant and has a sense of humour. She is open and realistic in her approach and is never patronising.** |

[Composite data derived from questionnaires received from consultant respondents]
Table 12.19.

THE IDEAL CONSULTANT WHO IS SOUGHT BY
THE SENDING AGENCIES

She has the technical competence to do the job and has good interpersonal skills. She is reasonably easy to get on with, understanding and can work as part of a team. She is able to cope with the frustrations which arise in countries and conduct herself without causing difficulty or offence in a strange environment. She does not assume that what she has done in one country will work in another. She has experience of working overseas, ideally within the country requiring her or at least in the same region. She can write a comprehensible report giving the clients what they need and she can meet deadlines. She is able to go to work on the assignment when the project requires her.

[Composite data derived from interviews with staff from Sending Agencies]
CHAPTER 13

ANALYSING THE DATA

CONSULTANTS: DEVELOPING THEIR SENSES AND SKILLS, DEFINING SELECTION AND PREPARATION.

Introduction

This chapter presents data which address the subsidiary questions which were raised in Chapters 2, 3, and 4 in this thesis. These seven questions are set out in Table 13.1. and each is quoted in the section below where relevant data which address each question are presented. Data are drawn from each of the three respondent groups, namely the recipient nations, the consultants and the sending agencies. The respondents are described in Chapter 11 [ibid:245f]. Data are also utilised from my own reflective diaries and fieldwork notebooks. The source of the data is identified by the same coding as in Chapter 12 [ibid:283]:

R = Recipient Nation
C = Consultant
SA = Sending Agency

Reference to my own journals are coded as:

RD = Reflective Diary
FW = Fieldwork Notes

Developing and refining awareness

The first subsidiary question raised in this thesis is expressed thus:

How can the consultant develop and refine her sense of awareness in a culture other than her own? [ibid:51]

During data collection, there were numerous responses from recipient nation interviewees and some from consultants concerning this issue. Many entries from my own reflective diaries and fieldwork notes complement the data considered in this section. No relevant comments were made by sending agency respondents which addresses this question.

The data have been classified according to how they fall into the following categories:

1. Attitudes
2. Actions
3. Asking, listening and observing
Table 13.1.

SUBSIDIARY RESEARCH QUESTIONS ARISING IN
CHAPTERS 2, 3 & 4 AND ADDRESSED IN THIS CHAPTER

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CHAPTER/REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can the consultant develop and refine her sense of awareness in a culture other than her own?</td>
<td>2 [ibid:51]</td>
</tr>
<tr>
<td>How much knowledge and understanding about modernization and development does the midwife need in order to function effectively in her role as an international consultant?</td>
<td>2 [ibid:51]</td>
</tr>
<tr>
<td>Do countries in the Third World want to proceed into a western type highly technological society?</td>
<td>3 [ibid:85]</td>
</tr>
<tr>
<td>How can countries be helped not to fall into the pitfalls of the post-enlightenment era?</td>
<td>3 [ibid:85]</td>
</tr>
<tr>
<td>What skills does the international midwifery consultant require in order to facilitate an educational process which would result in her clients developing their own creative knowledge?</td>
<td>4 [ibid:96]</td>
</tr>
<tr>
<td>How are mutual respect and meaningful communication established between the consultant and her client? and what may mitigate against this?</td>
<td>4 [ibid:97]</td>
</tr>
<tr>
<td>How can consultants be selected and prepared in order to provide appropriate assistance to countries seeking to meet their identified needs in respect of promoting Safe Motherhood?</td>
<td>4 [ibid:109]</td>
</tr>
</tbody>
</table>
1. **Attitudes**

Recipient nation respondents emphasised the need for consultants to have a real desire to learn about culture and lifestyle (R/3), to be "willing to go to the villages" (R/7), in fact in order "to be familiar with what goes on" the consultant is recommended "to visit the rural areas as much as possible - because the problems are there and not in the city" (R/15). She must be willing to "come down to the level of the people" (R/14). The consultant must learn that greetings are important and that she is expected to join in social activities and "not be too busy". In this context it is important for the consultant to be aware that she is expected to participate in events without being asked. The ultimate aim for the consultant should be "to try and be as much like us as possible" (R/6). One respondent pointed out the importance of the consultant being aware of what is happening in midwifery practice and education (R/17). Another (R/19) stressed that the consultant's point of view is likely to be very different from that of her national counterpart and that they may be moving in opposite directions.

My journals contain records and reflections concerning my own attitudes as I attempt to adapt and re-adapt to various cultures. I submit the following extracts:

I recorded the following from the obituary notices in The Times of India, New Delhi (5.9.96):

"Without birth or death, eternal, ever existing is the soul of man. This being, this Atman*, this real self of man, the free, the unchangeable, is beyond all conditions, and as such, it has neither birth nor death."

[H.H. Swami Vivekananda]

* Hindi word for "Spirit"

Although this Hindu concept was not new to me, I reflected in a fresh way on the thinking which is generated from such a philosophy on this assignment. I have noted the following reflection alongside the quote:

"The concept of the non existence of birth and death are a real problem in trying to promote Safe Motherhood here! How can we penetrate a barrier that does not exist? How can we solve a problem that may be a solution in itself? What is it that makes the nationals - (those who do) - want to achieve Safe Motherhood? Is it ALL political? or is there an ethical or altruistic motive somewhere?"

[RD/A:10]
Living in local style accommodation undoubtedly provides insights and raises awareness concerning cultural issues. However, my diary contains some entries which record my attempts not only to adapt, but to maintain a positive attitude and a sense of humour on arriving at a destination of questionable standards during the early hours of one morning:

"Positive points about this accommodation:
The electricity works and there is a fan, the loo flushes, the water runs, there is an absence of insects (so far!), it is quiet, humanly speaking, it is reasonably clean - at least superficially, a new soap and towels are provided and there is a secure bolt to the door!"

[FW/C:119]

I did not record the negative aspects.

During that assignment I was making a bold effort to identify with the local people as much as possible and to resist moving into accommodation which may be considered part of a "golden ghetto" reserved for Europeans and the privileged nationals.

Maybe the comments recorded in another country at another time help to compensate for efforts which I felt were unsuccessful on that particular occasion in identifying with local communities. I recorded:

"N. remarked to a colleague concerning me today: "She is not like a consultant, she is just like one of us" - I think she meant me to overhear her!"

[RD/C:25]

I concluded that it was a reference more to attitude than any specific action that I had taken, though of course, I might well have been wrong about that [RD/C:25].

2. Actions

Recipient nation respondents (R/7, R/18, R/19) emphasised that the consultant must get involved, visit the rural areas and ask questions of colleagues. She was especially recommended to ask questions of those working in the field:

"It's the midwife in the bush - she's the one who knows!"

[R/19].

Another recipient nation respondent stated:

"The consultant needs to visit the midwifery schools and ask those who work there: "What are your problems?"."

[R/17]
Whereas some consultant respondents (C/13, C/16) specified that visiting the community, taking an interest in them and participating in local events are activities which form part of their role as consultants, one (C/22) commented that "usually nationals should interact at this level". I have recorded numerous community visits in my diaries which have formed an important component of my assignments. In some countries, a request to visit the community has initially met with surprise "You want to go to the village?" "You really want to go to the slums?", but later with approval and sometimes a spontaneous invitation to visit homes has been extended beyond what was originally asked (FW/A, FW/C, FW/D).

However, on one memorable occasion, in tune with my marked introversion [ibid:220f], I decided not to go to a social gathering which was being held during a workshop I was leading. Some years later, I met up at a conference with the colleague with whom I had been working in her own country. I interviewed her as part of this study and her response, included the matter concerning the consultant's obligation to participate in social events without being asked. I suspected it previously, but then I knew I had blown it with regard to social norms in her country. I commented in my reflective diary:

"I think T has forgiven me, but she seemed glad of the opportunity to draw this fact to my attention. Maybe I should have seized that opportunity to discuss it with her and been sure of my forgiveness and her of my true repentance. Another opportunity lost!"

[RD/D 13].

One recipient nation respondent emphasised the importance of the consultant using clear verbal communication skills:

"... accent is very important, we can't understand some people speaking English because of their accent."

[R/13]

3. Asking, listening and observing

Respondents offered numerous ways in which the consultant's sense of awareness may be developed and refined. One national recipient (R/12) stated that she considers it very important for consultants to find out about the country she is to work in beforehand, so that she can ensure that her contribution is relevant. Similarly, a consultant (C/17) emphasised the usefulness of "good preparation" for the consultancy. In response to my request for assistance in learning more of the local language, a senior national colleague replied "Listen... listen... listen" (FW/B:22). I have recorded two occasions when such
listening may have taught me a little of the language, but taught me more about the problems within the country which I was employed to help address. The first occasion was attending a national meeting of supervisory midwifery staff. I was provided with translation for most of the day's meeting which I attended. Travelling between the railway station and the conference centre, I was handed the programme and noted that I was to address the meeting as soon as I arrived. Knowing very little about the people who would be attending and knowing even less about their problems, I decided to give a very brief introduction of myself and my professional background, using what local language I had managed to acquire. Then I invited questions from the group. I noted:

"This gave me an opportunity to learn about their problems from their perspective. They seemed to want me to provide answers and I had none. However, the information I received is useful in considering the overall educational and practice strategies in this country. Asking for a translation of the questions ensured that I understood what they were saying, though I'm not certain I always understand their meaning and what lay behind the question. I need to follow up some of these issues with X (from the Ministry) as soon as I get opportunity."

On another memorable occasion, I spent three days as an observer at a conference conducted totally in an unfamiliar language. Translation was forthcoming in some of the early sessions, but soon faded out. I took opportunity to do some language study, mainly to keep myself alert and to demonstrate some semblance of interest. On the second afternoon I asked my national host whether it was essential for us all (three) consultants to attend all sessions, or might we use the time more profitably if we took it in turns? She considered that maybe it was not essential for us all to attend each session, however, before the end of the session came a question from the platform addressed in English to the consultants. I knew then, we were meant to stay, there was no escape!

Towards the end of that conference, one of the organizers apologised that the conference was not in English "It is bad" she said "We should be able to speak English". "On the contrary" I replied "This is your country, your language, we should learn it." She smiled. I felt that the three days had been worth it and we had been able to observe body language, get the general sense of things and take opportunities between sessions to speak with individuals. I also noted that the experience had helped us to establish relationships with our national colleagues and it seemed that we had gained some respect for having had the respect and patience to sit and not interfere with any of the proceedings [FW/B:63].
In my journalling, I have noted numerous instances of asking questions, listening and observing in order to raise my awareness of another country, its' people and their culture. As illustrated above, I have also noted some of the errors which I have made in this area and tried to analyse such issues in an attempt not to repeat them. More recently, my approaches have included directly asking for feedback on my work or actions and trying to listen objectively to the responses, sometimes needing to search for hidden meaning. In respect of the latter, I noted in my reflective diary:

"D commented this morning about how different the situation is here by comparison with Britain and that we need to learn about it. We wondered if this was a criticism of our approach and will need to explore it. We are presenting subject matter requested by the nationals here, but it could be the way in which we present it or illustrations given that are inappropriate."

[RD/B:4]

On another assignment I have noted:

"E was pleased today with several papers I had drafted. She gave me constructive criticism and the challenge to present it now in one document. . . . I find it refreshing to have honest and constructive criticism (as well as some praise!) from an Asian colleague. . . . Sometimes I find myself "being Asian" too and compromising on issues which my better judgement tells me should not be compromised. However, I know I don't have any chance of winning the debate and so I settle for what I can and hope to move nearer towards the goal of putting it into practice - a form of bartering really. I know that she is realistic about what is possible in this country (not a lot really in this context!) and so to achieve half a step forward with three steps backwards can only be progress."

[RD/A:30]

Again, in my reflective diary I noted "Dr F is a good ally in discovering facts about a situation" [RD/A:19]. On that assignment I made a habit of checking my observations and interpretations regularly with this colleague and found it a very useful exercise. However earlier in that assignment, I had noted two errors of judgment in my activities which could have permanently affected relationships if I had not been able to rectify the situations. In the first case I realised that the person, working in a clerical position, probably felt that she had lost face in the situation. This required me to make a special effort to communicate to her that I did not perceive it to be so and to put myself out to
demonstrate this. I did so by apologising and later altering my work schedule inconveniencing myself in order to show her deference. The next day I noted:

"I think I've repaired some of the damage"

and a few days later:

"I feel I've mended this relationship now. I think inconveniencing myself demonstrated sincerity in trying to resolve the situation."

In the second incident I noted:

"The chairman of the working group appeared "sour" towards me. I think I erred in identifying with a rebel in the group before identifying with her. However, her attitude towards me totally changed when she discovered that I had written the WHO midwifery modules. Although she had previously emphasised the almost exclusive role of the doctor in promoting Safe Motherhood, she then suddenly and spontaneously suggested to the group that the role of the nurse/midwife should be strengthened. The events may have been unrelated, but somehow, I don't think so."

The sentiment here links with that expressed by two receiving nation respondents whom I interviewed, one from Africa and one from Asia who commented that they asked consultants to return because of their professional knowledge and standing [R/13, R/14].

Enquiring about the relative functions and responsibilities of obstetricians and midwives in one Asian country, it was explained to me that:

"The people attending the course are not typical. They do not want to change. They are mostly from the private sector and work with doctors. To them, obstetrics is their rice bowl. If responsibilities are moved to midwives then they lose their income. It is difficult, but there are always ways to change. We don't want to take their livelihood, but we want to work in partnership with them. You see, government pension schemes are compulsory in the public sector. If we work in the civil service we have an iron rice bowl and the concept - they will feed me till I die. Therefore introducing changes which affect doctors' workload are very different in the government institutions."
On this same assignment I noted conflicting reports from colleagues regarding the availability and extent of free medical care in the country. I noted in my journal:

"I am learning here to listen to many, to be slow to form an opinion and not to judge on such matters." [RD/B:8].

Words of greeting have also held interest as well as utility for me. In my notes I have compared the following greetings and reflected on the relative priorities placed on activities within the respective cultures:

- The Mandarin speaker asks "Have you eaten?"
- The people of Botswana, a country comprising largely of the Kalahari desert, use the Setswana word for rain when greeting someone they have not seen for a long time. They use the same word to denote their national currency.
- One of the Indian greetings means "my gods rise up to meet your gods".
- The Indonesian greeting wishes health, fortune and safety on the part of the day or on the activity. [RD/A, B, C & E]

Advice from one recipient nation respondent interviewed warns:

"Don't forget the culture! Know your own - then learn the other." [R/21]

Modernization and development

The second subsidiary question raised in this thesis asks:

How much knowledge and understanding about modernization and development does the midwife need in order to function effectively in her role as an international consultant? [ibid:51]

Responses in this section are similarly obtained from recipient nations, midwifery consultants and my own ethnographic recordings.

One recipient nation respondent stated categorically that:

"It is helpful if the consultant has experience of working in a country which is approximately at the same level of development as ours." [R/12]
A further recipient nation respondent stressed that consultants:

"... should be accustomed to a developing or underdeveloped country."

[RI/2]

She then proceeded to illustrate the importance of her point by describing a consultant who had arrived with an enormous quantity of excess luggage containing dozens of pairs of shoes, mostly unsuitable for the country and climate. She emphasised the need for being dressed and equipped to cope in a developing country and especially during field visits. Making reference to the consultant of whom she so clearly disapproved she concluded "That was hopeless!".

Yet another respondent emphasised the importance of cultural sensitivity in the context of modernization and development adding:

"Culture is important... but when people talk, they want to be seen as progressive."

[RI/21]

I noted details in my reflective diary of a conversation which I had with a retired army officer in Singapore. He commented:

"The British left us a good legacy - the civil service. We adapted it and it works well for us."

[RD/B:7]

Making a comparison with other countries which had been colonised by the British I asked this gentleman what seemed to make the inherited system work there whereas in other countries it sometimes appeared to be a hindrance. He considered that there were two main factors in this. Firstly, the size of the country, Singapore is "small and manageable" and secondly the type of government. He explained:

"The government takes quick and clear decisions and usually plans ahead. There is very little delay between the proposal and implementation stage."

He emphasised that because tourism is an important industry, every effort is made to change and modify in order to meet the needs of tourists. This had undoubtedly influenced the way in which the country had modernized. He gave examples of the plans to change the shopping centre and how a leisure area had been constructed, then changed completely. He predicted that in another five years the development would be beyond recognition.
Several consultant respondents warned against the practice of "imposing policies and practices from the West into developing countries" and of importing western techniques and technologies and introducing policies without appreciating both the difficulties and the achievements within a country (C/2, C/5, C/11, C/14). Another warned "don't compare with the West" (C/19) and again "make minimum use of the term - in the UK. . ." (C/26).

However, a senior national colleague involved in policy making decisions at a Ministry of Health, advised that there is a need for the consultant to provide detailed information:

"... because we do not necessarily know the details and implications of our decisions"

The respondent added that there is a need to explain the consequences of various actions taken, stating:

"You need to explain clearly: If you do this . . . this may happen."

I reflected on my preparation of the WHO midwifery education modules designed to promote Safe Motherhood in the developing world. It was my conviction that there should be emphasis on cause and effect, process and outcome in educating midwives to implement preventative care. My experience in the clinical fields in countries in Africa and Asia had convinced me that there was a lack of understanding of these principles. I noted:

"It is worrying to appreciate that the fatalistic concept appears to hold considerable influence even at this level of government. How is it possible to enable colleagues who have been reared within a developing society to move into a mode of thinking which takes account of individual responsibility for outcome which to some extent will depend on the interventions in the process? T has an alert and quick intellect and has undertaken postgraduate studies in the modernized West, yet still her thinking appears to be controlled by the philosophy which finds harmony in an ancient civilization."

Understanding where they are at

In my journalling, I have recorded numerous experiences of adapting to the differing levels of development as I enter and work in other countries. In Delhi, I recorded an incident of claiming delayed luggage at the airport. The experience involved the greater part of a day and I had to
negotiate fourteen checkpoints and provide my signature ten times. Counting these had provided me with a diversion from the heat and tedium and helped maintain the level of persistence needed to get me through. In evaluating the experience I wrote:

"My previous experience of developing countries helped me to be more patient, undemanding and philosophical. This saves energy. Any action other than going through the process would have caused me more problems rather than help me. However, sometimes I realise I can wait too long and be too undemanding in such situations. It is a matter of judging it accurately in order to achieve the achievable."

[RD/A:2]

When working in Singapore I had to make a considerable adjustment to the speed with which things happened and the technology which affected and sometimes seemed to control the whole of life. I noted that I needed to adjust forward in time to a kind of automated life I had not yet experienced in the West. Yet I also had to adjust back in time with regard to the practice of midwifery beset by technology and surgical intervention bearing similarities to what I had experienced in the UK more than twenty years ago (RD/B:1).

In some of my recordings I have questioned whether my adaptation to a different stage of modernization and development is not, in fact, nothing more and nothing less than a personal protective mechanism. For example, the following entry relates to the arrangement of a field visit:

"Arranging a field visit is as much an experience as the visit itself. I don't make any assumptions, not even that I'll go, leave alone that I will get back when "expected". E (a colleague at the organization's base) seems certain that I will go, but (of course) not what I will do when I get there or where "there" might be! Maybe my expectations are too low, they hardly exist really. Is it a protection for me? I cannot be disappointed if I do not expect anything - and what actually does happen and go right is always a bonus. I think that living in a developing country taught me that. There are enough disappointments and frustrations without building your own in a developing country. However, this philosophy risks penetrating my approach to Safe Motherhood as well as it does some of those around me. I've met this before - and have to beware, lest I compromise too efficiently and sacrifice the vision and the goal."

[RD/A:13]
During a field visit I wrote:

"Getting back to the capital has been one of our main challenges ever since we left. We are still "waitlisted" for seats on the return flight. I'm second now - and may possibly make it, but Dr E is tenth. He reckons we could go by train, but unfortunately that leaves at the same time as the plane - so an erroneous decision there could result in us losing both. He has tried to pull the right "strings", but as yet has not achieved anything. His summary of the situation is that: "We are in a very hot soup!" I tend to agree with that. The situation is now complicated by heavy rain and a thunder storm, so we may be grounded anyway. Time will tell."

[RD/A:22]

By contrast, a casual conversation with a colleague in Singapore helped me to appreciate the degree to which that country had developed and modernized. She stated:

"We have met our basic needs now in this country. We now need to develop the aesthetic - art and music - and it is developing."

I asked her whether these things were considered a profitable use of time in her country. Her response was quick and clear:

"Oh no! The arts are not considered profitable occupations, nor a justifiable use of our time."

Reflecting on the busyness of that very modern east Asian city, I noted: "I think I grasp her meaning". I thought about the alien concept of "leisure" which seemed to prevail in most developing countries and the adjustments that I had faced in living in a premodern society, where everything I did had become essential to life and survival rather than leaving any choices. I considered:

"Maybe it is this lack of choice which perpetrates professional thinking and inhibits the understanding that anything which "I do" could possibly affect what happens. . . . . . Will it change, I wonder, as modernization and development proceed?"

[RD/B:9]

The ways in which consultant respondents perceived the need for consultants to be prepared for their role is described later in this chapter [ibid:355f] in response to the specific subsidiary question on this topic. However, it is pertinent to make reference here to a few contributions which border on the issue. No respondents suggested directly that consultants needed any knowledge or
understanding of the process of modernization and development. However, one consultant suggested that understanding "the broader context of human development work" would be useful (C/6). Two other suggestions made by individuals which touch on this topic included "Management of change" (C/14) and "Social anthropoloogy" (C/13).

What of westernization?

The third subsidiary question posed in this thesis reads:

Do countries in the Third World want to proceed into a western type highly technological society?

[ibid:85]

Data collected in this section address this question more by inference than intent. Some of the opinions expressed by recipient nation respondents and epitomised in the picture of the "ideal consultant" as perceived by the politicians and policy makers [Table:12.14:ibid:318f] are also relevant here. In this context one recipient nation respondent stated:

"Consultants should give us advice, but not impose their ideas, because a western system will not necessarily work here. We need to decide what will work."

[R/9]

Respondents repeatedly emphasised the importance of consultants being practical, realistic and relevant in the situation. They state, for example, that consultants:

"... should be practical and give us ideas which can be adapted to our situation."

[R/2]

"... should not impose unrealistic ideas on the people."

[R/14]

Another considers that:

"The main thing is whether the ideas from the developed world can be used in the developing world."

[R/22]

Another points out the problem of imported ideas and equipment:

"We have the nicest white elephants - primary hospitals, operating theatres and equipment - but no manpower!"

[R/19]
One consultant respondent commented in this context on the error of:

"... showing off expensive equipment brought from overseas."
[C/19]

The reflections in my diary relating to this issue all pertain to Singapore which is the most technological society in which I have worked as a short term consultant. I noted:

"This country has reached an advanced stage of modernization and development economically, but there is not political freedom alongside the economic freedom which the people enjoy. There would seem therefore to be little opportunity for freedom in education. I feel very helpless, not yet knowing how to respond to the pleas:-
"Please help us to practice midwifery and help our women properly here!" 
"Will you give us some ideas?"
[RD/B:3]

A later entry in my diary records information regarding the multilingual approach in producing parliamentary documents in Singapore. Parliament is conducted in English but papers are produced in four languages with translation being provided as required. My informant explained that:

"Now, someone who is originally from India may speak not only English, but Mandarin too because of the business potential - China encourages this too - because an emphasis on English might lead to westernization!"
[RD/B:7]

An African respondent commented that whereas a consultant comes with a lot of information that can bring positive change, she ultimately questioned "... or does she bring chaos?" (R/19).

Avoiding post-enlightenment pitfalls?

The fourth subsidiary question raised earlier in this thesis asks:-

How can countries be helped not to fall into the pitfalls of the post-enlightenment era?
[ibid:85]

During my process of data collection, this issue has been addressed only briefly and here I am presenting opinions expressed by recipient nation respondents and reflections pertinent to the topic recorded in my own diaries.
One Asian respondent stressed the importance of being able to make informed choices. She stated that consultants should present the facts so that they themselves can then:

"... make decisions with understanding of the consequences of those decisions"

[R/1]

In the context of introducing change, an African respondent similarly emphasised the importance of explanation and facilitating understanding by those who will be affected by the change:

"If a consultant wants to change something she needs to justify why it is necessary."

[R/15]

Concerning the interchange of ideas between east and west, I once asked some senior and experienced colleagues who all had experience of overseas study themselves, their opinion about the influence of western style education on their professionals. They stated that such an experience "broadened their thinking", "helped them not to feel alone professionally", "gave them ideas" and "helped them to realise that they are not the only ones with problems". They remarked that studying overseas only ever had a detrimental effect if the professionals saw and wanted to have expensive items of equipment or technology which is not available in the country (FW/B:23).

A few consultants warned about the inappropriateness of transferring some ideas from the modernized to the developing world. The danger of claiming that only "evidence based practice is valid" [C/21] and of using "inappropriate research" [C/5, C/2] was reported in Chapter 12 [Table 12.2:ibid:292]. With regard to the latter, the issue of no longer administering an enema at the onset of labour was discussed at some length in the focus group of midwives. One Asian (R/19) and an African respondent (R/17) made points about cultural attitudes to faeces ranging from disgust with the body substance, differences in diet pattern and the women administering enemas themselves or taking local herbs since the hospital had discontinued the practice of routine enema administration. They pointed out that they believed that the habit of self medication sometimes resulted in the baby being born at home instead of in the hospital. This practice had arisen from the introduction of western midwifery research which had not been evaluated in the light of cultural attitudes. The respondents perceived the change as a "westernization" which had clear and obvious hazards in their countries.
Some of the midwives participating in the focus group discussion stated that the Baby Friendly Initiative was an unnecessary issue in their country since "the women will breastfeed anyway - it's not a problem" adding that "the consultant cannot teach women to breastfeed". By contrast, I was aware of the emphasis which my colleagues in Singapore were placing on the promotion of breast feeding. It was, I noted, no longer a natural expectation and my observation of clinical experience in a postnatal ward well illustrated what the midwives had been telling me. The midwives here were attempting to reverse the modernization process which had led women to believe, in the typical western fashion which took hold in Britain in the sixties, that artificial feeding was the much more sophisticated and educated thing to do. This was a trap of modernization which I perceived the professionals, at least, were not pleased about.

Another issue which visibly grieved midwives in Singapore was the fact that women now considered that they needed a doctor "as soon as they felt their first labour pain". Midwives were disturbed that women did not consider that they could meet their needs. It was in Singapore that I observed numerous pitfalls of post-enlightenment and heard expressed the regrets of some colleagues that they had not been prevented (RD/B:2).

However, it was explained to me that the Singaporean government had devised ways of avoiding some of the other pitfalls of modernization and development. Concerning the economy, I was told, that:-

"...if there is a financial crisis, the people are told, that either they take a reduction in wage or some of them will lose their jobs and they do not want that."

Concerning the traffic problem, I was informed:

"...because there is a limited amount of space in Singapore, the government heavily taxes cars. We cannot just build more roads. People have to cooperate."

[RD/B:7]

Pitfalls in practice

Beyond the obvious marks of modernization referred to above, my diaries frequently record areas of concern in the daily routine of clinical practice which are more difficult to legislate against. These sometimes present me with critical incidents in the clinical situation. One of these relates to the attitude and handling of a patient by nursing and midwifery staff (RD/A:16). Similar concerns regarding such issues in the UK where we are deemed to have reached the postmodern era have caused me to focus my reflection on what
may be happening at either end of the developmental scale. In one Asian country I recorded:

"The clinical situation leads to despair here - rough handling of a patient with a postpartum haemorrhage - and the woman being described as being very uncooperative. When the nurses were slapping her face I had to do something. I just stroked her face and head, telling her that everything would be alright - though I really wondered if it would!"

Later I reflected upon my actions and on the incident in a wider context:

"I am not here to make comparisons, but sometimes I wonder where we in the West are going too. Such situations of physical abuse would hopefully still be unacceptable at home. However, in spite of all the theory which is taught, caring attitudes seem to be diminishing in the postmodern era. Maybe it is more a subtle form of bullying which occurs there when the client's needs are ignored. Whereas nurses talking about their leisure time over the head of a patient used to be an absolute taboo, this no longer seems to be so and I have had experience myself of being ignored when my need for explanation and attention was considerable. Was the woman who was both physically and emotionally insulted in that labour ward a victim of modern medicine in a developing country? And had I not been the victim of emotional mishandling for possibly similar reasons. Myself, by uncaring and disinterested staff in a western hospital, now eclipsed in the shadows of post-enlightenment. If my experience had been unique, it may not have held much meaning beyond my own feelings, but such reports are becoming increasingly and alarmingly common and can be substantiated. Both the woman who was bleeding and I awaiting surgery might similarly have cried for the compassion of staff who saw their job as a vocation. She for the traditional birth attendant, whom modern midwives and educated staff had replaced. And me? - where might I find the nurse with a sense of vocation who would put my needs before all else - in a postmodern era?"

I concluded:

"Where are we going? - and do we have any right to try and point the way to others, when we seem to have lost it ourselves? Yet I could not stand aside and watch suffering through injustice."

The data I have collected have not yet provided an answer to these questions and only superficially even begin to address the whole minefield of post-enlightenment pitfalls.
Developing creative thinkers – a part of the job

In Chapter 4 of this thesis which focuses on the differing perceptions of need in cross cultural situations, three questions were raised. The first asks:

What skills does the international midwifery consultant require in order to facilitate an educational process which would result in her clients developing their own creative knowledge?

[ibid:96]

Consultant respondents made various suggestions which may contribute to promoting this educational process. One suggests that the consultant should give colleagues in the developing world:

"... permission to challenge the opinions and practices of developed countries so that services can be designed and developed to meet local needs."

[C/11]

Another consultant states that in valuing local expertise, consultants need to:

"... accept that they practise within different legislative and professional codes and health policies."

[C/5]

A consultant's willingness to give praise concerning the initiatives which have already been developed (C/26) and her ability to "pace the development of the work" (C/14) could also hold relevance here.

The attitude and approach of the consultant was an issue of debate amongst the midwives in the focus group. "The consultant should be adamant" stated one respondent (R/22), "- then she will get thrown out!" retorted another (R/18). The debate continued:

"The authorities always want a consultant who will agree. The consultant should work with the implementers."

[R/22]

"The implementers ... don't put themselves in desperate situations. When the implementers get desperate, everything stops!"

[R/19]

"Some consultants have been chased out because they don't kow tow to the Ministry of Health!"

[R/18]
In order to enable the staff at the grass roots to develop and implement strategies that they consider would work in their area, one respondent warned about the way in which consultants commended actions to the authorities:

"The worst mistake you can make is to say: "The implementers say. . .", Say instead: "This is the ideal. . .", "This is what should be. . .."

Further words of advice urged consultants to ensure that any groups they worked with were representative of the whole country and are "the people who can make things work" (R/21).

My concern on some education assignments has been to try and ensure that the right people attend. After working for some weeks on a project in one Asian country, I entered in my reflective diary, under the heading "Things I feel anxious about":

"We need to train trainers, but will they be appointed in time and will they be the ones who can do the job?"

[RD/A:26]

Later I recorded:

"I am concerned that the right people will attend the trainers' workshop. If we press too hard, we'll get a workshop, but with the wrong guys. If we don't press, it won't happen and that means we would not be able to fulfil our terms of reference. They would not let that happen through their omission, as they would lose face. It is difficult for them to say it is my fault as they still have not appointed a national counterpart and I have been in the country more than a month. I guess the skills of diplomacy seasoned with patience and persistence are what I need here if there is to be any transfer of skills during this assignment."

[RD/A:31]

In the course of events, the "trainers" were "appointed" in time to attend the workshop but they were not the persons destined to do the training. Rather a familiar experience. However, their evaluation was that "the trainers really must attend this kind of preparation". I noted that such a proposal coming from within the senior ranks of health care staff across the country would likely be more productive than my own recommendations had been. Time has still to determine that to be so (RD/A:35).
In one country, my role was most definitely to support and encourage the creative ideas of colleagues. I noted:

"S has vision. She says that midwifery can change here, that takes some sense of inspiration in the current climate. In spite of all the negativity, she plans to educate midwives to a very high academic standard, enable them to present papers to medical staff at the end of the course and then discuss them with the doctors "that will make a difference" she says. And then? Then she plans to set up a small private unit utilising midwife led care. "It's possible! We can do it!" she said. I knew then that my role was simply to encourage and support her through the early phases of the vision which was so uniquely hers, for her people".

[RD/B:8]

Analysing critical incidents - critical for whom?

A particularly memorable critical incident entered in my diary concerns the occurrence of a traumatic postpartum haemorrhage in a village hospital. It was especially critical because of the delay in the arrival of a doctor and the complicated ethical situation in which I was placed during this assignment because the doctor did not have the obstetric skills required to recognise what was happening initially. In the event, the woman's life was saved, though I questioned whether my decision to act in the way I did was the most appropriate, given all the circumstances. However, there were several points of clinical practice which were grasped by my colleagues and their students during that situation and I noted:

"M frequently mentioned that incident whenever we visited that hospital again - even the following year. She refers to it whenever there are discussions about PPH and mentions the problems of delay and PPH management. I was clearly functioning as a role model"

[RD/C:11]

I was not so conscious of this at the time of course, but on another occasion I was:

"Today in the labour ward I accidentally noted what was written on S's clipboard - a list of "Questions Gaynor asks the students"! This can be frightening! I just hope that I can provide them with enough inspiration to develop their own questions. I am finding it difficult to convince them that simple questions are the best - but often the most difficult to think of - I'll keep trying."

[RD/C:11]
One respondent from a sending agency emphasised the importance of the international consultant's role in "growing local consultants. She provided an example from Eastern Europe where the agency was asked for four international consultants on two occasions. The first time they provided these, but when the national workshop was to be repeated on a regional basis, they insisted that two international consultants were accompanied by two national consultants. Her evaluation was "They developed so well by working in partnership with our consultants" (SA/4).

The same respondent provided an illustration of 25 Asian nurses being sponsored for education in the UK and then being encouraged and supported in taking responsibilities when they returned. She commented:

"Five of them are now employed as local consultants and they have really grown. There is a strong structural hierarchy in that country which has altered to some extent to the highest level and the local consultants are accepted by the nationals. This makes projects sustainable. Otherwise, projects are not sustainable. Only when the consultant is coming back is there a lot of activity."

[SA/4]

Establishing mutual respect

The second question in Chapter 4 asks:

How are mutual respect and meaningful communication established between the consultant and her client and what may mitigate against this?

[ibid:97]

Whilst the main research question concerning the acceptability and unacceptability of consultants underpins the issues upon which this question too must rest, there are other contributions in my collected data which may throw light on this crucial subject area.

One consultant respondent emphasised the importance of establishing a good relationship before making initial comments leave alone any criticisms (C/19).

How this may be done could be in various ways. One consultant advocated the practice of allowing the money and the project to be shaped by the locals and to credit success to them. She also suggested that the consultant could help establish a relationship with the client by asking them to social encounters (C/4). Another consultant respondent advised that:

"When you correct mistakes, do so with humility,"
showing respect. Suggest and ask questions."

Given such a situation on one occasion I was thinking about how best to provide constructive criticism about the midwives' error in their use of clinical skills. I wished to make the point clearly but not allow the individual concerned to lose face in the process. I noted:

"In the event R helped me out. She was so keen to make the point about what they needed to learn herself that she relieved me of the problem. I need to think about the events which led to this being possible. Was it just a genuine desire to learn which outweighed the embarrassment? Had I helped to foster that? and what might I have done to inhibit such a process? I think it was about the mutual trust that had been established between these midwives themselves and our working in the clinical area with them which had enabled a relationship of mutual respect to develop. There is nothing like getting into the practice area and working "with midwife" "with woman" to help us to get on the same wavelength."

Establishing relationships at different levels presents different challenges. One consultant respondent recommended approaching the policy makers with the assistance of the local people (C/21). However, another consultant respondent (C/3) emphasised the fact that local staff may not be aware of local policies and it was important for the consultant to familiarise herself with these. Another respondent commended the virtue of the consultant quickly understanding the wider political agendas (C/5).

Failing to build local competence through not working with a national counterpart was considered a retrograde step when trying to establish a relationship between client and consultant (C/6). In some countries, recipient nation respondents made a point of stressing the disaster when consultants did not adapt to the culture. One explained:

"Some do not make a cultural adjustment. They adjust to the food and the climate, but not the culture. They need to accept people and be accepted ... it's all to do with the way they think."

One of the most positive remarks I ever recorded in my diary was that of a colleague who referred to our consultant team as "Our beloved consultants". We had on the previous day spent many hours in the slum area of the capital city, at
our own request, visiting homes with midwives whom we were teaching. I noted that I did not think the reference made to us was unrelated to the previous day's experience, though of course, I may have been wrong (FW/A:10).

**Experiencing meaningful communication**

It would seem that meaningful communication is considerably influenced by the establishing of mutual respect. Such an environment would surely enhance the exchange of ideas, opinions and expertise. In practice there may be a variable amount of time allowed for establishing relationships before the consultant is expected to ascertain facts and begin to formulate ideas and opinions. Such is the hazardous nature of short term consultancy.

In my fieldwork notes I have recorded details of a programme evaluation which I undertook in partnership with a consultant colleague. I observed the importance of well worded questions in this context by listening to her and to the responses received from the students. A rapport was quickly established by the consultant's obvious interest in and concern for the students. The clarity of the questions was particularly important when translation was required.

I noted that a fluent interpreter and a good relationship between the consultant and her national colleague, plus their experience of working together over several assignments also added to making the communications between the consultant and the students meaningful. In this case, as in many others, rapport or relationship would have had limited use in the absence of skilled questioning. Utilising skilled questioning in an atmosphere where rapport had been established rapidly, enabled the consultant to establish numerous fears held by students preparing to practice in the villages. These varied considerably across the different centres. Concerns ranged from worries about transport to fears about personal safety, having insufficient knowledge about traditional medicines and experiencing feelings of insecurity in a culture where they were commonly considered too young to fulfil the role of a midwife (FW/B:11).

**Who should go?**

The final question raised in Chapter 4 of this thesis and addressed in this chapter asks:  

> How can consultants be selected and prepared in order to provide appropriate assistance to countries seeking to meet their identified needs in respect of promoting Safe Motherhood?  

[ibid:109]

Addressing the issue of consultant selection, the recipient nation respondents had a variable degree of experience of
being able to select the consultant whom they considered suitable. One respondent commented:

"It depends on the organization sending them. If they come from the World Health Organization, we decide. If they are working for the World Bank, they usually select American consultants because they have more power."

[R/8]

Engaging consultants for a first assignment appeared to be a dilemma for both recipient nations and sending agencies. One recipient nation respondent commented:

"We can find out a consultant's qualifications and experience from her CV - but not her attitude and approach.

[R/12]

The "first time syndrome"

Respondents from sending agencies were united in their dilemma at employing consultants on an initial contract.

"There is a chicken and egg situation. We want people with experience, but how do they get experience?

[SA/4]

This respondent added that since consultant selection in her organization is now designated to the project manager, it is difficult to monitor centrally. She stated that she believed that there was a considerable amount of personal networking going on and that that "can be suspicious".

Overcoming the "first time syndrome" was tackled in various ways. One respondent suggested:

"What is nice to do ... is to grow consultants. We sometimes get universities to work with us on an expenses only basis. It's a way of getting consultants trained. For example in one Eastern European country, I worked on a national project as a mediator alongside the person involved. I had the experience of the country and worked as a kind of ... resource person."

[SA/4]

The respondent also cited an instance where a consultant with expatriate experience worked in partnership with a person with a PhD in the subject area. In this respect she advocated the team approach to consultancy adding:

"Different people have different strengths. Then again ... one person may be far away from the reality of practice, but knows the nuts and bolts of being a consultant."

[SA/4]
A second invitation

I asked some recipient nation colleagues what prompted them to ask a consultant back to undertake a second or subsequent assignment. The were a variety of responses:

"We will ask them back to assist with the take off of a project, to make the project work or to evaluate it."  
[R/14]

Another simply said:

"If we like them, we will ask them back"  
[R/9]

On further probing concerning what it was that endeared a consultant to her and her colleagues, her response focused on the consultant's ability to "work with us", "understand us and our country" and "understand our problems" [R/9].

A respondent working at a sending agency commented that if the consultant was critical, if she made broad generalisations, if her report was unacceptable or offensive to the recipient nation, either because of inaccuracies or because of severe criticisms, then:

"We recommend that she is not invited back."  
[SA/2]

When asked about consultants whom they considered unsuitable, one recipient nation respondent shrugged and said:

"If they are not suitable, usually they will go anyway. They get frustrated, we get frustrated . . . they go of their own accord . . . or they will not come back again!"  
[R/2]

I noted in my reflective diary:

"I somehow think that they have ways and means of ensuring that the unacceptable do not return. And the ways of the east are past finding out!"  
[RD/E:29]

Whom shall we send?

Sending agencies were asked about their selection process and about the criteria which they used in selecting consultants. Some respondents specified that the process they used was a personal one and not necessarily
representative of the agency for which they worked. I got the impression that this was often the case and staff may frequently use their own approach and sense of judgment. I was offered no standard protocol in respect of the recommended selection process.

Sending agency staff were heavily dependent on the consultant's curriculum vitae as a tool to assist in the process of selection, some asked for supporting references, but the opinion of people who knew them, had worked with them in an overseas situation or could vouch for their credibility was an important issue. One agency (SA/3) liked to interview candidates and although meeting with the individual and facilitating discussion was considered the ideal, the reality was that telephone interviews were often the norm. The respondent explained:

"For long term appointments we like to interview them, though sometimes a person is already in another country . . . in that case we accept the opinion of those we know and trust. . . . [SA/3]

The respondent proceeded to explain that if the post was considered an important one, for example, the appointment of a project director, the agency would certainly want to interview. However, if a consultant was needed quickly they would ask for a curriculum vitae and conduct a telephone interview. When asked specifically about short term consultants this respondent replied:

"The process is much the same . . . there is less of a risk for us if we get it wrong . . . (long pause) . . . in some ways, of course it's more of a risk . . . we don't have the opportunity to replace them . . . . they can mess up a mission."

He added:

"If it is an important short term consultancy, we interview. Generally we go by their acceptability to the client and their technical capacity. [SA/3]

Respondents from one sending agency (SA/5) stated that they consulted the computer records of consultants which were available once an individual had worked for the organization. Another (SA/2) stated that she obtained reports written by the consultant on previous assignments and made a judgment from those. I have recorded in my fieldwork notes that this respondent, on another occasion, asked me to recommend consultants for a particular task that was needing to be carried out and sponsored by her organization (FW/C:117).
The complete list of approaches used during the consultant selection process is summarised in Table 13.2 and denotes the data offered by sending agencies respondents on this issue.

How shall we recognise them?

The criteria which influence sending agencies in their selection of consultants is presented in Table 13.3. The most outstanding agreement in this respect was the requirement that consultants have the technical capacity or competence. One respondent stated that:

"The only thing that matters as far as I am concerned is that they have the technical capacity - and they can meet deadlines - the rest will follow."

[SA/1]

Another stated:

"Over and above everything else, technical competence is important. Other criteria depend on the consultancy. . . ."

[SA/3]

and another:

"Basically there are three key issues to consider in selecting consultants:
1. Technical skills,
2. Experience of overseas work - ideally within the region and
3. Good interpersonal skills. . . ."

[SA/4]

Midwifery consultants were also asked how they would advise a selection committee regarding the appointment of someone to replace them in their role as a midwifery consultant. As may be expected, many of the characteristics described in response to this question were identical with those which they described as being acceptable to their national colleagues, politicians and policy makers and the local people which were presented in the previous chapter [ibid:Tables 12.11, 12.15, 12.17]. Notably, the consultant respondents add here that the candidates should be committed to Safe Motherhood (C/14, C/15), is confident of her worth (C/1) and has a liking for the particular client group" (C/21). The range of desirable qualities which consultant respondents considered should influence selection for the job are summarised in Table 13.4.
Table 13.2.

THE SELECTION PROCESS
USED BY SENDING AGENCY RESPONDENTS
IN SELECTING SUITABLE CONSULTANTS

Sending agencies may use any or a combination of the following approaches to selection:-

- Curriculum vitae
- Supporting references
- Personal opinions of those who know the consultants & are known to the agency
- Interview (over the telephone)
- Interview (face to face)
- Discussion
- Review record of previous consultancies kept on the agency's computer
- Review reports the consultants have written on previous assignments
Table 13.3.

SELECTING SUITABLE CONSULTANTS

Criteria which influence SENDING AGENCIES in the selection of consultants

A suitable consultant:

MUST HAVE THE TECHNICAL CAPACITY/COMPETENCE

It is also important that she:

- has experience of working overseas,
- has previous experience of working in the country, (sometimes with the particular client) or at least of work within the region
- has worked for the agency previously
- has the "right sort of approach"
- has good interpersonal skills
- is "reasonably easy to get on with"
- can work in a team
- demonstrates an understanding attitude
- can adapt to a strange environment
- will not cause offence or difficulty
- can write a comprehensible report
- can meet deadlines

These data are compiled from interviews conducted with 6 persons representing 3 different organizations in 4 different countries
Table 13.4

SELECTING SUITABLE CONSULTANTS – DESIRABLE QUALITIES ++

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>ATTITUDES, COMMITMENT &amp; WILLINGNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>*adaptable</td>
<td>*confident of her worth</td>
</tr>
<tr>
<td>*assertive</td>
<td>*committed to Safe Motherhood</td>
</tr>
<tr>
<td>*articulate</td>
<td>*committed to equity, non-discriminatory</td>
</tr>
<tr>
<td>*creative</td>
<td>*enjoys travel</td>
</tr>
<tr>
<td>*culture sensitive</td>
<td>*curious about how others live &amp; work</td>
</tr>
<tr>
<td>*generous</td>
<td>*has a liking for the client group</td>
</tr>
<tr>
<td>*humble</td>
<td>*willing to attempt to learn a language</td>
</tr>
<tr>
<td>*sense of humour</td>
<td></td>
</tr>
<tr>
<td>*mature</td>
<td></td>
</tr>
<tr>
<td>*patient</td>
<td></td>
</tr>
<tr>
<td>*realistic</td>
<td></td>
</tr>
<tr>
<td>*reliable</td>
<td></td>
</tr>
<tr>
<td>*resourceful</td>
<td></td>
</tr>
<tr>
<td>*sensitive</td>
<td></td>
</tr>
<tr>
<td>*sociable</td>
<td></td>
</tr>
<tr>
<td>*tactful</td>
<td></td>
</tr>
<tr>
<td>*warm &amp; friendly</td>
<td></td>
</tr>
</tbody>
</table>

++ as perceived by consultant respondents
Most of the consultant respondents stated that the applicant should be able to demonstrate midwifery competence, one (C/17) specified that this should include a minimum of seven years practice, another (C/2) commented that her clinical practice should be up to date and another (C/4) that her skills should be appropriate to the project. Other specific areas of experience mentioned by the respondents as being desirable included experience of working on a Statutory Body (C/15), having management experience (C/17) and academic credibility (C/15, C/17). Experience of the management of change was also considered desirable (C/14).

The descriptive data provided by consultants in respect of consultant selection also have similarities to the descriptions of the "ideal" consultant which were derived from data offered by this group and presented in the last chapter[ibid:314f Tables 12.11, 12.15 & 12.17]. However, a few new concepts are presented here, for example the suitable candidate for consultancy work is a reflective practitioner (C/4), she has the ability to "capture ideas succinctly" (C/4) and is able to "hurry slowly" (C/3). The descriptive data provided by the consultant respondents in respect of desirable consultant skills and experience which were considered important in consultant selection are summarised in Table 13.5.

Preparing for their role

Eighteen out of the twenty consultants in the sample considered that some formal preparation would be desirable to assist midwives who intend working as international consultants. One (C/27) stated that the desirability of this would depend on the work being done and another (C/9) replied "maybe" to this question.

Concerning the type of preparation which the respondents would recommend to prepare midwifery consultants, several (C/4, C/6, C/14, C/16, C/17) advocated working with an experienced colleague who would provide mentorship. Two considered living and working long term in a developing country to be good preparation. Strategies suggested which could be employed to help consultants develop the necessary skills were organized workshops (C/1, C/13, C/15, C/19), one consultant (C/15) advocated a series of workshops for this purpose.

It was considered that regular meetings of consultants where they could share their experiences and difficulties would be helpful (C/3, C/11). This was stated to be especially important for the short term consultant because:

"A short term contract is even more difficult than a long term one because time is not on your side."

[C/3]
Table 13.5. SELECTING SUITABLE CONSULTANTS - DESIRABLE SKILLS & EXPERIENCE ++

A suitable candidate for consultancy work:

<table>
<thead>
<tr>
<th>Her qualifications &amp; experience denote/include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- considerable expertise in midwifery,</td>
</tr>
<tr>
<td>- management experience,</td>
</tr>
<tr>
<td>- Statutory Body experience</td>
</tr>
<tr>
<td>- academic credibility,</td>
</tr>
<tr>
<td>- management of change,</td>
</tr>
</tbody>
</table>

A suitable candidate for consultancy work:

- knows how to learn about the country before leaving on the assignment,
- knows about cultural issues,
- has knowledge relevant to the country requiring the services,
- has a knowledge of health promotion,
- has a knowledge of workable solutions,
- understands policy and programme in context,
- has good communication skills,
- has facilitator skills,
- has advocacy skills,
- is able to evaluate projects she implements,
- can make recommendations relevant to needs,
- is able to "hurry slowly",
- able to work long hours under pressure,
- is fit and healthy,
- is free to travel,
- has experience of living & working in other countries,
- is able to access facilities in the UK or other countries,
- is willing to visit the country on more than one occasion in order to establish relationships,
- is willing to share her knowledge,
- is not threatened by differences.

++ as perceived by consultant respondents
Activities which consultants considered would form a helpful component of consultant preparation were "critiquing others' reported experience" (C/16) and receiving input from those who are "at the receiving end" (C/16, C/19, C/25). It was also believed that such a time would provide opportunity for potential consultants to "explore their motives". This issue is addressed in the following chapter [ibid: 373f]. The various approaches and activities which were considered appropriate preparation by consultant respondents are summarised in Table 13.6.

Enhancing knowledge, skills and understanding

Consultant respondents suggested numerous topic areas about which they considered consultants should be well appraised. The specific consultancy skills which needed to be learned involved understanding terms of reference (C/11), contracting (C/6, C/14), the nature of consultancy (C/11) and the role of the consultant (C/15). The skills involved in undertaking analysis on behalf of the stakeholder (C/6) and that of project management (C/5) should also be learned. The art of writing the consultancy report was also suggested (C/5, C/6) and one respondent (C/15) considered that the consultant should be familiarised with the various available support and assistance networks.

With regard to report writing, I have recorded experience of needing to learn to write much more concisely for the purpose of the stakeholder. I noted that being required to write an executive summary was a very useful, if not timely learning experience during my consultancy life (FW/B:7). I have also noted the despair of recipient nation colleagues at the lack of clarity and considerably limited use of the English language with which a consultant had presented her report. She explained:

"It is more difficult for us, because English is our second language. Therefore it has to be written correctly in order for us to appreciate what she means. This is not good English!"

FW/C:17

A range of topics which relate generally to cross cultural practice and to specific understanding of a country including culture (C/3, C/5), religion (C/8, C/15, C/19, C/21, C/25), language (C/13) and the health status of a population (C/8, C/15) were considered relevant study areas for potential consultants by the consultants themselves.

A considerable range of general and professional knowledge and skills were also considered appropriate to include in consultant preparation by this respondent group. One consultant (C/5) suggested, without specifying them, that the candidates should learn those professional skills which
Table 13.6.

THE PREPARATION OF CONSULTANTS

Approaches and activities
as recommended by the consultant respondents

<table>
<thead>
<tr>
<th>&quot;IN COUNTRY&quot; APPROACHES</th>
<th>STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentoring</td>
<td>Series of workshops on consultancy skills &amp; methods</td>
</tr>
<tr>
<td>Living &amp; working in a developing country (long term)</td>
<td>Regular meetings with other consultants</td>
</tr>
</tbody>
</table>

ACTIVITIES

Critiquing others' reported experiences

Input from those on the "receiving end"

Exploring motives
would enable them to meet the objectives of the project. Another (C/6) specified the Safe Motherhood Initiative as being an important topic of study. Some "new" areas of expertise were identified by a few consultants. These included tropical diseases (C/13, C/15) and "survival" and first aid in developing countries (C/1). Other topics included communication skills (C/3), attitude formation (C/16), Political awareness (C/5) and "a course in experiential learning" (C/14). Skills concerning teamwork and team building as well as learning how to work alone where necessary were considered valuable by some (C/5, C/6). Two general topics which relate to working in the international scene were specified also. These were social anthropology (C/13) and knowledge and understanding about "the broader context of human development" (C/6).

The total data received from the consultant respondents on the topics considered appropriate to include in consultant preparation are summarised and presented in Table 13.7.

Conclusion

In this chapter I have presented all the available data which address the first seven subsidiary questions raised earlier in this thesis. I have attempted to draw parallels and identify contrasts between the perspectives of the various groups of respondents in this study, complementing these opinions and experiences with extracts from my own reflective diaries and fieldwork notes. Before interpreting these data I have presented the remaining data which I have gathered in the ensuing chapter. These data address the remaining seven questions raised earlier in this thesis.
Table 13.7. THE PREPARATION OF CONSULTANTS

Topics to be included in consultant preparation as recommended by the consultant respondents

<table>
<thead>
<tr>
<th>SPECIFIC CONSULTANCY SKILLS</th>
<th>COUNTRY/AREA SPECIFIC KNOWLEDGE &amp; UNDERSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terms of reference</td>
<td>Country briefing</td>
</tr>
<tr>
<td>Contracting</td>
<td>Cultural &amp; religious differences</td>
</tr>
<tr>
<td>Nature of consultancy</td>
<td>Specific problems of country &amp; acceptable solutions</td>
</tr>
<tr>
<td>Role of the consultant</td>
<td></td>
</tr>
<tr>
<td>Doing stakeholder analysis</td>
<td>Health status of population</td>
</tr>
<tr>
<td>Project management</td>
<td>Low cost solutions</td>
</tr>
<tr>
<td>Report writing</td>
<td>Language studies</td>
</tr>
<tr>
<td>Support &amp; assistance networks</td>
<td>What is appreciated &amp; what is not appreciated</td>
</tr>
</tbody>
</table>

GENERAL & PROFESSIONAL KNOWLEDGE & SKILLS

Professional skills appropriate to meet project objectives

Safe Motherhood Initiative

Tropical diseases

Survival in a developing country

First aid in a developing country

Communication skills

Attitude formation

Social anthropology

The broader context of human development

Management of change

Political awareness

Experiential learning

Speed reading Working alone

Team building Multidisciplinary team work
CHAPTER 14

ANALYSING THE DATA

SHARING OR DISPUTING THE NEEDS, THE TASKS AND THE VISION?

Introduction

This fourth and last chapter in the data analysis section presents data which address the subsidiary questions raised in Chapters 5, 6, and 7 in this thesis. The seven remaining questions are set out in Table 14.1, and each is quoted in the relevant section below along with the data which address the questions. As in the previous chapter, data are drawn from each of the three respondent groups, namely the recipient nations, the consultants and the sending agencies. The respondents are described in Chapter 11 [ibid:245f]. Where appropriate, data are also acquired from my own reflective diaries and fieldwork notebooks, as they address these questions. The sources of the data quoted are identified by the same coding as in the previous chapters [ibid:283, 324]:

R = Recipient Nation
C = Consultant
SA = Sending Agency

Reference to my own journals are coded as:

RD = Reflective Diary
FW = Fieldwork Notes
LBD= Log book/diary (numbers indicate month & year of entries)

Perceiving a need for consultants

Two questions raised in Chapter 5 of this thesis relate to the need for consultants in the developing world. The first asks:

Is there congruence between recipients, sending agencies and consultants regarding the need for consultants?

[ibid:132]

The consultant respondents did not refer to an ability to undertake an assignment at the required time, but there was congruence amongst recipient nations and sending agencies regarding this issue. One recipient nation respondent commented that:

"Sometimes a consultant is sent by an organization, for example, The World Bank, and I cannot use her because it is not the right time for me in the work I am doing."

[R/16]
Table 14.1

SUBSIDIARY RESEARCH QUESTIONS ARISING IN CHAPTERS 5, 6 & 7 AND ADDRESSED IN THIS CHAPTER

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>CHAPTER/REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there congruence between recipients, sending agencies and consultants regarding the need for consultants?</td>
<td>5 [ibid:132]</td>
</tr>
<tr>
<td>Do the personal and professional qualities of a consultant influence whether the need for a consultant is expressed?</td>
<td>5 [ibid:132]</td>
</tr>
<tr>
<td>How can a consultant who is appointed to an international assignment become fully conversant with the nature of consultancy and the multiple roles which she may be required to fulfil in the course of her work?</td>
<td>6 [ibid:157]</td>
</tr>
<tr>
<td>Is it possible, and is it important to assess the motive of a potential consultant?</td>
<td>7 [ibid:164]</td>
</tr>
<tr>
<td>Is it necessary and is it desirable to establish whether a consultant can demonstrate a spirit of sacrifice or a spiritual dimension in her life?</td>
<td>7 [ibid:164]</td>
</tr>
<tr>
<td>What qualities and circumstantial factors are likely to predispose to the establishment of a shared vision between client and consultant in a cross cultural situation and how can these be identified?</td>
<td>7 [ibid:167]</td>
</tr>
<tr>
<td>Is it possible to match consultants with clients in such a way that there is a likelihood that mutual respect will be displayed, meaningful communication will take place and a shared vision will be attained?</td>
<td>7 [ibid:167]</td>
</tr>
</tbody>
</table>
Another commented on the time factor with regard to where the country is placed with regard to development in general and the midwifery profession in particular:

"Fifteen years ago midwifery consultants were not needed in our country, now there is a need."

[R/19]

One sending agency respondent concluded that after examining suitability in selecting a consultant for the job that:

"The project people need the consultants when they need them. In the end, it is the person available on the day who gets the job."

[SA/4]

My own experience has substantiated this factor as being influential in the engagement of a consultant. There were two assignments when I was unable to travel at the times specified by the receiving countries and subsequently was not engaged [LBD/6/95, LBD/10/97]. Conversely, alternative dates which I offered to a country where national colleagues appeared keen to acquire my services were stated to be acceptable because:

"... they fit in well with the national Safe Motherhood programme."

[LBD:11/97]

A frank dislike

Maybe the most direct statement I have acquired with regard to the dislike of consultants was made by an employee of a sending agency office situated within a developing country in which I was working. The speaker was a national of a neighbouring developing country. He volunteered the information in the context of another matter which was being discussed amongst the staff of the organization:

"This country does not like short term consultants!"

[RD/A:11]

My own reflection on the matter was an immediate:

"Perhaps they do not want me in this country."

[RD/A:11]

On later reflection, my concern was that I was employed to do the job and would have to strive towards completing that "whatever the national attitude". Further, I reflected that since this was a general statement, it may or may not have any relevance to my particular assignment and the attitudes which I had brought to it. However, I noted that it was wise to remember this statement when attempting to establish
a working relationship with national colleagues. In the event, the considerable delay in appointing a national counterpart tended to support the stated observation and my awareness of the likely attitude towards consultants was helpful in establishing what eventually became a good relationship of mutual respect and meaningful communication [RD/A:12, 41].

On another assignment, a national colleague participating in a continuing education event confided:

"We do not want radical midwives but we do need help." [RD/B:3]

A definite need for consultants

One recipient nation respondent [R/12] stated that educational consultants who had "really done their homework about our country" were needed since their input could be very relevant. Another expressed the opinion that beyond the need perceived at the level at which she functioned providing midwifery education, in her government:

". . . the people at the top need consultants to advise on the implementation of projects." [R/19]

A note entered into my reflective diary concerning an initial conversation which I had held during a field visit is relevant here in the context of the need for consultants. My concern about establishing relationships with colleagues was somewhat lightened by the greeting. I have noted:

"Dr F welcomed me warmly. He said: "We hope you can help us. This is the biggest project we have ever had." I said: "You must tell me how I can best help you." He said: "Anything you can do will help. We need a lot of help!"."

[RD/A:14]

I reflected back to an earlier entry in the same diary cited above [RD/A:11] concerning the country's dislike of short term consultants. I was now far from the capital city where the statement had been made and reflected that no statement can, of course, be applicable across a nation. The need for a consultant had been perceived here. However, I was never to visit the area again nor to receive input from the government department represented by this individual. The questions which arose out of my later reflections on this experience included:

"Was the opinion expressed by Dr F merely a culturally acceptable form of greeting which bore no relationship to the real feelings concerning the need for a consultant?"
"If the opinion offered was a genuine expression of need for a consultant's services, was it an individual opinion or did it represent attitudes which are more generally prevalent in that part of the country?

"Should I have tried to obtain a clearer picture of his perception of the need for a consultant by further pursuing the question concerning what it was that this national colleague considered a consultant could offer?"

Other definitive statements made by recipient nation respondents expressing a need for consultants include the following which display varying degrees of need:

"We sometimes need consultants to make the project work."
[R/14]

"We need consultants to bring us up to date"
[R/13]

"Yes! We do need consultants - we have a lot of problems."
[R/17]

Ulterior motives - do they feature in expressing the need for consultants?

Why a consultant is requested and how she is used once in the country provide further interesting matters for consideration. One recipient nation respondent (R/17) warned that the consultant can inadvertently become a scapegoat. Another cautioned that when a situation is fraught with internal hostilities:

"It is the consultants that get blamed - they are useful scapegoats. . ."  

She admitted that after the consultant has left:

"We say: "It's the British who came here!" Everything gets blamed on the consultant, for example, people will say: "I was transferred after the consultant came!"
[R/21]

Differing motives which may underlie the requests for consultants made by the sending agencies and the recipient nations were perceived by one respondent in the latter group who stated that:
"Sometimes, the stakeholder may send a consultant who can exercise power on their behalf."

The stakeholder identified by the respondent in this situation was stated to be the World Bank. On another assignment sponsored by a different organization, I noted in my reflective diary that I considered that the sending agency appeared to have a different purpose underlying the work I was contracted to do by comparison with the government of the receiving country, or indeed what I had understood to be the purpose of the assignment. It seemed that the literature I was employed to prepare could be required for countries other than the one in which I was working and seemed to be a strategy for promoting Safe Motherhood, possibly in the region [RD/A:15]. Later, my perception of the situation was endorsed at a meeting between representatives of the government of the recipient nation, the sending agency and the consultants to the project, including myself. I recorded:

"The meeting with Miss F from the Ministry of Health revealed that the government is not in a position to run with this project. Is the (sending agency) pushing it unreasonably? If they did not, would the situation be even more desperate? Are we now in an impossible situation where no-one will be able to take the project forward? Maybe not, but we're close to it. Miss F indicated that Dr E (from the sending agency) pushed the project. Later she admitted that if they cannot move forward, they will miss the opportunity of utilising our expertise and that this would be regrettable. Is that, I wonder, a "courtesy" statement or a heartfelt moan about a missed opportunity. The fact is that internal politics and promotions have left the department devoid of those originally motivated for the project. Dr E pointed out that the government had requested a consultant "immediately" in April and that six months later they still do not have national consultants who should have been in place before our arrival. I shall never know whether there is a common perception here about the need for consultants. I somehow think the aims of the two parties are totally different."

[RD/A:38-39]

Selective expressions of need

The other question raised in Chapter 5 in respect of the need for consultants was as follows:

Do the personal and professional qualities of a consultant influence whether the need for a consultant is expressed?

[ibid: 132]
Data relating to the acceptable and unacceptable characteristics of consultants have been presented in Chapter 12 and the "ideal" consultant as defined by the various respondent groups, have been presented in Tables 12.10, 12.12, 12.14, 12.16, 12.18 and 12.19. The question which is addressed here is obviously closely linked with the issues raised in addressing the main research question and it would appear that the expressed need for a particular consultant may well be influenced by the qualities which that consultant displays. On the negative side, the fact that a particular consultant would not be invited back was apparent from the statement made by one recipient nation respondent:

"The consultant before you . . . she was always fighting with X (a national colleague) . . . It was no good!"

[R/8]

Conversely, it was stated that:

"Dr O is always asking where you are now. You are our consultant. Once we trust you, we will follow you everywhere!"

[R/9]

I found this to be so when, during a consultancy in another country in the region, I met Dr O and another colleague from that country who were attending an inter-regional conference. They expressed marked disapproval that "our consultants" should be working for someone else [FW/C:51].

Some of the sending agency respondents stated that they were particularly concerned to please the clients, and a consultant who was known to be acceptable to them was sometimes specifically requested by the client or specified by the agency [SA/3, SA/4, SA/5]. One stated that:

"A consultant's knowledge of the country - and to a lesser extent of the region - is almost as important as technical competence."

On the other hand, one sending agency respondent [SA/5] suggested that those consultants who had been unacceptable to the client would be known to them and the recipient nation would not wish to engage them on another occasion.

Two contradictory views were offered by two individuals in differing circumstances on different continents. I noted in my reflective diary on one occasion, that although we were concerned about our course content and educational approach on a particular assignment one of the participants had commented:
"Our tutors are working on getting you back here to lead another course!"

I noted that this comment had arisen after course participants had commented on the way in which my consultant colleague and I had worked in partnership to provide the teaching. Our strategy had been planned in order to survive a very heavy workload whereby we had worked from early morning until late at night repeating the same course twice in one day. Our concerns had been numerous, but what our national colleagues had noted was the way in which we had supported each other, they had asked "How do you do it?" I noted that, yet again, we appeared to be demonstrating something quite unconsciously and my concern was about any other unintended messages which we may have transmitted which were not necessarily positive nor would they be likely to be fed back to us (RD/B:9).

Lest it were to be thought that the personal and professional qualities of the consultant were inevitably significant in expressing the need for a consultant, the following response from one recipient nation respondent also needs consideration here:

"When you are consultants you are not "A" and "B", you are not people... you are... things!"

Deliberating on the offensiveness of some consultants one recipient nation respondent stated that:

"Some consultants are very arrogant whereas others are very helpful."

Consultants of the former type consistently contributed to those who were considered unacceptable by recipient nation respondents and were included in the categories of unacceptability listed in Table 12.1.

A comment from one of the consultant respondents in respect of establishing a relationship between the client and the consultant was simply: "It takes time" [C/3].

The nature of consultancy

In chapter 6 of this thesis I discussed the nature of consultancy. The question which arose during that discourse reads:
How can a consultant who is appointed to an international assignment become fully conversant with the nature of consultancy and the multiple roles which she may be required to fulfil in the course of her work?

The scope and nature of the work undertaken by the consultant respondents has been described in Chapter 11 [ibid: 256f] and summarized in Table 11.10. However, my own experience has sometimes been that the actual nature of the job may change as time progresses and the consultant becomes more familiar with the client's needs and expectations [FW/A:9, FW/B:13, FW/C:4]. A recipient nation respondent (R/11) perceived a necessary time of adjustment during which the consultant and client could get to know and trust one another. One consultant respondent suggested a direct approach in that she considered that consultants should approach the policy makers in the country of their assignments and:

"... ask them what they want to achieve, what are their aims and long term policies and what kind of budget they are working with."

However, two of the recipient nation respondents offer warnings which might deter the "up front" consultant:

"There is a risk of the consultant knowing too much in identifying with the authorities."

and as a direct deterrent to the direct approach:

"Don't identify with the authorities!"

My concern in the area of job definition has centred around two problematic issues:

1. The acquisition of work for which I am ill prepared or at worst improperly skilled and

2. The addition of jobs during the course of the consultancy which add to the workload and can interfere with the time and scope for fulfilling the original terms of reference.

I have noted a single but horrific experience of the first problem when I was required to work in a neonatal intensive care unit and provide advice regarding the level of care provision. I noted that I could have provided some
constructive observations on general issues, but I was not a little perturbed when a young colleague thought she was flattering me by telling me that her supervisor had instructed her to shadow me and to notice everything I did. It was 20 years since I had worked in such a unit and although the approach to care had definite similarities and was by no means up to date, I was most certainly not the best person to advise in this situation. On debriefing after this assignment, my colleague and I vowed to check out very carefully on any future occasion whether such an exposure was a risk. However, in reality I was aware that the truth of what is required of the consultant is often not discovered until one is already immersed in the assignment. In the event, in asking national colleagues for feedback on the assistance we had given the midwives and neonatal nurses, they were wholeheartedly positive about our midwifery input and tactfully told us that, of course, "neonatal nurses have very different needs". This gave us the opportunity to state that on another occasion we would recommend neonatal experts for such a task [RD/B:22].

On a very different assignment I voluntarily decided to adapt the aims of my work whilst carrying out an evaluation of a midwifery programme. I was observing midwives during clinical practice as they provided antenatal care. Because of the limitations of their skills and the needs of the women, I decided to abandon any "pure" research approach which would aim to be unaffected by my presence and incorporate two other aims into each session namely:

"To teach the midwife at least one new clinical skill which she should then be able to perform with a greater degree of knowledge and understanding

and

"To ensure that, whenever possible, the mother left the clinic in a better situation with regard to achieving Safe Motherhood than when she arrived."

[FW/B:122]

With regard to the addition of extra work to my schedule, my diaries frequently record other additional tasks, for example:

Attending a meeting on educational philosophy in midwifery (FW/A)

Advising on a curriculum review (FW/B)

Critiquing and providing feedback to a consultant colleague (FW/C)

Commenting on a curriculum document prepared for a new course in advanced midwifery (FW/D)

Acting as a supervisor to an MSc student who had returned home to write up her dissertation (FW/E)
Role definition - obtaining clarification

One of the dilemmas identified by a consultant respondent was that of having a "fuzzy role definition" which resulted in her being unclear about the help which is needed. The suggested remedy for this ailment was that the consultant should be clear about her areas of expertise and demonstrate an air of confidence (C/25). This was certainly the approach that I had lacked in my experience of the neonatal intensive care unit cited above.

My diaries have been punctuated with reflections expressing concern about the existing terms of reference or else about the ability to fulfil them as the true needs of the country emerge during the course of the consultancy (RD/A:4, 21, 23, 27, 29, 39, RD/B:5,6). One consultant respondent commented on the need for a consultant:

"... to be able to change direction when the original terms of reference are not achievable."

[C/12]

The data relating to consultant preparation has been presented and analysed in Chapter 13 but a few suggestions are relevant also in the context of the question currently being addressed. One consultant respondent (C/15) specified that preparation for the work should include education aimed to provide insight into the role of the consultant whilst another (C/11) suggested that understanding of the nature of consultancy and terms of reference is essential.

As to HOW consultants may become fully conversant with these issues, the recommendation that "neophyte" consultants should work with the experienced who would "mentor" them was repeatedly suggested (C/4, C/6, C/14, C/16, C/17) whilst the overwhelming opinion of the consultants in the study favoured some definite and formal preparation for the consultant role. The details of this have already been declared in Chapter 13 [ibid:355f] and summarized in Tables 13.6 and 13.7.

Undoubtedly, I have found the use of a reflective diary invaluable in helping to develop my skills. One other consultant respondent (C/1) also recommends that the consultant should be a reflective practitioner.

Does it matter why they go?

In confronting some of the complex issues associated with international midwifery consultancy, Chapter 7 generated four further subsidiary research questions. The first raised the issue of motive:
Is it possible and is it important to assess the motive of a potential consultant? [ibid:154]

Addressing the issue of importance first, recipient nation respondents offered some clear opinions on the matter:

"It's important to establish the reasons why a consultant has come . . . we need to be sure that she has come to help and not to criticise." [R/11]

"Why have they come? . . . Have they come to work? or have they come for a holiday? This is important!" [R/5]

On the former issue, consultant respondents demonstrated an awareness that what commended them to their hosts was "a genuine desire to help development" [C/25] and "a real desire to help rather than for their own purposes of personal advancement" [C/15]. The qualities of being "hardworking" and "committed" [C/15] were also thought to be important in this respect.

On the issue of work versus pleasure, one of the consultant respondents stated that something which made a consultant unacceptable to national colleagues was the fact that she "spends too much time on trips" [C/16].

Another recipient nation respondent categorically stated that:

"The reason for the consultant's coming needs to be examined . . . sometimes it is a matter of status." [C/13]

Sending agency respondents also expressed opinions on this matter:

"It is a worry to me . . . sometimes one wonders about their true motive . . . there is a Greek word which describes those hungry for power, you see it clearly in the radical element. It is not something we want to export to the developing world any more!" [SA/1]

The comment from a national colleague cited above expressing aversion to radicalism tends to echo this sentiment.

On asking whether consultant motive was considered relevant in selecting personnel for the job, another sending agency
I think so . . . yes . . . very important!" [SA/3]

Sending agency respondents were wary about those looking for a "retirement pastime" and those who were concerned about obtaining employment in the same country as a partner:-

"There are an embarrassing number of people in the UK who ring me up offering themselves as a consultant because they are coming to an end of their careers - they think they're a great catch! I ask them to send me their CVs and I'll contact them if anything suitable comes up - but of course, it doesn't!" [SA/4]

"On a few occasions I have felt that an applicant's motive for wanting the job was questionable. For example, someone wanted to go to Nepal because her husband was there. She wanted employment in Nepal, but was not interested in the job." [SA/3]

The matter of money was not overlooked either by the sending agency respondents, though respondents in the other two groups did not raise the issue. However, during interview, one of the sending agency respondents commented on this matter from the point of view of undertaking consultancy work herself:

She said:
"I said no to a project in Russia recently. It was difficult."

I said:
"It takes courage sometimes to say no!"

She said:
"Yes! . . . because there's a lot of money in it!" [SA/4]

This respondent broached one further financial issue in the context of obtaining the release of personnel employed by institutions in the UK to work as consultants on assignments:

"Institutions are more reluctant to release people nowadays . . . though they want to get the fat fees." [SA/4]

Discerning motive

One consultant respondent (C/16) advocated the need to
explore motives of potential consultants during any designed preparation for the job. Sending agency respondents focused on the selection process. This included the moral obligation to:

"... try and get it right ... because the local people are very trusting." 

[SA/4]

and the process whereby motive may be discerned:

"When we know someone is interested in the job, usually we know from the feel we get in talking to them ... if their approach is alright, their motive is reasonably sound. Regarding an applicant who was looking for a job in a country where her husband was working - I had already decided from her approach that she was not a suitable person. It's difficult to describe ... it's more of a feeling ... dubious motive becomes apparent ... I get an uncanny feeling about it!"

[SA/3]

Another sending agency respondent described how she always followed up carefully any offers for consultancy work:

"On one occasion, the office told me that there was a person available for consultancy. I had never heard of her ... nor of her organization! I made numerous enquiries before establishing the facts. It turned out that she had been recommended by her husband who was employed by the project!"

[SA/4]

Other dimensions of a consultant's life

The second question raised in Chapter 7 of this thesis relates to issues which are perhaps even less tangible than that of motive:

Is it necessary and is it desirable to establish whether a consultant can demonstrate a spirit of sacrifice or a spiritual dimension in her life?

[ibid: 164]

In discussing the things which make individuals good at consultancy work, one sending agency respondent commented that "Some people make absolutely excellent consultants" He then posed a rhetorical question "What is it that makes them so?" and offered the following observation:

"It is their approach to life ... it filters through their approach to their work."

[SA/3]
The respondent proceeded to explain that he attempted to discern the life philosophy of the applicant throughout the selection process. However, the emphasis on "getting it right" was perceived to be more important in appointing long term consultants than when engaging personnel on short term assignments.

A consultant respondent (C/4) commented on the place of personal religion in commending a consultant to local communities and that being of "the right religion in context" could be important. I have noted in my diary a quote from a letter sent by one of the recipient nation respondents to a consultant after she had completed several assignments in her country:

"I honestly admire people like you, who give their lives to the Lord and whatever work they do, they go at it wholeheartedly."

[RD/C:48]

Being aware of a statement in a tourist guide to Indonesia that the Indonesians could understand an affiliation to any religion, but not a distancing from religion, I decided to include my own Christian affiliations in my curriculum vitae on responding to a request for a consultant in that country. I reflected that since the country was predominantly Muslim, I had maybe made an error of judgement in this matter. However, repeated requests to return to that country proved it not to be an erroneous decision, though I will never know whether the information made any difference in consultant selection. It may have been more about lifestyle as perceived through observation than about any declared statement of religious identity. On a field visit I had noted:

"X considers that it is not necessary for them to seek out an expensive hotel for us. She claims "- they will be fine staying with us!" We seem to have been rated as satisfactory in our coping with the roadside meal on the last visit - chicken feet and all! How difficult it is to tackle some meals with any mark of enthusiasm - anyway we must have managed it. It will be interesting to see what accommodation has now been approved as appropriate for us!"

[RD/E]

On a different assignment in another country I noted a similar experience. My reflections were as follows:

"It was Dr E from the Ministry who decided that we did not need to stay in a hotel, but at the institute where the workshop would be held. The accommodation was very basic but adequate. I think
it was a compliment really, knowing that I coped with the questionable accommodation on a previous field visit and anticipating that my consultant colleague would do so also. I think it may have helped him to make the decision knowing that we had both travelled extensively in other developing countries. Living on campus with the facilitators and participants will be a definite advantage in attempting to identify with them during the workshop."

Two of the consultant respondents commented on the importance of the consultant "accepting and adapting to local lifestyle" and of "eating with the local people" [C/4, C/19]. I have frequently been faced with the choice of adapting and accepting local hospitality accompanied by the very real risk to health in some parts of the developing world. For example, I noted the following incident which typifies many unspoken and unrecorded dilemmas encountered in the course of travel and consultancy work:

"Out in the field today, drinking has been a problem. I carry my own water supply, but my national companions do not. We get offered cold water and tea at so many places. I welcome the "tea" - such as it is, but try to dodge the water as much as possible, but it is not possible all the time. There is a risk of offending, and in a Hindu society to refuse hospitality can cause the host serious offence of a spiritual nature. Also one is caught between the two very real physical risks of dysentery - which could be acquired by taking contaminated fluids - and dehydration and heat stroke as a result of refusing them. I had to succumb to some questionable fluids today - and hope for the best. At the end of the journey I was told "That is a great place for amoebic dysentery!" I had, at least, been warned!"

A willingness to sacrifice

In my own consultancy experience I am constantly juggling with what is safe and what is acceptable, what may commend me to my national colleagues and help establish a relationship with them and what may alienate me from them. On one particular assignment, I was provided with sub-standard accommodation at my city base. Whereas I found no difficulty in compromising standards of living whilst on field visits, I agonized over whether to upgrade my accommodation at base, debating whether doing so would distance me from those with whom I was attempting to
identify. I remained in this accommodation for some five weeks, though I frequently reconsidered my situation. My reflections repeatedly raised the following issues:

"I am betwixt "identifying with the country" by immersing myself in it at the most basic level and following an instinct to escape to one of the many hotels which may be regarded as "golden ghettos" pandering to the demands of the more wealthy expatriates. I am balancing survival and health against experiencing "life as they live it". Given that electricity cuts seriously hamper my ability to work the long hours necessary to make essential progress here, I wonder how important it really is to the SHORT TERM consultant to be seen to maintain this level of lifestyle? Time is not on my side - but neither is anything else here!"

[RD/A:9]

Later, I recorded some of the "norms" in the accommodation I was considering abandoning:

"If the electricity goes out, use the candle (damp matches provided);
If the loo will not flush - use the jug;
If the telephone does not work - yell;
If the air conditioning fails - mop up with the towel (provided);
If the hot water fails - use cold;
If the cold water fails - do without."

[RD/A:9]

A few days later I reflected on the situation again:

"When I'm tired or frayed at the edges, the deficiencies in living conditions get to me. Other times I can ride it, but just sometimes it is very trying. . ."

[RD/A:9]

At intervals, I recorded "Things I feel anxious about" and "Things I feel good about". In the latter category I noted:

"I'm keeping well, though frequently hungry (I remember first experiencing real hunger in this country)."

[RD/A:25]

A few weeks later I had taken action on the accommodation issue:

"I've moved! What a difference! It is possible to set up a work station here, move around without injury, avoid sweltering and dripping perspiration
over everything. . . . I feel more valued in a place like this, as if I matter. It gives me some further insight into how unvalued the poor in this country — and any other country — must feel, and there dwell the majority of the world's victims in the maternal mortality disaster zone. . . . When I have felt hunger and pain in recent weeks, I have been reminded of the risks of life here. These are risks which I am not now obliged to take, and these I determine to minimize. There are other risks which are unavoidable — like the drunk taxi driver we had last night — so balance is important. In the consultancy world, it would seem essential to have experienced these conditions of living in the "real" developing world, but maybe on the short term assignment it is more important to acquire circumstances which facilitate rapid progress with the job — or am I just trying to escape the reality of life here? — as if I could ever forget it!"

[Sacrificing principles]

The art of compromise appears to be an essential approach to living in the developing world. Working alongside others I have observed their approaches and also reflected on my own:

"H had an irritating day yesterday with a lot of hassle. I felt anxious at lunch time when she was clearly getting angry. I felt I should share with her what I have learned about expressing anger in an Asian culture — before she puts herself in a difficult position — for she may never be forgiven."

[On my own account, the challenge at that time was more associated with overcoming my introversion and trying to "enjoy" the social aspects of the job. On one occasion I had endured walking through monsoon flooded streets to inspect and marvel at mosques, express intrigue at museums and show interest in purchasing that which held no fascination. I wrote:

"I need to practice the art of appearing pleased with everything — whether I've been eight hours without a meal or exhausted from walking and saturated with the muddy (seweragy) waters of the monsoon. Is this a necessary part of the job? I think so! I've learned that the more pleasure I show, the more they prolong "the agony". There must be a way of expressing gratitude whilst indicating — "that's enough!" — but I haven't found it yet."
Establishing a shared vision

The penultimate subsidiary research question raised in this thesis asks:

What qualities and circumstantial factors are likely to predispose to the establishment of a shared vision between client and consultant in a cross cultural situation and how can these be identified?

[ibid: 167]

The respondents offer various views concerning these issues. The matter of the consultant being available at the right time appears to be an important circumstantial factor to both recipient nation and sending agency respondents and has already been noted at the beginning of this chapter [ibid: 361f]. The "atmospherics" within the country and especially those which perpetrate institutions within which a consultant is working may also profoundly affect the working relationship between client and consultant. Some recipient nation respondents divulge:

"There is a disturbance within the implementers themselves. They don't put themselves in desperate situations. When the implementers get desperate, everything stops - there is nowhere to let off steam - the patient suffers - they become so hostile. Then it is the consultants who get blamed. . ."

[R/18]

"There are politics within the health service. There is an atmosphere of hostility - we are fighting, but we don't tell you!"

[R/19]

Reflecting back over consultancies which I undertook in that country, I was, on one occasion, very concerned about the purpose of the assignment. As part of a review of the basic midwifery curriculum, I was involved in leading a workshop for midwife teachers on student assessment. I was assisted by a colleague who had just undertaken her first assignment in the country and was now collaborating with me in leading this workshop. I noted some of the details in my fieldwork notebook. When the participants arrived they were very sullen and uncommunicative. They then stated that they understood that the workshop was about writing the curriculum. Since this had already been completed, I failed to understand why this was an issue at this stage. It proved extremely difficult to get the workshop off the ground. I negotiated time with the participants to discuss the curriculum document, but maintained the focus on assessment which had been specified in my terms of reference. There were clearly completely different perspectives held by the local participants and the
consultants about the purpose of the gathering [FW/E:3]. I was not aware at that time of the internal feuds which it seems were occurring, though on reflection, maybe I should have been.

A recipient nation respondent from a different continent confided that she was impressed by the consultant who:

"... is well organized and enables everything to go according to plan."

[R/4]

I still reflect on the situation described above and wonder whether there was anything I could and should have done to facilitate things to go according to plan. The real issue would appear to be - according to whose plan?

Another recipient nation respondent urged:

"You must listen to the indigenous experts!"

and suggests:

"The consultant can get a lot done by coaxing."

[R/5]

A consultant respondent stressed the importance of:

"... listening to the local population and incorporating their views in order to meet their needs."

[C/14]

Another [C/13] urged that the consultant encourages the national policy makers to put forward their plans and goals. A further consultant respondent [C/19] perceived wisdom in asking about the aims and long term plans and ascertaining the views of the local politicians and policy makers, trying to establish if there are any clashes existing between them.

It was considered by one consultant respondent that in order for consultants to be acceptable to their national colleagues there must be:

"... a sense of shared purpose - at least in some areas."

[C/6]

My experience with the ill fated assessment workshop cited above was undoubtedly affected by a minimal sense of this shared purpose. The circumstantial factors amounting to near tribal warfare were undoubtedly contributory but probably by no means the whole story in this situation.
The consultant respondent who advocated trying to discern if there were any clashes within the political groups does not advise how this may be done, but does urge:

"Try and get the whole social picture."

[C/19]

By contrast with the consultant (C/4) who advocated having money to bring to the project, this respondent [C/19] identified an external source of funding as being a potential hazard to the national politicians and policy makers:

"Funding of projects from overseas agencies may give rise to a lack of ownership and result in them not being willing to whole-heartedly support the project."

[C/19]

Other consultant respondents cautioned that the consultant should be "aware of shortages" (C/6) and of:

"... the political pressures which limit the ability to change."

[C/21]

Looking at context

In entering various countries I have been aware of the possible hazards which may affect my entry and my ability to establish a relationship with national colleagues and achieve the objectives of the assignment. I was never more conscious of this than in taking up a consultancy in India. Since I had lived and worked in the country many years previously, had learned the national language and gained some insight into the cultures of the subcontinent, I was very conscious of the long and bitter history which had identified my people as the oppressor and these people as the oppressed. I now entered in a very different capacity, previously as a missionary, now as a consultant working with the government. In order to try and prepare myself for a satisfactory entry into the country and make a transition into this new role, I reflected on the possible expectations which my national colleagues might have in working with me as a consultant and focused on some possible actions which might make the difference between a positive and a negative outcome. These reflections are summarized in Table 14.2.

Beyond the possible indigenous expectations of me, I considered my own expectations of "them" as well as identifying the risks which I perceived might jeopardize a successful consultancy. The former are presented in Table 14.3 and the latter in Table 14.4. Alongside the risks I identified strategies to assist me during the assignment. I noted down the outcome on completion of the assignment.
Table 14.2.

**REFLECTING ON POSSIBLE INDIGENOUS EXPECTATIONS OF ME AS I RETURN TO INDIA TO WORK FOR THE FIRST TIME AS A CONSULTANT**

(Completed during flight out to Delhi)

<table>
<thead>
<tr>
<th>My status</th>
<th>- which may be perceived as . . .</th>
<th>- advisable actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRITISH</strong></td>
<td>old colonial, may try to dominate</td>
<td>ensure approach is humble</td>
</tr>
<tr>
<td><strong>CHRISTIAN</strong></td>
<td>compassionate &amp; caring, acceptable OR judgemental, bringing weird ideologies, unacceptable</td>
<td>attitude must actively convey the former</td>
</tr>
<tr>
<td><strong>OLDER PERSON</strong></td>
<td>must be respected, may hold wisdom</td>
<td>live and function to reinforce this</td>
</tr>
<tr>
<td><strong>WOMAN</strong></td>
<td>inferior, will not have authority</td>
<td>patience, quiet persistence, identify with women</td>
</tr>
<tr>
<td><strong>HINDI SPEAKER</strong></td>
<td>should understand us, may know our &quot;secrets&quot;</td>
<td>revise nuances of language &amp; culture, expand vocabulary, take care not to misunderstand or be misunderstood</td>
</tr>
<tr>
<td><strong>AUTHOR OF WHO MODULES</strong></td>
<td>knows about Safe Motherhood, can write (at least in English), we can do better for India</td>
<td>risk of halo effect, ensure any adaptations are country specific, encourage local talent</td>
</tr>
</tbody>
</table>
REFLECTING ON MY EXPECTATIONS OF MY NATIONAL COLLEAGUES AS I RETURN TO INDIA TO WORK FOR THE FIRST TIME AS A CONSULTANT
(Completed during flight out to Delhi)

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>National colleagues at all levels</td>
<td>- are likely to be reserved and may be suspicious of me, even hostile until we establish a relationship,</td>
</tr>
<tr>
<td></td>
<td>- may or may not have been already identified,</td>
</tr>
<tr>
<td></td>
<td>- likely to be skilled academically, not clinically,</td>
</tr>
<tr>
<td></td>
<td>- nursing orientated rather than midwifery</td>
</tr>
<tr>
<td>The National Team</td>
<td></td>
</tr>
<tr>
<td>Trainers</td>
<td>- some may duplicate as National Team,</td>
</tr>
<tr>
<td></td>
<td>- will need skill enhancement,</td>
</tr>
<tr>
<td></td>
<td>- accustomed to rote learning, didactic teaching,</td>
</tr>
<tr>
<td></td>
<td>- will understand basic English.</td>
</tr>
</tbody>
</table>
Table 14.4.

REFLECTING ON THE RISKS WHICH MAY BE IMPLICIT IN THIS ASSIGNMENT AS I RETURN TO INDIA TO WORK FOR THE FIRST TIME AS A CONSULTANT
(Completed during flight out to Delhi)

<table>
<thead>
<tr>
<th>RISKS</th>
<th>RECOMMENDED STRATEGIES</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My expectations of them (Table 14.3.) may be unrealistic and my suspicions unfounded</td>
<td>Observe, keep an open mind</td>
<td>National Team were not identified by the end of the assignment. The national consultant was a lady doctor - keen, competent &amp; readily accepted us</td>
</tr>
<tr>
<td>2. Their expectations of me (Table 14.2.) may be unrealistic and their suspicions unfounded</td>
<td>clarify at outset re TORs* encourage them to specify the desirable &amp; agree the possible</td>
<td>we have been invited back Dr C stated that she knew we were the right people for the job as soon as she met us. I'm still dubious about Miss E's opinion from MOH - I sensed resentment throughout &amp; she never really became involved in the project</td>
</tr>
<tr>
<td>3. Too slow a start to the project will limit opportunities</td>
<td>Probably beyond my influence</td>
<td>Too true!!</td>
</tr>
<tr>
<td>4. There will be too short a time for training of trainers</td>
<td>Warn about this &amp; emphasize importance</td>
<td>Too true!! but we did manage a workshop</td>
</tr>
</tbody>
</table>

* = Terms of Reference [FW/C:63]
In addition to my daily jottings during my consultancy in India, I reflected on those things which I could not change and those which I could. I considered the latter important in attempting to influence the circumstantial factors in a positive way and also in trying to develop my personal attributes in such a way as to enhance the quality of the relationship I established with national colleagues and enter into a shared vision with them. These reflections are presented in Tables 14.5. and 14.6.

Establishing relationships

Some of the factors listed in Table 14.6 which I considered I was able to change or at least influence may be further explored by examining some sociograms which I have constructed in the context of my consultancy work. These graphic displays illustrate the relationships formed between myself and other persons present or responsible for the workshop. For comparative purposes, I have selected two sociograms which pertain to the relationships established whilst in two different educational workshops. One took place in an African country and the other in an Asian country. There were about twenty participants in each workshop. Figure 14.1. depicts what was evaluated by the participants, facilitator (national consultant) and observers as a very successful workshop. Figure 14.2. depicts the workshop I referred to above where there were very different expectations from the participants by comparison with the facilitator (national colleague) and ourselves as international consultants. In Situation A (Figure 14.1.) the workshop participants were all midwife teachers and were all known to me through working with them over a period of several years. In Situation B the participants were doctors and nurse-midwives, some were educators. I had met none of them until the commencement of the workshop. The international consultant colleague was different in the different countries. It was the first time I had worked with the colleague in Situation A, I had worked with the consultant in Situation B on many occasions. In Situation A, the Ministry of Health officials attended the workshop and I had met them and worked briefly with them beforehand. In Situation B, the Ministry personnel did not visit the workshop. I was the only person present at both workshops.

I was to discover later that there was considerable internal strife occurring amongst the participants and their senior personnel in Situation B. On comparing the two sociograms, it would appear that the crucial difference in the two situations was the strength of relationships which existed between my international consultant colleague and myself and which were formed between all those involved. There were stronger relationships established between the workshop participants and all others in Situation A by comparison with Situation B. Although not illustrated, relationships between the participants became stronger in Situation A, although few of them knew each other beforehand. The reverse was true in Situation B.
A CONSULTANT'S REFLECTIONS IN INDIA

THINGS I CANNOT CHANGE

The colour of my skin
My nationality
The legacy of British colonialism
How government systems work (and don't work) here
The time available to complete the project
The people I work with
The poverty
The health care system
The destinations of the field visits
The nationals who work on the project - if eventually any do!
The people who relate to me
The terms of reference for this consultancy
My age

My previous experience (personal, cultural, professional).

Table 14.6.

A CONSULTANT'S REFLECTIONS IN INDIA

THINGS I CAN CHANGE

My attitude
My language - to adapt to large areas of the country
My living conditions whilst in Delhi
The way I approach the job
Some of the people I choose to relate with
My clothing (from European to Indian)
The resources we have to work with (available from UK until my colleague leaves UK to join me)

[RD/A:46-47]
Figure 14.1.

A sociogram depicting relationships which were established during a successful educational workshop [The lower the number, the stronger the relationship]

SITUATION A
Figure 14.2.

A sociogram depicting relationships which were established during an unsuccessful educational workshop [The lower the number, the stronger the relationship]

SITUATION B
Matching client and consultant

The last question which has been raised in this thesis asks:

Is it possible to match consultants with clients in such a way that there is a likelihood that mutual respect will be displayed, meaningful communication will take place and a shared vision will be attained? [ibid: 167]

Data collected tend to suggest that matching client and consultant may depend on personality, politics or a natural affinity which forms between them and is somewhat ill-defined.

One consultant respondent stated categorically that:

"The personality of the consultant has great importance and should fit the client"

[C/9]

The sending agency respondents stressed the importance of attempting to match the client's request with a suitable consultant. For example:

"Knowledge of the country ... is almost as important as technical competence. Previous experience of working with the client is sometimes critical."

[SA/3]

Recipient nation respondents also expressed opinions on the matter. One respondent commented that:

"There is a need to find the right consultant for the job."

Then added:

"It's political!"

[R/17]

Another questioned:

"I don't know how it is possible to do this!"

[R/18]

A consultant respondent (C/19) advised that it is essential for a consultant to be willing to visit a country more than once in order to establish relationships and this matter has emerged in the data analysed in the previous chapter [ibid: 348f]. The hazardous area of first time appointments still appears to exist, though sending agency respondents indicated the extent of their attempts to select suitable candidates and these are summarized in Tables 13.2., 13.3., 13.4. and 13.5.
One recipient nation respondent discussing the acceptability of consultants to clients stated that she knew well when the consultant was well matched, though she found the situation difficult to define. Ultimately she said:

"it's a matter of chemistry really! You know when it's right and you know when it's wrong!"

[R/13]

The data which I have gathered tend to support the idea that consultants and clients can be appropriately matched so that the consultancy achieves maximum effectiveness. However, achieving this would appear to present a challenge to all concerned. I have kept a note of some of the "connecting points" which I have identified during consultancy practice and offer these as a final contribution to the data. They have been noted in two different countries and are situations when I have perceived that my colleagues and/or I are on the same wavelength as our clients because of a clear statement made by the latter. These are summarized and presented in Table 14.7.

Conclusion

With this chapter I draw to a close the presentation and analysis of my collected data. The last seven subsidiary research questions have been addressed and, along with the seven questions considered in Chapter 13, complement the data collected which confront the primary research question in Chapter 12.

I have attempted to examine the questions raised in as much detail as possible, though conscious that the available data provide but an outline to the whole picture. Glimpses from the differing angles perceived by the diverse groups of respondents help to provide a breadth to the picture. Extracts from my own biographical recordings assist in exploring some of the depths of experience at a personal level. The autobiographical data attempts to offer dimensions of light and shade, to introduce colour into pictures which have been sketched by respondents originating from fourteen nations and claiming experience of working in more than forty five countries across four continents over several decades.

Any picture can, will and indeed should be variously interpreted by different viewers. The same is true of research data. Chapters 11 to 14 have provided opportunity for the reader to absorb the facts and examine the perspectives which have been gathered, presented and analysed. The reader may interpret these as seems most appropriate. However, in the closing chapters of this thesis I have presented my own interpretation of the data.
I have compared my findings with those of other workers, so setting them in the context of the greater available knowledge on the subject. The last section of this thesis moves the newly painted picture into the arena of interpretation. It is as though the picture, for the moment at least, is complete and ready to be hung in the gallery of learning. It awaits entrance to the hall of insight and understanding.
Table 14.7.

"CONNECTING POINTS" IN CONSULTANCY PRACTICE

<table>
<thead>
<tr>
<th>Comment made by national colleague</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;They are speaking the same language as us&quot; (language in the metaphorical sense as we were working in English)</td>
<td>Presenting a report to government officials and using an illustration which reminded them of a renowned national monument</td>
</tr>
<tr>
<td>&quot;She is saying what we are saying!&quot;</td>
<td>Attending another meeting not directly related to my assignment - an English consultant was trying to commend an approach which was not acceptable to the nationals. My advice unwittingly reinforced what the nationals had been suggesting before my arrival.</td>
</tr>
<tr>
<td>&quot;You understand our language and culture very well&quot;</td>
<td>Attending entertainment in the local language at the end of a trainers' workshop.</td>
</tr>
</tbody>
</table>

Later reflections

Identified "connecting points" are always an encouragement, but how many comments must be made out of my earshot indicating what may be described as "fracture points" in attempting to establish professional consultancy relationships?

[FW/C:64]
SECTION IV

Chapter

15 Conclusions and recommendations

16 Personal evaluation and emerging theory
CHAPTER 15
CONCLUSIONS AND RECOMMENDATIONS

Introduction

Through this study I have attempted to paint a picture of international midwifery consultancy within the broad canvas of the global promotion of Safe Motherhood. In this penultimate chapter I now bring the picture into focus, interpret its meaning and strive to learn from the messages it seeks to convey. Acknowledging some of the other salient matters which impact on cross cultural exchange and, addressing some of the parallel issues which I have encountered en route, I have sought primarily to consider the characteristics of the short term international midwifery consultant.

In this chapter I present the conclusions which I have arrived at through the exploration of my main research question. In addition, I present the convictions which I own as a result of identifying and probing a further fourteen subsidiary research questions during my tortuous journey through the paths of data collection and analysis. I offer the ensuing recommendations in the hope that they will provide some pointers through some of the murky mists of cross cultural consultancy.

Concerning acceptability and unacceptability

My main research question, asked:

What are the essential characteristics of short term midwifery consultants which assist them to function effectively in cross cultural situations and what characteristics contribute to their unacceptability in this capacity? [ibid:4]

Attempting to define the person who will prove acceptable and is likely to be effective in cross cultural consultancy situations could be likened to the dilemma encountered by an explorer. In determining how to specify the appearance and dimensions of the elephant, he simply concluded that the animal was difficult to describe, but that he recognized one unmistakably when he saw one. However, an in depth study of my main research question has enabled a discernible form of the desirable short term international midwifery consultant to emerge. Like the elephant, she may be difficult to describe categorically, but it appears that she is usually easily recognized when encountered. The problem undoubtedly lies in the risk of discerning the undesirable too late.

The data are heavy with vivid descriptions of the unacceptable [ibid:284f], but they also provide guidance concerning consultant acceptability. In my experience, I observe individuals who display differing levels of ease,
efficiency and effectiveness as they enter a developing country and tackle the task of consultancy. Conversely, some appear to be ill at ease, inefficient and ineffective. Using the data which I have analyzed and reflected upon, I have derived a concentric diagram which portrays the progressive levels of consultancy practice [Figure 15.1]. It is my conclusion that a consultant may and should progress from Level I to Level III. However, I believe that in order to progress towards the core of excellence, she must build on prerequisite professional knowledge, skills and experience. Additionally and crucially, the international midwifery consultant requires opportunity for and encouragement to pursue pathways of both personal development and continuing education. Thus, along with Arthur et al [1996:v] I advocate that the consultant needs specific preparation for her role. She also requires experience of consultancy in the developing world. The topic of consultant selection and preparation is specifically addressed later in this chapter [ibid:410f]. Fundamentally, the data have shown that it is the attitude of the consultant which seems to make or break her acceptability to those who have a need of her services. Maybe the potency of this issue can be stated most succinctly through the words of a parody [Figure 15.2]:

Thus it may be claimed that attitude can either build a bridge or create a barrier between a consultant and her clients [Figure 15.3]. A consultant clearly needs to be aware of the "Sins of Being" (SOBS) and the "Sins of Doing" (SODS) which were identified in Chapter 12 [ibid:284f]. Further she must be able to discover these in herself and work on them. In order to be accepted and to be effective in cross cultural consultancy, a midwife needs to make a conscious effort to nurture that which is positive and disperse those characteristics which will mitigate against her being able to quickly establish a good working relationship with her clients.

As a result of my research, I have become much more aware of the need to consciously develop strategies and approaches to enhance my practice. In so doing, I have developed and used some checklists for preparation (Checklist A), priorities for early attention during consultancy (Checklist B) and I have used differing approaches to debriefing and reviewing my consultancy assignments. These documents are included in Appendix VII and are offered for use and adaptation by fellow travellers along the consultancy road. They could also form the basis of an assessment tool, whereby sending agencies could be assisted in their search for appropriate short term consultants, not only in midwifery, but possibly in other disciplines too. Lastly, I offer some words of wisdom which have emerged from these data and from my consultancy experience. These are presented in Appendix VIII in the hope that they may provoke some useful thinking and discussion amongst all those concerned with the consulting process, whether from the aspect of sending, receiving or going.
Figure 15.1.

PROGRESSIVE LEVELS OF CONSULTANCY PRACTICE

Level 0 → Level I → Level II → Level III

Level 0

- Attitude unacceptable
- Lacks appropriate skills
- Lacks relevant knowledge
- Beset with "SOBS" & "SODS"++ but unaware of them
- Shockable!
- Ethnocentric
- Xenophobic

Level I

- Aware of own "SOBS" & "SODS" ++
- Makes a conscious effort to build a meaningful relationship with clients
- Aware of own culture & that a culture gap exists
- Demonstrates appropriate skills
- Possesses relevant knowledge
- Professionally up to date

Level II

Has attained Level I and:-
- Effectively minimizes "SOBS" & "SODS"++
- Establishes a meaningful relationship with clients
- Increasingly demonstrates characteristics attributable to the "ideal" consultant
- Rarely shockable
- Works at personal development & continuing professional education

Level III

Has attained Level II and:-
- Demonstrates a shared vision with the client
- Continues to learn in partnership with national colleagues
- Unshockable culturally & professionally
- Mutual respect & meaningful interaction represent a way of life

+++ "SOBS" & "SODS" [ibid: 284f]
If I can speak in many languages and dialects and be understood by numerous nations, but am arrogant, I am only a resounding gong and a clanging cymbal.

If I am gifted with considerable knowledge and can recall research references at the touch of a computer key and am confident that all things are possible, yet I do not display humility, I am useless.

If I can spot a problem from a distance and know instinctively what should be done, yet criticise the ones who seek my guidance, failing to empathize and to encourage, then I will compound and not relieve the crisis.

If I am willing to go anywhere in city or village and meet the people living there, but not accept their hospitality and offend the culture they respect, then I have made a mighty error and in their eyes I will have committed an unforgivable sin.

And so there are these three, knowledge, skills and attitude, but the greatest risk lies in attitude. For if I get that wrong, the others are neither seen nor heard, neither do they carry any credibility.

* Source of original text: The first letter of St Paul the Apostle to the Corinthians, Chapter 13, found in the New Testament of the Holy Bible.
Attitude can create a BRIDGE between the consultant and the client

CONSULTANT \(\leftarrow - A - T - T - I - T - U - D - E \rightarrow\) CLIENT

OR

Attitude can create a BARRIER between the consultant and the client

CONSULTANT \(\leftarrow \) ATTITUDE \(\rightarrow\) CLIENT
In the context of my main research question, I therefore make the following recommendations. Further recommendations arising from the subsidiary questions complement these.

Recommendation 1

A short term midwifery consultant who works in a cross cultural situation should be aware of her own personality type and of the strengths and limitations which her personality is likely to contribute in her consultancy practice.

Recommendation 2

A consultant should be fully aware of characteristics which are likely to assist her in functioning effectively and of the "SOBS" and "SODS" which mitigate against effective performance [ibid:284f].

Recommendation 3

A consultant should actively develop her professional midwifery and consultancy skills through a process of continuing education and personal development. She should identify her own "SOBS" and "SODS" in consultancy practice and seek to minimize them.

Recommendation 4

Relationship building between consultant and client should be an urgent priority in every consultancy assignment. Sending agencies and employing organizations should seek evidence of a consultant's capacity to achieve this.

The matter of awareness

The first subsidiary research question which I raised in Chapter 2 [ibid: 51] and addressed in Chapter 13 [ibid: 324f] asked:

How can the consultant develop and refine her sense of awareness in a culture other than her own?

The response to this question would appear to hold a crucial key to the personal and professional development of the midwifery consultant. Crossing culture can confront the most intrepid human being with some of the greatest of life's challenges. Awareness, therefore is an important attribute in this arena. I have dubbed the sense of awareness itself as a "seventh sense" [ibid:51].
It has been glibly propounded that the human creature has two ears and two eyes, but only one mouth for a specific reason. This encapsulates the obvious but with some profundity, in that listening and observing should occupy a correspondingly greater amount of time by comparison with speaking. There is however something which may be learned from this crude aphorism. Undoubtedly there is wisdom in using all one's senses in order to become fully aware. I am offering an approach to consultancy which is intended to assist in the process of developing and refining awareness. I have dubbed this the "LOLAL-TA" approach, where listening is the dominant sensory function. The consultant is urged to listen and observe, listen and ask questions and listen again before attempting to offer advice [Figure 15.4].

Building on the issues which arose from data collected in response to my main research question, I further propose strategies to assist consultants in their quest to increase their sense of awareness in a cross cultural situation. Here I would emphasize the importance of identifying with the local people and learning about them as far as possible "from the inside" of their country and culture. I would state categorically that it is not possible to acquire a true picture of a country from the comfort of an international standard hotel. Though this may be an acceptable approach to survival and assignment completion on a short term consultancy, midwives who have never lived in the developing world, need to experience it "for real". Such an experience is likely to temper any advice offered to those who regularly grapple with the actualities of existing in a country strangled by poverty.

Without hesitation, I recommend reflective practice in consultancy and commend the habit of asking national colleagues for feedback at the earliest possible opportunity. Such an opportunity, of course, is dependent on building a relationship which is strong enough to make the activity both possible and plausible and this issue is pursued later in this chapter [ibid: 408]. I have summarized eight steps to increasing awareness through a cyclical approach and this is presented in Figure 15.5.

In the context of awareness development and refinement I make the following recommendations:

Recommendation 5

Paying due attention to her health and safety, a consultant should spend some time living in typical local accommodation in a developing country in order to assist her to become acutely aware of the realities and problems of everyday life in such an environment. Sending agencies could assist by facilitating this experience.
THE "LOLAL-TA" APPROACH TO CONSULTANCY

Listen - Observe - Listen - Ask - Listen

- - - Then - - Advise!
A CYCLICAL APPROACH TO INCREASING AWARENESS
IN INTERNATIONAL CONSULTANCY

1. Recognize your own strengths & weaknesses

2. Read about the country

3. Reside in the local environment

4. Relate with the local people, eat their food, try to learn their language

5. Reflect on life's issues, professional practice & on your consultancy practice

6. Review your personal situation & professional practice

7. Request feedback from your national colleagues

8. Refine your attitude & approach
Recommendation 6

A consultant should use reflective practice as an approach to her work and personal development. Sending agencies should encourage discussion of such documentation to help them select appropriate personnel to undertake short term assignments.

Concerning modernization and development

Living where "they" live (Recommendation 5) will undoubtedly expose the consultant to the inevitable "epoch gap" born of traversing boundaries where stages of modernization and development differ. This topic was discussed at length in Chapters 2 and 3 and the matter addressed through the second subsidiary research question which I raised, namely:

How much knowledge and understanding about modernization and development does the midwife need in order to function effectively in her role as an international consultant? [ibid:51]

It is tempting to answer this question with absolute brevity by stating - quite a lot! It could be argued that a consultant who is accustomed to living and working in the developing world should have considerable experience of encountering the varying stages of these phenomena. However, such knowledge is likely to be tacit knowledge and may not inevitably be accompanied by any depth of understanding. Unlike jet lag, "epoch lag" is not such a recognizable syndrome. However, I purport that it may exacerbate the former and "epoch lag" most certainly lies at the root of culture shock. The condition may incapacitate the individual on arrival in the country of assignment and surprisingly disorientate her on return to her home land. It is prudent to warn the international consultant that "epoch lag" can occur and that because of the rapid adjustments required, it may be more acute in short term assignments than in longer ones. Steps should be taken to minimize the effect of "epoch lag" at either end of an assignment. A reminder concerning this issue has been included in Checklist B in Appendix VII.

In the context of this topic I make the following recommendation:

Recommendation 7

Consultant preparation should include an in-depth study of the processes of modernization and development.
Progress and pitfalls

In the context of modernization and development I raised two further subsidiary research questions [ibid: 85] and addressed these during data analysis [ibid: 337f].

Firstly:

Do countries in the Third World want to proceed into a western type highly technological society?

and:

How can countries be helped not to fall into the pitfalls of the post-enlightenment era?

A few issues demand attention here. A consultant's increasing awareness of the realities of life in the country in which she is advising is fundamental and has been discussed above. Similarly, an increasing knowledge and understanding of the processes of modernization and development are prerequisites if the consultant is to make a positive contribution to the country's progress in the historical context. Analysis of the data has underlined the need for the expatriate to offer advice and ideas but not to impose them. The research has demonstrated that the old habits of colonialism die hard and, generally speaking the ways of the West are not sought if they are offered on a plate. The plate may be desired, but the meal needs to be indigenous. The hands which carried the plate need swiftly to disappear, without leaving the fingerprints of domination. The latter inevitably leaves a bad taste. Bearing in mind the challenges faced by the consultant in attempting to respond to the need to assist development without marring the process with modernity's worst deal, I offer the following reflections which I have described as "An international consultant's IF" [Figure 15.6].

Clearly further research with a dimension far wider than the scope of this study needs to be carried out into the issues raised in these two subsidiary research questions. Consequently I make the following recommendations:

Recommendation 8

Aid agencies and organizations promoting projects in the developing world should facilitate research into the direction of development desired by professional and political leaders in Third World countries.

Recommendation 9

Aid agencies and organizations promoting projects in the developing world should encourage dialogue between professional and political leaders in the East and West concerning the pitfalls of modernization and discuss possible approaches to minimizing these hazards.
AN INTERNATIONAL CONSULTANT'S "IF"
(with apologies to Rudyard Kipling)

IF you can recognize, yet bridge the "epoch gap", then travelling home, can bridge it in reverse,

IF you can adjust your "epoch clock" to match the moment, yet still consider time of no import,

IF you can know instinctively what may not happen and not waste energy willing it to change,

IF you can cope with frustration, disappointment, and not increase the burden others bear,

IF you will wear a "warning label" which states "imported answers may not work!", And with a smile, nod at your hazard warning, still game to offer what only you can give,

IF you can devolve all expectation to those who have a right to call such hopes their own,

IF you can blanch the stains imprinted by colonialism - And not leave marks of yet another coup,

IF you can find the footprints of development and not obscure them with modernity's murky marks,

IF you can offer routes through "modernization minefield" and own the menaces which you have wrought and shared,

IF you'll explode the myth that "West is best", but not imply perfection lies anywhere,

IF you can share wisdom before technology, sparing expense which can't be justified,

IF you will learn that ideas can't be transplanted, But seeds of innovation nurtured - When fertile minds both challenge and unite,

And IF from time to time, you see the wrinkles, the flaws besetting your postmodern world, And try to point your clients from the pitfalls -

In spite of all, you will have done your utmost - To be a consultant worth importing And hear the words of commendation said:

"WE have achieved what WE knew WE needed, And WE have done what WE set out to do!".
Nurturing creativity

In reviewing the historical perspectives and current strategies of aid provision to the Third World, it has become apparent that much of the previously colonized globe is still afflicted by imposed ideas from western powers. In this context I raised the fifth subsidiary research question in Chapter 4 [ibid: 96] and considered the relevant collected data in Chapter 13 [ibid: 342f]. I asked:

What skills does the international midwifery consultant require in order to facilitate an educational process which would result in her clients developing their own creative knowledge?

The analysed data appear to present a conflict of opinion. The approach of consultant respondents who would encourage colleagues to challenge western theory and practice and nurture local innovation are somewhat contested by some recipient nation respondents. It seems very possible that the latter who warn that "the authorities" want consultants who will agree with them are portraying something of an internal conflict. This I have discovered to be so retrospectively in one country in which I have worked. Creative thinking comes naturally at village level where innovation has been a way of life for thousands of years. Colonial style education has served to quench that and I have noted frequently that creativity and any hint of excellence can be seen as a threat in the hierarchy of professional as well as governmental politics. No doubt, the reaction mimics western domination and will not be eradicated in a decade or two.

Hence a consultant faces the challenge of satisfying the needs of those in authority and those working at various levels in the health service. Technically impossible though it may be, she is expected to facilitate the introduction of change without challenging existing authority and increasing a sense of insecurity. It is possibly for this reason that the dislike of "radical midwives" has been expressed by recipient nation respondents and I have witnessed similar statements of disapproval on this matter. No opinion, least of all that identified during a small study such as this can represent a national attitude, if such a phenomenon exists. However, the fear of the radicalism which accompanies the process of modernization and erodes traditional values may be worth pondering. The price of "progress" is sometimes high. The disintegration of the family and the boom of the secular society are but symptomatic of the modern and postmodern conditions and all too obvious to those from traditional societies who visit the West. Radicalism can offer a threat to political and civil stability and the
expressed distaste is understandable in countries where stability is difficult to maintain or even to grasp at.

The consultant therefore faces an impossible task if she considers that she can or even ought to impose change. The request by one of the policy maker respondents in my study to provide options, explaining the consequences of the recommended actions, adding poignantly "because we do not necessarily know", underlined for me the importance of making every effort to emphasize the relationship between cause and effect, process and outcome. The consultant needs to appreciate that these sequences do not necessarily come naturally and may not exist at all, even in the well educated and authoritative eastern mind.

The enigma of promoting Safe Motherhood becomes colossal once the reality of such ways of thinking is absorbed. Whereas up to 98% of maternal deaths are considered preventable [WHO:1987], prevention is largely dependent on relating process and outcome and knowing how to intervene in the process to alter the outcome. Here lies a fundamental disagreement between the fatalistic philosophies of the East and the rational if not radical beliefs of the West.

Reflecting on this research and on a lifetime's experience shared between the orient and the occident, it is my considered opinion that a consultant can but function as a catalyst in a reaction which combines national desires, wisdom and determination. She can support her clients at each and every level of power and powerlessness, but she must never force them. She needs to work with and not in place of national experts. She needs to help them grow and diminish in her importance to the continuation of the project. Her dictum must be "they must increase, I must decrease!". In this context I have outlined some suggestions which I proffer may encourage national colleagues to develop along their own path and minimize the consultant's crucial presence in the process [Figure 15.7].

I now make the following recommendation:

Recommendation 10

Consultant preparation should emphasize the development of interpersonal skills and the use of adult educational approaches. A consultant should be equipped to encourage, empathize and enable nationals at various levels to develop in the direction which they themselves deign most appropriate within their own culture and post of responsibility.

This issue brings the sixth subsidiary research question sharply into focus.
Figure 15.7.

BEING CREATIVE

B Be a role model

E Encourage clarity and straightforward approaches,

I Identify those who know what will make a difference in the local situation,

N Negotiate for national counterparts/consultants to work in partnership with you,

G Give permission to challenge the ways of the West, then -

C Create opportunity for nationals to adapt and develop their own innovative approaches,

R Recognize the different frames of reference within which your colleagues must work,

E Empathize with those encountering problems and give sincere praise where progress has been made,

A Applaud the expressed sentiments "It will work!" and "We can do it!",

T Talk about THEIR achievements,

I Identify those who can make initiatives work,

V Visualize developmental potential, never underestimate it,

E Enable ideas to emerge confidently from an indigenous source.
Establishing relationship

The following question raised in Chapter 4 [ibid: 97] and addressed in Chapter 13 [ibid: 345f] hones in on the issues which are fundamental to relationship building and asked:

How are mutual respect and meaningful communication established between the consultant and her client and what may mitigate against this?

This topic is inevitably fraught with hazards in a cross cultural situation. Collected data vary in the viewpoint expressed. It has been pointed out that such relationship building takes time. Conversely that nationals can immediately recognize a consultant with whom they can relate with ease. It would be unwise to generalize on this issue, since the situation must surely be as varied as the personalities who comprise the relationships. My impression and experience is that eastern insight is often tempered with caution. Mutual trust must precede respect. Trust too must prepare the ground for meaningful communication whereby the nature and essence of problems faced within a country can be shared. I would not attempt to prescribe a formula whereby such a situation may be attained. However, I offer some steps which may be helpful in reaching towards mutual respect and meaningful communication in a cross cultural situation [Figure:15.8].

Building on the issues raised in addressing my main research question, in response to this subsidiary question I make the following recommendation:

Recommendation 11

Efforts should be made by sending agencies to assess the attitude of a potential consultant before appointing her to a short term overseas assignment.

The issue addressed in the above recommendation leads into the seventh subsidiary research question which I raised in Chapter 4 [ibid: 109] and addressed in Chapter 13 [ibid: 347f]:

How can consultants be selected and prepared in order to provide appropriate assistance to countries seeking to meet their identified needs in respect of promoting Safe Motherhood?
FOUR STEPS TOWARDS ATTAINING MUTUAL RESPECT
AND MEANINGFUL COMMUNICATION

1. Be certain that there will be uncertainties.
2. Anticipate the unexpected.
3. Craft the question with care and the answer will emerge more easily and accurately.
4. Listen to the silences as well as the spoken words.
The responsibility of selection

Sending agency respondents clearly defined their selection criteria and the processes which they used to identify consultants for assignments and these are presented in Chapter 13 and summarized in Tables 13.2 - 13.4. There are numerous and complex issues associated with selection, but I will centre my concern in this area on two main aspects. Firstly that short term consultants were explicitly or implicitly perceived by some sending agency respondents to be of secondary importance by comparison with long term consultants. Secondly, the pattern I identified in some consultant respondent profiles where single visits to several countries appeared to be the norm [ibid: 257 & Figure 11.7. ibid: 266].

Firstly, the issue of short termism. The data have revealed that short term can be very short. Respondents most frequently reported a period as brief as two weeks [ibid: Figure:11.6. 265 ]. This is supported in literature reviewing the trends of cross cultural consultancy in recent years [Arthur et al:1996:5] [Fry & Thurber:1989:7]. Undoubtedly the cost implication of interviewing candidates is a consideration. However, the fact pointed out by one of the recipient nation respondents that the curriculum vitae does not indicate a consultant's attitude is a pertinent one. Ways of ascertaining attitude need to be sought and used if fewer disasters in cross cultural consultancy are to be experienced. The cost of an unsuccessful consultancy can surely be high.

This matter leads to my second area of concern, the "Once Only Poly-nation Sojourner" ("OOPS!") consultant [Figure 15.9]. Whilst there may be perfectly legitimate reasons for such a pattern of consultancy practice and conversely, repeated returns to the same country may not inevitably be associated with either success or effectiveness, I consider that the issue demands a closer examination.

In the context of consultant selection I therefore make the following recommendations:

Recommendation 12

Selection processes to identify a short term consultant should be rigorous and involve face to face interviews, review of any previous consultancy reports and the opinions of previous clients.

Recommendation 13

Believing that consultancy effectiveness is influenced by consultant acceptability, selectors should seek evidence of those attitudes, skills and knowledge which have been identified as important in commending a consultant to her clients in cross cultural situations [ibid: 305f].
The Once Only Poly-nation Sojourner
("OOPS!" Consultant)

Note
Any likeness to any midwife, alive or dead, or any consultant respondent in this or any other study is purely co-incidental and unintended!
One further matter for consideration arises here. In order to facilitate language learning and a growing understanding of culture, in principle, there may be an advantage in identifying a short term consultant with a "priority assignment zone" which relates to a designated world region. It could be expected that she may then be required to undertake assignments in that region in preference to moving between vastly different regions or continents. The latter approach obviously calls for a greater degree of adaptation and in some assignments will slow or limit her capacity to communicate with her clients. I therefore make the following recommendation:

**Recommendation 14**

The possibility and practicalities of allocating a consultant to a specific world region designated her "priority assignment zone" should be explored. Computer records of available regional consultants which are exchanged between sending agencies should then provide greater assistance in identifying the most suitable consultant for a specific assignment.

Further, I propose:

**Recommendation 15**

In addition to those responsible for selecting candidates, midwives considering international consultancy work should be aware of the factors which are likely to contribute to their suitability for this task. Two tools are recommended to assist in this process:

(i) Kubr's Criteria for consultant selection - A client's guide [Table 6.5. ibid: 155] and

(ii) "Twenty critical questions relevant to consultant selection" which I offer from the derivation of the data collected during this study [Appendix IX].

**Recommendation 16**

Research should be carried out into consultancy practice patterns so that the incidence and significance of the "Once Only Poly-nation Sojourner" ("OOPS!") consultant can be examined and, if appropriate, considered in the context of consultant selection.

**Being prepared**

The consultants themselves were the only respondent group included in the study which I asked about preparation. In the light of my findings I have begun to ask this question of colleagues in the developing world and I believe that they are an important resource in considering consultant preparation. The response which I did obtain from a Nepali colleague was that "they should come and live with us and not just stay in a hotel in order to find out what it is
really like here! We could teach them a lot.". This sentiment echoes some of the autobiographical data which I presented in Chapter 13 [ibid: 327f]. I am convinced that exposure to "the real world" in this context is important and has been addressed in Recommendation 5 cited above.

In commending a selection process, I have proposed ways in which questionable or limited suitability of potential consultants may be overcome. The two approaches involve supervised practice or mentorship on a first assignment and specific preparation [Response rating sheet:Appendix IX]. Consultant respondents suggested various approaches and activities which include both these methods and I consider that some formal preparation could be most valuable in respect of short term consultancy. This initiative would undoubtedly apply to a whole range of other professionals as well as midwives who work in such a capacity in cross cultural situations. I have therefore outlined a modular approach to consultancy preparation [Appendix X] and recommend the following:

Recommendation 17

Structured preparation for international consultancy work should be available and participation in such a programme should form part of a consultant's professional development. Those responsible for selecting consultants should promote such programmes which could eventually become a requirement in consultant eligibility for employment.

Recommendation 18

Consultant preparation programmes should be offered at diploma or degree level and allow individuals to opt in to the modules which they require in order to build up their expertise. The feasibility of distance learning and part time studies should be explored for some of the modules in order to maximize access to interested professionals.

Recommendation 19

Preparation courses for international consultants should encourage multidisciplinary participation. Course planning and implementation should include input from:

- clients representing recipient nations who have experience of consultancy services,

- persons with experience of selecting, employing and supporting consultants, who represent sending agencies and

- professionals who are themselves respected and experienced international consultants.
Recommendation 20

A system of mentoring should be devised whereby an inexperienced consultant may learn from an experienced and skilled colleague, thus facilitating professional development.

In addition to the preparation proposed above, I believe that ongoing support would also enhance consultancy practice. Some informal international networks already exist between midwives who undertake consultancy work and these could be further developed and extended. It is therefore further recommended that:

Recommendation 21

In order to support and facilitate the continuing development of international consultants, consultancy networks should be encouraged and further developed. These should be designed to enable an open exchange of expertise and experience through, for example:

- informal discussion to assist in briefing and debriefing,
- newsletters,
- workshops, seminars, conferences.

The need for consultants

The eighth subsidiary research question arose in Chapter 5 [ibid: 132] and was addressed in Chapter 14 [ibid: 361f]. This asked:

Is there congruence between recipients, 
sending agencies and consultants 
regarding the need for consultants?

The collected data provide a limited resource to address this issue. Undoubtedly the topic needs further research in order to verify or refute the claim made by Bassuyt et al [1992:2]. These workers claim that, in Africa, many expatriate consultants are involved in operational tasks that presumably could be performed by nationals. Arthur et al [1996:10] in considering the issue of quality in consultancy on behalf of The British Council extrapolate Bassuyt's statement to conclude that the situation is "similar elsewhere" though "to a lesser extent".

During this study it appears to me that there is, in essence, an explicit as well as an implicit assumption that the lower income countries have a need for consultants, though the perceptions of the different respondent groups
concerning that need vary. Not surprisingly, the sending agency respondents emphasize the need to provide consultants who will please the client and can respond to the need at the appropriate time. There is congruence about the time factor and my experience as a consultant endorses this. The response received to the main research question and discussed above emphasizes however what the client does not need. A consultant is not needed to exercise power on behalf of the sending agency nor to achieve their objectives. One could hardly expect to find congruence between the various groups possessing differing motivating factors on such issues.

In the context of this issue I make the following recommendation:

Recommendation 22

Research should be carried out to assess whether there are similar perceptions regarding the need for consultants by clients, sending agencies/aid organizations and practising consultants. This should include an in depth evaluation to discover the extent of work which is being undertaken by expatriate consultants which could feasibly and effectively be undertaken by national workers. Where the latter is discerned, the reasons for the import of skilled services should be explored.

Expressing a preference

The other question raised in Chapter 5 [ibid: 132] was similarly addressed to a limited extent in Chapter 14 [ibid: 366]. This question asked:

Do the personal and professional qualities of a consultant influence whether the need for a consultant is expressed?

The data revealed extreme positions in this respect. From the expressed intent that "Once we trust you, we will follow you everywhere!" to the exasperation with the previous consultants who are notoriously disastrous. In reflecting on this issue, I am aware of two factors which may be worth contemplating further. Firstly, the desire of my Asian colleagues to please and express pleasure as part of courtesy to a visitor. Secondly, revealing the mistakes of the last consultant could be an investment in attempting to prevent a recurrence or an attempt to change the direction of advising in the current situation.

I consider the first issue raised above to be a fact of life in Asia. It may be possible to draw parallels in other continents though my less extensive experience elsewhere deters me from doing so. However, I only came across the
committed sins of some of my predecessors during my data collection as part of this research. Therefore it is reasonable to assume that the "complaints" concerning consultants were not used in order to barter for a better deal with me, but were a direct response to my main research question. The fact that the unacceptable aspects of consultancy were inevitably addressed first by recipient nation respondents across ten countries can hardly be coincidental. The response to this subsidiary research question would therefore appear to be a guarded affirmative with regard to a specific consultant. There may still be a need expressed for a different consultant from the one who has been contracted previously. There may not always be a choice, but where there is a choice and where the implications of that choice are known, I proffer that it will be made.

Earlier recommendations, namely Recommendations 12 - 16, made in respect of selection of consultants, are applicable to this question also. In addition I make the following recommendation:

Recommendation 23

Recipient nation clients should be increasingly involved in consultant selection.

Learning the ropes

The tenth subsidiary research question was raised in Chapter 6 [ibid: 157] and addressed in Chapter 14 [ibid: 368f]:

How can a consultant who is appointed to an international assignment become fully conversant with the nature of consultancy and the multiple roles which she may be required to fulfil in the course of her work?

The data suggest that these skills and approaches can be learned through education, personal development and experience, but that positive attitudes and a natural aptitude for cross cultural consultancy are essential prerequisites [Figure 15.10]. Fry & Thurber describe "protean adaptability" as a distinctive trait in consultants whom they consider exemplary, concluding that their:

"... appreciation and valuing of cultural diversity makes them open and willing to listen and learn from others, whatever their culture or status. This trait, perhaps more than any other, facilitates communicating with peasants and princes."

[Fry & Thurber:1989:130]
Figure 15.10. "Learning the ropes"

Personal development

LEARNING CONSULTANCY SKILLS & APPROACHES

Education  Experience

Positive attitudes & Natural aptitude
Beyond the natural attributes which I have explored extensively in this study, I believe that consultancy experience needs to be meaningful. If errors are not to be repeated and the practitioner is to avoid the possible fashion and fate of the "OOPS!" consultant cited above, conscious interventions must be made. This implicitly requires feedback from clients as well as from peers who practise consultancy. Many of these issues would be addressed and consultants could become familiar with the nature of consultancy and the multiple roles of the consultant if preparation were adequate. This matter has been addressed above and Recommendation 17 applies. In addition, I believe that appropriate selection processes as outlined in Appendix IX would be helpful. There remain the matters of feedback and debriefing which have also been alluded to above and included in Recommendation 21. I therefore do not make further recommendations on this subject, but reiterate the importance of appropriate selection, preparation and support of consultants.

The matter of motive

Chapter 7 gave birth to four further subsidiary research questions. The first of these [ibid:164] which is addressed in Chapter 14 [ibid: 371f] asked:

Is it possible, and is it important to assess the motive of a potential consultant?

Concerning motive, I would conclude that it is important but may be difficult to discern the true motive of a consultant in undertaking an international assignment. Clearly, sending agency respondents reported their strength of feeling on the matter and their attempts to determine motive of their prospective employees. Recipient nation respondents were opinionated on the subject and consultant respondents were aware of the issue. In collecting the data by interview, I discovered that like the "unacceptable characteristics" of the consultant, the question of motive tended to open up a session for catharsis. The power, pay and politics issues debated as a matter of theory in Chapter 4 [ibid:109] reared as practice issues ten chapters later [ibid: [371f]. The solution here maybe lies partly in the selection process discussed above and addressed in Recommendations 12 - 16. I believe that it also lies in the issue raised in the next subsidiary research question which touches on the philosophy and lifestyle of the consultant.

Life's deeper dimensions

The twelfth subsidiary research question raised in Chapter 7 [ibid: 164] and explored in Chapter 14 [ibid: 374f] asked:

Is it necessary and is it desirable to establish whether a consultant can demonstrate a spirit of sacrifice or a spiritual dimension in her life?
It is obvious that such a question could form the basis of another doctoral thesis and there is not a simple answer immediately accessible emerging from the available data. However, this study suggests the following. Namely, that sending agencies try to discern the lifestyle and philosophy of a candidate. Clients of the recipient nations can usually discern such issues almost "on impact". Consultants appear marginally aware of the spiritual and the sacrificial. However, the latter statement could well be too superficial a judgement based on the available data. Further research may reveal a much greater importance attached by practitioners of cross cultural consultancy themselves to the less tangible aspects in the life of a consultant.

In the light of this whole aspect of consultancy I therefore recommend the following:

Recommendation 24

During the selection process and any programme of preparation, every possible effort should be made to discern the motive of a consultant who desires to practice in a cross cultural situation.

Further, in line with the first "Words of wisdom" expressed in Appendix VIII:

Recommendation 25

A consultant should be encouraged to state her own philosophy of consultancy and declare her values and beliefs before contracting with sending agencies or clients.

Sharing the vision

The thirteenth subsidiary question raised in Chapter 7 [ibid:167] and addressed in Chapter 14 [ibid: 379f]: asked:

What qualities and circumstantial factors are likely to predispose to the establishment of a shared vision between client and consultant in a cross cultural situation and how can these be identified?

It is important here to place the study in the context of the literature and reflect on other studies. Hills [1979], for example, cited earlier [ibid: 17] emphasized that the attitudes of the recipient nation and those of the employing organization were as important as the attitude, behaviour and competencies of the consultant. Fry & Thurber [1989:89] viewing international consultancy from an ecological perspective perceived the interaction between Hill's three basic dimensions to determine the degree of success. These
workers also hypothesize that the harsher the experience of colonialism within a country, the greater the difficulty encountered in promoting effective cross cultural advising. They explain that this is mainly due to the resentment which exists in such cultures against outsiders [Fry & Thurber:1989:82].

This study has touched on the above issues and in that respect I can support the findings and opinions of previous workers. In many senses there are issues within any contextual consultancy situation which a consultant may be able to do little or nothing about. However, I consider that being aware of the possibilities of problems arising from situational factors is important. Further, if a consultant is aware and uses this "seventh sense" previously identified as an essential quality in consultancy [ibid: 51] and discussed above, she is more likely to be able to establish an environment whereby a shared vision can be acquired.

In considering how the influential circumstances and factors may be identified, it is essential again to return to the selection and preparation of the consultant. I believe that selecting consultants who display self awareness, awareness of others and their surroundings as well as a cultural sensitivity will go a considerable way in setting the scene. However, preparation of the guest "actor" within that cross cultural scene is crucial. This is so if she is to become anything but a lone voice, misunderstood or even unheard by the other actors who normally walk that portion of the world's stage.

In Chapter 4 [ibid: 97f] I identified mutual respect and meaningful communication as prerequisites to the consultant and client acquiring a reciprocal insight. This facet of perception could perhaps be described as a state of being whereby people are enabled to see issues from each other's perspective. This can be difficult enough within a culture. It can become extremely complicated and complex when crossing the culture barrier is involved. Nevertheless, I conclude that the acquisition of reciprocal insight by consultant and client is essential if a shared vision is to be attained. I further purport that effective consultancy rests on the rock of a shared vision. I concede that such a rock can be extremely difficult to locate amidst the sometimes turbulent seas of international midwifery consultancy. It is likely that the experience of other professionals who similarly cross the lines of longitude and latitude in the cause of cross cultural advising will find similar hazards.

Almost monotonously it becomes evident that the recommendations which I made in respect of the selection and preparation of consultants are pertinent here (Recommendations 10 - 19).
A perfect match?

Perhaps the last question which arose in this thesis challenges the capacity of the three groups represented by the respondents in this study more than any other. The question was raised in Chapter 7 [ibid: 167] and addressed, albeit briefly, in Chapter 14 .ibid: 389f]. It asks:

Is it possible to match consultants with clients in such a way that there is a likelihood that mutual respect will be displayed, meaningful communication will take place and a shared vision will be attained?

In essence the perfect marriage between consultant and client is aspired. Like all human relationships, it is reasonable to state that perfection proves somewhat elusive. Furthermore, relationship must be worked at and where the ideal, if not the perfect exists it will be difficult to maintain without the sustained effort of both parties. Such a perfect relationship will inevitably defy description even though it is claimed to exist.

Without wishing to take the metaphor too far, it is not difficult to anticipate some of the problems in attempting to make an acceptable, if not perfect match in a cross cultural arranged marriage. Maybe the somewhat profound simplicity of one recipient nation respondent sums up the situation. In stating that "You know when it's right and you know when it's wrong" she neatly placed in a nutshell the crux of this human predicament.

In the first chapter I considered a theoretical framework which provided a sketch map of the way through this study of international midwifery consultancy [Figure 1.2. ibid: 9]. The goal of promoting Safe Motherhood formed the central focus within the interaction between client and consultant. The nature of this interaction was deemed dependent on the possibility of the two parties acquiring a shared vision.

In the context of considering whether client and consultant can be matched, I propose that all the factors which have arisen during the course of this study are pertinent. I proffer that the likelihood of a good match being made will depend on the "goodness of fit" between these various but potent issues.

Conclusion

In conclusion, I offer a reincarnation of Figure 1.2 and present it here [Figure 15.11].
I would venture now to translate my theoretical framework which was admittedly conceived through practice supported by theory, into a framework for practice. I propose that the greater the verity of the latter, the more likely it is that the consultant will be acceptable, her contribution effective and the client able to benefit from the process. Lest the obvious be lost in the mists of occlusion, I must stress that the last benefit is, of course, the raison d'être for the birth of the international consultant. I would not pretend that the ideal is attainable most of the time. However, I do believe that it should be aspired. It is easy to fall short of the ideal, but inexcusable to aspire to less and still fail to reach the goal.

It therefore appears that if the promotion of Safe Motherhood is to be enhanced through international consultancy efforts, much yet needs to be done. Haphazard and hurried importing and exporting of experts is a risky business. The whole matter demands competent and continued attention, for the cost is not only financial and political. The cost is one that is measured in lives, women's lives, or more precisely in their deaths.
The level of MODERNIZATION & DEVELOPMENT is recognized by the sending agency and the consultant.

DIFFERING PERCEPTIONS OF NEED are appreciated and a SHARED VISION exists.

THE CHARACTERISTICS OF CONSULTANTS contracted are acceptable to the client.

THE NEED FOR CONSULTANTS is expressed by the client and supported by the sending agency.

The client and the consultant understand THE NATURE OF CONSULTANCY and RELATIONSHIPS are established early.

The level of MODERNIZATION & DEVELOPMENT desired by the client is respected and supported by the consultant.

THE EFFECT & EFFECTIVENESS OF CONSULTANCY are evaluated by the client, the sending agency & the consultant.

Progress is made towards achieving the goal of promoting Safe Motherhood.
Summary of recommendations

1. A short term midwifery consultant who works in a cross cultural situation should be aware of her own personality type and of the strengths and limitations which her personality is likely to contribute in her consultancy practice.

2. A consultant should be fully aware of characteristics which are likely to assist her in functioning effectively and of the "SOBS" and "SODS" which mitigate against effective performance.

3. A consultant should actively develop her professional midwifery and consultancy skills through a process of continuing education and personal development. She should identify her own "SOBS" and "SODS" in consultancy practice and seek to minimize them.

4. Relationship building between consultant and client should be an urgent priority in every consultancy assignment. Sending agencies and employing organizations should seek evidence of a consultant's capacity to achieve this.

5. Paying due attention to their health and safety, a consultant should spend some time living in typical local accommodation in a developing or low income country in order to assist her to become acutely aware of the realities and problems of everyday life in such an environment. Sending agencies could assist by facilitating this experience.

6. A consultant should use reflective practice as an approach to her work and personal development. Sending agencies should encourage discussion of such documentation to help them select appropriate personnel to undertake short term assignments.

7. Consultant preparation should include an in depth study of the processes of modernization and development.

8. Aid agencies and organizations promoting projects in the developing world should facilitate research into the direction of development desired by professional and political leaders in Third World countries.

9. Aid agencies and organizations promoting projects in the developing world should encourage dialogue between professional and political leaders in the East and West concerning the pitfalls of modernization and discuss possible approaches to minimizing these hazards.

10. Consultant preparation should emphasize the development of interpersonal skills and the use of adult educational
approaches. A consultant should be equipped to encourage, empathize and enable nationals at various levels to develop in the direction which they themselves design most appropriate within their own culture and post of responsibility.

11. Efforts should be made by sending agencies to assess the attitude of a potential consultant before appointing her to a short term overseas assignment.

12. Selection processes to identify a short term consultant should be rigorous and involve face to face interviews, review of any previous consultancy reports and the opinions of previous clients.

13. Believing that consultancy effectiveness is influenced by consultant acceptability, selectors should seek evidence of those attitudes, skills and knowledge which have been identified as important in commending a consultant to her clients in cross cultural situations [ibid: 305f].

14. The possibility and practicalities of allocating a consultant to a specific world region designated her "priority assignment zone" should be explored. Computer records of available regional consultants which are exchanged between sending agencies should then provide greater assistance in identifying the most suitable consultant for a specific assignment.

15. In addition to those responsible for selecting candidates, a midwife considering international consultancy work should be aware of the factors which are likely to contribute to her suitability for this task. Two tools are recommended to assist in this process:-

(i) Kubr's Criteria for consultant selection - A client's guide [Table 6.5. ibid: 155] and

(ii) "Twenty critical questions relevant to consultant selection" which I offer from the derivation of the data collected during this study [Appendix IX].

16. Research should be carried out into consultancy practice patterns so that the incidence and significance of the "Once Only Poly-nation Sojourner" ("OOPS!") consultant can be examined and, if appropriate, considered in the context of consultant selection.

17. Structured preparation for international consultancy work should be available and participation in such a programme should form part of a consultant's professional development. Those responsible for selecting consultants should promote such programmes which could eventually become a requirement in consultant eligibility for employment.
18. Consultant preparation programmes should be offered at diploma or degree level and allow an individual to opt in to the modules which she requires in order to build up her expertise. The feasibility of distance learning and part time studies should be explored for some of the modules in order to maximize access to interested professionals.

19. Preparation courses for international consultants should encourage multidisciplinary participation. Course planning and implementation should include input from:

- clients representing recipient nations who have experience of consultancy services,
- persons with experience of selecting, employing and supporting consultants, who represent sending agencies and
- professionals who are themselves respected and experienced international consultants.

20. A system of mentoring should be devised whereby an inexperienced consultant may learn from an experienced and skilled colleague, thus facilitating professional development.

21. In order to support and facilitate the continuing development of international consultants, consultancy networks should be encouraged and further developed. These should be designed to enable an open exchange of expertise and experience through, for example:

- informal discussion to assist in briefing and debriefing,
- newsletters,
- workshops, seminars, conferences.

22. Research should be carried out to assess whether there are similar perceptions regarding the need for consultants by clients, sending agencies/aid organizations and practising consultants. This should include an in depth evaluation to discover the extent of work which is being undertaken by expatriate consultants which could feasibly and effectively be undertaken by national workers. Where the latter is discerned, the reasons for the import of skilled services should be explored.

23. Recipient nation clients should be increasingly involved in consultant selection.

24. During the selection process and any programme of preparation, every possible effort should be made to discern the motive of a consultant who desires to practice in a cross cultural situation.

25. A consultant should be encouraged to state her own philosophy of consultancy and declare her values and beliefs before contracting with sending agencies or clients.
CHAPTER 16
PERSONAL EVALUATION AND EMERGING THEORY

Introduction

In the previous chapter, in order to draw conclusions and make recommendations, I attempted to bring into sharp focus the picture painted in the preceding sections. In this final chapter, the artist must become art critic, and so I stand back from the canvas to seek the flaws as well as the cogency, the limitations as well as the extent of this study.

Having critically evaluated the work, I am then in a position to offer the theory which I discern emerging from the inquiry. In this chapter I seek to do that. The reader too may evaluate, reflect and draw from the work that which is meaningful, that which should be challenged and that which begs further research. In doing this, I offer some original insights into the topic of short term international midwifery consultancy. The understanding acquired may also be of interest in a far wider sphere beyond that which is specific to my own profession. Thus I venture to contribute to the existing and expanding academic body of knowledge in the international development field.

The limitations and weaknesses

In the style of my recipient nation respondents, I have looked first at the flaws. At the outset it must be acknowledged that this is a small study with small samples and such a situation declares limitations which are very obvious. Small numbers do not permit the liberty of generalization, however, neither do they permit total disregard. Validity in this study relates not to numbers, but to veracity. One cannot be a majority, but in the spirit of qualitative research, the opinion and the experience of the lone voice may offer something which could be lost or overlooked in the crowd. However, larger studies on this topic with larger numbers of respondents in all sample groups would be interesting and undoubtedly more informative.

Another major limitation in this study is associated with the process of data collection during practice as an international consultant. This activity clearly also has advantages, and these are discussed below. The fact that one who represents the research "object", namely the consultant, is collecting the data, carries implicit yet obvious hazards. Since the recipient nation respondents offered copious criticisms of consultants, it would be tempting to suggest that this limitation did not exist. However, without hesitation I acknowledge the matter as a
weakness for two main reasons. Firstly, the questioning may have provoked responses which represent but the tip of an iceberg. What lies beneath can only be imagined. Secondly, with true oriental courtesy, respondents were seemingly telling me about the sins of my predecessors rather than of those I had inadvertently added to the legacy. Nevertheless, I did identify myself in some of the pictures painted and these I have recorded in my reflective diary, sharing some I was more certain about in presenting my findings. Further reflection on some of my journaling would undoubtedly reveal other errors which my colleagues have, ever so tactfully, attempted to bring to my attention. Suffice it to state at this point that the negativities associated with international consultancy are manifold and this study has only just begun to reveal them. Research into this topic by nationals who are regularly at the receiving end of this form of cross cultural exchange would inevitably reveal more of the flaws which mar the face of international consultancy.

It must also be stated that the recipient nation respondents spoke of experience of consultants of various professional disciplines. Therefore, although this study inquired into the characteristics of midwifery consultants, this respondent group drew from a wide experience of working with people who have engaged in international advising and who represent a variety of disciplines. Additionally, whereas the consultant respondents were all domiciled in western nations, only two having been born in the developing world, [ibid:250-251]the recipient nation respondents referred to consultants who had come from the East and from the West. Criticism was not only tossed at the descendants of colonial power, but also at those who represented adjacent developing nations. The latter were participating in programmes of Technical Co-operation between Developing Countries (TCDC) but they did not, for that or any other reason, necessarily escape the brickbats.

Acknowledging the above diversity in consultant discipline and origin, it is therefore interesting and possibly more significant that some of the negative and positive perceptions of these two respondent groups in my study were identical and some were similar. These are summarized in respect of the "SOBS and "SODS" in Figures 12.1, 12.2, 12.3 [ibid: 293, 294, 298] and in respect of the commendable characteristics in Figures 12.4 & 12.5 [ibid: 312-313].

Limited limitations

The fact that the focus of this study has been midwife-specific will inevitably limit it. However, this aspect may be considered a double edged sword. Midwifery is sometimes dubbed a "minority profession" in that in any country it comprises professionals who form a small
proportion of health care workers. Identified alongside nurses, midwives will always be a numerically smaller group. Even with the advent of the Safe Motherhood Initiative [WHO:1987], identified within international consultancy practice, midwives are unlikely to form anything beyond a significant minority. Whether, of course, they are significant is another issue and is not debated here. Therefore a study focusing on this professional group will have its benefits and its hazards. The benefits surround addressing issues which will be relevant and especially important to the midwifery profession in the cross cultural context. The hazards hover around the temptation to draw parallels with other professions which may not necessarily exist.

At this juncture, I view the research methods and tools which I have used as mixed blessings. Uncompromisingly, I am convinced that the qualitative approach to research was the most appropriate, though not the easiest. I faced the traumas, but also the excitement of working through this experience which was fraught with more uncertainty than ever I have experienced in the quantitative field. However, the journey has been worthwhile for me professionally and personally and I hope that it will contribute to the passage of others who venture through similar terrains.

Inevitably, I have regrets concerning some aspects. For example, I so wish that I had included more questions in the questionnaires which would have addressed the subsidiary as well as the main research questions more rigorously. However, the nature of the research dictated that these questions arose during the process and there were some areas to which I could not return. I had to start somewhere and, rightly or wrongly I started with the consultant respondent group fairly early on in this study. Whereas I could seek more information from respondents during interview, it would have been helpful to re-interview some of the recipient nation respondents as I proceeded with the study. However, the nature of my work usually precluded that option. My concern to do the job that I was paid to do rather than the research I needed to do limited me ethically in how much of their time as well as my time I could give to this inquiry. I partly overcame this problem through the use of reflective practice which, I believe benefited my clients as well as my research.

The autobiographical approach, strongly linked to reflective practice is another area of equivocal advantage. Personal bias unarguably exists. Yet, recognizing this, a depth of experience can compensate for the introspection which can otherwise be dogged into exotic egotism. I have strived to avoid the latter.
Speaking of strengths

If I did not believe that this research offered a reasonable sprinkling of strengths, I would not have the gall to complete and present this thesis. So, beyond the limitations it behoves me at this point to declare unashamedly what I consider to be the strengths of this study.

I consider that asking the opinions of persons from the countries who receive consultants to be an important aspect of this study. The fact that this respondent group was the largest of my albeit small samples I also believe to be a strength. The issue which appeared to make these respondents come to life and which provided me with the ethical right to proceed was that the consultant herself was under scrutiny. In much of the developing world research is not an unknown discipline. However researching "them" as opposed to researching "us" creates barriers. The reverse has tended to pull down these barriers as well as providing a different and potent field for cross cultural research.

Responses from the recipient nation group could almost be prefixed with "You asked me - so I'm telling you. . .!". As I reported during data analysis, interviews initially regarded with incredulity, then relief sometimes later provided opportunity for catharsis. I consider that very often I obtained the truth, even though I acknowledge it may not have been the whole truth. Possibly the latter would have seemed too hard to bear. Certainly it would have been difficult for oriental lips to convey to occidental ears.

I consider that possibly some of the explicit and implicit issues which I have identified during this study have been made possible because of my experience of living and working in the longer term in the developing world. This experience has offered me opportunities to learn oriental languages and absorb cultures which I could not have experienced otherwise. The limitations I experience in this area centre around a few learned approaches to life which become almost inevitable during long term exposure to the Third World.

Firstly, there is the risk of my not seeing the obvious. The obscure and the horrific as well as the exotic become a normal part of life to the dweller as opposed to one who passes through. Secondly, one can hardly expect to be as fluent or cognizant in a second language as in one's mother tongue. Therefore the advantage of being able to communicate in the local or national language must be tempered with the acknowledgment that there may be misunderstanding. This is compounded if both conversationalists are not speaking in their mother tongue. I conducted all the interviews in English, but in some
countries my precise wording was inevitably influenced by the knowledge of how the words would be translated or the ideas perceived within a culture. The reflections in my journals are also written almost exclusively in English, but the conversations which contributed to the entry may have been in another language. I believe that language is the key to culture and it is this opportunity which I have experienced in life which has afforded me greater insight into the lives of colleagues and their clients in the orient. It is an insight which I hold with caution and respect, knowing that there is always more to be learned and much that will never be revealed.

A contextual study

Previous eminent workers have pointed out that:

"Advisers or consultants do not operate in a vacuum, and their degree of professional talent interacts in a complex way with major contextual conditions." [Fry & Thurber:1989:90]

In the wider framework of contextual issues, I consider that an extensive review of the literature relating to the complex and controversial processes of modernization and development has contributed to this study. Considering cross cultural consultancy within this framework has enabled me to search and research within the boundaries of relevance. The study has forced me to look at the effects of modernization and the challenges of postmodernity on midwifery education and practice. It has also challenged me to consider the concept of Safe Motherhood in this context. I believe that what, for me, was a necessary part of an academic exercise has become an indispensable adjunct in the contextual study of international consultancy. The formal study of modernization and development has offered an important facet which promises to foster understanding and insight into issues which are central to the heart of this study. It is for this reason that I have proposed that such issues are studied by all those who seek to enter into cross cultural consultancy in what has been identified euphemistically as the developing world.

Building on previous expertise and experience

Another strength which I would like to declare here is the fact that this study builds on previous work which has looked generally or specifically at other areas of international consultancy [Arthur et al:1996] [Smith & Bond:1993] [Hofstede:1991] [Fry & Thurber:1989]. Building on the factors revealed by these workers, noting the direction they take and the proposals they make, I have developed ideas and offered suggestions for the selection and preparation of consultants. As previously emphasized,
my work is midwife specific, but I proffer that what can be used by one profession can arguably be adapted by and for another engaged in a similar kind of mission. I offer what I have learned as a midwifery consultant and from midwifery consultants for the analysis and benefit of other sojourners along the consultancy road.

Origins and outcomes

The last strength which I would claim in this study rests on the premise that the exercise was conceived in practice, nurtured in theory and now offers back to practice what has been learned. I have been able to bring to this study a lifetime of experience of living in the East and the West, of crossing cultures and attempting to serve humanity. I have been able to offer to the task that which I have gained from continuing education and processes of personal development as well as that which I have learned through the tortuous paths of life itself. It is my hope that this study will contribute to the first and preferable of the two possible outcomes of qualitative research declared by Berg [1995] and cited earlier [ibid: 193]. Namely that it will contribute to an "improved social scientific understanding" rather than in his alternative option, that of providing "meaningless gibberish". It is with this aspiration that I now venture to offer a theory for consultancy which I believe emerges from this study.

A theory conceived

It has become apparent during this study that international consultancy itself raises many questions. As already stated, the questions which have been addressed here could have relevance far beyond the ranks of midwifery consultants. Additionally, in principle, many issues which apply to the short term consultant may also be of import to the longer term cross cultural advisor. The uniqueness of this study may therefore rest partially on the inferences which can be drawn from short termism to long termism, rather than the traditional assumptions which tend to occur in the reverse direction.

It is important for a moment to return to the "catalogue of things" which Inkeles & Smith a quarter of a century ago claimed constituted "becoming modern" [ibid: 23]. Further, to reflect on the opinion of these workers that the process whereby the qualities of modern man are diffused through a population are "not incidental to the process of social development" but rather "the essence of national development" [ibid: 29]. I suggest that amidst the list of events which contribute to the process of modernization, lies the desire for development and within that desire lies the quest for direction. Jarvis, cited earlier [ibid: 25] refers to modernism as a theory of development which
emanates largely from the West. Further he claims that the countries undergoing this process are expected to do so in the same stages as their western counterparts. Given the history of colonization by Western powers and the current atmosphere of globalization, this is hardly surprising. Furthermore, since a significant migration of consultants occurs in the west-east, north-south direction [Figure 5.2. ibid:118] this expectation is unlikely to be disappointed unless some interventions occur.

I suggest that some reconsiderations within this context are justified. The approaches and techniques by which a nation is believed to attain social development can be somewhat routinely offered in cross cultural situations. The imported "developmental" styles may not be without risk once they cross the culture barrier. Unlike the sonic boom there is no equivalent range of decibels to denote that such a barrier has been traversed. A consideration of the westernization of childbirth which arguably can be more accurately described as the medicalization of a natural process, provides a pertinent example here. Whereas the West has taken a U-turn on this issue, the East is still aiming towards the clinical cul-de-sac into which the process can lead.

Within this climate, to introduce changes which have been heralded as progress in a totally different social environment would not inevitably promote Safe Motherhood. The use of western research which, for example, advocates withholding iron supplementation from the typically well nourished western woman is not helpful in a society where the female, if not the total population, is malnourished and aching with poverty. Indeed it can be positively harmful and therefore smacks of irresponsibility.

Numerous other examples of research which has not been evaluated in the context of social deprivation, cultural norms, a tropical climate and vastly differing health system could doubtless further illustrate this point. I regret the day I ever mentioned the research which decries enema administration in labour in one part of Africa. There, women, I learned later, expect the treatment and when withdrawn from professional hands the enema is given at home and accounts for some women delivering before arrival at the hospital. At least, this is what the midwives believe and the matter obviously demands some reconsideration if not locally led research. I was pleased to have gained some perhaps greater wisdom before undertaking an assignment in The Seychelles. There, an experienced midwife told me that she believed that bathing in the warm clear waters of the Indian Ocean helped to heal the perineum. I informed her of the British studies carried out on the effect of using salt water for this purpose [Sleep & Grant:1988], but advised her of the risk of transferring some ideas and research findings from one country to another and urged her to research her hypothesis herself.
Thus, I claim unashamedly that change in any country should be led by the nationals of that country who seek the guidance which they require from within or without the nation. It is not difficult to assent to such a suggestion in theory. In practice, as the earlier literature reviewed in Chapters 2 and 3 have shown, the reality is somewhat different. To mention aid and trade at this juncture will just jog the memory of the reader concerning some of the minefields which have been traversed in this thesis. These minefields still wait detonators to defuse the hidden traps of modernity amidst the rice fields of development. It would seem that such an exercise needs to be carried out in partnership between East and West. The easterner may know where the landmines are, the westerner may better be able to assist in determining what they are comprised of. Such a team would combine the expertise and experience of those who have suffered as well as benefited from the traumas of modernity with those who can observe the process more objectively. The development of a theory from this study attempts to offer direction in attaining such co-operation.

Birth of a theory

Following a period of "prolonged labour", a term which the midwife will interpret with a differing concept from others, I am now in a position to aid the birth of a theory of international consultancy. I offer my theory born of decades of experience complemented by years of research and reflective practice in the field. Hoping that it may contribute to attitude awareness, knowledge advancement and skill development of other consultants whatever their discipline. In a specific sense, it is my instinctive desire that the theory will, in some small way, contribute to the promotion of Safe Motherhood. It was the vision for this goal which started me on this trail and the belief that the suffering and deaths of women across the world are largely preventable that has kept me on track. Since I started this study, at least two and a half million young women have died and, at a modest estimate, the lives of a further thirty eight million women will have been damaged by chronic ill health resulting from preventable complications of pregnancy and birth. The vision to reduce this suffering more than a decade ago [WHO:1987] must grow stronger if momentum is not to be lost.

It appears to me that effective consultancy in a cross cultural situation is dependent on a multiplicity of factors which, to a marked degree, are interdependent. During the course of this study I have contemplated the factors which have been identified by others. Additionally I have merged concepts as well as pulled them apart. This I have done in order to examine the essence of their meaning and their significance in the context of my own professional
discipline, before making my own contribution. I am now building on the themes which I identified in Chapter 1 and summarized in Figure 1.2 [ibid: 9]. I developed them during the ensuing chapters and the noteworthy issues which have emerged have found their climax in Chapter 15. I attempted to portray those criteria which I consider to influence consultancy practice most crucially in Figure 15.11 [ibid:423].

Hence I now move into a theory of international consultancy which claims that effectiveness in this field is dependent on the fulfilment of certain "laws". In this context I am using the term "law" in a sense which implies a pattern of behaviour or practice rather than an immutable law of pure science. Within the social science perspective, it can be contended that there are no laws other than social laws. It must be acknowledged that there is no inevitability in human behaviour and so, these "laws" are framed within the context of human behaviour. As such they suggest commendable patterns or guidelines for international consultancy practice. Nevertheless, I believe that these "Laws" of International Consultancy are as relevant to those involved in cross cultural advising as the Law of Gravity is to those who inhabit this planet or attempt to leave earth's gravitational field. However, whereas the earthbound human is rarely conscious of the planet's gravitational pull, the space traveller becomes very conscious of its absence. Conversely, the consultant may be totally unaware of the effect of not fulfilling the "Laws" of International Consultancy until, at some point she functions within an environment which satisfies the conditions for "law" fulfilment. Her clients however, may be only too aware of this "loss of gravity" from the moment she sets foot in their country.

I proffer that the degree of effectiveness in international consultancy with all its complexities and convolutions is dependent on the degree to which the following criteria are satisfied. These I have called The Six "Laws" of International Consultancy [Figure 16.1].
This THEORY proposes that the degree of effectiveness of any consultancy will depend on the degree to which the following "laws" are fulfilled. Further, it should be appreciated that beyond the first "law", each "law" is only truly fulfilled if the previous "law" in the sequence has already been satisfied:

The 1st "Law" of International Consultancy

The level of modernization and development within a country is recognized by the client, sending agency and consultant and the level of modernization and development desired by the client is respected and supported by the other parties.

The 2nd "Law" of International Consultancy

The need for a consultant is expressed by the client and supported by the sending agency.

The 3rd "Law" of International Consultancy

Before agreeing contracts, the personal, educational and professional characteristics of the consultant are carefully screened by the sending agency and the client and are considered to be acceptable to both.

The 4th "Law" of International Consultancy

The consultant and the client understand the nature of consultancy. Both the client and the consultant wish to form a working relationship and this is actively and promptly facilitated.

The 5th "Law" of International Consultancy

Differing perceptions of need between the client and the consultant are appreciated and respected; nevertheless a shared vision exists in respect of the goal for which the consultancy was instigated.

The 6th "Law" of International Consultancy

The effect and effectiveness of each short term consultancy and consultant are evaluated by the client, the sending agency and the consultant. Learning occurs which will contribute to greater effectiveness in future consultancies.
Conclusion

I set out to explore the essential characteristics of short term midwifery consultants which assist them to function effectively in cross cultural situations along with those characteristics which contribute to their unacceptability in this capacity and, by implication, their ineffectiveness [ibid: 4]. Pound for pound or kilo for kilo, the unacceptable characteristics of consultants appear to have outweighed the acceptable in the contributions of my respondents. Both aspects are important because it is the effectiveness of consultancy which should ultimately be a measurable phenomenon. Returning to a point raised in Chapter 1 [ibid:13], I now wish to quote a query made in the context of the experience of the United Nations Organization. A weighty question was posed:

"But how does one evaluate the "success" of experts? To be sure, assessment of the substantive accomplishments of experts constitutes one of the most baffling problems of technical assistance." [Alexander:1966:68]

More than three decades later, I challenge the possibility of answering Alexander's question until the so called "expert" has been adequately defined. Furthermore, the claim to expertise cannot be allowed to go unchallenged. This study has gone some way towards identifying "experts" who find acceptance and those who discover the opposite as they enter cross cultural consultancy practice. The thesis also offers pointers in selecting such a consultant as well as suggesting ways in which a candidate may be prepared and facilitated in her development towards the attainment of expertise in this field of international consultancy. I have made recommendations believing that their implementation will help to promote effectiveness in consultancy. In so doing, I have placed some strategic arrows along the paths of international activity. These I trust will, at the minimum, provide oases for reflection and refreshment across the deserts and highways of international exchange. My theory of international consultancy which I have offered in this chapter waits to be challenged. The "laws" upon which the theory rests demand to be satisfied and so must be put to the test.

Hence, I submit this thesis with all its weaknesses as well as its strengths. Certainly in the context of international midwifery consultancy and, most probably within that of other professional disciplines proffering their wares across the barriers of nationhood, much has been done. However, much remains to be done. Inevitably, much needs also to be undone. In this area, clearly that which carries a negative legacy of the past needs deliberate erasure, lest the same mistakes are made repeatedly. Within this framework, I call for a final word from two Asian writers and stand back to
reflect on the implications of these words for international midwifery consultancy:-

"We need new paradigms and ways of thinking about how countries can relate to each other. That is easier said than done. In a multicultural world the spread of ideas can be a zero-sum game where one set of beliefs triumphs at the expense of others, yet we cannot passively drift with the flow of history either. We should start our search by agreeing to abandon the old paradigms."


Grasping the hopes and fears expressed by these oriental politicians, it seems prudent here to ponder words of George Bernard Shaw:

"Some men see things as they are and say "Why?" I dream of things that never were and say "Why not?!"


In the context of promoting Safe Motherhood I consciously choose to continue to attempt the impossible. In so doing, I trust that I may contribute somehow, be it ever so slowly, to arresting the flow of history which declares that, to the present day, Safe Motherhood has proved unachievable in the greater part of the world. Maybe I am identifying with one of my ancestral countrymen, but I would unashamedly urge other international midwifery consultants to take the inherent risks also:

"Don't be afraid to take a big step if one is indicated. You can't cross a chasm in two small jumps."


As I come to the end of this thesis, I consider that it has opened a door and that the work may well have implications in the way that people think about international consultancy. However, I realise that opening such a door may not signal the end, but merely the beginning of further discoveries waiting to be made in the whole area of cross cultural consultancy. Reflecting on that perspective, it seems more appropriate to conclude with these two words:-

The Beginning.
Appendices
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APPENDIX I

International midwifery consultancy

Team philosophy
INTERNATIONAL MIDWIFERY CONSULTANCY

TEAM PHILOSOPHY

The international midwifery consultancy team aim to provide a quality service designed to meet the needs of the client. We use a client centred approach aiming to be sensitive to local culture and responsive to local needs. We respect differences in culture and religion and recognize the potential for misunderstanding through differences in language and dialect as well as culture. We therefore make every effort to listen, learn and seek guidance from our local hosts. We perceive ourselves as guests in a country in which we work and seek to respect and serve the best interests of our hosts.

On arrival, our priority is to focus on establishing a relationship of mutual respect and trust between national colleagues and ourselves as well as with those working in government and non-governmental organizations who are involved with the project. We consider that it is important for national colleagues and consultants to identify and acknowledge a shared vision of the project from an early stage and believe that this is only possible if a good working relationship has been established.

As far as possible, we seek information before we leave the United Kingdom which will help us to understand the country in which we are to work and prepare us for the project.

It is our practice to request an early orientation to the country and its maternity services on arrival. This will acquaint us with the people and with true situations in hospitals and in health centres in the community, in urban and rural situations, as appropriate to the assignment. Orientation and other aspects of a needs assessment help to appraise us of real issues and enable us to offer practical assistance which is rooted in the reality of local situations.

We do not attempt to impose a system of western values on an eastern culture nor to dictate what must be done. Rather we aim to work collaboratively with our national colleagues, demonstrating respect and sharing our knowledge, skills and experience and providing support, advocacy or direction according to need. We appreciate that these colleagues can best identify actual needs and advise about the realities and risks involved in any approaches which we may suggest.

Our focus is on promoting Safe Motherhood. Our expertise lies in our wide professional midwifery knowledge, skills and experience both in the UK and in many countries overseas. This is complemented by our wide experience in adult education in a variety of settings, again in the UK and overseas. We are accustomed to using and adapting our skills to different cultures and in situations which may have limited resources.
Information which is entrusted to us in the course of our consultancy is held by us in the strictest confidence unless it is deemed necessary and agreed by our hosts that such information should be imparted to a third party.

During and on completion of each project, we reflect on our performance individually and with each other and also value any feedback from our national colleagues. In this way we continually strive to learn from our experience and improve the services we have to offer.

Gaynor D. Maclean.

October 1997.

Acknowledgment

I acknowledge the co-operation of my consultant colleague, Betty Sweet in compiling this philosophy. For providing feedback on the initial draft and agreeing its essence and content to be submitted to a recipient nation prior to an assignment.

G. D. M. /10/97.
APPENDIX II

Interview report sheet

Recipient nation respondents (RN/1)
APPENDIX II
INTERVIEW REPORT SHEET
(RECIPIENT NATION)

---------------------------------------------------------------
CODE: / /

Information to remain confidential
Respondent identity (eg: initials) .....................
Country ........................................................
Post held .....................................................

EXPLANATION & ASSURANCE OF CONFIDENTIALITY

Outline of statement to potential respondent

I am undertaking doctoral studies at the University of Surrey in England. The topic I am researching is concerned with midwifery consultants who work in countries other than their own.

Do you have experience of working with consultants?
(If negative response, interview terminates here)

Would you be willing for me to interview you about your experience of working with consultants?

In writing up my findings I will not reveal your name, the institution you represent, nor your country.

(If request meets with any hesitation here, add:

I am concerned to learn about what it is that makes consultants helpful or unhelpful to you).

(If negative response, interview terminates here)

COMMENTS RE RESPONDENT'S WILLINGNESS TO PARTICIPATE

include: eager/reluctant/declined/other ..................
........................................................................
........................................................................
........................................................................
........................................................................
INTERVIEW REPORT SHEET

CODE: / /

DATA COLLECTED

Date of interview .................. Length of time ..............

QUESTIONS ASKED & RESPONSES

1. What makes a consultant helpful/acceptable to you? 

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2. What makes a consultant unhelpful/unacceptable to you?

..................................................
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Continue overleaf if necessary
DATA COLLECTED (continued)

Other questions asked/issues raised during interview

Nonverbal cues & body language:
- include eg posture, eye contact, expression, relationship formed with researcher

Continue overleaf if necessary
APPENDIX III
Guidelines
&
Interview report sheet
Focus group
Recipient nation respondents (RN/2)
APPENDIX III
GUIDELINES and
INTERVIEW REPORT SHEET
(RECIPIENT NATIONS)
FOCUS GROUP

Information to remain confidential

Number of respondents
Names of countries represented

OUTLINE OF EXPLANATION & ASSURANCE OF CONFIDENTIALITY

Provide: 1 - on invitation to attend focus group interview &
2 - reinforce before commencing interview.

After initial personal introductions:

We are undertaking postgraduate degree studies at the
University of Surrey. In our research we are both
considering aspects of the work of midwifery consultants who
work in countries other than their own.

Do you have experience of working with consultants?
(If negative response, participants opt out here)

In writing up our findings we will not reveal your names,
the institutions you represent, nor your countries of work
or origin.

We have some specific questions to ask you, but please feel
free to talk to us about any issues relating to the use of
consultants which you think are important.
GUIDELINES and INTERVIEW REPORT SHEET

DATA COLLECTED

Date of interview .................... Length of time ............... 

QUESTIONS ASKED & RESPONSES

1. What makes a consultant helpful/acceptable to you? 
2. What makes a consultant unhelpful/unacceptable to you?

Continue overleaf if necessary
DATA COLLECTED (continued)

Other questions asked/issues raised during interview

Nonverbal cues & body language:
- include eg posture, eye contact, expression, relationship formed with researchers, group interaction,
APPENDIX IV

Letters & questionnaires for
midwifery consultants
Dear Colleague,

**International Midwifery Consultancy**

As the world is becoming a smaller place and organizations like the World Health Organization, UNICEF, UNFPA, the World Bank and others are playing an important role in helping a variety of countries improve their health care provision, more professionals from the industrialized countries or "First World" are being used in a consultancy capacity in the developing or "Third World". The Safe Motherhood Initiative has served to highlight the needs in Maternal and Child Health and the responsibilities of the midwife.

At the present time, little research has been undertaken into the activities of the midwifery consultant or the types of professionals who are being used in this capacity.

I am undertaking research into international midwifery consultancy as a doctoral project at the University of Surrey, England, and I am seeking your help in undertaking this project. Your expertise and experience will not only assist my project but will, I hope, help prepare data that will be useful to those who will be using consultancy skills in the future.

I would be grateful if you would complete the appended questionnaires and return them to me as soon as possible.

The information which you provide will constitute one part of a larger project, it will be treated in the strictest confidence and neither you nor the institution which you represent will be identifiable in any way in any publication that is forthcoming from my research.

If I can be of any help to you in international consultancy matters, please do not hesitate to contact me.

I have included an envelope for your use but as you will appreciate, I cannot stamp it if you are resident outside of the United Kingdom.

With many thanks in anticipation of your help and cooperation.

Yours sincerely,

Gaynor D. Maclean.

L/A
PROFILE OF AN INTERNATIONAL MIDWIFERY CONSULTANT

It would be helpful to know something about your background and your experience as a consultant.

My working definition of a short term international midwifery consultant is:-

"a midwife who assumes a consultative or advisory role for a period of not more than 6 months in any one instance, in order to respond to an expressed professional need in a country other than her own."

Please respond to the questions in the space provided, continuing on the reverse side of the paper if required.

Thank you.

1. a) What is your country of origin? .........................

   b) In which country did you complete your basic midwifery training?

   .................................................................

   c) In which country/countries have you practised midwifery prior to doing consultancy work?

   .................................................................
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   d) If you have ever lived and/or worked in a country other than your country of origin please give details below:-

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<tr>
<th>Country</th>
<th>Length of stay</th>
<th>Reason for residence overseas</th>
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2. a) Have you had experience in the following areas of midwifery?

Please tick as appropriate:

- Clinical practice
- Teaching
- Management
- Research
- Statutory Body
- Other (please explain)*

* Other experience includes

........................................
........................................
........................................
........................................
........................................

2.b) What are your professional and academic qualifications?

........................................
........................................
........................................
........................................

3. Please indicate your total number of years experience as a practising midwife:

....................... years

4. Please name the countries in which you have undertaken short term consultancies and indicate the amount of time you have spent there by listing details below:

<table>
<thead>
<tr>
<th>Country</th>
<th>Approximate length of time</th>
<th>Number of visits of each consultancy</th>
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</table>
5. Please indicate your age range by placing a tick (✓) against the relevant ages:-
   a) when you began consultancy work:
      under 30 yrs.... 31-40yrs.... 41-50yrs....
      51-60yrs.... over 60yrs....
   b) during your most recent consultancy:
      under 30 yrs.... 31-40yrs.... 41-50yrs....
      51-60yrs.... over 60yrs....

6.a) What is your first language/mother tongue?

........................................

6.b) Do you speak any other language(s)?

Please circle relevant answer
YES     NO

If YES, please list the languages and indicate your level of confidence in the language(s) below:-

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<thead>
<tr>
<th>Language</th>
<th>I am fluent</th>
<th>I can manage limited conversation</th>
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</tbody>
</table>

Thank you for completing this questionnaire.
Please proceed to Questionnaire number 2.

Gaynor D. Maclean.
QUESTIONNAIRE TO INTERNATIONAL MIDWIFERY CONSULTANTS

Please respond to the questions in the space provided, continuing on the reverse side of the paper if required.

Thank you.

1.a) Have you yourself ever acted in the capacity of an international consultant in midwifery?

Please circle relevant answer

YES  NO

1.b) If YES, please tick (✓) the appropriate box to indicate the nature of the projects you have undertaken as a consultant:-

Midwifery practice  □

Midwifery education  □

Management/administration  □

Research  □

Legislation/Statutory Body  □

Other (please specify below)* □

* Other experience includes:-

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2.a) In your experience working overseas, what knowledge, attitudes and abilities makes a consultant acceptable to:

- national professional colleagues?

- politicians and policy makers?

- clients, families and local communities?
2.b) In your experience working overseas, what knowledge, attitudes and abilities makes a consultant unacceptible to:

- national professional colleagues?

- politicians and policy makers?

- clients, families and local communities?
3.a) Have you had any specific professional preparation for your role as a consultant?

Please circle relevant answer

YES        NO

If YES please answer question 3.b)
If NO please answer question 3.c).

3.b) If you answered YES to question 3.a), please describe the preparation you have had:

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3.c) If you answered NO to question 3.a), what has helped you to learn your consultancy skills?

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4.a) Do you think that some formal preparation would be desirable for midwives who intend working as international consultants?

Please circle relevant answer

YES       NO

If YES please answer question 4.b)

4.b) What kind of preparation would you recommend to equip international midwifery consultants for their role? Please give your suggestions below:

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5. If you were advising a committee regarding your replacement as a midwifery consultant, what skills and qualities would you advise them to look for?

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Thank you very much for your assistance.

Gaynor D. Maclean.
Dear

Some weeks ago I sent you a questionnaire in connection with my research on the subject of international consultancy in midwifery which forms part of my doctoral studies at the University of Surrey.

If you are able to spare the time to complete the questionnaire I would very much value receiving your opinion and look forward to hearing from you at your earliest convenience.

With very best wishes,

Yours sincerely,

Gaynor D. Maclean.
APPENDIX V

Guidelines

&

Interview report sheet

Sending agency respondents (SA/1)
Information to remain confidential

Respondent identity (eg: initials) ..................
Organization ........................................
Country .............................................
Post held ............................................

Status of organization eg donor, broker..............
Nationality of interviewee..........................

EXPLANATION & ASSURANCE OF CONFIDENTIALITY

Outline of statement to potential respondent

I am undertaking doctoral studies at the University of Surrey in England. The topic I am researching is concerned with midwifery consultants who work in countries other than their own.

Do you have experience of selecting consultants for overseas assignments?
(If negative response, interview terminates here)

Would you be willing for me to interview you about your experience and that of your organization/agency regarding the selection of consultants?

In writing up my findings I will not reveal your name nor that of the organization/agency which you represent.

(If negative response, interview terminates here)

COMMENTS RE RESPONDENT'S WILLINGNESS TO PARTICIPATE

include: eager/reluctant/declined/other..................

..........................................................
..........................................................
..........................................................

Check convenient time for interview.
DATA COLLECTED

Date of interview ................ Length of time .............
Approach: FACE TO FACE/TELEPHONE

QUESTIONS ASKED & RESPONSES

1. What do you think makes a consultant acceptable to recipient nations?
   ..................................................................................................................
   ..................................................................................................................
   ..................................................................................................................
   ..................................................................................................................
   ..................................................................................................................
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2. What do you think makes a consultant unacceptable to recipient nations?
   ..................................................................................................................
   ..................................................................................................................
   ..................................................................................................................
   ..................................................................................................................
   ..................................................................................................................
   ..................................................................................................................
   ..................................................................................................................
   ..................................................................................................................

Continue overleaf if necessary
3. What criteria do you use in selecting consultants?
DATA COLLECTED (continued)

Other questions asked/issues raised during interview

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Nonverbal cues & body language:
- include eg posture, eye contact, expression, relationship
  formed with researcher

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Continue overleaf if necessary
APPENDIX VI

Permission to reproduce copyright material
APPENDIX VI

PERMISSION TO REPRODUCE COPYRIGHT MATERIAL

To Gaynor D. Maclean

I hereby give permission for you to reproduce the diagram of a world map representing the 6 regions of the World Health Organization and produced in the WHO publication "Facts about WHO" [WHO, Geneva:1990] for the purpose of presenting your thesis for a PhD degree at the University of Surrey, England.

Signed

For and on behalf of the World Health Organization.

Date

Thank you for your cooperation.

Please return this consent statement to me at:

7, Maple Grove,
Sketty Road,
SWANSEA SA2 0JY,
Wales,
United Kingdom.

Gaynor D. Maclean.

27 November 1997.
APPENDIX VII
A CONSULTANT'S AIDS
to
BRIEFING, ENTRY AND DEBRIEFING
IN THE CONSULTANCY PROCESS

CHECKLIST A   Assignment preparation
CHECKLIST B   Priorities for Week 1 of an assignment
PAPER C      A Guideline to assist in debriefing following a consultancy assignment
ASSIGNMENT PREPARATION

CONSULTANT'S PERSONAL CHECKLIST

Priorities to consider before leaving home country

1. Professional update
   1.1. Clinical skills
       Project specific knowledge, skills
       Reading - theory, practice, recent research

2. Learning about the country
   Include reading, speaking with nationals or others who are familiar with the country of assignment
   !WARNING - people who speak generally about a country may be referring to a specific area of which they have experience. This may not be typical, nor accurate in respect of another area!
   2.1. Geography
   2.2. History - including any colonial past, - likely stage of modernization and development
   2.3. Culture and lifestyle
   2.4. Main religions
   2.5. Main languages
       [Learn some courtesy words in one of the main languages likely to be used in the area of the assignment]
   2.6. Climate
   2.7. Political situation and problems
   2.8. Health situation and problems
   2.9. Specific data relating to maternal & child mortality & Safe Motherhood
   2.10. Communicate with other consultants who have experience of working in the area.

3. Personal health needs according to area
   3.1. Immunizations up to date
   3.2. Antimalarials (if applicable)
   3.3. Emergency medical supplies
4. Management & organizational issues

4.1. Clarify Terms of Reference with the sending agency

4.2. Clarify terms of contract with the sending agency

4.3. Identify & establish essential contacts for networking, advice or acquiring further documentation etc whilst overseas

5. Baggage

5.1. Attempt to find out what is available and what is both unavailable & likely to be necessary

5.2. Ensure - suitable clothing & personal requirements
   - professional resources

   List the professional resources needed to do the job

   Streamline baggage by screening with the questions:
   - is it really necessary?

   If it seems so, ask:
   - how will I survive without it?
   - how will I do the job without it?

6. Establishing contacts overseas

   If possible try to identify national & expatriate personnel working in the country. Contact them if time & situation permit.

7. Preparedness

   Be ready for anything!

8. En route

8.1. During the flight jot down

   - MY EXPECTATIONS on this assignment,
     include HOPES & FEARS

8.2. Using the above,
    Start a REFLECTIVE DIARY for this assignment

    (Review the identified expectations on completion of the assignment)
CONSULTANCY PROCESS

Priorities for Week 1 or as early in the consultancy as practicable

<table>
<thead>
<tr>
<th>TASK/APPROACH</th>
<th>ACHIEVED wholly/partly, problems, revised plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. INTERPERSONAL SKILLS</strong></td>
<td></td>
</tr>
<tr>
<td>1.1. Show respect</td>
<td></td>
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<tr>
<td>1.2. Listen</td>
<td></td>
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<tr>
<td>1.3. Pose good questions</td>
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<tr>
<td>1.4. Learn &amp; use essential greetings, attempt to learn language</td>
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<tr>
<td>1.5. Pay attention to non verbal cues</td>
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<tr>
<td>- my own</td>
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<tr>
<td>- others</td>
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<tr>
<td>1.6. Try to understand people &amp; situations</td>
<td></td>
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<tr>
<td><strong>2. ATTITUDES</strong></td>
<td></td>
</tr>
<tr>
<td>2.1. Show courtesy</td>
<td></td>
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<tr>
<td>2.2. Show humility</td>
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<tr>
<td>2.3. Show enthusiasm</td>
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<tr>
<td>2.4. Show commitment</td>
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<tr>
<td>2.5. Show genuine interest</td>
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<tr>
<td>2.6. Value &amp; respect local expertise &amp; experience, promoting their confidence in their own ability</td>
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</tr>
<tr>
<td>TASK/APPROACH</td>
<td>ACHIEVED wholly/partly, problems, revised plans</td>
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<td>---------------</td>
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<tr>
<td>2.7. Instil confidence re my ability to do the job</td>
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<tr>
<td>- in national colleagues,</td>
<td></td>
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<tr>
<td>- in sending agency</td>
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<tr>
<td>- in myself</td>
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</tr>
</tbody>
</table>

3. PROFESSIONAL ACTIVITIES. Aim to:-

3.1. Identify national counterpart

3.2. Form relationships with nationals & any others working on similar projects

3.3. Work along with nationals

3.4. Request/arrange field visits

3.5. Identify existing plans

3.6. Grasp essentials

3.7. Begin diagnostic analysis & provide feedback to client/national team/counterpart

3.8. Begin to identify needs

3.9. Confirm or renegotiate terms of reference

3.10. Provide clear explanations

3.11. Try to identify ideals of national colleagues in order to begin to acquire a shared vision

3.12. Set goals & plan actions
<table>
<thead>
<tr>
<th>TASK/APPROACH</th>
<th>ACHIEVED wholly/partly, problems, revised plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.13. Keep a reflective diary</td>
<td></td>
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<tr>
<td>4. GENERAL ACTIVITIES. Aim to:</td>
<td></td>
</tr>
<tr>
<td>4.1. Learn about the country</td>
<td></td>
</tr>
<tr>
<td>4.2. Estimate level of modernization &amp; development</td>
<td></td>
</tr>
<tr>
<td>4.3. Understand local notions &amp; concepts</td>
<td></td>
</tr>
<tr>
<td>4.4. Observe &amp; learn about cultural norms &amp; lifestyle</td>
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</tr>
<tr>
<td>5. Adjustment and adaptation</td>
<td></td>
</tr>
<tr>
<td>5.1. CULTURE SHOCK</td>
<td></td>
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<tr>
<td>5.2. JET LAG</td>
<td></td>
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<tr>
<td>5.3. EPOCH LAG</td>
<td></td>
</tr>
<tr>
<td>5.4. LANGUAGE GAP</td>
<td></td>
</tr>
<tr>
<td>5.5. QUALITY GAP/PROFESSIONAL STANDARDS SHOCK</td>
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</table>
At intervals during an assignment, it is suggested that, with the aid of Figure 15.1. [ibid:395], you reflect on your own progress in consultancy practice. Use the detailed lists of "SOBS" and "SODS" and the definitions of the "ideal" and the "nightmare" and "unacceptable" consultant [ibid:290f] to help you decide to which level of consultancy practice you have progressed.

It is likely that you will drift between levels I, II and III at different times in differing situations. Increasing awareness should enable a consultant to make progressive development.

Paper C [ibid:469f] is provided to assist with the process of debriefing following an assignment.

HAZARD WARNING

If you are at Level 0, you are unlikely to be aware of it! Assist colleagues you discover at this level to find alternative employment!!

Use of the debriefing methods in Paper C will help you to identify if you are likely to be at Level 0 and to assist you to achieve progress in your consultancy practice.
CONSULTANCY PROCESS: A GUIDELINE TO ASSIST IN DEBRIEFING FOLLOWING A CONSULTANCY ASSIGNMENT

I  Review your reflective diary.

II  Undertake self evaluation of your performance:-

The following statements [adapted from Barber:1991] are intended to assist in this process. In team consultancy it can be useful if team members use this approach as part of a peer assessment, sharing and discussing their responses, providing support, challenge and constructive criticism for one another. In single consultant assignments, it can be helpful to ask an experienced colleague or confidante to assist with this exercise.

Consider to what extent these statements describe you:-

1. I am able to state things clearly and directly.
2. I am able to focus on the here and now.
3. I am able to separate observed data from interpretation.
4. I am aware of my intentions, of what I want to do or say. I am also able to be clear in letting others know what I want of or from them.
5. I am sensitive to my own and others' sensory body functioning.
6. I frequently tune in to my own emotional and other experiential reactions and I am able to use the awareness I acquire directly and openly with others.
7. I am able to see where people are at a given time and to respect that in working with them.
8. I place emphasis on the ongoing process, having the skills and faith to follow my experiences with the expectation that something worthwhile will happen.
9. I have the capacity to be both tough and supportive in the same session.
10. I am able to face and accept emotional situations between myself and others. In such situations I do not demonstrate extreme defensiveness.
11. I am able to present myself as highly attractive, yet with a non-coercive presence.
12. I am aware of the aesthetic, transcendent and creative aspect of my work.

III Make a plan for continuing personal and professional development.

APPENDIX VIII

Words of wisdom and warning

in

consultancy planning
APPENDIX VIII

WORDS OF WISDOM AND WARNING IN CONSULTANCY PLANNING

1. Determine your own philosophy of consultancy. If it could be perceived as "radial", be aware that it may offend. Think carefully about it. You may need either to redefine it or look for another job. It must represent your true position. Always offer it to your clients before contracting with them.

2. Waste no time at the outset before beginning to build relationships with your clients. Remember that first impressions are important and can determine the quality of future interactions.

3. Minimize factors which can impede relationship building by making a conscious effort to overcome jet lag, epoch lag, culture shock, quality gap and language gap [Table 6.2. ibid:139].

4. Ensure that you are professionally up to date.

5. Do not renegotiate the timing of a consultancy unless there is good evidence that the retiming is equally acceptable to the recipient nation.

6. Clarify what it is the client requires and renegotiate the Terms of Reference if necessary.

7. Be aware! Keep focused on the goals you have been contracted to achieve in spite of suspicions that there may be conflicting objectives for the project.

8. Define the purpose and not the problem [Shays:1994, ibid:142], adopting Shays' breakthrough thinking in order to move forward [Table:6.3. ibid:143].

9. Identify "the people at the top" and establish whether their perceptions of what will work are congruent with those of the "grass roots workers". An identified gap here may need your urgent attention before any solutions can be offered.

10. If you suspect you are a scapegoat - you may be right, but don't take it personally.

11. Don't wield power on behalf of anyone. You are the servant and not the master or "power broker".
APPENDIX IX

Twenty critical questions relevant to consultant selection
**TWENTY CRITICAL QUESTIONS RELEVANT TO CONSULTANT SELECTION**

**SUGGESTED RESPONSE RATING**

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
<th>Recommended approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES definitely</td>
<td>0</td>
<td>Proceed with selection process</td>
</tr>
<tr>
<td>YES sometimes or partially</td>
<td>1</td>
<td>Proceed with selection process, considering whether activities suggested below for scores of 3 or 4 may be helpful</td>
</tr>
<tr>
<td>NOT KNOWN</td>
<td>2</td>
<td>Proceed with caution</td>
</tr>
<tr>
<td>NO - but problem could probably be overcome by supervision on the job</td>
<td>3</td>
<td>Require first assignment to be supervised by an experienced consultant, then review</td>
</tr>
<tr>
<td>NO - but problem could probably be overcome by preparation/ further education or experience</td>
<td>4</td>
<td>Require/provide specific preparation, then review</td>
</tr>
<tr>
<td>NO - and it is seems unlikely that preparation, experience or supervision will rectify the situation</td>
<td>5</td>
<td>Advise against international short term consultancy work</td>
</tr>
</tbody>
</table>

**Note**

The lower the total score the more likely it is that the candidate will be suitable to undertake short term international consultancy work.
<table>
<thead>
<tr>
<th>Question</th>
<th>Score [0 - 5]</th>
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<tbody>
<tr>
<td>1. Are her interpersonal skills good?</td>
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<tr>
<td>2. Does she have the professional qualifications to do the job?</td>
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<tr>
<td>3. Does she have the professional experience to do the job?</td>
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<tr>
<td>4. Is she clinically competent?</td>
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<tr>
<td>5. Is she professionally up to date?</td>
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<td>6. Does she have academic credibility?</td>
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<tr>
<td>7. Does she recognize her own strengths?</td>
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</tr>
<tr>
<td>8. Does she recognize her own limitations?</td>
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<tr>
<td>9. Does she demonstrate attitudes which are likely to be acceptable in a cross cultural situation? [Refer to Tables 12.9, 12.11, 12.13, 12.15, 12.17] [Ibid: 310f]</td>
<td></td>
</tr>
<tr>
<td>10. Is it evident that she does not display any of the &quot;SOBS&quot; identified as unacceptable characteristics of consultants? [Refer to Tables 12.1, 12.2, 12.3, 12.4, Ibid: 290f]</td>
<td>12.5.</td>
</tr>
</tbody>
</table>

continued overleaf...
TWENTY CRITICAL QUESTIONS RELEVANT TO CONSULTANT SELECTION (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Is she confident in her ability to do the job?</td>
<td></td>
</tr>
<tr>
<td>12. Is her confidence based on her expertise and experience?</td>
<td></td>
</tr>
<tr>
<td>13. Do her previous assignment reports suggest that she does not commit the identified &quot;SODS&quot;? [Refer to Tables 12.1, 12.2, 12.3, 12.4, ibid: 290f]</td>
<td>12.5.</td>
</tr>
<tr>
<td>14. Do the opinions of experienced recipient nation clients with whom she has worked support a belief that she does not commit the identified &quot;SODS&quot;? [Refer to Tables 12.1, 12.2, 12.3, 12.4, ibid: 290f]</td>
<td>12.5.</td>
</tr>
<tr>
<td>15. Could the descriptions of an &quot;ideal&quot; consultant apply to her?</td>
<td></td>
</tr>
<tr>
<td>16. Is it reasonable to believe that the descriptions of a &quot;nightmare&quot; or &quot;unacceptable&quot; consultant are unlikely to apply to her? [Refer to Tables 12.6., 12.7., 12.8. ibid:301f]</td>
<td></td>
</tr>
<tr>
<td>17. Does she have experience of living or working in the developing world?</td>
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<tr>
<td>18. Does she have experience of working in the country or region of the assignment?</td>
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<tr>
<td>19. Can she write a comprehensible report?</td>
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<tr>
<td>20. Can she meet deadlines?</td>
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</tbody>
</table>

Total score
APPENDIX X

A modular approach
to
consultancy preparation

Note

This appendix contains an outline of a possible course content only.
A MODULAR APPROACH TO CONSULTANCY PREPARATION

PROPOSED CONTENT OF MODULES
WHICH COULD BE STUDIED AT DIPLOMA OR DEGREE LEVEL

Module 1
CONSULTANCY THEORY & PRACTICE
* The nature of consultancy
* Roles of consultants
* Terms of reference
* Contracting
* Writing proposals
* Stakeholder analysis
* Project management
* "SOBS" & "SODS" in consultancy

Module 2
COMMUNICATION & INTERACTION
* Developing & using interpersonal skills
* Establishing support & assistance networks
* Report writing & presentation
* Meeting deadlines

Module 3
COMMUNICATION & INTERACTION
* An introduction to phonetics & linguistics
* Basic language studies in country/countries of assignment

Module 4
AN INTRODUCTION TO MODERNIZATION & DEVELOPMENT
* Historical aspects
* The legacy of colonialism
* Aid & trade in the 21st century
* The benefits & hazards of urbanization, westernization & globalization
* Practical implications of the "epoch gap"
* The effects of modernity & postmodernism on education & practice in midwifery

Module 5
CULTURAL STUDIES
* The concept of culture
* Awareness of one's own culture
* Cultures & subcultures
* Culture & religion
* Value systems
* The effect of culture on behaviour & attitude eg individualism, collectivism, gender, youth & old age
* Crossing cultures - culture shock & reverse culture shock
* Culture & midwifery practice including associated traditions & taboos

Module 6
REGIONAL & COUNTRY STUDIES
* Historical aspects
* Geography
* Climate
* Political systems
* Current events of national & international significance
* Stage of modernization & development
* Economic status - including extent & level of poverty
* Health care systems, standards & problems
A MODULAR APPROACH TO CONSULTANCY PREPARATION
(continued)

Module 7
SAFE MOTHERHOOD

* Maternal mortality:
  - definitions
  - aetiological & risk factors
  - statistics & epidemiological studies
  - history & time trends in the industrialized world
  - comparisons of international data
  - time trends in the developing world & in assignment specific regions & countries
  - confidential enquiry in principle & practice
* Safe Motherhood Initiative (SMI), its challenge, progress & problems
* The midwife & the SMI
* The SMI in a multifaceted approach within national development programmes

Module 8
EDUCATION & PERSONAL DEVELOPMENT

* The concept of lifelong learning
* Androgogical approaches & methods in education
* Reflective practice
* Evidence based practice - its use & abuse in the developing world
* Low cost alternatives in teaching aids
* Encouraging local innovation in the context of using appropriate technology
* Critical thinking in a traditional society
* Introducing problem solving approaches
* Personality & personal development
* Self awareness
* Group dynamics & team building
* Team teaching
* Peer support & evaluation

Module 9
INTRODUCING CHANGE

* Theory & philosophy of change
* Driving forces of change
* Models of change
* Implementing strategies of change
* Impact of change & consequences of lack of change at:
  - national level
  - organizational level & personal level
* Skills required in facilitating change

Module 10
MANAGEMENT & ADMINISTRATION

* Personal organization
* Finance & budgeting
* Fees, payment & income tax
* Keeping accounts
* Employment status, possible enigmas & pitfalls in international consultancy
* Insurance & pensions
* The use & limitations of information technology in transferring offices between continents & climates; improvisation
* Enhancing computer skills
* Office organization & management
* Crisis management
A MODULAR APPROACH TO CONSULTANCY PREPARATION
(continued)

Module 11

TROPICAL HEALTH & SURVIVAL
IN THE DEVELOPING WORLD

* Tropical diseases, risks, exposure & prevention
* Common health problems in the tropics
* Emotional health & stability
* A sensible guide to survival to include:
  - health promotion & prevention of disease
  - personal safety, accident prevention & hazard avoidance
  - emergency diagnosis & treatments
* Common sense for those travelling alone
* Do's & don'ts for the traveller in the developing world

Module 12

PROFESSIONAL UPDATE

Designed according to the identified needs of the consultant & could include, for example:

* Extended skills eg:
  - manual removal of placenta
  - vacuum extraction

* Specific courses eg:
  - family planning
  - tropical medicine

* Education update
* Clinical skills update
* Update of function & approaches used by a Statutory Body or Professional Organization
* Enhancing or learning management skills
* Update on relevant research
References
References Chapter 1


References Chapter 2


HAMrLTON cited by JARVIS P. [1994] in Lecture Notes, University of Surrey, Department of Educational Studies, PhD Students' lecture handout.


References Chapter 3


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References Chapter 4


SCHEBLER M. [1926] Die Wissens former und die gesellschaft


References Chapter 5


MPANDA S. [1992] Personal contact during consultancy visit to conduct a Midwifery Educational Workshop, Kibaha, Tanzania.


SARDESI D.R. [1983] Southeast Asia Past and Present. Vikas, Delhi, India.


References  Chapter 6


References Chapter 7


References Chapter 8


References Chapter 9


CAMPBELL D.T. [1956] Leadership and its effects upon the group. State University Press, Columbus, Ohio.


References Chapter 10


MACLEAN G.D. [1975] Report of a survey made into the content of advise given to mothers regarding infant feeding by midwives and health visitors working within the West Glamorgan Health Authority, Swansea Health District. Unpublished report. Midwifery Division, West Glamorgan Health Authority.


References Chapter 11


References Chapter 15


References Chapter 16


