



CHAPTER 9

PUBLIC RELATIONS IN HEALTH CARE SERVICE INSTITUTIONS

Introduction

The health care industry today is competitive. Hospitals need to have an edge that makes them stand out from the ordinary ones. The hospital management likes them to be appealing and interesting to the patients, the public and the media. The patients are the clients. The public are the buyers of the hospital services. The media are responsible for furthering it. The Public Relations department in a hospital aims to enhance the hospital's reputation. It is responsible for understanding its consumers' needs and providing sympathetic services to them.

This chapter describes the role and importance of public relations in healthcare institutions, the role of GHAs in hospitals, doctor-patient relationship, staff-patient relationship in health care setting, empathy Vs sympathy in patient care and, personal hygiene of hospital staff.

Objectives

After reading this chapter you will be able to:

- Define public relations and its functions
- Explain the role and importance of public relations in health care institutions
- Describe the role of general health assistants in hospitals
- Understand staff patient relationship and doctor patient relationship
- Explain the role of personal hygiene of health staff.

9.1 Definition and Functions of Public Relations (PR)

Public relations is the art and science of managing communication between an organization and its key public to build, manage and sustain its positive image. **Public relations** is a management function. **Public relations** work is both an art and science. It serves the following functions:-

- It manages communication between the organization and the public at large. It builds, manages and sustains the **organization's positive image**.
- It **builds rapport** with employees, customers, investors, voters or the general public.
- It **builds and manages relationships** with those who influence the organization.
- It plays the role of the institution's **reputation protector**.

Staff that work in public relations (commonly known as 'PR') are **skilled publicists**. They have to **present the organization and its services to the world in the best light**. Different kinds of organizations utilize PR departments for various purposes. For example:-

- **Business corporations** utilize public relations to convey **information about the products they manufacture or services they provide** to potential customers. PR supports sales and establishes corporation's brand.
- **Business institutions** also use public-relations as a vehicle to reach politicians and policy makers, to get favourable treatment from them. They use PR to portray themselves as enlightened employers (in support of **human-resources recruiting programs**).
- **Non-profit organizations** (e.g. schools and universities, hospitals, and human and social service agencies) use public relations in support of awareness programs, fund-raising programs, staff recruiting, and to increase patronage of their services.

The Public Relations Department **executes a program of action that earns public understanding and acceptance**. The essential functions of public relations include research, planning, communications dialogue and evaluation. This department focuses on **two-way communication** and fosters a mutually beneficial relationship between an organization and its stakeholders.

Thus, PR helps an organization and the public adapt mutually to each other. Organizations that have a stake in how it is portrayed in the public arena employs some level of public relations. A number of specialties exist within the field of public relations (e.g. Analyst Relations, Media Relations, Investor Relations or Labour Relations, etc.).



The public often think that PR is a **glamorous job**, and that public relations people may indulge in partying and networking to find new contacts. This may be true to some extent. But, the **PR people have to actually put in long hours of hard work**.

Skills necessary for PR Work

- PR work needs a high level of **communication skills** (both written and verbal communication).
- The PR person has to be good at multitasking and **time management**.
- They need to have some **media background or training**. That makes them understand how the **media and advertising work**.
- **Organizational and planning** skills are also important in public relations.

The PR worker has to be able to cope well under pressure. They may have to deal with a barrage of **questions from the media and the public**. If the hospital comes under a critical attack, it is the PR department who must take control of the situation. They must effectively answer the criticism and turn it around in order to **protect the hospital's reputation**. So, the people working in the PR department should **inculcate the ability to cope under pressure**.

9.2 Role and Importance of PR in Healthcare Institutions

The main goal of public relations in the hospital is to **enhance the hospital's reputation**. An **understanding of the consumer's needs** and **sympathetic services** is the crux of public relations in a hospital.

Public relations of a hospital is the image of the hospital by the users and their peer groups. The **image may be positive or negative**. It is a combination of:

- Impressions of the users and public,
- Attitudes of the people working for the hospital, and
- Attitudes of the hospital's administration.

The public relations department of the hospital has to be the department that is most helpful to people. Its job is to **show the public the hospital at its best**.

Within a hospital, public relations provide **public information** and further **customer relations**.

Hospital has to deal with whole community

Hospitals have to deal with patients, their relatives, visitors and the community at large. Therefore, it is **not enough if the hospital satisfies its actual customers**. It has to do even more. It has to attend the outpatients and inpatients that come to the hospital; and also has to deal with the **potential customers in the hospital's catchment area** that will come to seek the hospital's services.

Current and ex-patients are the best advertisement for a hospital. People tell their friends and neighbours about their experience in the hospital. From this emerges a series of pictures of the hospital, which together make up its local image.

Satisfying the patient's expectations

Patients who attend the hospital want sympathetic treatment, effective services and satisfaction. **Hospital workers** want job satisfaction and recognition of their work by their peers and the people.

The patients (including their family, friends and relatives) are a bundle of expectations, anxieties, hopes and fears. The health care personnel have to meet all these. They can be satisfied if we can **pay special attention to the following**:

- A **patient needs privacy**, at least when he/she is not critically ill. Let us respect a patient's privacy and provide that.
- The patient has to have the **option of sociability**, when he/she is fit to socialise within the hospital.
- The patient has the **need to be informed** in general about his/her illness and the **progress being made**.
- They need **freedom from pain**, when it occurs.
- They need to be enabled to **plan their care**.
- They need to be **assured that they will not be abandoned at a time of crisis**.
- The patient needs to have confidence that **people caring for them are good at their job** and that they know the particular **patient's special requirements**.
- A hospital needs financial support of the community. It has to win and maintain the **confidence of the public** which it is there to serve.

Ten commandments for Patient Relations

Remember that patients prefer to be treated as special human beings, not just as a number. Here are the **10 Commandments** for patient relations which you and your staff should live by.

- I. The patient is never an interruption to your work – the patient is your work! Everything else can wait!
- II. Greet every patient with a friendly smile. Patients are people and they like friendly contact. They usually return it.
- III. Call patients by name. Make a game of learning patients' names, and see how many you can remember.
- IV. Teach your staff members that for patients, all staff members are as important as the doctor !
- V. Never argue with a patient. The patient is always right (in his/her own eyes). Be a good listener, agree with him/her where you can, and do what you can to make him/her happy.
- VI. Never say, "I don't know." If you don't know the answer to a patient's question, say, "That's a good question. Let me find out for you."
- VII. Remember that the patient pays your salary - treat him like your boss!
- VIII. Choose positive words when speaking to a patient – this is a valuable habit that will help you become an effective communicator.
- IX. Brighten every patient's day. Do something that brings a little sunshine into each patient's life, and soon you'll discover that your own life is happier and brighter.
- X. Always go the extra mile, and do just a little more than the patient expects you to do. For example, make it a habit to phone the patient after discharge from hospital, to ensure he is doing well. Exceeding patient expectations is the best way of keeping your patients happy – and keeping them your patients for life!

Public relations is a function of all hospital staff

Public relations are not just the sum of individual relations of those who work in the hospital. It is much more. The acts and attitudes of every worker and staff member would **mould the image of the hospital** in the community.

Public relations of the hospital are not the task of the hospital administrator alone. The image of the hospital reflects through the behaviour of **every member of the staff**. Let us remember some issues:-



*Fig: Indian health care system is getting globalised. Learn about the **foreign visitors**. Know the etiquettes that please them.*

- Health care personnel **frequently interrupt a patient's privacy**. That means they are trespassing into the patient's territory, without knocking the door or without announcing.
- Members of the medical team often **carry out clinical and diagnostic activities without any explanation**. And then they depart, without any explanation as to what they have done.
- In some hospitals, the patients often get an impression that he or she is the trespasser on the territory of the medical team. Actually it is the other way round.

The impression which the community harbours about a hospital may be pleasant, indifferent, or unpleasant. This impression is not just a question of chance alone. **Creation of good impression** has to be deliberately planned. It has to be achieved by **conscious effort** for:

- i. cheerful and courteous behaviour,
- ii. prompt and efficient treatment, and
- iii. clean surroundings and well kept appearance of workers.

How to know that public is happy with your hospital?

PR helps the hospital to achieve its full potential. They do this by **providing feedback to the different functionaries in the hospital** from the public. The PR department may conduct research regarding what areas of the hospital's services the public is most happy or unhappy with. The following **indicators** are useful for **measuring public relations** in the hospital:

- **Patient satisfaction surveys.**
- General **opinion polls** in the community being served.
- Number of complaints received.
- Amount of **voluntary work extended by the community** for the hospital (if more voluntary work is offered by the community, it means the public are happy with the hospital).
- **Letters to the editors** in local paper.
- Amount of **donations** given to the hospital.
- **Consistency in attendance by patients:** If a patient keeps coming again and again to the hospital, that means he/she is happy with the hospital.
- **Turnover of medical staff:** if the staff are quitting more frequently, that means they are not happy with the hospital.



- Patients **leaving against medical advice** (LAMA): If too many patients are leaving against medical advice, that means their impression about the hospital is not good.

9.3 Role of General Health Assistant (GHA) in Hospitals

The **General Health Assistant** (GHA) performs both administrative and clinical tasks to keep the offices of physicians, hospitals, clinics, wards from offices of the hospitals running smoothly. The duties of GHAs vary from office to office, depending on the location and size of the practice and the practitioner's specialty. In small practices, GHAs usually do many different kinds of tasks, handling both administrative and clinical duties. They may report to a hospital administrator, physician or nurse. Those in large hospitals **may specialize in a particular area**, under the supervision of seniors or fully trained professionals.

GHA performs both administrative and clinical functions

Duties of GHAs vary according to where they are posted in the hospital. GHAs that perform **administrative tasks** have many duties. They update and file patients' medical records, fill out insurance forms and arrange for hospital admissions and laboratory services. They also perform **general administrative tasks** such as answering telephones, greeting patients, handling correspondence, scheduling appointments and handling billing and bookkeeping.

Some common tasks include taking medical histories, recording vital signs, **explaining treatment procedures** to patients, preparing patients for examinations and assisting physicians during examinations.

GHAs may **collect and prepare laboratory specimens**, sometimes perform basic laboratory tests, dispose of contaminated supplies and **sterilize medical instruments**. They can instruct patients about medications and special diets, prepare and administer medications as directed by a physician/nurse. They can authorize drug refills, inform on telephone the prescriptions to a pharmacy. They can draw blood, prepare patients for X-rays, take electrocardiograms. They can remove sutures and change dressings.

GHAs can arrange **examining room instruments and equipment**. They can purchase and maintain supplies and equipment. They can take charge and keep waiting and examining rooms neat and clean.

What Skills should GHA have?

The General Health Assistant (GHA) has to have good communication skills. He/she has to know about health, safety and security. He/she has to provide **quality services to divergent groups of patients** that attend the hospital without any discrimination related to caste, race, religion, nationality etc.

The General Health Assistant should have a **broad understanding of the interventions and treatments** that are available in the hospital. They should have some **computer skills** so as to be able to do data entry and information processing in different areas of the hospital (e.g. OPD, IPD, accounts, records unit, etc.). They should know how to access the internet and obtain data on relevant issues. They should have skills related to **public relations and marketing**.

General Health Assistant should be competent in communication, health care, safety & security; in providing quality service in different departments of hospitals. GHAs should:

- **know when they need help**, so that a physician or nurse is called in time,
- **keep a record of the activities** they undertake in the hospitals,
- understand the roles of individuals working within the **healthcare team**,
- **attend courses** relevant to their own clinical and non-clinical practice to maintain their own **career development**, and
- be ready to develop their own knowledge and skills through **work-based learning**, ensuring all mandatory training is kept up to date.

When working at this level, GHAs are thus required to: 'Contribute to their own Personal Development'.

GHAs should work in a way that is **consistent with legislation, policies and procedures**, for maintaining people's health, safety and security. They should:

- Work in a way that **minimises risks to health, safety and security** of the patients, public and the hospital staff.
- Know when to **summon immediate help** for any **emergency** and take the appropriate action.
- Report immediately to senior staff anything in the hospital that may put people's health, safety and security at risk.
- Ensure safe storage, rotation and disposal of **vaccines and drugs** under their control, and apply the **principles of the cold chain**.
- In emergency situations, they should apply the **general principles of first aid** and



to undertake initial actions, including dealing with someone who has:

- < collapsed,
- < acute chest pain, or
- < hypo/hyperglycaemia, or
- < exacerbation of asthma and chronic obstructive pulmonary disease haemorrhage, or
- < shock.

They should work with patients and colleagues, adhering to sound infection control measures. They should know and apply **infection control measures**, including:

- **hand washing**
- **universal hygiene/ safety precautions**
- collection and handling of **laboratory specimens**
- segregation and disposal of **waste materials**
- **decontamination** of instruments and clinical equipment
- reporting and treatment of **sharps injuries**
- dealing with blood and body fluid **spillages**.

They should have working knowledge of the following:

- health and safety procedures
- documentation within the workplace
- fire safety procedures
- procedure for monitoring and reporting the **state of the equipment and furniture**.

They should identify risks to health from **microbiological and chemical hazards** within the hospital environment, according to the regulations. They should know how to use the **personal protection equipment** in the workplace.

Contribute to Service Improvement

- The GHAs should comply with **legislation, policies, procedures** and other **quality approaches** relevant to the work being undertaken.
- Work within the limits of their own competence and responsibility, and refer issues beyond these limits to relevant people.

- They should act responsibly as a **team member** and seek help if necessary.
- **Use and maintain resources** efficiently and effectively.
- Report problems as they arise, while resolving them if possible.
- Work **within their limits of competence** through participation in training and adherence to protocols.



***Fig:** Medical tourism is increasing in India. That means, people are touring to India, just for getting medical treatment here! Learn about how to deal with overseas (foreign) patients! Learn how to speak English!!*

Pay attention to equality and diversity

Recognise the **importance of people's rights** and act in accordance with legislation, policies, procedures and relevant standards. Act in ways that:

- acknowledge and recognise **people's beliefs**, preferences and choices,
- **respect diversity among people** (religion, caste, race, nationality, etc.),
- value people as individuals,
- take responsibility to **account of their own behaviour** and its effect on others.

Understand and implement with patients, patients' relatives and colleagues the latest guidelines issued by professional bodies, including:

- the need to protect the patients' **confidentiality**,
- people's personal preferences and beliefs,



- the **patient's right** to make their own decisions,
- **being alert to possible signs of:**
 - < family violence
 - < drug abuse and addictive behaviour, and
 - < child abuse (If appropriate, draw it to the attention of a senior colleague)

Understand the basic legal issues related to administrative and clinical aspects in the hospital.

Undertake clinical tasks delegated to them in accordance with the **clinical protocols and guidelines**.

Know **when to refer to a more senior colleague** when situations arise beyond their own level of competence (according to the protocols and guidelines).

- Instruct patients for appropriate collection of **urine for testing**.
- Understand diagnostic interventions, treatments and the principles of care.
- Support and monitor patients during **nebulization therapy**.
- Prepare equipment and support clinicians in **providing minor surgery**.

Contribution to Health Education and Health Promotion activities

They should contribute to **health promotion activities**, by recording the **lifestyle activities** of patients (e.g. smoking, exercise and diet). Offer support in the form of **lifestyle change advice**, provision of health education materials, etc.

9.4 Doctor-Patient Relationship

The **doctor-patient relationship** is central to the practice of medicine and is essential for the delivery of high-quality health care in the diagnosis and treatment of disease. A patient must have confidence in the competence of their doctor and must feel that they can confide in him or her. For most physicians, the establishment of good rapport with a patient is important. This being said, some medical specialties, such as psychiatry and family medicine, emphasize the doctor-patient relationship more than others, such as pathology or radiology. The doctor-patient relationship forms one of the foundations of contemporary medical ethics. Most medical schools and universities teach medical students from the beginning, even before they set foot in hospitals, to maintain a professional rapport with patients, uphold patients' dignity, and respect their privacy.

With increasing access to computers and published online medical articles, the internet has contributed to expanding patient knowledge of their own health, conditions, and treatment options.

If the busy doctor has no time, others can take over:

Clinicians are often not able to offer empathy to their patients. The reasons they mention include:

- “There is **not enough time** during the visit to give empathy.”
- “I’m too busy focusing on the acute medical problem.”
- “Giving empathy is emotionally exhausting for me.”
- “I haven’t had enough training in empathetic communication.”

So, the other health care personnel like nurses and GHAs have to fill this gap.

Perspectives to doctor-patient relationship:

The four great corner stones of diagnostic medicine are anatomy (structure: what is there), physiology (how the structure/s work), pathology (what goes wrong with the anatomy and physiology) and psychology (mind and behavior). In addition, the physician should consider the patient in their ‘well’ context rather than simply as a walking medical condition. This means the socio-political context of the patient (family, work, stress, beliefs) should be assessed as it often offers vital clues to the patient’s condition and further management.

A patient typically presents a set of complaints (the symptoms) to the physician, who then obtains further information about the patient’s symptoms, previous state of health, living conditions, and so forth. The physician then makes a systems inquiry, which is a set of ordered questions about each major body system in order: general (such as weight loss), endocrine, cardio-respiratory, etc. Next comes the actual physical examination and often laboratory tests; the findings are recorded, leading to a list of possible diagnoses. These are investigated in order of probability.

The next task is to enlist the patient’s agreement to a management plan, which will include treatment as well as plans for follow-up. Importantly, during this process the healthcare provider educates the patient about the causes, progression, outcomes, and possible treatments of his ailments, as well as often providing advice for maintaining health. This teaching relationship is the basis of calling the physician doctor, which originally meant “teacher” in Latin. The patient-physician relationship is additionally complicated by the patient’s suffering (patient derives from the Latin *patior*, “suffer”) and limited ability to relieve it on his/her own. The physician’s expertise comes from his knowledge of what is healthy and normal contrasted with knowledge and experience of other people who have suffered similar symptoms (unhealthy and abnormal), and the proven ability to relieve it with medicines (pharmacology) or other therapies about which the patient may initially have little knowledge.

Physicians have been accorded increasingly higher status and respect over the last about



one century. This represents a concentration of power and carries both advantages and disadvantages to particular kinds of patients with particular kinds of conditions. A further twist has occurred in the last 25 years as costs of medical care have risen, and a **third party** (an insurance company or a government agency) now often insists upon a **share of decision-making power** for a variety of reasons, reducing freedom of choice of healthcare providers and patients in many ways.

Quality of patient-physician relationship is important to both parties. The better the relationship (in terms of mutual respect, trust, shared values and perspectives about disease and life, and time available), the better will be the amount and quality of information about the patient's disease transferred in both directions, enhancing accuracy of diagnosis and increasing the patient's knowledge about the disease.

Where such a relationship is poor the physician's ability to make a full assessment is compromised and the patient is more likely to distrust the diagnosis and proposed treatment. In these circumstances, a *second opinion from another physician* may be sought. Or, the patient may choose to go to another doctor.

In some settings (e.g. the hospital ward) the **patient-physician relationship** is much more complex. Many other people are involved when somebody is ill: relatives, neighbours, nurses, technical personnel, social workers, etc.

Organized medical staff and hospital governing body are responsible for the provision of quality care, providing a safe environment for patients, staff and visitors, and working continuously to improve patient care and outcomes. These activities depend on mutual accountability, interdependence, and responsibility of the organized medical staff and the hospital governing body for the proper performance of their obligations.

9.5 Staff-Patient Relationship

In modern hospitals, the relationship of the staff and patient is more akin to a **Service Provider and Consumer**. A **happy consumer will return**. Likewise, a **happy patient will return**. By and large, the **staff-patient relationship** is a mirror to the **doctor-patient relationship**.

The staff of a modern hospital should be **friendly, caring and empathic** without compromising on efficiency. This balance may not be easy to strike, but not very difficult.

The **doctor-patient ratio** in many Indian hospitals is very less. So, the care that the physicians may provide in the time available to them may not be much. That is why **paramedical staff and General Health Assistants** have to spare their time for this work. They can ensure that

the patient feels **well-cared-for**. You can do the following:-

- **Spend time with the patients**, and develop a bond with them. This will help you in disseminating health education.
- **Attend to the patient's needs**, in the quickest time possible; and make the patient's life easier and better.
- **Attend to complaints**, if any; and rectify quickly. Do not forget the importance of **good humour**. Your **ready smile** reassures them in depressing and tense situations.
- Any **confidential information** that the patient shares with you should be kept really confidential.

Medical care is enhanced by effective communication between health care person and the patients. Enhanced communication leads to:

- better patient compliance,
- reduction in **medical-legal risk**, and
- improved **satisfaction** of health care persons and patients.

In empathy, the physician identifies with the patient and **at the same time maintains a**



Fig: A good patient-staff relationship helps the organization in achieving its goals.

distance. Also, empathetic communication enhances the therapeutic effectiveness of the clinician-patient relationship.

9.6 Empathy Vs Sympathy in Patient Care

The lack of attention to the more humane aspects of care, alongside increased specialization and shortened consultation time **affects the patient-practitioner relationship**.

Empathy is process of **understanding a person's subjective experience**, by variously sharing that experience. Human beings form **meaningful interpersonal relationships**



through **verbal and nonverbal communication**. This principle is the same whether the individual is male or female; an infant, a child, an adolescent, or an adult; or healthy or sick. **Empathic human connections are beneficial** to our body and mind.

Empathy is one of the most important life skills required for effective communication. Empathy means the **ability to understand things from the other person's perspective**. That is, putting one's feet in the other person's shoes. Empathy helps us to understand and accept others (they may be from a very different background than ours). This improves our interaction with people and **helps in building relationships**.

Use of empathy as a **communication tool** facilitates the clinical interview, increases the efficiency of gathering information, and **honours the patient**. **Effective empathetic communication** enhances the therapeutic effectiveness of the health provider-patient relationship.

Sympathy implies **feeling shared with the sufferer as if the pain belonged to both persons**. When we sympathize with other human beings, we share and suffer with them. Completely shared suffering can never exist between health care person and patient. If the health care person shares the patient's plight, he would be unable to help. **Sympathy** is when the physician experiences feelings as if he or she were the sufferer. Sympathy is thus **shared suffering**.

Pity describes a relationship which separates health care person and patient. It may entail feelings of contempt and rejection. So, **pity is not the proper feeling for us**, who work in the hospitals.

Empathy is used by health care persons to enhance communication and delivery of care. **Sympathy** can be burdensome and emotionally exhausting. **Sympathy can lead to burnout**.

Empathy is concerned with a much higher order of human relationship and understanding. It is **engaged detachment**. In empathy, we "borrow" another's feelings to observe, feel, and understand them--but not to take them onto ourselves. By being a **participant-observer**, we come to understand how the other person feels. An empathetic observer enters into the equation and then is removed.

Can Empathy be Taught?

Empathetic communication a teachable and learnable skill. It has tangible benefits for both clinician and patient. It is a **powerful communication skill**. This skill is often not used enough.

Empathy is now considered as a communication tool of substantial importance in the medical interview. Experts now agree that **empathy and empathetic communication are teachable, learnable skills**.

How to gain empathy in a healthcare consultation?

In a healthcare consultation, doctors and health care workers can:

- **offer social support to patients and give them a safe space.**
- Then, they open up and discuss their problems. Reassure them about their diagnosis or treatment. This relaxes them and lowers their anxiety.

Steps in attaining empathy

To practice empathetic communication, we need to **divide the concept into its simplest elements.**

Steps to attain empathy include:

1. Recognize **presence of strong feelings** in people (e.g. fear, anger, grief, disappointment);
2. Take time and **imagine how the patient might be feeling**;
3. Make a statement of your perception of the patient's feeling ("I can imagine that you are afraid about..." or "It seems you're upset about ...");
4. **Legitimize** that feeling;
5. **Respect the patient's efforts** to cope with the situation; and
6. **Offer support and partnership** (i.e. "I'm committed to work with you to ..." or "Let's see what we can do together to ...").

We get the opportunity from a patient's emotion (either directly expressed by him/her; or implied). This **emotion creates an opportunity** for empathetic response by us. **Clues are often hidden** in the discussion about medical problems. They may be missed by physicians (they are busy attending to biomedical details of diagnosis and management). In fact, when opportunities for empathy are missed by physicians, patients may tend to offer such opportunities repeatedly. This can lead to longer and more frustrating interviews, return visits, and **"doctor shopping"** by patients who feel that they are **"dismissed"**.

When we get an opportunity for gaining empathy, we should **offer a gesture or statement of empathy**. **Statements that facilitate empathy** may be queries, clarifications and responses. After listening our statement of empathy, the **patient expresses agreement or confirmation** ("You got it!" or "Yes, that's exactly how I feel"). When we have not understood the patient's experience properly, we should **allow the patient to correct our perception**.



9.7 Personal Hygiene of Hospital Staff

Practicing good personal hygiene can prevent spread of unwanted illnesses in the hospitals. Most of these illnesses have been caused by the common and highly contagious bacteria and viruses.

In recent times, nosocomial (or hospital acquired) infections have been rising. These are difficult to treat and may be deadly, especially in the old and the immune-suppressed. The single most effective way of preventing nosocomial infection is the proper practice of hand-washing by the hospital staff.

Proper hand-washing is the most important single issue

Hand washing should be second nature to everyone, especially at key times such as:

- before eating, before preparing food,
- after going to the toilet,
- after handling pets and changing the children's nappies.

In ICU setting, hand washes are performed before and after examining a patient.

Pay importance to practical aspects of personal hygiene

All hospital staff have to learn the **practical aspects of personal hygiene**. The importance of clean hands, hair and protective clothing has to be understood.

The hospital staff have to **report specified illnesses to management** so that their illnesses are not transmitted to others in the hospital. Some of such illnesses are mentioned here:

- Bacterial diseases: typhoid, diarrhoea.
- Viral diseases: infective hepatitis, mumps.
- Gastro-intestinal diseases: diarrhoea, dysentery, food poisoning.
- Skin diseases: infected wounds on the fingers, pyoderma, furuncles (boils).
- Eye diseases: conjunctivitis.
- ENT diseases: discharge of pus from the ear.

Preparing food hygienically in the hospital

People who prepare food should have **nothing on them that can fall into the food** (buttons, pen tops, hair clips etc.). Disposable caps and gloves should be preferably used in kitchens.

Cleaning contaminated surfaces is also an important measure to reduce the spread of infections. Washing down surfaces with **hot, soapy water** followed by **appropriate**

disinfectants will further reduce the risk of spread.

We have to understand the importance of personal hygiene and develop comprehensive measures to ensure that the food we make available in the hospital is the safe.

On returning to work from illness or holidays and before handling any food, all staff should attend a brief meeting, whereby they are required to **fill in and sign a questionnaire** to determine if they pose a threat to the food they handle in the hospital.

Hygiene check by supervisors in the hospital

Before work each day, hospital staff should be **checked by their supervisors**, to ensure that they:

- wear clean and fully fitting **protective clothing**.
- that hair is clean, tidy and covered,
- that nails are short and clean
- and that footwear is clean and appropriate for their tasks.

Questions

1. Define public relations. Mention its functions in healthcare.
2. Explain the role of public relations in hospitals.
3. Mention indicators for measuring public relations in a hospital.
4. What are the skills that a GHA should have to fulfill his duties?
5. What is the role of doctor-patient relationship in a healthcare setting?
6. Explain the importance of staff-patient relationship.
7. How is empathy important for a health care person?
8. Describe the role of GHA in a hospital.