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DOCTOR-NURSE RELATIONSHIP AND PATIENT CARE IN UNIVERSITY OF CALABAR TEACHING HOSPITAL (UCTH) AND GENERAL HOSPITAL CALABAR, CROSS RIVER STATE, NIGERIA.

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ABSTRACT

The purpose of this research was to examine doctor-nurse relationship and its effects on patient care in University of Calabar Teaching Hospital and General Hospital Calabar. Two null hypotheses were formulated based on the identified major independent variables, namely: medical team work and doctor-nurse value orientation. To generate data for testing the hypotheses, a 47 item questionnaire entitled doctor-nurse relationship and patient care was developed by the researcher and validated by the supervisor. Survey design research was adopted while data was collected from 280 randomly selected respondents (male and female) of the two major strata of the study- University of Calabar Teaching Hospital and General Hospital Calabar. Purposive, stratified and simple random sampling procedures were variously applied at appropriate stages of the study. The generated data were statistically tested using Pearson Product Moment Correlation analytical procedure of the SPSS package. The analysis revealed that: A significant relationship existed between medical team work and doctor-nurse value orientation and patient care. It was recommended that collaborative work relationship between doctors and nurses should be encouraged for effective health care delivery system.

KEYWORDS: Relationship, Doctor, Nurse, Patient, Care

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Introduction

Systems are made up of several parts which function together in various ways to make them work as unit entities. One example is the health care system. In this, there are various categories of professionals and personnel who work hand in hand to perform various specialized duties for the effective dispensation of healthcare services. These professionals include: doctors, nurses, pharmacists, radiographers and medical laboratory scientists etc. They all carry out their duties which directly or indirectly are related to patient care (Ejiogu, 2010). Where friction occurs between components of any system, there is a drag. A sustained drag could cause a breakdown of the system.

In this paper, the inter-relationship between doctors and nurses is examined in association with patient care and other health services. According to Fagin and Garalick (2004), the relationship between doctors and nurses is special relationship. This is possible because smooth working relationship between doctors and nurses is essential for efficient delivery of healthcare services. Where this is overlooked, it is at the detriment of the patients' care and increased cost to the health care system. This is sadly the trend in developing countries such as Nigeria (Gjerberg, & Kjolsrod,,2014).

Nurse-doctor relationships have long been the focus of ongoing debate. In the past it was assumed that there was clear agreement between the two professions that the relationship was hierarchical, with doctors being superior to nurses (Olin, 2012). This observation was further enforced by Mechanic and Aiken (1982), who stated that a nurse must begin her work with the idea that she is only the instrument to which the doctor gets his instructions carried out. She occupies no independent position in the treatment of the sick person. Finichio, et al (2015) also stated that no matter how gifted a nurse may be she will never be a reliable nurse until she can obey without question the instructions of the doctor. According to her, a nurse is simply an intelligent machine for the carrying out of a doctor's orders.

In many countries, doctors determine the scope of nursing practice and education, and can directly define the limits of nursing knowledge (Calman, 2014). Doctors also head public health care institutions thus affording them additional opportunities to influence the training of nurses (Casey, 2007). However, so many others argue that these working relationships are changing and

should be examined against prevailing development in the profession, society and work place (Siedleck & Huxson, 2015).

This study examined the form of relationship that exists between doctors and nurses, and how nurses are coping with the situation, bearing in mind the differences in status and gender, which may affect the status relationship. There may also be gender bias against the nurses, which also in turn have negative effect on nurse job performance and their level of job satisfaction. This may further affect nursing care of the patient when her relationship with the doctor is unfriendly. Nurses may therefore find consolation in their professional right and thereby challenge their relegated status by the doctors in particular and society as a whole, hence the rivalry in the health team.

According to Casey(2007), collaborated work among nurses and doctors has been found to be very rewarding. This is because some hospital managements have identified the unique roles each of them plays in the care of patients. Attempts have also been made to change their designation in such a way that one compliments the other. Nurses were observed to take part in duties that have been the prerogatives of doctors and have become accountable for every patient in their unit. Like doctors, nurses also apply skills of problems solving, observations, diagnosis and treatment through increasing integrated practice s using nursing process.

Elaborating further, Peter (2012) asserted that collaborative nurse physician relationships are associated with improved patient, nurse and physician outcomes. Otiti (1991) stressed that significant patient outcomes which have been noted include:

i. Improved patient satisfaction
ii. Improved patient care or outcomes
iii. Reduced medication errors
iv. Decreased job associated stress
v. Improved efficiency
vi. Improved job satisfaction
vii. Decreased organizational costs
viii. Improved efficiency of health care workers

Kohn (2006) observed that the modern nurse, as a matter of fact, has come of age. Hence, she should be given a rightful place in the health profession. Her daily role is significantly symbolized in “care” for the sick. Care according to Linn (1994), is the essence and the central unifying and dominant domain that characterized nursing. It is an essential human need for full development, health maintenance, and survival of human beings in all world culture. Yet care has not received the same degree of attention by other professionals as has been given by nurses. Anything short of caring renders the medical profession less important. It should be emphasized here that there cannot be “cure” without “care” and curing is traditionally the doctor’s function, while caring is regarded as primary function of the nurses.

Weston (2010) points out that service to others for the joy of serving is a neglected but important aspect of raising level of wellness; one might question with considerable justice why a doctor or nurse may even consider approach to increasing the wellness of people with whom he or she comes in contact. But in the course of professional duties, the doctor/nurse becomes aware that a person’s illness has been affected by or even caused by dissatisfaction in his way of life. A person might be unhappy in his employment and dissatisfied with his employer or even people with more complicated ailment. Several other factors are involved in helping individuals increase their level of wellness. First each human being is unique. Genetic research has demonstrated the great variety of genetic combinations that are possible and verifies the statement that no two people are alike. Different individuals express this individuality in different ways (both patients and the medical personnel respectively). The medical personnel have long recognized the relationship between the functioning of the body and the mind. But the total personality involves much more than that; it is as Weston (2010) puts it, a continuum of mind, body and spirit within an ever-changing environment and flow of event. In helping other to increase their level of wellness the doctor/nurse must take into account this continuum and provide for it in any course of action. It is therefore the job of the doctor/nurse to help the patient advance. However before they make this attempt to help, they must acquire an understanding of how they perceive themselves and what they tell the patient.

Doctors and nurses are two major health workers in the hospital who have continued to attract attention. Nurses are closer to doctors than all other health workers. Wolinsky (1993) referred to

other health workers as allied health workers. The closeness of doctors and nurses is brought about by their frequent contact with patients in the hospital. Kennedy and Garvin (2004) stated that the quality of product in the industrial sector and efficiency of production are dependent on successful teamwork. Therefore, one assumes that efficiency and quality of patient care, is dependent on the degree to which interdisciplinary relationships are collaborative. This shows the importance of team work. Doctors and nurses possess individual expertise, make individual decisions, hold common purpose and function together in an egalitarian, cooperative and independent manner. Thus, the combined effects of shared, cooperative decision making are of greater benefit to the patient than the individual effects on the disciplines on their own.

Communications and collaboration are central elements of good doctor/nurse relationships. Olin (2012) define collaboration as “nurses and doctors working together cooperatively to achieve shared problem solving, conflict resolution, decision making, communication and co-ordination”. With the increasing changes in the nursing profession, nurses are challenging the subordination of their profession and occupational status to that of doctors Siedleck & Hixson (2015). It is for this reason that the research was carried out to determine if patient care is by any means affected or related to doctor – nurse relationship. The specific doctor – nurse relationship considered include: Medical team work and Value orientations

1. Review of related literature

Doctor – nurse relationship and patient care

According to Alexander (2012) the popular image of Doctors and Nurses working together harmoniously is not always matched with reality. Their relationship is often uneasy with nurses being resentful, as being seen by the public as doctors’ handmaidens. Alexander (2012) further stated that ignorant of the profound changes in nursing which has redefined the boundary between nursing and medicine such that nursing has become autonomous. This brings a clash of personalities because doctors see nurses as wanting to take over their jobs from them, or trying to be at par with them. Weston (2010) added that nurses are fed up with ritualistic jobs such as bed-making, administering drugs, and not having a voice in decision made by other professional especially doctors. Thus nurses who spend the greater amount of time with the patients and thus bear the greater burden of patients care; they often resent the greater degree of authority

traditionally granted doctors. The conflict although muted, is greater where the doctor is younger and considered as being inexperienced by the nurses who have to work with him or her and take orders from him/her.

Another issue that aggravates conflict is the issues of differential pay and fringe benefit between doctors and nurses. This has led to strike actions in the past. Eni-Olorunda (1990) saw this conflict between doctors and nurses as creating barrier to co-operation and this conflict is also expressed largely by isolation, in feelings and expression of such things as pride and superiority. Similarly, Hojat, Fields, Veloski, Griffiths, Cohen and Plumb (2009) saw the struggle between doctors and nurses in the hospital as a "struggle for prestige" which extends beyond the boundaries of the hospital. Today, nurses have multiple role function some of which are complementary to traditional medicine because the nurse and the traditional healer are involved in diagnostic practices. This complementary nurses' role behaviour does not compete with traditional medicine, but rather enrich and expand the services offered to clients. The services include caring behaviours such as assessment of individual's psychological, sociological, educational and physical status.

Kohn (2006) observed that right from the establishment of the two professions, they had both worked together, but it had always been a unilateral relationship with most of the power and decision making vested in the physicians. Kohn stated further that in the hospital the doctor wrote orders based on his best judgement, and it was the nurse's task to carry out these orders. Nurses do not have any say in doctors' decision at all. Some doctors consider it inappropriate or unnecessary for nurses to know some things that pertain to client's care. This of-course has created a sort of conflict between the nurses and the doctors and consequently affects client's care. Wollinsky (1993) was of the opinion that in the hospital, the focus is on the client, and the two professionals should see themselves as collaborators or a team working together to achieve the goal of giving the best care to clients. Eubanks further stated that if the doctors and nurses have tension, resentments, nursing of personnel turn over, administrative problems; this will endanger the client's welfare as well.

Medical team work and patient care

Gjerberg & Kjolsrod (2004) stated that the goal to joint practice is to improve healthcare, not to protest or preserve professional prerogatives. Similarly, interdependent relationship and willingness to reformulate roles are facilitated when practitioners are mature, experienced and compatible in their own role. The extent to which collaboration would take place between the nurses, doctors and administrators depend upon the professional autonomy and sharing of care activities between and across participating disciplines. Baggs and Schmith (1997) stated that although hospitals have little control over patient characteristics such as the severity or complexity of the patients conditions, they, may have significant influence on other aspects of the overall system as: nurse characteristics, system characteristics and behaviours and environmental complexity factors, which are amendable to policy and management interventions. Peter (2012) opined that Nurses and doctors have been a team since the professions began and so need to maintain same high standard of quality in patient care, engendered by better impact on quality of nursing work life, combined with autonomy, control over practice and collaborative relationships with physicians.

One possible area of patient care delivery which may be targeted is inter-disciplinary communication and collaboration between nurses and physicians. This area is particularly relevant as higher levels of collaboration have been associated with lower fragmentation of care, patient satisfaction and better patient outcomes (Hojat, Fields, Veloski, Griffiths, Cohen and Plumbs, 2009). Collaboration, according to some related literature is highly valued but it is difficult to find in the real world of medical or health care practice. Collaboration has also been described as a process which allows the interaction of colleagues within a flat hierarchy with individuals being able to make decisions both independently and as part of a team Hojat et al (2007); an interaction that includes consideration for all comments involved in interaction and active integration of the perspective and skills of various participants. Baggs, Ryan, Phelps, Richeson and Johnson (1992) recalled the suggestion by Alexaner (2012) that “the essence of collaboration is balanced power among participants who recognize each other’s mutual value”. Oke (1982) stated that collaboration involves a high level of concern for others (co-cooperativeness), as well as high concern for self assertiveness. Hence the central element of collaboration seems to be communication. Barriers to nurse – doctor collaboration may occur

due to role misunderstanding, real and perceived differentials in power, position and respect, and varying perceptions of decision making input and autonomy (Baggs et al., 1997; Johnson & Norton, 2012).

The nurses are the largest group involved in patient care in Nigerian hospital; so doctor-nurse relationship which includes the patient is a very important relationship in the hospital. To understand the relationship that exists between doctors and nurses one must first consider their roles, the extent of their closeness and the pattern of their interaction in the hospital. Physician and nurses are always viewed as the major health care workers. Others in the health care system, like the pharmacists, physiotherapists, laboratory scientists and radiographers are given less recognition and viewed as allied health workers. Hence, nurses are seen as the closest to doctors. However, in the primary health care settings, clinical competence of the nurse as well as respect and trust by doctors has been generally well established (Snelgrove and Hughes, 2000). Although joint practice is a common organizational arrangement, research has continuously shown a predominantly non-collaborative interaction pattern amongst these two professionals. However, the belief, values and goals of individual nurse and physician working together are yet to be explored. The reciprocal relation of the nurse and the doctor according to Longo (2010) was that a nurse has a sphere of responsibility no less important than the doctor's and that the two are identical. Weston (2010) emphasized that blundering and incompetence on the part of one is as disastrous as the other. The efforts of the best physician will be likely thwarted if he works with a careless and incompetent nurse. On the other hand, the most skilful nurse's work will be hampered and handicapped if the physician's diagnosis and treatment are wrong. Earnest co-operation was suggested between doctors and nurses, and that, gone were the days when doctors could afford to keep the nurse in utter ignorance of what medications they were administering and what effect they desired to obtain.

Nurses must know both the scope and the limitation of their spheres of responsibility. They must know the great variety of resources for helping people that exist in any community, what these resources are likely to offer, and how to find out more about them. The nurse must have knowledge of, and appreciation for, many realms of thought beyond the boundaries of the nursing discipline (Longo,2010). She must exercise considerable judgement in delving into any

of these areas. Close interaction among doctors and nurses is inherent to their work. The traditional hierarchical "nurse support-doctors", is developing into a collaborative model (Isamah, 2006). Several studies suggest that effective communication, mutual trust, respect, nurses and doctors appreciation of their respective roles, as well as their strengths and limitations are important in fostering health relationship (Enang, et al 2015; Kennedy and Garvin, 1988; Mechanic & Aiken, 1982; Baggs, et al., 1992). Casey and Smith (2007) suggested that the study of collaboration be integrated into the curriculum of nursing and medical schools. Medical school educators identified "co-ordination of care and team work" as a core competency for medical students during their internal medicine clerkship (Society of General Internal Medicine, 1995).

Therefore nurses' status within the hospital – as reflected by their credibility and rapport with doctors is crucial. When a patient encounters a life threatening complication, taking action involves quickly instituting appropriate measures and activating a team response and nurses must exert some control over the situation to ensure that such actions are taken (Calman, 2014). Although a nurse can begin first-line emergency measures, saving the patient is usually a team effort. High priority tasks include alerting the appropriate members of the team and conveying the urgency with which they are needed at the site. Many studies support doctor-nurse collaboration as a major contribution factor in positive patient outcomes (Hojat et al., 2009). For example, survival of patients at intensive care unit has been strongly associated with the level and quality of interaction among doctors and nurses, independent of the patient's severity of illness or the technical capacity of the intensive care unit (Olin, 2014). Despite evidence of important benefits derived from collaboration, medical education does not emphasize inter-disciplinary collaboration. A survey of 300 practicing physicians in the United State about their undergraduate medical education revealed that, although a majority believed that training in inter disciplinary team work was very important, only 18 percent thought that they had received excellent training in this area (Finocchio, Bailiff, Gant & O'Neil, 2015).

2. Research Method

The research design adopted for this study was the survey research design. conducted in the University of Calabar Teaching Hospital and General Hospital, Calabar, Cross River State,

Nigeria with the study population consisting of all doctors, nurses and patients. Only patients on admission at the time of study in both the University of Calabar Teaching Hospital and General Hospital, Calabar were included in the study. Specifically, ten wards were altogether selected randomly from University of Calabar Teaching Hospital and General Hospital to partake in the study and only patients on admission in the ten wards in both hospitals were used as the study population. Thus in UCTH, the total number of doctors on duty sampled was 20 while nurses were 35. The total number of patients was 100. This amounted to 155 respondents. In the General Hospital, the total number of doctors was 11, nurses were 15, and patients were 99. This amounted to 125 respondents. In all, 280 respondents participated in the study from the two study facilities.

3. Results and Analysis

Hypothesis one

Ho: There is no significant relationship between medical team work and patient care.

Hi: There is significant relationship between medical team work and patient care.

The dependent variable was patient care while the independent variable was medical team work. In testing hypothesis, data for the independent variable were summarized into Mean ($\bar{x}$), Standard Deviation (SD), squares, sum of squares and product then subjected to statistical analysis using Pearson Product Moment Correlation Co-efficient Analysis (r). The results of the analysis were presented in Table 1.

Table 1: Pearson product moment correlation co-efficient analysis of the relationship between medical team work and patient care (n=280)

Variable	($\bar{X}$)	SD	Σx Σy	Σx^2 Σy^2	Σxy	r-cal
Medical team Work (x)	9.63	2.27	1650	16200	10700	0.710
Patient Care (y)	2913	2.92	980	7500		

Significant at 0.5 level, df= 278, r-cal =0.710, r-crit. = .195

The result of the analysis reveals that the calculated r-value of 0.710 is greater than the critical r-value of 0.195 at 0.05 level of significance with 278 degrees of freedom. With this result, the null hypothesis was rejected. This means that there is a significant relationship between medical team work and patient care.

From this analysis, it indicated that the higher the level collaboration between doctors and nurses (Two professionals in health care) the better the goal of patient care will be achieved. The findings of these hypotheses are in support of Alexander (2012) who stated that the goal of joint practice (doctor-nurse) is to improve the health care not to protest or preserve professional prerogatives. Inter-dependent relationship and willingness to reformulate rules facilitate effectiveness in patient care. The findings also agree with Hojat and Herman (2009) who collectively asserted that to obtain a high standard of quality in patient care, there should be impact on quality of nursing work life combined with collaborative relationships with physicians.

Mechanic and Aiken (1982) in their various researchers came out with findings which have been supported here. They agreed that one possible area of best practice in patient care delivery is inter-disciplinary communication and collaboration between nurses and physicians. This area is particularly relevant as higher levels of collaboration have been associated with lower fragmentation of care, patient satisfaction and better patient outcome.

The findings are equally in consonant with Siedleck &Huxson (2015) who opined that close interaction among doctors and nurses is inherent in their work. The traditional hierarchical "nurse support doctors" is developing into a collaborative model. Both doctors and nurses see collaboration as the most effective, efficient and satisfying way to provide patient care. The explanation of the positive relationship between doctors and nurses could be better illustrated when a patient encounters a life threatening complication. To address the problem involves quickly instituting appropriate measures and activating a team response from health workers. Nurses must exert some control over the situation to ensure that adequate actions are taken. The survival of patients is associated with the level and quality of interaction among doctors and

nurses independent of the patient's severity of illness or the technical capacity of the intensive care unit.

Hypotheses two

H_o: Doctor-nurse value orientation does not significantly relate to patient care.

H_i: Doctor-nurse value orientation is significantly related to patient care.

The dependent variable was patient care while the independent variable was Doctor-nurse value orientation. In testing this hypothesis, summarized data were subjected to statistical analysis using the Pearson's product moment correlation co-efficient analysis (r). The result of the analysis was presented in Table 2

TABLE 4.15: Pearson product moment correlation co-efficient analysis of the relationship between doctor-nurse value orientation and patient care (N=280)

Variable	X	SD	Σx Σy	Σx^2 Σy^2	Σxy	r-cal
Doctor-nurse value orientation (x_3)	18.97	3.66	1480	15450	9950	0.618
Patient Care (y)	29.13	2.92	980	7500		

Significant at .05 level, df = 278, r-cal = 0.618 r-crit. = .195

The result of the analysis reveals that the calculated r-value of 0.618 is greater than the critical r-value of 0.195 at 0.05 level of significance with 278 degrees of freedom. With this result the null hypotheses is rejected. This means that doctor-nurse value orientation is significantly related to patient care. The findings of this study support Hojat and Herman (2007) who found out that values are important to the study of hospital organizational behaviour because they lay that foundation to the understanding of attitudes, especially pertaining to the doctor-nurse relationship and understanding of job performance. Present findings also align with those of Ejiogu (2010), Robbins (1998) and Kohn (2006).

Ejiogu (2010) noted that the work values held by doctors and nurses in hospital organizations constitute intervening variables in patient care delivery services. Equally, Robbins (1998)

reported that work values in the hospital strongly influence the attitudes and behaviour of health professionals especially doctors and nurses. Khon (2006) discovered a positive relationship between value orientation and patient care. He examined value orientation from two dimensions. In the first dimension, value orientation was conceptualized as the doctors or nurses awareness of what he or she seeks from the work situation; and secondly work value was viewed as a general attitude regarding the meaning that the doctor or nurse attaches in his work and his perception of patient care.

Olin (2012) stressed that the values held by the doctor or nurse may influence not only patient care but also what aspect of work will give them some kind of performance satisfaction. The existing relationship between doctor-nurse value orientation and patient care in the hospital organization is explained in terms of the goal or satisfaction that is sought from the team work rather than the motivating drive. Again, the team work between doctors and nurses can only be meaningfully sustained on positive work value orientation. Proper work values and right attitudes between doctors and nurses are indispensable for effective patient care.

4. Conclusion

Restoring the health of sick people that are brought into the hospital for medical assistance is the primary role of doctors and nurses in any hospital. Conflict between two these different professionals in the health institution can mar the ultimate goal. This study has confirmed that in the studied hospitals the relationship between the doctors and nurses was not too cordial. Based on the research findings of the study, the following recommendations are made:

1) The doctors and nurses should try as much as possible to settle their differences, create a smooth working relationship and not allow their individual differences affect their work which is so vital in the services of health care delivery.

2) There should be better remuneration for other sectors of the medical institution in other to foster healthy association and collaborative work relationship between them especially doctors and nurses. This makes for effective health care system. More importantly what ever achievement is attained in the hospital, the nurses should also be acknowledged. Presently the doctors take all the credit.

3) The hospital authority should try and make the bureaucratic nature of the hospital more flexible to make room for quick accommodation of patients that have emergency cases.

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