THE WOMEN-CENTRED CARE PROJECT

The Women-Centred Care Project (WCP) used a collaborative action research approach to study women-centred care with particular attention to policy implementation. The research explored three main questions:

1) What are the essential elements of women-centred care?

2) What are the guidelines for women-centred care that could be incorporated into existing documents of professional organizations?

3) What actions need to be taken to incorporate women-centred care guidelines into the practice of health professionals?

A variety of professional health associations were invited to participate in the study, and representatives from 10 provincial professional health associations formed the inquiry group. The participating associations included the BC Registered Nurses Association, Naturopathic Association of BC, BC Association of Dietitians and Nutritionists, College of Physicians and Surgeons, the Health Association of BC, BC Medical Services Commission, BC Association of Clinical Counsellors, West Coast Homeopathic Society, the BC College of Dental Surgeons, and the BC College of Midwives. The collaborative research process was facilitated by Jennifer Mullett and Marcia Hill of the Community Health Promotion Centre, University of Victoria.

WHY WOMEN-CENTRED CARE?

It has been argued that if a health care system is person-centred, then by definition it will also be women-centred. However, person-centred care assumes all people are affected equally or in the same manner by health policies and programs, and thus remains gender neutral. On the other hand, women-centred care assumes that women and men are affected differently by health policies and programs, and that gender is a determinant of health.

Some of the key issues that illustrate the importance of developing gender-inclusive services and policy include:

- Women use the health care system more frequently than men because women live longer than men, have more care giving and child-rearing responsibilities, and have a greater incidence of disabilities and chronic illnesses.¹

- Women’s health issues tend to be medicalized, as is the case with reproductive health and menopause. Conversely, some women’s health issues are minimized and discounted as “emotional” or psychosomatic resulting in inappropriate medical care.²

- Women are excluded from health research even though there are differences between women and men in terms of symptoms, response to treatment, and, in the case of drugs, dosage requirements.³ For example, although heart disease affects both women and men and is one of the leading causes of death in women, in all the studies on heart disease between 1960 and 1991, only 20 per cent included women.³ The exclusion of women from research has dangerous implications.

- Gender inequalities in health exist and are a consequence of the basic inequality between men and women in many societies.
Nevertheless, this situation is beginning to change as there is increasing awareness of women’s health issues and needs among both women consumers and health professionals.

**THE WOMEN-CENTRED CARE DEFINITION**

The definition of women-centred care developed through the WCP collaborative process is:

Women-centred care recognizes that women’s health involves emotional, social, intellectual, spiritual, and physical well-being and that women’s health is determined by the social, environmental, political and economic context of women’s lives as well as by physiology. This includes a recognition of the validity of women’s life experiences and women’s beliefs about, and experiences of health. Every woman should be provided with the opportunity to achieve, sustain and maintain health, to her full potential as defined by that woman herself.

Women-centred Care:

- recognizes the importance of gender differences;
- seeks to reduce inequalities;
- values women’s experience in defining their problems and health goals;
- recognizes women’s diversity in race, ethnicity, culture, sexual preference, education and access to health care;
- supports empowerment of women in their own recovery and as valued members of the community; and,
- supports women’s values of caring and providing social support, and works to change the context of women’s health problems. 

Research from a 1994 US national survey of women-centred care supports this definition.

**THE WOMEN-CENTRED CARE GUIDELINES**

The research inquiry group reviewed and critiqued the BC Women’s Hospital and Health Centre Society’s “Women-Centred Care Guidelines” in relation to their own organizations’ mandates. From this process, draft guidelines were developed and refined. The final guidelines were then endorsed by each of the representatives of the associations and Minister of Health and Minister Responsible for Seniors. They are as follows:

1. Treat women with respect. This includes preserving women’s dignity, accepting women’s knowledge of their being, and acknowledging their experiences.
2. Acknowledge and accept the diversity of women. Diversity includes physiology, ethnicity, economic circumstances, sexual orientation, ability, culture, religion and educational level.
3. Acknowledge women as the predominant caregivers, very often providing the safety net for others in our society. In addition, it must be recognized that women experience greater difficulty with access to health care because of their child-rearing and care giving responsibilities.
4. Actively explore and consider the impacts of social, economic, societal and environmental factors on women’s lives. Recognize the gender imbalances in our society and other cultures.
5. Give women information to facilitate their making informed choices. Women will be encouraged to exercise their right to ask questions, and will be provided with the opportunity to consider appropriate alternative therapies.
6. When appropriate, seek co-operation with mutually supportive health professionals in order to promote synergistic collaboration, continuity and quality of care.
7. Allow self-determination to manage the issues of whether or not family members or significant others will be in attendance during consultations.
8. Consider the possible contributions that other health care providers may make, including those whose approaches are other than mainstream medicine.

Each of the members of the inquiry group examined their associations’ existing guidelines, standards of practice, and/or code of ethics. From principles that might be describes as person-centred, a new set of guidelines were developed that are specific to the needs of women.

The researchers are publishing a report entitled *Women-Centred Care: Working Collaboratively*. 

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“When a population groups’ needs are only partially being met, there is always a place to examine alternatives.”

Brian Winsby, general practitioner and representative of the Medical Services Commission
to Develop Gender Inclusive Health Policy, which outlines their project and findings in more detail.

**WHAT WOMEN-CENTRED INITIATIVES ARE CURRENTLY UNDERWAY WITHIN BC?**

There are many examples of women-centred care in British Columbia, one is the BC Women’s Hospital’s, Violence Against Women in Relationships Program. The goals of this program are to implement, develop, and support women-centred health care practices, with a specific focus on health care practitioners. The program ensures that all women are provided with safe and confidential opportunities to discuss abuse and its impact, with their health care professional.

Women-centred therapy is another example where a women-centred care approach is incorporated into mental health service delivery. Women-centred therapy takes into account a woman’s unique experiences in the world, and incorporates them into an overall treatment program. It is the clients who are considered the experts on their lives and their pain and through therapy identify their personal mental health needs. The primary goal is for the clients to value their needs and knowledge as they seek to become authorities on their lives, with the therapists functioning as guides and companions on these journeys.

The Ministry of Women’s Equality has developed policy guidelines for the development of gender-inclusive policy. While this document is broader than health care, it is a useful framework for both government and non-government organizations to develop and implement gender-inclusive health policy. In addition, a number of

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**EXISTING GUIDELINES, ETHICAL CODES, OR PRINCIPLES OF PARTICIPATING ASSOCIATIONS**

**Canadian Medical Association Code of Ethics:**
Recognize your limitations and the competence of others and, when indicated, recommend that additional opinions be sought.

**Principles of Naturopathic Medicine:**
Treat the whole being: physical, mental, emotional and spiritual balance is necessary for optima wellness, therefore any or all levels should be addressed for complete treatment.

**Dietician’s Code of Ethics and Professional Standards:**
The client collaborates and is a partner in the decision-making process in which to achieve nutritional goals and objectives. This means that client’s experiences and knowledge are central, and carry authority within the client-centred approach wherein mutual respect, trust, and shared objectives are fundamental. to work co-operatively with colleagues, other professionals and lay persons.

**NEW WOMEN-CENTRED CARE CORRESPONDING GUIDELINES**

Consider the possible contributions that other health care providers may make including those whose approaches are other than mainstream medicine.

Actively explore and consider the impacts of the social, and spiritual balance is necessary for optimal economic, and environmental factors on women’s lives. Recognize the gender imbalances in our society and other cultures.

Give women information to facilitate their informed choices. Treat women with respect. This includes preserving women’s dignity, accepting women’s knowledge of their being, and own acknowledging experiences. When appropriate, seek co-operation with mutually supportive health professionals in order to promote synergistic collaboration, continuity and quality of care.
the regions have implemented gender-inclusive health planning initiatives. These will be highlighted in a future Information Forum edition.

**Summary** The guidelines developed by the WCP build a bridge between government policy (e.g. Gender Lens), and the existing guidelines, standards, and/or ethical codes of professional health associations. In addition, the guidelines could be adopted or adapted by other professional health associations and health authorities. Implementing guidelines such as these could serve to improve the delivery of health services to women, thereby working towards improving the health status of women.\(^{12}\) In order to have a systemic impact on the lives of women, much work remains to be done to translate and operationalize gender-inclusive policies and analysis at the organizational and practice level.

**NOTES**

7. The term “women’s health centre” has been used since the 1960’s to refer to various types of organizations that provide health services designed for women. This research study included, 106 reproductive, 69 birth, 102 breast and 107 primary care centres all located in USA.
8. British Columbia Women’s Hospital and Health Centre Society, p. 58.

**BIBLIOGRAPHY**


