the Doctor-Nurse Relationship

A Medical Student's Point of View

By Nicolea Tan

All names have been changed.

When I was 17, I enjoyed the privilege of being attached to a surgeon from a private hospital in Singapore. It was my first time in the operating theatre (OT), where I stood hovering over the patient, observing a surgery. But what I remember most clearly was the surgeon yelling at his scrubs nurse because she was unable to identify a particular surgical instrument correctly. I was appalled by his sudden outburst for something that seemed so trivial. Following that, he turned to me and apologised very calmly for the "incompetency" of his scrubs nurse. I was taken aback by his explosive behaviour. It was as if he had undergone a total personality change within split seconds. At that point in time, I did not realise the significance of this encounter, as the thought of going to medical school was still far from my mind.

Four years later, I found myself in a similar situation, except that I was a medical student by then, and had just completed my first year of school.

This time round, I was attached to a surgery subspecialty at a public hospital in Singapore for two weeks. When I started doing ward rounds, I immediately sensed some tension between the doctors and nurses working there.

What confirmed my suspicions was, unsurprisingly, another incident of a surgeon snarling at her scrub nurse. On the third day of my attachment, I was in the OT waiting to observe a procedure to be conducted on a patient with a congenital problem. As I had little knowledge of the condition, the surgeon Dr Ko very kindly and patiently explained the entire procedure (including the anatomy and pathology of the condition) to me. However, when the scrub nurse entered the room, Dr Ko glared at her, barking at her to "get ready faster", and then impatiently chiding her for being "so slow and unprepared". Once again, I felt as if Dr Ko had suddenly transformed into someone else altogether, bringing me back to my previous experience as a

17-year-old. I never expected what was coming next.

The moment Dr Ko left the OT to start scrubbing in for the surgery, the scrub nurse very grumpily demanded my name and what I was doing there. She then started picking on the blue surgical cap that I was wearing and insisted that I had to change it to a white cap because the blue ones were only for medical personnel. I wanted to apologise and explain to her that I had been wearing the same surgical cap for the previous two days, but nobody had mentioned anything to me, not even the doctors who were in charge of my attachment. But before I could speak, she just waved me off and repeated, harshly, "Go change the cap NOW!" I didn't want to cause any trouble, so I quickly left to change it.

At that moment, I suddenly felt that it might have been justified for the surgeon to treat the scrub nurse that way, because the latter didn't seem like the nicest person to work with. I even reached the point where

I had to stop myself from thinking, "If I ever work with you in the future, I will make sure I'd be mean to you as well."

After much reflection and even some reading up on the matter, I realised that these unnecessarily strained relationships can cause problems in the hospital every day. Doctors and nurses need to work with one another smoothly to ensure the best quality of care for their patients, yet all these pointless tensions are exactly what will prevent this from happening.

Oncology nurse Theresa Brown, wrote in the *New York Times* about the tense relationships between doctors and nurses, clearly delineating the hierarchy in the hospital.[1] Undoubtedly, doctors and nurses have different roles to play. Doctors may make the ultimate decisions for patients, but nurses should also help to reach these decisions together. Both sides must work together as a team, with input from everyone, so as to provide the safest and best care to their patients. Brown also highlights the fact that when nurses are admonished for trying to do their job, they begin to keep silent, which is highly dangerous for patient welfare. This is because nurses serve as a "final check" for doctors after the latter have made their decisions.

Most physicians are unable to appreciate that nurses have been trained and equipped with skills that can equal that of many doctors. A survey published in the *New England Journal of Medicine* earlier this year found that only 17% of physicians agreed that nurse practitioners should coordinate a patient's care as the leader of a medical home, versus more than 82% of the nurse practitioners.[2] It also showed that only 3.8% of doctors, compared to 64% of nurse practitioners, felt that a nurse practitioner should be paid equally for providing the same service as a physician. These statistics further prove that the stereotype that "the nurse only follows the doctor's orders" exists. Many doctors believe that nurses cannot contribute to any decision making regarding the most holistic care for patients, which is highly untrue.

Here lies the fine line between authority and elitism. Although nurses have lower levels of authority than doctors, the latter should not simply shove aside the former's contributions in the hospital. Neither should doctors feel that they belong to the "elite" group because they, as heads of the team, must always recognise that they are nothing without the other team members. Simultaneously, it may be beneficial if nurses can also learn to be more patient when handling medical students. After my experience with the grumpy scrub nurse, I decided to speak to many other medical students of varying clinical years, and found that the majority of them shared similar sentiments.

Damien, a fifth year medical student from Melbourne who had been on his geriatric placements for about a month, told me that there were many nurses who had outrightly embarrassed him, even if they were in front of patients. If he could not do a successful cannulation (which tends to be difficult for many clinicians, not only medical students who are just starting out), he was given a rough time and told to "go elsewhere and do something useful", instead of "treating the hospital as if you're going on a medical tour".

It would be normal to feel bitter towards nurses after having been subjected to such undeserving treatment. After all, we medical students are still very much the greenhorns of the hospital, the "bottom of the food chain". Yet often these grudges against the nurses are borne all the way until we become full-fledged doctors, and it may eventually contribute to unpleasant incidents similar to the ones I have mentioned earlier. Thus it becomes a vicious circle, until one party has enough heart to stop.

Gandhi once said, "An eye for an eye makes the whole world blind." To be able to work for the best interests of all patients, doctors and nurses must learn to work and communicate with each other efficiently and without any constraints. There is a Chinese proverb that goes, "*ren yi shi, feng ping lang jing; tui yi bu, hai kuo tian kong*". Literally translated, it means "tolerate for a moment and the storm and waves will be calmed; take a step backwards and the sea and sky become boundless." If only everyone could remember these wise words before snapping at their colleagues and feeling regret afterwards. **SMA**

References

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2. Donelan K, DesRoches CM, Dittus RS, et al. Perspectives of physicians and nurse practitioners on primary care practice. New Engl J Med 2013; 368:1898-1906. Available at: http://www.nejm.org/doi/full/10.1056/NEJMsa1212938#t=articleTop. Accessed 1 December 2013.

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