



## **The Effects of Interpersonal Relationship between Doctors and Nurses and Its Impact on Patients Care: A Case Study of University of Benin Health Services.**

**BY**

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## ABSTRACT

**Background:** *This study examines critically the cordiality that exists between doctors and Nurses in the work environment and how this impacts patient care at the University of Benin health services, Benin City.* **Objectives:** *The objectives of this study is to examine the relationship that exists between doctors and nurses in the hospital environment; to ascertain if the type of organizational structure contribute to the kind of relationship among doctors and nurses.* **Design:** *This is a descriptive study.* **Methods:** *Data were collected with the aid of a self-structured five (5) point rating Likert scale format questionnaire, and analyzed using statistical package for social science (SPSS) version 20 which was presented on frequency tables, expressed in simple percentages.* **Results:** *It was revealed that (50.0%) of the respondents disagreed that there is no mutual relationship between doctors and nurses on patient care; Also, (40.0%) of the respondents agreed that superiority of doctors over nurses affect their interrelationship between doctors and nurses on patient care.* **Conclusion:** *The results of this study showed that was there is no mutual relationship between doctors and nurses on patient care; There is a role conflict among doctors and nurses on client/patient care. Pride is a factor that mar the interrelationship between doctors and nurses. Mutual understanding should be encouraged among doctors and nurses on client/ patient care. Measures should be put in place to combat any factors militating against interpersonal relationship between doctors and nurses.*

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**Keywords:** “Effect”, “Interpersonal”, “Relationship”, “Doctors”, “Nurses”, “Patient”, “Care”.

## Introduction

Health care teams consist of various members drawn from different disciplines. The most common members of such a health team are the Nurses and the doctors. The health team also include the Health Records and Information Management staff, laboratory staff, physiotherapists, pharmacist among others. However, as diverse as the medical team, they must work harmoniously to create a conducive environment for patient welfare.

Excellent working relationships between nurses and physicians are key to creating a productive, safe and satisfying practice environment.

Best practice had shown that good nurse-physician relationship is associated with positive attitudes of nurses and physicians towards patients, and consequently higher quality of health care<sup>1</sup>.

Effective communication between health professionals in clinical environment contributes significantly to best patient outcome<sup>2</sup>. The real issue is to keep focus on patients' care, regardless of the inherent conflicts of who is the leadership of a patient centered care. Researchers have shown that the obstacles between physician and nurse communication have hampered their communication as the daily management of complex treatments have been difficult in the face of these controversies<sup>3</sup>.

Many studies<sup>3,4,5</sup>, have examined the factors responsible for the that trigger of conflicts in the health sector that are held responsible for failure in collaboration between physicians and Nurses<sup>6</sup>. The most crucial aspect of the doctor–nurse relation is its mutual interdependence since neither can function independently of the other.

Effective collaboration and communication between physician and nurse may improve job satisfaction and reduce the multidimensional phenomenon of burn out syndrome<sup>7,8</sup>. Noted is the fact taking care of patients' is always demanding. It is easily understood that physicians and nurses may feel tired or experience lack of energy<sup>2</sup>. A working environment which offers motivations, trust, communication, respect, personal and team support, and allows independence significantly minimize the prevalence of burnout syndrome or avoiding

controversies. It is important to explore the ways that each personality escapes from conflicts<sup>3</sup>. Promoting physician-nurse communication has always been an attractive field as it is strongly associated with reduced mistakes in practice, reduced nosocomial infections and improved patient's satisfaction. Moreover, communication is a prerequisite for promoting patient's safety and improving quality of care<sup>3</sup>.

There is a need for both physicians and nurses to reestablish their common purpose in order to become a high-functioning team who as an ultimate goal has the promotion of patients' outcome<sup>3,4,9</sup>.

Working together in partnership with healthy competition is considered essential, not only for the smooth and efficient running of everyday clinical care, but also for finding new ways of tackling old as well as new problems<sup>10</sup>. Working together can be described as acknowledging the contribution, expertise, personal and professional contribution of others. Experience of group members equally valid, and the sharing of common goals<sup>10</sup>. Although collaboration (teamwork, cooperation) is strongly recommended and its importance and effectiveness has been shown in several outcomes<sup>11,12</sup>.

Doctors and nurses occupy different professions and jurisdictions, which is defined by professional boundaries. Differences in their professional identities are present in the language that they use as well as the type of work that they do. From the nurse's perspective, nurses share atrocity stories as a way to define nursing boundaries<sup>13</sup>. In the narrative of these stories, nurses use language as a way to isolate and undermine the doctor, by casting the doctor as an outsider and establishing a sense of solidarity among the nurses<sup>13</sup>. Nurses also challenge their jurisdictional boundaries by asserting their superior holistic knowledge of and relationship with the patient through daily interaction as opposed to the doctors lack of empathy and effective communication with the patients<sup>13</sup>.

## **METHODS**

### **Study design**

A descriptive survey research design was employed for the study. The study aimed to investigate the effects of interpersonal relationship between doctors and nurses on client or patient care in University of Benin Health Services.

### **Study Population**

The target population of this study comprised both the Nurses and the doctors of the University of Benin health services, Benin City. Simple random sampling techniques was used. One hundred and Eleven (116) nurses and doctors were recruited for the study and a sample size of 90 was determined by Taro Yamene formula below.

$$n = \frac{N}{1 + N (e)^2}$$

Where:

n signifies the sample size

N signifies the population under study (6267)

e signifies the margin error (it could be 0.10, 0.05 or 0.01) (0.05)

### **Instrument for Data Collection**

Self-structured questionnaire was used for the study. It was administered by both authors. The questionnaires were first pretested by administering to ten Nurses and doctors, mistakes corrected before finally administering to respondents. Ninety (90) consented individual were administered with the instrument.

### Method of Data Collection

Primary source of data collection was employed.

### Method of Data Analysis

All the retrieved data were analyzed using statistical package for social science (SPSS) version 20 which was presented on frequency tables, expressed with simple percentages.

### Results

51 (56.7%), of the respondents were females. It was observed from the findings that the highest respondents 39 (43.3%) were within the age range of 38-43 representing.

It was confirmed that most 84 (93.3%), of the respondents were married. Majority 77 (85.6%) of the respondents were of Christians religion.

**Table 1: Relationship among doctors and nurses in the hospital environment**

	SA	A	DK	D	SD	Total
There is interpersonal relationship that exist between doctors and nurses on patient care	30	58	2	-	-	90
There is no mutual relationship between doctors and nurses on patient care	4	8	6	45	27	90
There is a role conflict among doctors and nurses on client/patient care	3	51	6	21	9	90
The interpersonal relationship between doctors and nurses within the organization between doctors and nurses does not affect patient care.	30	36	9	15	-	90

**Table 2: Influence of leadership on interpersonal relationship among doctors and nurses affect client or patient care**

	SA	A	DK	D	SD	Total
Pattern of leadership within the organization between doctors and nurses does not affect patient care	14	24	6	24	22	90
There are factors militating against interpersonal relationship between doctors and nurses on patient care.	12	66	6	6	-	90
Superiority of doctors over nurses affect their interrelationship between doctors and nurses on patient care	6	36	12	21	15	90
Lack of trust between doctors over nurses affect their care	12	45	3	24	6	90

**Table 3: Factors that affect interpersonal relationship among doctors and nurses**

	SA	A	DK	D	SD	Total
Schedule of duties among doctors and nurses does not have effect on patient care	18	33	-	30	9	90
Pride is a factor that mar the interrelationship between doctors and nurses	36	30	3	9	12	90
The difference in remuneration between doctors and nurses does not affect their relationship on patient care	9	39	6	30	6	90
Years of working experience between doctors and nurses have an effect on patient care	21	42	18	9	-	90

## Discussion

The study is to investigate effects of interpersonal relationship between doctors and nurses on client or patients care in university of Benin health service.

It was revealed from the findings that respondents agreed that there is interpersonal relationship that exist between doctors and nurses on patient care. It was also revealed from our findings that the overall respondents disagreed there is no mutual relationship between

doctors and nurses on patient care. It was further revealed that that the respondents agreed that there is a role conflict among doctors and nurses on client/patient care.

From the findings, it was observed that the respondents agreed that the interpersonal relationship between doctors and nurses within the organization does not affect patient care.

It was also observed from the findings that the respondents agreed and respondents disagreed that pattern of leadership within the organization between doctors and nurses does not affect patient care. It was further observed that the respondents agreed that there are factors militating against interpersonal relationship between doctors and nurses on patient care.

The study depicted that the total respondents agreed that superiority of doctors over nurses affect their interrelationship between doctors and nurses on patient care. It was also depicted from the findings that the respondents agreed that lack of trust between doctors over nurses affect their care. Furthermore, it was depicted that the respondents agreed that schedule of duties among doctors and nurses does not have effect on patient care.

From the findings, it was confirmed that the respondents strongly agreed that pride is a factor that mar the interrelationship between doctors and nurses. It was also confirmed that the respondents agreed that lack of trust between doctors over nurses affect their care. It was further confirmed that the respondents agreed that schedule of duties among doctors and nurses does not have effect on patient care.

From the findings, it was observed that the respondents strongly agreed that pride is a factor that mar the interrelationship between doctors and nurses. Also, it was observed that the respondents agreed that the difference in remuneration between doctors and nurses does not affect their relationship on patient care. It was further observed that the respondents agreed that years of working experience between doctors and nurses have an effect on patient care.

The study revealed that the respondents agreed that one sided decision making affect the interpersonal relationship between doctors and nurses on patient care. It was also revealed that the respondents agreed that negative and positive interpersonal relationship between doctors and nurses have effect on patient care. Furthermore, it was revealed that the



respondents agreed that communication breakdown is a common feature among doctors and nurses in the hospital.

From the findings it was shown that the respondents agreed that patient has a role to play in promoting interpersonal relationship between doctors and nurses. It was also shown that the respondents agreed that strained interpersonal relationship among doctors and nurses adversely affect the image of the hospital.

### **Conclusion**

Based on the findings from the study, the researchers make conclusions that there is no mutual relationship between doctors and nurses on patient care. There is a role conflict among doctors and nurses on client/patient care. Pride is a factor that mar the interrelationship between doctors and nurses. Lack of trust between doctors over nurses affect their care. Negative and positive interpersonal relationship between doctors and nurses have effect on patient care. Role to play in promoting interpersonal relationship between doctors and Nurses. Communication breakdown is a common feature among doctors and nurses in the hospital among others.

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