

The Patient in Room 1B... Confronting Our Fears to Overcome Reservation and Build Trust

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Abstract

Statement of the Problem: Poor communication skills greatly contribute to the mistrust that is often experienced between Patients and clinicians.

It's important to note that patients often experience high levels of apprehension during their clinical/hospital visits. Sometimes, such high anxiety levels manifest as various patient attitudes that could become a deterrent to the development of productive clinician-patient relationship. It is vital for nurses/clinicians to refrain from using a one-size-fits-all communication approach for all patient encounters because people have different personalities and backgrounds and thus perceive and react differently to the same information presented to them. The key for trust development is in the delivery method of information. To attain trust development through effective communication, the clinician's communication style must be tailored to each patient's personality, attitude and background.

Naturally, many, if not all nurses and clinicians put their best foot forward during each patient's consultation with the expectation to make a connection with the patient and have a productive conversation. It's important to note that realistically, however hard a clinician may try to make a great impression, due to various reasons, there are still many patients who would not achieve a decent level of comfort with the clinician. As a result, an honest and productive conversation is not achieved which hinders the development of a successful clinician-patient relationship. Often, effective communication between two individuals does not happen naturally at first, it must take a conscious effort on the clinician's part to be realized.

Do you know that there is a strategic approach to experience a stress-free, successful consultation with each patient for improved trust development and productivity? My book, Simple Tips To Developing a Productive Clinician-Patient Relationship gives simple tips to achieve this for 16 different patient attitudes/behaviors. I also have a 23-minutes video presentation with concise learning/teaching tools available upon request for school programs, conferences/seminars etc..

Introduction

Brooklyn, N.Y., spring of 1992. As I looked out of the New York City taxi window on Avenue T, I saw the building. It had always appeared to me as the most magnificent building I had ever seen that housed people in need of rehabilitative care. I was happy, I was ready, I was in Great Spirit. "Let's do this!" I thought to myself as I stepped out of the taxi.

Having arrived from Nigeria, 10 months prior, this was the third day at my first big job and I was darn determined to give it my all each day. The pep talk from Maggie, the nursing agency lady who referred me to this subacute facility to perform the duties of a nurse's assistant, echoed clearly in my mind. "Remember to appear each day in clean scrubs", she said, "and always have a smile on your face and you'll do just fine". My first two days were glorious. The patients loved me and I loved them even more.

So, in my brand new, crisp and freshly ironed blue scrubs, I got out of the taxi and took a deep breath of the fresh morning air. On the ground floor of the 12-story building, a heavy glass door opened into the reception area and I hurriedly walked up to the

friendly looking lady by the reception desk. "I'm here as a nurse's assistant from my agency", I cheerfully said. She smiled in return and buzzed me up to the 10th floor. I was assigned a few patients.

"What a dream come true!" I thought to myself. I could not wait till the end of the day to contact my friends whom I left back home in Nigeria and to tell them of the wonderful experiences I've had in the first few days. My feeling of euphoria was interrupted when I heard my name over the PA system to see the nurse manager at the nurse's station.

"I am sorry to tell you this ", she began to say as she tried very hard to avoid my expectant gaze. "But you were assigned to the patient in room 1B in error and now you've been reassigned to a new patient". I felt just a bit disappointed because I was really looking forward to knowing her but I kept my disappointment to myself as I resumed my duties.

By midday, a fellow nurse's assistant said, "I was assigned the same patient last week but my assignment was switched because patient in Room 1B doesn't wish to be cared for by black people". "Oh", I said as I took a bite of my cold cut sandwich. While I slowly

ate my lunch, I became lost in a newly found thought process. I grappled with the meaning of this new encounter that I had never experienced prior to that day. I clearly remember that I was not upset but rather felt quite puzzled. I look back, grateful for my inexperience about racism, discrimination at that moment because this shielded me from the disappointing and unpleasant feelings that often manifest following such encounters. I was not upset but bewildered and felt a slight sense that I was perhaps not good enough and this made me uneasy and a bit sad. It's fair to say that a sense of separatism and discrimination creates an uneasy feeling because suddenly, I felt slightly less enthusiastic about my job at the subacute facility than I felt earlier in the week.

As I ate in silence, many thoughts flooded my mind. Patient in room 1B probably did not realize many things, that I was looking forward to sharing many interesting stories about my recent migration from Nigeria, that I was looking forward to getting to know more about her, her journey, her culture, her reservations, and triumphs. She did not know all these and never got to know, simply because she didn't give me a chance to care for her. I respected her wishes, but felt torn that we both missed the chance to connect and gain a higher level of understanding about each other. I didn't know this then, but many years later this patient would be "The suspicious Patient" in my newly published book.

Fast forward to 25 years after that encounter in Brooklyn. Currently a Family Nurse Practitioner with many years of interacting with patients of diverse backgrounds, cultures, attitudes and finally becoming a patient myself in 2013, it finally made sense to me. Although there was the lost chance of getting to know the patient in room 1B, I've had numerous opportunities over the years to interact with and make genuine connections with many patients of diverse races, religion, culture, and backgrounds who were curious to know me and I was equally excited and curious to know them. Occasionally, of course I've come across and still have sporadic encounters with patients who are initially reserved about me. My culture, mannerism, background, and even my accent may seem strange to them at first. But by interacting with Godly compassion and use of effective communication techniques, such reservations are gradually overcome and trust is built. These patients quickly realized that our initial encounter may have seemed strange at first but when they got to know me, that I was a helper, a friend, and not a foe.

It is important to mention that the concept of "The suspicious Patient" is not only limited to race. The suspicious patient represents each one of us due to the reservations that we have concerning one another's attributes such as gender, age, religion, values, nationality etc. Since we all are of diverse backgrounds and cultures, it is expected and almost inevitable that these reservations would always exist. What we don't understand can create fear and anxiety in us. But for genuine communication and trust development to be achieved, we must not shy away from our reservations about one another as the patient in room 1B did 25 years ago. Although it seems uncomfortable at first to explore and face our reservations about one another, we must not abandon the effort to do so because for us to successfully build trust with one another, it is vital that we go through periods of self-reflection to identify our individual reservations about one another. There are those questions that each of us can only truthfully answer for ourselves during moments of self-reflection. With hearts of sincerity and Godly compassion, we must give ourselves the chance to confront and ultimately overcome our real and sometimes unreal fears. This helps us maintain our piece-of-mind in an inter-connected and increasingly diverse world.

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Reference

1. Parkin T and Skinner TC. "Discrepancies between Patients and Professionals Recall and Perception of an Outpatient Consultation" *Diabetic Medicine*. 2003;20(11):909-914. Doi: 10.1046/j.1464-5491.2003.01056.x
2. Anne Harding. "Americans' Trust in Doctors Is Falling." *Livescience*. 2014;
3. Welch Gilbert H. "Less Medicine More Health: Seven Assumptions That Drive Too Much Medical Care. Assumption #4: It Never Hurts To Get Too Much Information." Beacon Press. 2015;
4. Aghanya Nonye T. "Simple Tips To Developing A Productive Clinician-Patient Relationship." I-Universe. 2016;
5. Snyder Lois. "American College of Physician Ethics Manual,