



South Asian Immigrant Women's
Perceptions of Respect Within Health
Professional–client Relationships while
Journeying through Cancer

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The Purpose

To examine South Asian immigrant women's experiences and perceptions of respect within health professional – client relationships.



Research questions

1. What are South Asian immigrant womens' expectations of respect in their relationship with health professionals at an outpatient follow-up clinic?
2. What are South Asian immigrant womens' experiences and perceptions of respect within health professional – client relationships while journeying through cancer?
3. What factors help or hinder in establishing a respectful relationship between health professionals and clients during their visits to a clinical outpatient follow – up setting?



Respect

- Definition of respect (Costello)
- Concept of respect
 - Rooted in the core value of human relations
- Respect as an ethical principle
- Respect as a key component in relationships



H/P Client Relationships and Respect

- Respect in therapeutic n-c relationships
- Ethical nursing care
- Patient's viewpoint in multicultural settings
 - Cree-Ojibway
- Characteristics of respect/disrespect identified (Browne)



Healthcare in a Culturally Diverse Society

- H-p client relationships
 - Communication challenges
 - H/ps predetermined assumptions
 - Negotiating respectful relations in light of diminished resources
 - Restructuring and downsizing
 - Macro and micro levels
 - Institutional, sociopolitical, personal, and biomedical ideologies



Immigrant women and Health care

- Migration and resettlement issues
 - Loss of extended family
 - Maintaining lifelong beliefs and practices
 - Establish a new life in the new country
 - Multiple cultural, societal, personal, institutional factors
 - Heightened challenges
 - Recognize the diversity among women
 - Age, acculturation, country of origin



Methodology

- Qualitative study
- Focused ethnography (Morse & Field)
- Critical feminist standpoint perspective (Smith. D)
 - Key assumption-socially constructed nature of knowledge and experience



Setting and Procedures

- Setting

- Two out-patient follow-up clinics at cancer agency.

- Recruitment

- Sample

- Purposeful sampling
 - Heterogeneity versus homogeneity
- 11 participants (Sandelowski)

Inclusion Criteria

- 
- Diagnosed with cancer
 - Presently having cancer related treatments or follow-up clinical visits
 - Willing and able to share their experiences of respect
 - 18 years or older with a maximum of 75 yrs old.
 - SA women able to communicate in English, Punjabi, or Hindi
 - Immigrated to Canada from Fiji Islands, India, Pakistan, or Sri Lanka
 - Palliative clients were excluded



Data Collection

- Field work
 - Participant observation
 - Shadowing h/ps
- Semi structured interviews
 - 2 Pilot interviews
 - Interviews - 30-60 minutes
 - 4 second interviews for clarification and validation
- Document analysis
 - Policies, guidelines, written educational materials, vision and mission statements
- Field notes
 - Written and tape-recorded field notes



Data Analysis

- Concurrent with data collection
- Interviews were translated, transcribed and checked for accuracy
- Coding was conducted line by line
- Constant comparison and analysis of incoming data
- Synthesis of related categories into themes
- NVivo - to retrieve exemplars of coded categories
- Negative experiences was included

Scientific Rigor



- Record of processes, decisions and rationales
- Multiple methods of data collection
 - Intense participant observation
 - Journal entries and detailed field notes
- Prolonged contact with participants
- 2 interviews viewed by professional translator
- Thick descriptions



Findings

- Participant profile

- 11 women from Fiji Islands, India, Pakistan, and Sri Lanka
- English, Punjabi, Hindi, Tamil, and Urdu speaking
- Religion - Christian, Hindu, Muslim, or Sikh
- Resided in Canada for 3 – 31 yrs
- Diversity in education, types of cancer, socio-economic status and age



The Clinical Context

- Cancer care services in the province
 - Population-based cancer control organization
 - Patient-centred care
- Outpatient follow-up cancer treatment setting
 - 2 sites with similar patient demographics –clinic B with higher SA population
 - The health professional's role



Women's Personal Context

■ Dimensions

- Women's understanding of cancer journey
 - Stigma, fear of cancer, personal suffering
- Challenge of expressing themselves
 - Limited ability to express themselves in English
 - Acculturation and transition period
- Previous health care experiences
 - Past health care experiences
 - Negative experiences in other health care institutions
 - Health professionals viewed as healers



Personal Context

- I had only been in Canada for three years when I first found out about the cancer. Well the first thing is that it was difficult because I did not know much about Canada and the customs. Then gradually I learned and it became better and I grew from all this. When I first came, it felt a little difficult because we had to get jobs you know and it was very difficult because we did not know the language. Well in the beginning it is very scary and I was really scared and I thought I'm going to die of this horrible disease



Personal Context

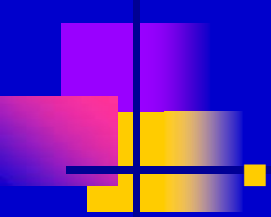
- Usually I understand English but when there is a lot of pain involved then I don't want to speak in English at all. I just don't want to speak or I do not want to think so much. If they speak to me slowly in English I understand them.
- Only thing is the language, we don't have the ability to express ourselves as the Canadian woman can, you know it is little bit difficult and it is a challenge. My mother tongue, in my language it is easier for me to express myself when I want to talk about my feelings and to earn people's respect, it is very easy for me.



Previous Negative Experience

- Yeah, but if they don't respect me for being there I will stand there and scream. If they order something for me and then they turn around and don't do it, I will stand there and scream. This is not the first time this is happening. Sometimes we have to make a scene in order to get through, regardless of whether they think I am an idiot, because it is not easy to be the patient.

Women's Perceptions - (Ijjat)

- 
- Health professional's 'way of being'
 - Courteous manner
 - Professional behaviour
 - Being acknowledged as a human being
 - Being greeted
 - Non-verbal ways
 - Being treated equally
 - Ways of talking
 - Tone of voice
 - Engaging with women
 - Attending to the person
 - Inherent worth
 - Meaning of respect within human-to-human relations



Way of Being; Personal and Professional

- They don't only pay respect in attitude; it is also their way of being. A person's ways and their manner within the relationship and the openness of the person with friends or other people is what I call respect.



Being Acknowledged-Treated Equally

- They respected me by welcoming me and putting my jacket on and my toque. Because I have to go underneath the machine and I have to take my toque off. These were behaviours of respect for me.
- Yes it was in my heart and in my soul that I felt the respect. I felt that I am a human being and that I am not an animal. They talked to me with respect, with *ijjat* [Hindi word for respect].



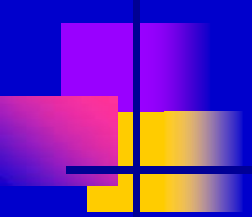
Attention – Non-verbal

- Yeah they always greet you and welcome you and say, “how are you” and “are you comfortable?” I remember feeling so confident when there was all this attention. They would ask me if I wanted juice, water, or cookies while I was going through the chemotherapy treatments. Sometimes I was there for five hours. They always ask me for juice and gave me a warm blanket without asking. When I go the clinic it is the same there as well. They always say hello and bye-bye.



Attention

- There is one nurse, she is very good. She does a prayer before she gives me the injection or needle. She tells me that she is praying to the lord Jesus before she gives me the injection. She always does that. Just before the needle goes in the hand, she does the prayer.
- You know that when we go to the hospital we're afraid of everything there, we don't know what we're going to get there, how the blood will go inside us when they are giving the blood to us, and how the injection will go in, but she makes it very safe for me, very comfortable, a good experience and she relaxes us first. She does it very nicely.

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- The influence of women's heritage
 - Societal and individual practices
 - Women's frame of reference to relationships
 - Touch
 - Shyness, femininity and vulnerability
 - Privacy
 - Inherent in being a woman
 - Compassion
 - Open manner of giving attention
 - Way of engaging
 - Reciprocity
 - Feelings of respect for the health professionals
 - Mutual respect



Compassion

- I feel that maybe being more compassion maybe it is better to be more compassion, especially in health field. When you feel compassion then you give people a chance to be themselves in the relationship.
- You know cancer is a death penalty and this is why they are so careful and gentle with you because of the disease. You see all kinds of people coming into the cancer agency and getting treatment, especially when I was in the chemotherapy clinic. The nurses do not care who you are; they treat you special regardless of who you are. They ask me about my pain and suffering that I have gone through and it makes me feel special. They ask me whether I am feeling good or not, how it has been since the last chemotherapy session and do I have any pain anywhere or not.



Factors that Influence Respect

- Communication and language
 - Way of talking and engaging
 - Styles of communication
- Staff characteristics (aunty)
 - Gender, ethnicity and age
 - Cultural safety or cultural sensitivity
- Interpreters
 - Hindi or Punjabi speaking
 - Subgroup within the group
- Sharing experiences
 - Supportive environment



Communication

- Non-verbal respect is something that you know it, you notice it. You notice it because when people greet you, you look at the face, you know and you look in the eyes, you can make out whether you are liked or not, when they smile
- The only thing is that when you first go in for all the treatments and you find out about cancer, your brain is all occupied, thinking of all the stuff, you know. The main thing for me is they are so friendly here with a lot of smiles. When I left the clinic after the treatment I felt so safe. I was not scared especially the first two treatments, I felt free.



Staff Characteristic-interpreter

- The lady doctor who is Indian, she explained all the medication and how to take them and when to take them. And for example when the doctor speaks in Hindi and she knows that I don't speak English so she speaks to me in Hindi. And she tells me what is wrong with me.
- They are all very nice especially the East Indian nurse who is there. She speaks to me in my own language and is very kind and calls me "" and I feel good and it is respectful 'cause she calls me "aunty," whereas the other nurses call me by my name which is the way that the other nurses and therapists call me because it is the normal way to do for them. They all respect me otherwise by the things that they do.



Sharing Experiences

- I was happy inside in a way because I was going through that bad disease, but I felt comfortable, if I have to somebody to talk to. You know you cry when it happens, but it is nice to be there with others in the chemotherapy room and share all these experiences with others who are feeling it too, you know. It did not matter if there were eight or ten people in the clinic, all talked to each other, even though it is a small room, it is alright, cause it is support to talk to others.



Negative Experiences of Respect

- Making assumptions
 - Preconceived assumptions
 - Lumped women together as non-English speaking
- Different forms of communication styles - language
 - Terminology used
 - Ways of talking, greeting, and engaging



Negative Experiences

- Yes it is normal for example somebody who deals with customers and this is not only in the health care. You know when you deal with customers you should learn how to deal with even a rude customer; you change with it. I believe they should have this training as well because everybody is different, people are different and everybody's in a different situation every day maybe they are a lovely person but for thousands of reasons I'm not in my best situation because I'm angry but they know how to deal with me.



Negative Experiences

- I told him the name and he said I don't know what you are talking about, but see his communication style made it sound not as respectful to me. He was talking in his medical terms and I didn't know the right word at the time. He said I haven't heard that word before. You know it can happen that sometimes you think he doesn't want to pay attention, but it is his medical terminology that he uses, his style of talking



Consequences of Respect

- Feelings of happiness
- Safety and compassion
- Worthiness and value
- Shared humanity with health professionals
- Being acknowledged as individuals



Feelings of Happiness

- The little things make a lot of difference because I am already ill, and my heart is already hurting, so these little things make my heart feel better. It makes me feel joyful and happier inside when I am spoken to as a human being and respected as a human being. It makes me feel better about myself. When the nurses talk to me in a respectful way, it shows that I am a woman and a human being as well. I want to be regarded as a person.



Central Theme of the Findings

- “Who I am”- social identity as an individual

My mother tongue, in my language it is easier for me to express myself when I want to talk about my feelings and to earn people's respect, it is very easy for me. I could earn their respect very easily, because I could show them “who I am” in my own language. It is a little difficult here to tell them; perhaps just sometimes in different situations it is very important. I could sometimes easily explain in my language, it is very easy in my own language. Sometimes I have to talk with the nurse after I talk with the doctor, because she is a woman and she understands more.



Other Related Research

- Social identity and individuality (Hilton, Lyman, Spitzer)
 - Valuing the client for own standpoint
 - Personhood within the clinical setting
- Fostering respect within h-p client relationship (Bottoroff, Balneaves, Choudhry, Sarastiva, & Fitch)
 - Communication style and language
 - Engaging with the client



Other Related Research

- Respect as an outcome of cancer care with SA immigrant women (Browne)
 - Building partnerships with the clients
 - Acknowledges person and then illness
 - Positive outcomes of well-being
- Communication styles with clients in the clinical setting (Thorne, Richardson, Kirkham,)
 - Building relationships creates partnerships
 - Communication styles enhance well-being of client and families
 - Establishes a rapport



Limitations and Strengths

- Sample size
 - Diversity within the sample
- Choice of the methodology
 - Qualitative
 - Ethnography and critical perspective
- Two clinical settings
 - Broader with similar populations



Implications and Conclusions

- Contributions to nursing knowledge
 - Education, clinical practice
- Recommendations for future research direction
 - Finding ways that will foster respect
 - Ongoing development of communication skills
 - Workshops in other healthcare institutions