Patients’ and nurses’ perceptions of intercultural interaction in a hospital ward

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Introduction

Cultural Awareness and Good Practice in the Health Sector
(Inger Lassen & Jeanne Strunck)

How may talking about culture in particular ways have implications for staff-patient relationships?

Focus on the perspective of the minority ethnic patients

Purpose of this paper:

To present results of analysis of the evaluating statements present in patients’ discourses and of nurses’ “counter-discourses”/anti-racist discourses about the intercultural cooperation at the specific hospital ward
The infectious diseases ward at Aalborg Hospital

Diagnosis and control of infectious diseases

Many minority ethnic patients compared to other wards

A fast turn over of patients

Is culture a relevant issue because of these factors?
Research methods

Semi-structured interviews (interview guides)

Narrative enquiry (classical versus post-modern definition) (prompts)

Observations (TV-room)

Logbooks (through our contact nurse)
Interview guide, patients

Examples of prompts in the interview guide to patients:

* First impressions when admitted (meeting the staff)
* Daily routines (food, regulations, treatment)
* Experiences in the ward (best and worst)
* How define the concept of culture?
Interview guide, nursing staff

Examples of prompts in the interview guide to nursing staff:

* Daily work routines

* Co-operation with minority ethnic patients (e.g. food, superstition, taboo, religion, family relations, gender, chastity, language barriers)

* How define the concept of culture?
Data

Data:

* 8 individual interviews with minority ethnic patients; 4 women and 4 men; from Greenland, Brazil, Congo, Somalia, Sudan, Tanzania and Uganda

5 interviews in English, 1 in Danish, 1 in French, 1 in Acholi with the help of an interpreter

* 5 individual interviews with nurses and 1 focus group interview with 3 nurses
Analytical tools

**Discourse analysis**

Fairclough 1992 [1999]; van Dijk 2008; Reisigl & Wodak 2001

Counter-discourse: Aspire to redress the negative consequences of hegemonic discourses -> ‘positive’ discourse’ (Martin & Rose 2003: 315)

Topoi that seems to be salient in the interviews, relating them to discourses that counter racism. Mitigation strategies (down-grading, construing an approach as normal practice, bypassing an explanation based on cultural differences by resorting to principles that override culture, positive stereotyping, using the perspective of universalism, etc.)

Appraisal: how the interviewees ‘approve and disapprove, enthuse and abhor, applaud and criticise’ (Martin and White 2005: 1)

The interpersonal dimension: Attitude, engagement and graduation

Attitude:
- affect (emotions: un/happiness, dis/satisfaction, in/security)
- judgement (evaluating behaviour in relation to norms, ethics and social standards)
- appreciation (aesthetics, evaluation of things, situations and phenomena)
Patients’ discourses: examples

The interpersonal dimension: attitude: affect, judgement, appreciation

Main topics: first impressions, language/communication, food, gender and recommendations

Attitudes to the admittance and the professionals:

1) It was very good, perfect ... Yeah. I’m happy for that. Because they treat you nicely. Doctors and nurse? They are all of them, they are okay .. they are okay. If I call them, they help me. I tell them, I ... they bring for me the tablets .. They help me. If I call them, we talk nicely and we are happy. (Female E)

2) It’s good. I always meet this lady here – they are very, very good – you feel this is great – they are good. I developed no friendships. I feel it is because of my colour. But I never felt that in hospital. Always good service. (Female C)
Patients’ discourses: examples

Exception: Affect (dissatisfaction) and negative judgement of staff:

3) [Relations to staff]: Well, I think, I disagree a bit with them. I have told my daughter too. One of the nurses, I don’t like her. She said. I said to her “don’t always contradict me”. You know? “If you do that I’ll make a complaint to the complaints board of the patients”. “Do that” she answered…. She is always contradicting me in stead of helping me. Then I told her: ”Perhaps, you have taken the wrong education”, that’s what I told her. (Male A)

Food:

Positive appreciation:

4) The trolley with many things. Then they tell you to choose what you want. Then after, then they have been here, they tell you come and drink tea or coffee so.. I don’t miss because… (Female E)
Patients’ discourses: examples

Communication:

Affect (satisfaction):

5) We speak nicely …. And they are telling each other and some they can talk in dansk, then we understand… We are good like that, slowly and really understand each other. (Female E)

6) It was really difficult, but they did what they could (Female B)
Patients’ discourses: examples

Recommendations: (one example only); Negative judgement:

7) I think that they should there could be another perspective to this all this illnesses especially when they are handling international maybe African patients. I could say maybe there is a doctor who is experienced in tropical patients you know. Maybe they have another approach to it. Maybe having independent rooms. I’m sharing with a lady from Germany. She is very social, but I have to really struggle to get through to each other. (Female H)
Nurses’ discourses

The topos of culture

Construals of culture in topoi that embody difference:
Language, religion, food, family patterns, rituals, taboo

Topoi (socio-economic and ontological) that override the topos of culture as explanation of difference:
Levels of knowledge, illiteracy, chastity, trust, gratitude and patient compliance/concordance

The topos of institutional practice, rules and regulations overrides topoi of culture
Nurses’ discourses: examples

The topos of culture as symbol of difference:

8) I think, say if some patients come from Asia … there it is … there it is important that when somebody tells you something, you have to be polite when you receive the message. And in these cases I think there are really many who nod assent and say: ‘Yes I understand and …’ without them really understanding the message because it is impolite to ask again when they do not understand […]. This is my experience with people from Asia [….] but otherwise I do not think it is a problem … I have not found it to be a problem, understanding each other.…

9) […] well we would all feel threatened if we fell ill, wouldn’t we?…. And then if one is not told what is wrong…
Nurses discourses: examples

Topoi that override the topos of culture:

10) [...] and then I thought...it is of course crossing a limit if I wanted to steal from her, if this is how she saw it, but I mean, I offered her something instead. So I think that I tried .....according to my ideas about ethics ..... to do something good in return ..... you see, it is a bit like with children, we say: ‘you cannot have a coke, but you can have water’, you see [...] well a bit like ....and I guess that is international, if you can somehow say it that way, isn’t it? This is how I feel. Well the sort of .....misinterpretation or distrust or ....a little paranoid or whatever. Insecurity, where we sort of ...
Nurses discourses: examples

Rules, regulations and institutional practice override culture:

11) [....] He was in a difficult dilemma about whether she should be flown to China and how it could be done, and there were relatives arriving from the USA, and whether she could not be allowed to stay in the ward for two days until the relatives would arrive so that they could say good-bye to her, and, I mean, we cannot do that, that is just not possible [....] In these situations we cannot allow relatives to come and say good-bye in the ward, we have to follow an agreement we have made with the mortuary
Conclusions: patients’ discourses

Patients:
- leave the action to the health professionals
- do not question the treatment, the interpersonal and intercultural relationships or the health care system
- stress the importance of professional competence - positively evaluated
- the professional physical treatment is the most important topic to the patients
- make positive evaluations of the communicative efforts of the staff but recognise some problems

BUT:
- Negative evaluations and recommendations are made by patients who have lived in Denmark for some years or by patients with a higher education

The study points to the question of ethnicity or social conditions as reasons for patient evaluations: coherence between education, social conditions, level of participation / empowerment and the way of responding to the narrative enquiry
Conclusions: nurses’ discourses

Nurses:
- generally demonstrate cultural sensitivity
- not prepared to sacrifice their professionalism: professionalism and institutional practice override culture
- avoid discourses of discrimination
- patients should not be compartmentalised
- use mitigating strategies to explain away cultural differences
- stress similarity between Danish patients and patients from abroad
- stress the importance of offering equal treatment to all patients
- downgrade problems
- show empathy with patients
- appealing to mutual understanding and respect