

THE UNPOPULAR PATIENT

THE Royal College of Nursing has recently published *The Unpopular Patient*, an interesting study by Miss Felicity Stockwell reporting a single-handed investigation of nurses' attitudes and behaviour in hospital. Three medical wards and a geriatric ward were used, two in teaching hospitals and two in hospitals in a regional hospital board area.

The main findings were that the nurses' behaviour varied towards patients some of whom were regarded as unpopular, and who had identifiable characteristics such as foreign nationality, a stay in hospital for more than three months, or a psychiatric history.

The variations in patient-care are well described and the interactions between patients on the ward and the subtle use of sanctions by the staff are particularly striking.

The main results were predictable as they reinforce the well-known Balint principle of the great importance of the professional worker's own feelings in the provision of care. These results are, however, particularly significant now when research work in all the caring professions is seeking to find out how much patients'/clients' needs are actually being met.

The fact that both doctors and nurses have different attitudes towards some kinds of patient and that these attitudes can now be discussed openly is one of the considerable changes that have recently occurred in these two professions. It was not so long ago that both doctors and nurses were trained to repress their own feelings and to deny that their relationships with patients varied.

Needling

Schwartz (1958) noted that the unpopular patient possessed, to a remarkable degree, the ability to needle professionally-trained people, and the general principle that 'difficult' i.e. unpopular patients, easily annoy doctors and nurses has been known for years. Here, however, general practice may have an advantage. Unpopular people tend to get short shrift in big impersonal institutions especially when they do not conform. General practice is a more flexible form of care, and because the doctor has time to get to know the patient as an individual, care may be more personal.

In addition, practitioners as they grow older seem to become generally more tolerant. Hunt (1957) noted that "Good doctors are often those with high boiling points" and it is characteristic that such doctors can avoid upsets and confrontations with their patients. They do not over-react to needling and acquire the skill of coping with difficult people and difficult situations.

Teaching this technique is thus an important part of the training of both doctors and nurses, but as it cannot be learnt from books, experience and teaching in the field are necessary. Hunt, in the same lecture, outlined the method, which is to treat all patients with "courtesy and charity. . . doctors with the best bedside manners—and it is largely a question of manners—are those who are their own natural decent selves with their families, their friends, servants, nurses, secretaries *and* with their patients." Helping unpopular patients ought to be a topic considered on all vocational training courses.

Lay volunteers

It is particularly interesting that Miss Stockwell notes that some of the unpopular patients ultimately received the care they needed from other patients. The best role for lay volunteers in health services is not yet known, but this kind of observation suggests that where professionals fail, lay people will move in to fill the vacuum.

Wider relevance

The significance of this booklet lies more in its central idea than in its presentation because the numbers were small and the methods used could have been improved. Miss Stockwell, however, has done well in approaching a difficult subject with courage and determination and in giving her colleagues in all the caring professions an idea which might well be applied in other settings. How much is known about 'difficult' or 'bad' patients in general practice? Since the patient's personality is the major factor in determining unpopularity, research on the way doctors and nurses react to varying personalities might prove profitable. Caring for people with personality problems will always be a significant part of community care and as it must often be given in the patient's home it may be correspondingly more difficult.

The Unpopular Patient will help many doctors and nurses towards a greater awareness of their own attitudes and behaviour. The Royal College of Nursing can be congratulated on publishing a document which, although it attracted press comment critical of nurses, nevertheless seeks to raise the quality of care and is in the highest tradition of British professional organisations.

REFERENCES

- Hunt, Lord (1957). *British Medical Journal*, 1, 1075-82 (Reprinted in *The Journal of the Royal College of General Practitioners* (1972). Supplement Number 4).
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CONGRESS IN FAMILY MEDICINE

THE Congress in Family Medicine held at the Central Hall, Westminster, London from 3-7 April, 1973 was an interesting, exciting, and useful occasion. The meeting was in return for the previous meeting in Toronto, between the College of Family Physicians of Canada and the Royal College of General Practitioners and was well attended. It was ironic that there were more Canadian general practitioners present than those from Britain although the visitors had travelled thousands of miles. About 850 registered but far more than this number attended some of the highlights and it was estimated that over 1,200 were present when the President, H.R.H. The Prince Philip, Duke of Edinburgh, presided at the ceremonial meeting. Dr George Swift delivered a memorable William Pickles Lecture and proved himself once again to be a quick-thinking chairman.

The topics ranging as they did from *Oral contraceptive research* to *A better deal for patients*, *Psychiatric problems in family medicine*, *Virological hazards*, and *Coronary heart disease*, covered several of the important and developing areas of general practice, and were of equal interest to doctors from both sides of the Atlantic.

As always at such congresses, discussion continued long after the formal meetings were over and the contrast between the different forms of practice were debated at length. It was noticeable that several of the Canadian visitors had qualified in the United Kingdom and many expressed surprise at the great changes that occurred in general practice during the last 10 or 15 years.