

Student: Jane Reeves

Title: Meeting Cultural Competency Learning Needs of General Practice Reception Staff

Supervisor(s): Associate Professor Gillian Abel, Leigh Aston, Lynley Cook

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Introduction: Historically, general practice receptionists have been viewed as powerful gatekeepers to healthcare. They play a crucial, complex role in the medical system; however, there is evidence that their role is perceived to be invisible in general practices. Of the international research available, most studies indicate that receptionists receive little-to-no formal training, yet take on numerous tasks which go beyond their contractual obligations. They are often the first point of contact within the medical system. This position allows them considerable influence over whether a patient's healthcare experience is positive or negative.

Māori and Pacific populations are over-represented in almost every health statistic in New Zealand. Compounding these statistics, Māori and Pacific populations are also the least likely to seek primary healthcare. There is evidence to suggest that the process and outcomes of accessing healthcare are inequitable in New Zealand; research has indicated that Māori patients have significantly more negative experiences within the healthcare system than non-Māori. Receptionists can set the tone of a patient's entire experience. It is vital that initial interactions are inclusive and welcoming for patients, especially those from diverse populations.

Aim: The aims of the study were 1. To describe the experience of patients in relation to reception, particularly with regards to cultural diversity; and 2. To identify the perceptions of receptionists with regards to their cultural learning needs.

Impact: (in lay terms): To identify where general practice receptionists feel they need additional education and training, and recommend how these suggestions should be implemented in new training programs.

Method: Time constraints precluded a statistical analysis of survey data related to patients' experiences of general practice appointments. Consequently, the project became primarily a qualitative study of general practice receptionists and their perceptions of their cultural learning needs. The participants were 22 receptionists and practice managers, who were recruited from three general practices within Christchurch city. The primary researcher and a supervisor conducted three semi-structured focus groups. The discussions were audio-recorded with permission from the participants, and transcribed verbatim. The transcripts were thematically analysed using an inductive approach at a semantic level. This generated three dominant themes, each of which had between two and three subthemes.

Results:

Theme 1: The Roles of the Receptionists

Subtheme 1.1: roles enabling healthcare access

Receptionists have a varied role; aside from the obvious, they discussed acting as problem solvers, accountants, translators, and social workers. These roles can be understood as enablers of healthcare access. These roles were described as the most rewarding parts of their job.

Subtheme 1.2: roles reducing healthcare access

Roles which could reduce healthcare access focused on receptionists acting as debt-collectors, or as non-medical staff within a medical system. The participants emphasised that these roles were some of the most difficult aspects of their job.

Subtheme 1.3: receptionists' experiences of these roles

Receptionists discussed their experiences within these roles using examples of dealing with difficult patients, understanding patients' vulnerable position, and the difficulty they had in detaching from certain interactions.

Theme 2: Experiences with Diverse Patient Populations

Subtheme 2.1: challenges encountered

Generally, the participants discussed their interactions with patients of diverse populations on positive terms. However, participants acknowledged that working with a diverse population could be more challenging and required more time

Subtheme 2.2: strategies to minimise challenges

Participants discussed the ways in which they reduced barriers and challenges they experienced when dealing with patients from diverse populations. These included making the effort to correctly pronounce an individual's name, breaking down invisible barriers, and understanding other cultures.

Theme 3: Education Across Levels

Subtheme 3.1: education at the individual level

Participants identified education needs at an individual level, including utilising training for other jobs, generational differences in cultural competency education, and an induction course for new receptionists, external from their practice.

Subtheme 3.2: education at the team level

Participants discussed team education ideas, such as having peer support groups formed with other receptionists, and having group trainings in a centralised location. Furthermore, they identified the need for training to cover multiple mediums, to suit each person's learning preferences.

Conclusion: The implications of this study centre around ongoing cultural competency training for receptionists, which is accessible through multiple mediums and promotes inclusivity. Furthermore, it should be ensured that both new and experienced receptionists undergo external training to ensure that they have the necessary information and understanding to positively interact with patients from diverse populations.