

## Nurse-Doctor Relationship in Rwanda: A Questionnaire Survey

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### Abstract

**Background:** As it is evident in literature review, the working relationship between nurses and doctors was dominant- subservient relationship in the ancient days and the studies show that this working relationship is still influenced by this template. However, even if this patriarchal relationship still exists, many nurses in these days do not want to continue the same game, they want to be independent in their profession. This change is not accepted by doctors who want to continue their dominant role; they are complaining that nurses are no longer obedient. This becomes the origin of doctor-nurse disagreements in their interaction in many hospitals and this influence the health care of patients. The study had three objectives: to identify the factors that can affect the nurse-doctor working relationships in a selected Hospital in Rwanda, to determine the causes of disputes and to find out the power relations between nurses and doctors within the Hospital management structures.

**Methods:** A quantitative descriptive study was conducted. The target population comprised 80 people working at the selected hospital. The non-probability convenience sampling was used to choose the sample size of 60 participants. A self-report questionnaire was used for data collection and data were analyzed using descriptive statistics and were presented in tables and graphs.

**Results:** The majority of respondents have agreed that there are a number of factors contributing to misunderstandings and conflicts between nurses and doctors at the area of study. The existence of disputes is mostly caused by the behaviour of doctors who consider themselves as superiors. The results have revealed also that the hospital management do not treat with the same respect the doctors and nurses.

**Conclusion:** The findings revealed that lack of respect and consideration to others bring the conflicts, disputes and misunderstandings between doctors and nurses. Nurses who participated in the study advised that doctors should recognize nurses and respect them as independent professionals.

**Keywords:** Nurse-doctor relationships

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### I. Introduction And Background

Since the ancient days, nurses and doctors worked together towards a common goal, of saving people's lives. However this relationship has acquired the status of a special relationship. Historically doctors were viewed as superiors and nurse as inferiors, and in order to maintain the harmony in that relationship, nurses had to obey blindly the doctors' orders. [1]In the past, nurses' subordination to doctors has gone unquestioned. [2]Traditionally, doctors have been seen as the repositories of clinical knowledge and have been charged with keeping abreast of recent advances and imparting this knowledge not only to their own apprentices, but also to nurses within the team, doctors were educated whilst nurses were trained. [3]This inequality is generated in medical-nursing training as it is this apparent subservience to the doctors is inculcated early on in medical and nursing training. Doctors were taught to decide, and nurses were taught to obey the doctor's orders before they graduate. [3]

Even if this working relationship between nurses and doctors was dominant- subservient relationship in the ancient days, the studies show that the working relationship between nurses and doctors is still influenced by this template. Doctors still hold essential powers and responsibilities that have an impact on the nurse-doctor interdependence relationship. [3]Other author agreed also in the same way that relationship between nurses and doctors are based on a division of knowledge, power and authority. [2]

However, even if this patriarchal relationship still exists, many nurses in these days do not want to continue the same game of dominant-subservient, they want to be independent in their profession, to be respected as many nurses are wishing to move from dependency to autonomy, and mutual interdependence, they want to stand on an equal footing with doctors, because more nurses have become specialized and confident in their knowledge. [1,3]The same authors continue by saying that many nurses, silently express resentment and act out their feelings, some become "silent saboteurs", undermining or sabotaging, in a passive-aggressive way the decisions made by doctors.

This change is not accepted by doctors who want to continue their dominant role in the nurse-doctor working relationship, they are complaining that nurses are no longer obedient, that these one want to consider themselves as doctors, which is impossible [5]. This disharmony in working relationships between these two professionals does not only negatively affect them but also it affects the care given to patients. The relationship between nurses and doctors in Rwanda is not explored, thus the researcher's arousal to study this relationships. The aim of this study was to explore the working relationships among nurses and doctors in one selected hospital.

## **II. Methods**

For this study, a non-experimental descriptive design has been adopted. The research approach was quantitative and this study was exploratory-descriptive in nature.

The area of the study was one selected district hospital situated in East of Rwanda. The population for this study comprised all nurses and doctors working at the hospital at the time of the study. The total target population was 80 people (70 nurses and 10 doctors). The sample size comprised 60 people (50 nurses and 10 doctors). The non-probability convenience sampling was used where all nurses and doctors meeting the inclusion criteria, available and ready to participate in the study had the equal chance to be part of the sample size. The inclusion criteria were 6 months of working at the hospital.

A questionnaire was designed by the researcher guided by the supervisor using the objectives and literature review as point of departure. It had four main sections, namely socio-demographic, factors affecting nurse-doctor relationship, causes of disputes between nurses and doctors and power relations between nurses and doctors within the hospital management. It consisted of structured, closed-ended questions: single or multiple responses. It had been translated into the local language (Kinyarwanda) in order to allow common understanding among respondents. To ensure the reliability, the questionnaire was pre-tested with ten people from the area of the study who did not participate in the main study; the test-retest coefficient was 0.84. In general, the correlation coefficients are considered good if they are at least 0.70 [6]. And the content validity was used to ensure the validity of questionnaire.

The researcher distributed the questionnaires to the participants and gave them time to complete them and return them the same day.

The questionnaire has been numbered and coded to facilitate data capturing and auditing of captured data. All variables were analyzed using the SPSS version 16.0 program. A statistician assisted with statistical analysis. Descriptive statistics were used to describe and synthesize data. Frequencies and basic statistics have been calculated and presented in tables and graphs. Data was numeric.

The study was carried out ethically by considering self-determination where respondents' right to self-determination was assured by explaining the purpose and significance of the study to them and obtaining their informed consent to ensure voluntarism. Privacy, confidentiality and anonymity also were assured by using codes instead of their names and storage of the completed data collection tools in a safe, locked place. They were also ensured that they can withdraw any time and no further consequences. The permission of data collection was obtained from the selected hospital administration.

## **III. Results**

### ***Socio-demographic characteristics***

Most respondents 53.3% (n=32) were male and 46.7 (n=28) were female. Of respondents 11.7% (n=7) were under 25 years old, 55% (n=33) were between 26-35 years old, 30% (n=18) were between 36-45 years old and 1.7% (n=1) were 46 years old and more. Of the respondents 45% (n=27) were single, 46.7% (n=28) were married, while 1.7% (n=1) were divorced and 6.7% (n=4) were widow. Of the respondents, 83.3 % (n=50) were nurses while 16.7% (n=10) were doctors, this lead to 100% of our target sample in this study.

### **Insert Table 1**

#### ***The causes of misunderstanding between nurses and doctors working at selected hospital***

A half of respondents 51.7% (n=31) did not answer the question aimed to explore the causes of misunderstandings between nurses and doctors. 13.3% (n=8) out of 48.3% (n=29) who responded to this question, regarded the superiority of Doctors as the cause of misunderstanding between nurses and doctors. The rest of respondents have reported different causes of misunderstandings as it is shown in the table 2.

### **Insert table 2**

#### ***Disputes between nurses and doctors***

The results have shown that 33% (n=20) of respondents agreed that they have been in disputes with a nurse or a doctor, 65% (n= 39) disagreed and 2% (n=1) were unsure. When the respondents who have been in disputes were asked the causes of that disputes; different causes were reported such as Lack of respect by the

doctor, Refusal of nurse to execute the doctor's order, Being insulted by the doctor before patients, Order from a doctor which is out of my scope of practice, Delay of the doctor to answer my call in emergency case and Errors in drug's administration and lack of attention to patient by nurses.

### **Insert Table 3**

#### ***Equality of both nurses and doctors in terms of Hospital management***

The majority of respondents 86.7% (n=50) confirmed that there is no equality of both nurses and doctors in terms of hospital management at the area of study. 11.7% (n=7) confirmed that there is equality and 5% (n=3) were not sure if there is equality or not.

### **Insert Figure 1**

## **IV. Discussion**

### ***Factors which affect nurse-doctors working relationship***

In this study, more than a half (53 %, n=32) of respondents agreed that nurses and doctors have misunderstandings between them. Working relations between nurses and doctors, as any set of relations between two collectives in the workplace, are affected to some degree by interprofessional conflicts. [2]

The participants in our study identified a list of factors able to cause misunderstandings between nurses and doctors. The doctors who consider themselves as superior than nurses was a factor cited by a high number of respondents. Different professions, personal skills, errors in drug's administration, lack of attention to patients and lack of respect by doctors were also factors reported by respondents as factors able to generate misunderstandings between two professionals. These findings agreed with [4], who found that factors able to cause misunderstandings between Doctors and Nurses can be grouped them into two categories: Personal factors and work related factors. They also added that, Doctors (66.7%) were more likely than nurses (57.5%) to suggest that inadequate development of interpersonal skill play a role in their working relationship. [4]

The lack of respect by doctors was also a factor reported in this study. These findings goes in same line with [8]who states that some physicians rudely overrule nurse's clinical concerns and subject nurses to verbal abuse and humiliation. The same author in Canada, continues by saying that the results of her study reveal that nurses told of being humiliated, screamed at, and subjected to temper tantrums as well as physical abuse, 90% of unions' members said they have been victims of at least one act of assault, or aggression during the career. This abuse has historically been accepted as an exercise in stress release , something doctors are allowed to do given their superior intellectual position, nurses don't like the abuse but they expect it, are grateful when it doesn't happen, and are reluctant to complain about it.[8]

The superiority, power and authority of doctors over nurses in their working relationship have been reported as factors in this study. These findings agreed with [8-11] and they attribute the dominance of medicine over nursing as the cause of doctors' superiority over nurses and make the observation that medicine dominates at several levels that is economically, politically, socially and intellectually.

### ***Disputes between nurses and doctors***

In in thisstudy, 33.3 % of respondents have been in dispute with a nurse/doctor and 32% have witnessed a dispute between a nurse and a doctor. A nurse being insulted by a doctor before patients, the lack of respect by doctors and the refusal of nurses to take orders from doctors were the main causes of disputes in this study. Some studies have found similar factors to be major causes of disputes between nurses and doctors. [4, 5, 7] There is also refusal of nurses to follow the doctor's orders as the main cause of their disputes. [5] Other studies state that nurses do no longer want to follow blindly the doctor's orders. Nurses are fighting for freedom and are in the process of establishing nursing as an autonomous profession; they are being less dependent on doctors, more confident and not acting so much in subordinate roles. [11, 12]

However nurses have made much progress toward improving the situation, because they don't articulate what they expect from doctors or how they'd like things to change. [12] The same author added that although nurses are increasingly offended by the nurse/doctor game, they still play it. Furthermore nursesplay a largely subservient and supportive role in maintaining the relationship'sstatus quo.[9]

Nurses wear a particular costume to play a particular role in nurse/doctor relationship in order to avoid open conflicts. [8] The cross-cultural study done in Mexico found that in Mexico and Italy, where more prescribed professional roles are maintained ( nurses are subordinate to physicians), there was less conflicts than in the United States and Israel, where professional roles appeared more complementary (for example, greater shared autonomy and mutual authority).[13]

Delay of the doctor to respond the nurse's call was also reported as the cause of disputes in the current study. These findings goes in the same line with [12, 14] who found that in most cases doctors don't respond immediately to the nurses' call, which has a negative impact on patient life in many cases. This doctor's delay to

respond the nurses' call is interpreted by doctors as saving their time; according to the same authors, doctors hate being contacted repeatedly for minor issues and expected nurses to deal with these.

The refusal of doctors to take advice from nurses regarding the patient care and lack of simplicity were cited as the causes of disputes between nurses and doctors in the current study. The results were also agreed by [15] who state that through Doctor's monopoly over diagnosis and prescription, doctors decide who should be a patient and what should be done to them, nurses are never consulted nor allowed to give their advice; they are limited to assisting their medical superiors, to administering drugs and to maintaining a hygienic and comfortable environment of patients. In some cases doctors consider nurses as less intelligent reason why they refuse to take advice from them. [8] However nurses use informal overt strategies to involve themselves in decision-making sequences. [15] While nurses were ostensibly deferent to doctors, their deference masked a considerable input into health care decision making. This author claims that doctor nurse- game involve nurses making implicit recommendations through the use of statements about the condition of a patient, this masquerade enable doctors to utilize nurses' knowledge while maintaining the pretence of their own omniscience.[12]

Errors in drug administration were one of causes of disputes between nurses and doctors in this study. This factor also was found to be the cause of conflicts between nurses and doctors in their research. [4] In most cases, errors in drug administration are caused by overwork and role confusion of nurses. [16] The same author added that nurses don't have time to think and to act calmly, they are always under pressure; hospital administrators want their time used more productively to take better care of more patients with less cost, Physicians want it available at the time they need it to do their jobs better, faster, more easily, patients want more of staff nurses' time to help them cope with a system that is confusing, frightening and sometimes harmful and Nurse managers want it to be spent when scheduled, to do the work assigned. This causes the role confusion and overwork for nurses. The absence of correct and complete information was found also as the cause of errors in drug administration. [17] Doctors dictate their orders and lack to give necessary information. [17] The doctor asks the nurse to do something and expects the results, there is no mention here of the nurse questioning a doctor unless it is done with tact. This may led to the errors in performing those tasks by nurses. [12]

The majority of respondents identified personal skills as the main factor which can cause disharmony between nurses and doctors in the present study. Other factors cited by more than a half of participants are uncooperative work attitudes, refusal of doctors to take advice from nurses and lack of attention to patient care. These results go in the same line with [4] where all these factors were found to be the causes of disharmony between nurses and doctors. Others significant causes of disputes between nurses and doctors identified by participants in the current study were cultural demands of respect, different levels of education and different professions. Different levels of education between nurses and doctors shape their relationships. Both medicine and nursing education have perpetuated the "doctor knows best" perspective. According to this author, nurses, regardless of their level of education, are addressed by their first name, while doctors are always addressed as Dr. [8, 18]. Gender issues have being considered as importance in explaining the position of nurses in nurse/doctor working relationships. [18].

### ***The equality of both nurses and doctors in terms of Hospital management***

The majority of participants in the current study confirmed that there is no equality of both nurses and doctors in terms of hospital management. These findings agreed with [4,8] who stated in their studies that majority of nurses (86.1%) compared to doctors (29.2%) confirmed inequality between nurses and doctors regarding the hospital management. Relationship between nursing and medicine is further complicated by ways in which the roles of physicians and nurses are portrayed and prescribed within health care organizations. The same authors added that the managers don't recognize the nurses' efforts; they always attribute all best to the doctors. This inequality of both nurses and doctors was also found by [19, 20] where in most health care institutions, the management is in the doctors' hands. About 67% of the managers were doctors, and 28% were nurses. Doctors almost exclusively led the clinical directorates as clinical directors thus they were controlling all employees even nurses. [24] This inequality in Hospital management is related to the social construction of nursing as a "female role" and medicine as a "male role" therefore doctors have to lead and manage hospitals, because socially, men are naturally more instrumental, rational, scientific and decisive; while women are considered by society as possessing expressive, emotional and caring qualities. [15] This also was agreed by [21] who found that 76% of doctors in his study were dissatisfied by hospital management and considered it as inadequate, 47% considered the manager as an outsider to the health sector. Hospital managers consider nurses less intelligent and doctors genius reason why nurses are less or never consulted by managers regarding the decisions making. They contribute to the problems by making arbitrary decisions without the input of nurses; ever-increasing bureaucratic complexity is hurting patients and driving talented *doctors* and nurses out of the profession. [22, 23]

**Limitations of the study**

The exploration of relationships is a sensitive issue and a different methodology may produce different results. Answers received may also be reconstructions of respondent’s experiences. Furthermore, respondents often tend to answer questions in what they consider to be a socially desirable manner.

The environment where this research was conducted may differ from others, leading to discrepancies in findings.

For this study, the sample was selected on the basis of convenience and consisted of nurses and doctors working at one selected district Hospital who volunteered to participate in the study. In non-probability sampling the probability that any person from a specific population will be selected is not known, therefore generalizability may be reduced. A further limitation of the current study is its sample size with its population. Because of financial limits of the researcher, the study was conducted in one hospital only in Rwanda, thus the findings can not be generalized in all hospitals. In future, studies on a larger target population with a larger sample size would be more ideal.

Despite these limitations, validity and reliability of instrument in this study suggested that the respondents responded with some consistency and appeared to find the measures comprehensible. Furthermore these limitations did not overshadow the strengths of the study. The major strength of this study is that it provides research into area in which working relationship between nurses and doctors have never been explored, in Rwanda. Apart that these results may benefit the actual subjects, they also make a helpful contribution to the literature of doctor working relationship in Rwanda. In addition they help validate previous literature and studies in field done in other areas.

**V. Conclusion**

There is general recognition in the literature that smooth working relationships between nurses and doctors are necessary for efficient health care delivery. The good collaboration between nurses and doctors does not promote the quality care only but affect positively both nurses and doctors. However, previous studies have shown that this is often absent with negative impact on the quality of health care delivery. The findings from this study revealed that lack of respect of nurses by doctors, insulting nurses before patients, delay of doctors to respond nurses’ call in emergence cases with errors in drug administration were main factors reported by respondents to be causes of their disputes. The inequality treatment of both nurses and doctors by hospital managers was disclosed in our findings. Although it is important to understand the historical factors that have determined each profession’s roles and responsibilities, as well as areas of conflict and disagreement, it is the mutual interdependence of nurses and doctors that will lead the way to true collaborative clinical work in their daily interaction.

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**Conflict of interests**

All authors report no conflict of interest.

**Authors’ contributions**

MM conceived the idea for the manuscript, DA reviewed and provided substantial edits. All authors approved the final version.

**Table 1:** Sociodemographic characteristics

Demographic characteristics	Frequency	Percentage	
	Male	32	53.3%
	Female	28	46.7%
	<b>Total</b>	60	100%
<b>Age</b>	< 25 years	7	11.7%
	26 – 35 years	33	55.0%
	36 – 45 years	18	30.0%
	46 years and more	1	1.7%
	No response	1	1.7%
	<b>Total</b>	60	100%
<b>Marital status</b>	Single	27	45.0%
	Married	28	46.7%
	Divorced	1	1.7%
	Widow	4	6.7%
	<b>Total</b>	60	100%
<b>Profession</b>	Nurse	50	83.3%
	Doctor	10	16.7%
	<b>Total</b>	60	100%

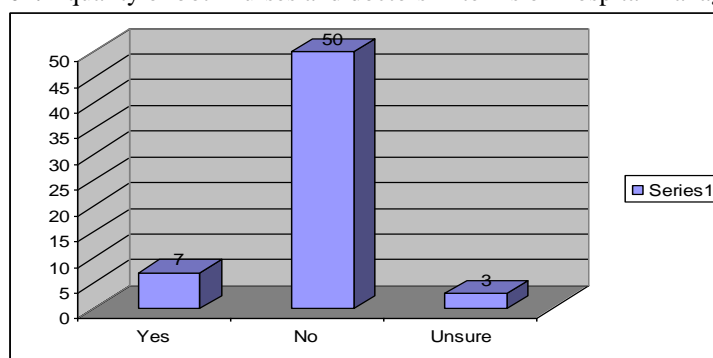
**Table 2:** Factors able to contribute to misunderstands and conflicts between nurses and doctors at Rwamagana Hospital

Causes	Frequency	Percentage
Mefiance	3	5.0%
Refusal to take orders from the doctor	4	6.7%
Doctors consider themselves as superior	8	13.3%
Lack of respect	4	6.7%
Different level of education	1	1.7%
Conflicts of interests and absence of procedures and strategies	1	1.7%
Personal skills	1	1.7%
Different professions, personal skills, Errors in drug's administration, lack of attention to patients	5	8.3%
Lack of respect and lack of attention to patient	2	3.3%
No response	31	51.7%
Total	60	100%

**Table 3:** Causes of disputes between nurses and doctors at Rwamagana hospital

Causes of disputes	Frequency	Percentage
Lack of respect by the doctor	4	6.7
Refusal of nurse to execute my order	1	1.7
Being insulted by the doctor before patients	3	5.0
Order from a doctor which is out of my scope of practice	5	8.3%
Delay of the doctor to answer my call in emergency case	2	3.3
Lack of attention to patient by a nurse	1	1.7
Errors in drug's administration and lack of attention to patient	1	1.7
No response	43	71.7
Total	60	100%

**Figure1:** Equality of both nurses and doctors in terms of Hospital management



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