


Staff-Patient Relationships



in many countries, health workers are figures of authority and patients play a passive role. The notions of choice and informed consent, as well as the opportunity to question treatments and procedures available in the Australian health system, may therefore be new to many. Complaints are seldom made because of concerns that staff will think them unappreciative, and that future care may be affected. In addition, many people are afraid of doctors and hospitals and their fear is magnified if they do not understand what is wrong with them. Hospital is often the last resort, and the decision to have what may be considered by medical staff as an urgent operation may be taken only after trying other non-medical treatments first.

Attitudes towards hospitals and hospital staff depend largely on the patient's previous experiences and expectations. If, for instance, a patient expects that a particular treatment should result

in an instant cure, a step by step treatment process will need to be explained very clearly.

Staff attitudes to patients also affect interactions within the hospital system. The interview to collect data on the patient's history may be perceived as very threatening and daunting depending on previous experience. Some patients do not expect or understand the depth of questioning that is normal in Australian hospital culture. Disclosure of personal information including current symptoms or health history may not always be appropriate at the first meeting (Barker, 1992). Some people from specific cultural backgrounds or who have been tortured /traumatised may have difficulties in disclosing personal information.

You need to be patient and make an effort to establish a trusting relationship with the patient.

A list of guidelines to assist in improving the relationships between hospital staff and

patients from culturally and linguistically diverse backgrounds is given below. See also the self-appraisal questions regarding staff attitudes towards cultural diversity in the Checklists for Cultural Assessment.

- ⊙ Identify yourself clearly with a readable name tag, which helps to make you more approachable. It is helpful for doctors in particular to write down their names so patients can remember unfamiliar names more easily.
- ⊙ A smile and a friendly attitude is an important way of communicating non-verbally with patients who cannot communicate in English. It is not always possible for them to learn to speak English, but this need not be an insurmountable barrier to communication. Your tone of voice, body language, and actions can convey reassurance. Taking time, and being patient and gentle, are very important.
- ⊙ Be aware of your own attitudes. These are clearly transmitted both verbally and nonverbally. Awareness of your own expectations, and recognition that they are

simply expectations based on your own culture and experience, is helpful. A preliminary step in the process of developing a culturally appropriate service is the willingness to engage in some self-analysis to establish your own beliefs, attitudes, expectations and practices, which can then be affirmed or modified as appropriate.

- ⊙ Explore ways of accommodating different requests and cultural practices. For instance, in some situations it may be possible to allow a woman concerned about modesty to wear pyjamas to surgery rather than a hospital gown.

