International Journal of
Scientific Research in Humanities Legal Studies and International Relations
p-ISSN: 2579 – 0986 | e-ISSN: 2579 - 0994
IJSRHLIR
July, 2020
Vol. 5, No. 1

Inter-Professional Relations and Conflicts Between Nurses and Doctors in Tertiary Health Institutions

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Abstract

Inter-professional conflicts between nurses and doctors when discharging their duties are common in public hospitals. Consequently, patients suffer as a result of these power tussles and conflicts. However, issues on this subject concerning the Nigerian context are seldom discussed in literature. This is what informed this study. This paper unravels the root causes of these conflicts as they work together. It discusses the power relations that occur between the two groups of health personnel, the behavior of nurses when expected by doctors to perform certain tasks that are outside their institutionalized roles and responsibilities and occupational boundaries, and how it affects patients. It further discusses issues on differences in wages and tasks assigned to the two groups, how this leads to work-related conflicts, and the overall consequences of these. The findings showed that differences in wages and doctors' attitudes towards nurses were key factors that accounted for work-related conflicts between nurses and doctors. The results further revealed that patients suffered neglect and abandonment as they are caught in-between the conflicts of these two groups. To reduce or eliminate conflict between these groups and facilitate the achievement of the goals of the hospital, the study recommends that issues on the division of labor for each group be promptly addressed and the wages made appropriate to the assigned tasks.

Keywords:
Inter-professional, Conflicts, Groups, Nurses, Doctors

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Background to the Study

Inter-professional relations and conflicts between nurses and doctors in any health institution is a form of disagreement between two groups who work together and have cause to interact formally or informally with each other. This disagreement comes when they interfere or disrupt each other while trying to achieve shared goals. By implication, conflict involves behaviors that can bring a setback to the work of others. It can make any of the groups less effective and even result in competition between both while pursuing organizational goals (Chiekezie, Dibua, and Chima, 2016). The rivalry between the two is considered very unhealthy for patients (Chiekezie et. al, 2016), given the fact that they can save or end people's lives while attending to their health situations (Zaimova-Tsaneva and Hadjieva, 2018). Patients' outcomes depend largely on the doctor's expertise in diagnosis and treatment, and nurses' ability to observe patients continuously and pass the appropriate information to the doctors (Falana, Afolabi, Adebayo, and Ikesanmi, 2016). However, because humans are by nature social animals that must interact with each other, conflict becomes inevitable (Chiekezie et. al, 2016). Even as noble and humane as the professions of doctors and nurses are considered in the world, relationships between these two groups are one of the most difficult (Zaimova-Tsaneva and Hadjieva, 2018). And conflicts among the two abound. The good work relationship between nurses and doctors is paramount to the success of any health care institution. As indicated by (Ogbimi and Adebamowo, 2006),

> *Smooth working relationships between doctors and nurses are prerequisites for the efficient delivery of health care.*

The importance of effective doctor-nurse collaboration to patient care cannot be overemphasized. The disagreement has led to many problems in health care systems all over the world, particularly in developing countries. However, there has been a neglect of this issue between the two groups and the consequences have been grave. It becomes necessary therefore to critically analyze and unravel the nature of the nurses-doctors relationship and the causes and consequences of the conflict between the two groups.

Nurses-Doctors Relationship in Health Institutions

The relationship between nurses and doctors is that of superiors and subordinates. The dominance is supported by the view that medicine operates from a foundation of `superior' -` subordinate', legitimated knowledge compared to the knowledge that forms the basis of other health professions. The hierarchical structure of legitimated knowledge is used as a mechanism to underplay the value of other health professions (Manias and Street, 2001). In almost all countries of the world, doctors determine the span of nursing practice and education. They define the limits of nursing knowledge (Ogbimi and Adebamowo, 2006). And historically, the status and development of nurses' knowledge have been largely influenced by the dominance of medical power (Manias and Street, 2001).

Doctors also head all public health care institutions. This gives them opportunities to influence the training of nurses particularly in Nigeria (Ogbimi and Adebamowo, 2006).

There have been attempts by nurses in the critical care environment to legitimate their knowledge by undertaking medical skills normally denied general ward nurses. However, this acquisition of advanced skills has not helped to acquire a valued status for nursing (Manias and Street, 2001). Physician education emphasized scientific expertise, autonomy, and authority and nothing has changed about it (Zelek and Phillip, 2003). Partnership characterized by recognition and respect for individual strengths and differences is still lacking in many hospitals. Doctors do not allow nurses to make equal, and effective contributions in final decision-making on patients' treatment. They do not relate or work with other health care providers based on trust, respect, and understanding of each other's relevance, and importance in using their skills, knowledge and competences (Falana et. al, 2016). Although current medical education generally mentions teamwork and collaboration, the emphasis remains has not changed (Zelek and Phillip, 2003). In many instances, nurses dislike being put down by doctors, physicians hate being challenged by nurses. Many nurses and physicians still resist the equalization of power that is required for teamwork (Zelek and Phillip, 2003).

In the hospital setting, doctors talked with themselves in a clinical dialect that makes it difficult for other health professionals to fully understand their discussions. They used terms that made it not viable for a stranger to enter into a dialogue. They used technical names of diseases and described signs and symptoms in instrumental terms. They were capable of carrying out long conversations using these terms. To develop this clinical language, doctors had to go through a long period of "enculturation". Nurses on the other hand were more ready to execute their tasks in the job and spoke little to the doctors, but each other. Nursing care had the social status of servant work (Nolte, 2011). They rarely debated with doctors regarding the procedures to be carried out (Gonclaves, Mendonca, and De Camargo, 2019). Akpabio and John (2015), argues that because nurses play very important roles both in the achievement of hospital goals as well as the clients' satisfaction, they occupy a very strategic place in the hospital setting by their roles, for they to perform these roles effectively, and efficiently there must be a strong cordial relationship between they and their other members of the health team.

Nevertheless, scholars have argued that these working relationships are changing and should be examined against prevailing developments in the professions, society and workplace. The working relationships between these two groups were statistically significantly affected by activities on unionism, disregard for one's profession, hospital management and government policies, poor social interaction after work, and staff shortages. Nurses generally, had abetter opinion of doctors' work than doctors had about nurses' work (Ogbimi and Adebamowo, 2006).

Analyzing the Causes and Consequences of Conflict between Nurses and Doctors

Inter-professional conflicts in the Nigerian health care delivery system have been described as very intense, crippling and deep-rooted (Ogbimi and Adebamowo, 2006). Developing mutual practice among health care professionals is still a big challenge to organizational managers. The aftermath of a lack of effective cooperation between

doctors and nurses has severe consequences. The consequences range from poor coordination of patient care, less patient satisfaction, poor perception and utilization of health care services, medication error, failure to rescue patients, and even deaths (Falana et. al, 2016). In most cases, conflict consumes much of the time and attention that should be committed to patients (Akpabio and John (2015). Sometimes cultural demands of respect from the younger generation, inadequate development of interpersonal skills, personal characteristics, and refusal to take advice can also lead to a strain on their relationship (Zelek and Phillip, 2003). Poor hospital management and government policies in the allocation of remuneration can even result in strike actions (Osabuohien, n.d.), According to Sofer (1972) in Iruonagbe and George (2007), one of the well-known causes of conflict is the distribution of financial resources to individuals or groups. The way and manner in which financial resources are shared can generate conflict among contending persons who consider the allocation inadequate (Nolte, 2011).

The income, prestige, and authority of doctors in most western countries reflect their omnipotence over other health care professionals. The physicians' power appears to arise from the knowledge and social class (Zelek and Phillip, 2003). This situation shows that the potential for conflict to arise in a hospital setting is considerably high (Akpabio and John (2015). In Nigeria, the working relationships between doctors and nurses have been affected by episodes of withdrawal of services by both doctors and nurses crippling hospital activities (Ogbimi and Adebamowo, 2006). Other obstacles to collaboration include gendered thinking, different styles of learning, and models of working, regulatory mechanisms, role ambiguity, and incongruent expectations (Zelek and Phillip, 2003). This notwithstanding does not imply that conflict is necessarily negative (Iruonagbe and George (2007). Although conflict is inevitable in most human interactions and organizations, there is the need to curtail and limit its negative consequences. In some instances, conflicts in the workplace have been proven to result in better ways of working and a better work environment. This is why Obembe, Olajide, and Asuzu, (2018), mentioned that

> *It is imperative that health systems are frequently assessed bearing in mind the dynamics that exist between the members of the health team to continuously address issues that promote conflicts or hinder efficiency in hospital settings and consequently patient-oriented care.*

Conclusion and Recommendation

Conflicts between health professionals as nurses and doctors in a complex environment as the hospitals are elements of everyday work and very dangerous to the achievement of set goals. The challenge rests on organizations to detect possible conflicts and possible solutions to it (Metsiou, Toska, Malliarou, Saridi, and Sarafis, 2019). The working relationship between these two groups has not been smooth. And the causes of conflict between both who are responsible for the care of the patient are diverse factors ranging from the establishment of the group of work up the salary (De Oliveira et. al, 2010). To reduce or eliminate conflict between these groups and facilitate the achievement of the goals of the hospital, it is recommended that issues on the division of labor for each group be promptly addressed and the wages made appropriate to the assigned tasks.

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