Appraisal of Physician-Nurse Working Relationship in Owo, South West, Nigeria

INTRODUCTION

Conflict exists whenever individual or group interests diverge within an organization, (1) and it is due to the lack of agreement between opinions, principles and interests. Certain elements such as the health workers in the hospital practice environment are important predictors of variation in patients ‘outcomes (2). Hospitals’ nurses or physicians do not work in isolation; rather they collaborate and interact with other members of the healthcare team to provide quality patient care (3). The health institution is usually headed by doctors which may influence the training of both the physicians and the nurses. However, the working relationships are changing and should be examined against prevailing developments in the profession, society and workplace (4–6).

In the very early part of the twentieth century, the idea of the working relationship between these sectors may be described as a “soldier–officer” relationship in which the nurse must begin her work with the idea firmly implanted in her mind that she is only the firm that the factors militating against good working relationship between them should be addressed accordingly. The factors that significantly affected the professional relationship between Doctors and Nurses included individuals’ peculiar behavior (p value=0.004), gender differences (p value=0.015), cultural demand for respect (p value =0.013) and disregard for other professionals (p value=0.011).

CONCLUSION: Majority of the respondents were of the opinion that a poor working relationship exist between doctors and nurses and they suggested that the factors against good working relationship between them should be addressed accordingly.
carried out; she occupies no independent position in the treatment of the sick person (7).

However, in the mid quarter of the twentieth century, the professional mediocrity on the part of the nurses became whimsical due to the revolutionary change in the nurses and medical training, making the boundaries between doctors as diagnosticians and prescribers of treatment and nurses as obeyers of orders and dispensers of treatment less clear and more permeable (8).

But unfortunately, the revolution in education still could not bridge the gap of communication between these sects, it somewhat in part, increased self pride and omniscience.

Individual idiosyncratic behaviors has contributed largely to the communication gap between this sects, as the use of disruptive languages and actions towards the other may affect the morale of the recipient of such ludicrous misdemeanors which may cause job dissatisfaction and sometimes result to the resignation of the affected staffs.

Lovern and Fackelmann in two different studies (9,10) indicated that the nursing shortage isn’t affecting only nurses, it has caused reduction of services, surgeries canceled, and units closed in many facilities and this is inimical to the management of patients.

The relationship between organizational characteristics and nurse–physician communication is poorly understood; Rosenstein and O’Daniel (11) implied that organizational factors contribute to poor communication when they recommended organizational self–assessment as a strategy to decrease disruptive behaviors by physicians and nurses.

The significance of a smooth working relationship between nurses and physicians cannot be overemphasized, as that remains the key to efficient management of patients which has somewhat in part being compromised. This ineffective communication has also affected the morale and job satisfaction of the staffs involved (12,13) all of which has a deleterious impact in the health sector. Hence, the need for a better relationship has informed this study which was designed to assess the working relationship between Doctors and Nurses at Federal Medical Centre, Owo, Ondo State. The authors are not aware of similar studies in this environment.

**MATERIALS AND METHODS**

The Federal Medical Centre, Owo, Ondo state is a rapidly developing tertiary health institution located in the south–west region of Nigeria. It comprises of over 1,200 health workers amongst which are one hundred and eighty (180) doctors consisting of 33 females (18.3%) and 147 males and also about three hundred (300) nurses consisting of 32 males (10.7%) and 270 females. This summed the sample frame to about 480 subjects. It is a cross–sectional study in which the sample technique was a simple random method using the ballot system. The sample size was determined with the aid of Abramson winpepi program software 2004. It comprised a confidence level of 95% maximum acceptable difference of 0.08, assumed proportion of 0.6 and expected loss of subjects to be 5%, thus, making the required minimum sample size of 117 subjects.

Data collection were through an e–mail based self administered semi–structured questionnaire using the survey monkey.com for computing questions, dispatching, collection and analyzing the responses and also a hard copy self–administered semi–structured questionnaire was distributed to those who for one reason or the other did not respond to the e–mail questionnaire. The website was used for the security and confidentiality of the respondents due to the sensitivity of the issue in question. The questionnaire were sent to 128 email addresses comprising of 88 doctors and 40 nurses, this disparity was due to the fact that more doctors utilized the internet services than the nurses. A hard copy of the questionnaire was subsequently sent to the non respondents after the one month expiration of the e–mail based format.

The information obtained included the bio–data of respondents. The likert scaling method 1 to 5 (1=strongly agree, 2=agree, 3=indifferent, 4=disagree and 5=strongly disagree) was used in assessing the factors that affected the working relationship between Doctors and Nurses. The study was carried out over three months between September and December, 2009. Approval of the Ethical Review Committee of the hospital was obtained prior to commencement of the study. The data obtained was computed and analyzed with SPSS 15.0.1 statistical software. Cross tabulation of attendants results were done with Pearson chi–square test and statistical significance was set at \( p \leq 0.05 \).

**RESULTS**

One hundred and seventeen (117) responses were received and analyzed following the dual method of data collection. They comprised of 65 Doctors
Demographic characteristics of respondents

The age range for both groups was between 21–51 years with a mean age of 33.28 and S.D. of 6.161. The Doctors consisted of 45 Males (63.4%) and 20 females (43.5%). The Nurses consisted of 26 males (36.6%) and 26 females (56.5%). Tribal distribution of the respondents revealed that 96 were Yorubas (82.5%), 12 were Igbos (12.2%) and the remaining 9 (5.3%) were of the other ethnic groups. Majority of the respondents were Christians (92.2%) while the remaining 7.8% were Muslims. 37 doctor respondents are married while 32 nurse respondents are married.

Assessment of the working relationship between Doctors and Nurses

Responses were as follows; Cordial relationship: (Likert 1&2) (N=45, 39.2%), Not cordial relationship: (4&5) (N=51, 42.6%), and Indifferent (Likert 3) (N=21, 18.3%), p-value=0.079. Thus, it is not statistically significant. In other words, there is a poor professional relationship between Doctors and Nurses.

Factors affecting the working relationship between Doctors and Nurses

- Individual peculiar behavior: Agreed (N=108, 93.1%), Disagreed (N=5, 4.3%), Indifferent (N=3, 2%), missing information (N=2, 0.6%) p-value=0.022.
- Cultural demand for respect: Agreed (N=96), Disagreed (N=7), Indifferent. (N=10), missing (N=5) p-value=0.013.
- Gender Disparity: Agreed (N=69), Disagreed (N=31), Indifferent (N=13), missing (N=4), p-value=0.04.
- Tribal differences: Agreed (N=31), Disagreed (N=61), Indifferent (N=22), missing (N=3) p-value=0.065 (not significant).
- Doctors can perform its duties effectively without the nurses: Agreed (N=9,7%), Disagreed (N=95, 81.5%), Indifferent (N=13, 10.5%) p-value=0.070.

Other factors such as the managerial, educational and Governmental factors significantly affected the cordial relationship between the doctors and nurses as indicated in the summarized in figure 1.

Figure 1. Assessment of working relationship between Doctors and Nurses

![Figure 1. Assessment of working relationship between Doctors and Nurses](image-url)

Yes=Likert scale 1&2+3/2, No=likert scale 3/2&4&5
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DISCUSSION

It was somewhat difficult to determine the chi-square for the data using the likert scale, thus, the scale 1&2 was represented as “yes” and the 4&5 was represented as “No” while the scale 3 (indifferent) was divided equally between the yes and no responses. The missing values were insignificant thus, ignored.

There are more doctors than nurses as respondents. More males than females amongst the doctors but equal number of males and females were selected amongst the nurses. Majority of the respondents were from the Yoruba tribe a prominent ethnic group of the major tribes in Nigeria and most of them were Christians. These findings are attributable greatly to the location of the hospital which is in Yoruba community in south–western region of the country and the fact that Christianity is the predominant religion in the community. Even though there were more married respondents than singles the spouses of those married did not show any significant contribution to their working relationship.

The working relationship between these groups was not cordial and it is not in tandem with the findings of a similar Nigerian study done by ogbimi et al (14) few years back and they considered the professional relationship in three teaching hospitals in Nigeria. However responses were similar on the factors said to be militating against a smooth working relationship. The variance in results brings to fore the fact that more unsolved issues were cropping up which further worsens the working relationship.

Amongst the attributed factors analyzed the tribal factor and doctors working effectively without the nurses showed inverse relationship compared to the others as majority of the respondents disagreed. All other factors were of significant importance to the working relationship. Individual peculiar behavior was a major contributory factor and this was in concordance with other similar studies. Rosenstein et al (15) showing a mean rating of respondents (n=1,149) reported how important disruptive behavior was as a contributing factor to nurse satisfaction and morale was 8.15 (rating 1–10 in ascending order of importance; SD=2.25). The value 10 indicates a strongly positive response. Similar response was shown in the study by Rosenstein AH and O’Daniel M (11).

Gender was also a contributory factor to the working relationship. Nurses are generally more of females while doctors are more of males; the study was able to ensure that more male nurses as well as female doctors were recruited so as to sample unbiased opinions but more doctors agreed to the effect of gender compared to nurses. Verbal claims were that more male nurses in the system allow for better understanding and working relationship with doctors of both sexes.

Similar findings was seen in the study by Ogbimi et al (14) and they opined that it is necessary to increase the recruitment of men into nursing and women into medicine in order to balance the gender distribution, reduce gender–role–perception based conflicts and enhance nurses–doctors working relationships. The patriarchal nature of the doctor’s profession has subconsciously exacted a militia perception which is akin to the family setting, mostly seen in African environment, (16,17) that the nurses (mostly women) must be subservient to them in all ramifications. Gjerberg and Kjolsrod (18) opined that increasing male entry into nursing and female entry into medicine may change the perception of the role of gender in doctors–nurses working relationships.

Other factors as detailed in figure 1 showed a significant effect on the working relationship. The results were similar to the findings of other studies by Milisa Manojlovich et al (19) Leonard Fagin & Antony Garelick, (8) and Ogbimi et al (14). Other suggested factors by respondents in the open ended question included; union activities of professional groups. Unionism has revolutionized the health system as suggested also by Ogbimi et a (14) in this study nurses more than doctors felt that the union activities of the other professional group were inimical to the professional interests of their group. One of the major responses to decades of poor government and economic depression in developing countries has been the radicalization of workers’ unions. Poor skills by the attending physician to carry out duties on patients has also been known to affect the working relationship as it may lead to refusal to succumb to instructions given to nurses who may believe such may be deleterious to the patients thus affecting their working relationship. Shortage of staff can also adversely affect the working relationship between Doctors and Nurses. The instances where a single nurse would have to administer drugs to over thirty patients at varying intervals, carry out nursing procedures, prepare patients for surgery, and also follow different managing doctors at different times for ward rounds, may trigger conflict easily with doctors, patients and patients’ relatives as such a person is overworked and easily provoked. In a more recent study, (20) verbal miscommunication between nurses and physicians was responsible for 37% of all errors. Consequently, patient satisfaction has decreased, quality of care and patient safety have
been compromised, and the rate of medical errors has risen (21). Thus, Milisa et al (19) opined that use of a professional nursing model to deliver patient care and adequate staffing may improve nurse–physician communication.

Poor internet facility, low respondents patronage of the existing internet facility and computer literacy were limiting factors of this study. E–mail based study, however more expensive produces better data collection modality as compared to hard copy questionnaire due to the need for confidentiality. It is hoped that better research on similar sensitive issues through e–mail would be ensured with the upsurge in the installations and upgrading of internet facilities in Nigerian hospitals.

CONCLUSION

Majority of the respondents were of the opinion that there was poor working relationship between Doctors and Nurses. The factors that significantly adversely affected the relationship between Doctors and Nurses included individuals peculiar behavior, gender disparity, cultural demand for respect and disregard for other professionals.

Recommendation

1. The factors inimical to the working relationship between doctors and nurses should be addressed by all concerned. This would enhance proper patient’s management and staff job satisfaction and development of the health sector.
2. Training and re–training of staff in the health sector should be given priority so as to improve job satisfaction thus enhancing the working relationship of health workers.
3. Recruitment of more male nurses should be considered so as to reduce the adverse effect of gender on the professional relationship of doctors and nurses.
4. Adequate remuneration of staff with relativity according to cadre would enhance job satisfaction and improve communication between the sects.

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