



## Listening to native patients. Changes in physicians' understanding and behaviour.

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Author: Len Kelly  
Judith Belle Brown

Author Affiliation: McMaster University, Hamilton, Ont. [pogmor@voyageur.ca](mailto:pogmor@voyageur.ca)

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**Abstract:** To discover how physicians develop an understanding of Native patients and communities that enables them to communicate better with these patients.

Qualitative method of in-depth interviews.

Native communities across Canada.

Ten non-Native physicians providing primary care to Native patients and communities.

In-depth, semistructured interviews explored communication strategies developed by primary care physicians working with Native patients. The audiotaped and transcribed interviews were analyzed by the investigators using the phenomenologic approach of immersion and crystallization.

Three main themes emerged. First was elements of communication: during patient-physician communication, physicians speak less, take more time with patients, and become comfortable with silence. Second was community context: patients' illnesses are not distinct from their community context; patient care and community relations, culture, and values are often inseparable. Third was the process of change in physicians: over time, participants increased understanding of Native culture, ways of communicating, and behaviour. Change comes about through long service, listening well, and participating in community events.

Developing cross-cultural communication was difficult and took years, if not forever. Understanding Native communities changed physicians. They described a journey of self-examination, development of personal relationships, and rewards and frustrations.

Notes: Cites: J Holist Nurs. 1995 Jun;13(2):155-737745241  
Cites: Can Fam Physician. 1999 Feb;45:325-3010065306  
Cites: CMAJ. 1996 Dec 1;155(11):1569-788956834  
Cites: Med Anthropol Q. 1995 Dec;9(4):503-98748476  
Cites: Can J Nurs Res. 1995 Winter;27(4):95-1098697278  
Cites: Fam Med. 1996 Apr;28(4):249-558728518  
Cites: Soc Sci Med. 1995 Dec;41(11):1487-988607039  
Cites: RN. 1995 Aug;58(8):15-67638540  
Cites: J Holist Nurs. 1992 Mar;10(1):18-331293200  
Cites: CMAJ. 1993 Nov 15;149(10):1537, 15408221437  
Cites: JAMA. 1994 Mar 2;271(9):690-48309032  
Cites: Public Health Rep. 1994 May-Jun;109(3):405-138190864  
Cites: CMAJ. 1994 Jun 1;150(11):1860-18199963  
Cites: Clin Pediatr (Phila). 1994 Apr;33(4):202-38013165  
Cites: Fam Pract Res J. 1994 Jun;14(2):139-478053379  
Cites: Health Educ Q. 1994 Winter;21(4):521-387843981  
Cites: CMAJ. 1995 May 1;152(9):1423-337728691  
Cites: Hastings Cent Rep. 1995 Jan-Feb;25(1):6-147730057  
Cites: Med Care. 1992 Nov;30(11):976-881434961  
Cites: J Gen Intern Med. 1992 Jul-Aug;7(4):437-421506952  
Cites: Minn Med. 1992 Mar;75(3):15-71565080  
Cites: Can J Public Health. 1991 May-Jun;82(3):181-41884312  
Cites: J Biocommun. 1991;18(1):22-72037556  
Cites: Med Anthropol. 1989 Nov;12(1):7-332486129  
Cites: Can J Psychiatry. 1990 Aug;35(6):534-92207989

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