

# A View from the Other Side

Will doctors and nurses ever get along?

What can we do to improve the current state of affairs?

*Ms Low Beng Hoi, a senior nurse, shares her thoughts with Terence Lim, SMA Editorial Board Member.*

Groups of professionals whose jobs are closely interlinked (doctors and nurses, for example) will inevitably encounter problems in their working relationships. Typically, these problems are not major, but they can get out of hand if not dealt with early.

## COMMUNICATION & EXPECTATIONS

The main problem in the doctor-nurse relationship today is communication. If doctors and nurses could communicate better, many misunderstandings could be avoided.

Miscommunication can occur in the management of a patient and in day-to-day interactions. The fast pace of work in the ward often makes in-depth discussion difficult. Doctors are often frustrated that nurses do not join in during the ward rounds and therefore miss important information. Nurses get frustrated too as they are often hard pressed with their ward duties, and joining a round adds to their already heavy workload. They feel that important information should be told to them directly: they should not be expected to find it out by themselves.

This communication problem is most common in a busy ward where one nurse has to serve many patients: as is well

known, we are short of nurses locally. Doctors usually have fewer work problems with intensive care nurses as the nurse patient ratios in this sector are much better. Hopefully, now that tasks that are less clinical in nature are being handed over to ward assistants, other nurses will be able to concentrate more on nursing care and will be less occupied with non nursing duties that can be handled by others.

## GENDER DIFFERENCES

Many doctors seem to find nurses overly sensitive. They also feel that nurses fuss over apparently small details. Gender differences probably contribute to this perception. Most doctors in Singapore are men while most nurses are women. The miscommunication between the genders has been well described in the literature (and in less formal studies such as "Men are from Mars and Women are from Venus").

In general, it would appear men find it easier to take things more objectively, even after they have been verbally reprimanded. Women tend to be more emotional and sensitive, especially when told off in public. Some nurses get very upset at curt remarks from doctors who do not even realise that harm has been done by their unintentional terseness. Unless these incidents are persistent, I encourage my nurses to overlook them as they are likely to be a one-off event due to work pressure.

I find that nurses who work in high-stress procedural subspecialties – where tensions often run high – tend to be people who are able to stand up to such work pressures and are not afraid of speaking up for themselves against unwarranted reprimands. Thus, the nature of work not only requires a particular type of "doctor personality", but also a certain type of "nurse personality". Nonetheless, a courteous word often gets things done much

faster than shouting does.

Nurses tend to focus on strict adherence to detailed protocols. As a result, when doctors come by on ward rounds, they see the nurses carrying on their procedures and not giving time to the doctors or patients. Both sides should change. Nurses should participate in rounds whenever possible, while doctors need to understand that nurses often have demanding schedules to meet. Moreover, ward rounds can take place at any time of the day and are often at difficult times for the nursing staff.

## NURSES ARE ALSO PROFESSIONALS

People who choose nursing as a career are generally those who are able to commit themselves to serving others. The job also chooses a group who are willing to go beyond normal expectations in giving help. Doctors who can harness this potential will find working with nurses a pleasure.

That said, nurses should not be treated as if they were doctors' handmaidens. Nurses are also professionals and deserve respect for the work they do. On that same note, if nurses want doctors to involve them fully in the management of patients, they will have to earn the doctors' respect by being an expert in their field of work. Only in this way will their opinions and input be sought after.

Likewise, junior doctors often find they have to earn the respect of the more senior nurses. It may not be deliberate, but both groups will find themselves testing out the other initially. This stage is probably inevitable.

When doctors find certain nurses less than competent, they often shut them out or simply refuse to work with them. This is not helpful in the long run. Unless the nurses are sacked, someone will still have to work with them eventually. It is better to help



nurses to improve in areas where they are lacking. Doctors can also speak to the nursing officer-in-charge on what should be done. If doctors have issues with nursing officers, they should seek the help of those in nursing administration.

Similarly, when my nurses have a genuine problem with certain doctors, to the point that everyday work is difficult, then the nursing administrator will have to speak to the senior doctors to find a solution.

## **CONCLUSION**

Doctors are regarded as leaders in

a healthcare team. How patients regard nurses is very much influenced by how much respect the doctor gives nursing staff. As a result, to some extent, when patients see doctors involving nurses in clinical decisions and valuing their input, patients will be willing to seek nurses' help for minor complaints and will be less likely to seek reassurance from doctors. Subsequently, doctors will then have more time to concentrate on important clinical issues.

We are all members of a healthcare team. Doctors can help make nursing an enjoyable and worthwhile pursuit.

Nurses can also help by trying to see the doctors' viewpoints and by assisting doctors whenever possible. In the end, this camaraderie between doctors and nurses will benefit our patients and our community. ■

## **About the Interviewee**

*Ms Low Beng Hoi has been Director of Nursing at Alexandra Hospital since April 2001. A trained midwife and intensive care nurse, Ms Low worked in the United Kingdom for 16 years before returning to nursing in Singapore in 1985. Prior to her current appointment, she has held administrative positions in the hospital ambulatory services. The above are some of her views.*