

NURSE — DOCTOR COMMUNICATION

A STUDY ON INTERPROFESSIONAL COMMUNICATION

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OPSOMMING

Die konsep van 'n gesondheidspan beloop optimale gesondheid vir die pasiënt en ideale werktoestande vir personeel. Die effektiwiteit van die span berus op goeie kommunikasie maar dit blyk of daar 'n gaping is in die kommunikasie tussen twee belangrike spanlede — die geneesheer en die verpleegkundige.

Om die struikelblokke in kommunikasie tussen geneesheer en studentverpleegkundiges te bepaal is twee verskillende vraestyls deur dertig persone in elke groep voltooi. Bevindings sluit in dat albei groepe meen dat verpleegpersoneel 'n groter seggenskap in oorhoofse pasiëntsorg moet hê, dat verpleegrekords as kommunikasiemiddel onbevredigend is en dat verpleegkundiges nie vry voel om hulle menings aan geneesheer mee te deel nie.

Die skrywer raak tot die slotsom dat daar 'n bouse kringloop is waarin verpleegkundiges swak terugvoer gee sodat geneesheer later nie daarvoor vra nie. Aan die ander kant inhibeer die houding van baie geneesheer die verpleegkundige se vrymoedigheid om 'n mening uit te spreek. Kommunikasie moet verbeter word om hierdie onbevredigende toedrag van sake, waaronder pasiëntsorg net kan ly, te oorbrug.

THE HEALTH TEAM.

The health team is an ingenious concept, often defined as a group of people coming together and pooling their resources for the benefit of the patient. One immediately gets the impression of an interacting network of hospital staff, each sharing the belief that no one person can provide totally for any patient's complex physical and mental needs.

The effort is a team effort with a variety of professional expertise and of personalities and sensitivities complementing one another's observations and cancelling out one another's blind spots and misconceptions. Within this team framework there is no room for *para-* or *sub-*professionals — each person has a special knowledge and skill and should be treated as a peer. Hence, the idea of a health team promises optimum health care for the patient together with prime working conditions for medical personnel.

There is, however, one prerequisite: the team approach to healing depends

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for its effectiveness on **communication as a process whereby an individual imparts, conveys or exchanges ideas, knowledge, feelings and so on (whether by speech, writing or signs)**. Surely this should not be a problem when communication is an inherent ability, and unless physically impaired, we can all manage to communicate adequately. But do we?

Apparently not. Two prominent members of this team — should it ever exist — would be the student nurse and the doctor. The author specifically refers to future hopes here as, in her experience, the materialisation of this concept has not yet occurred). At present it would seem that communication between these two groups requires some *treatment* before any form of health team can exist and function as originally intended.

IS THERE A COMMUNICATION GAP?

Do we really have such a rift in doctor-nurse communication? Most nurses and the majority of doctors will probably be able to answer this question with little difficulty. The communication rift is noticed only too often.

How many nurses share the author's experience of *specializing* a patient all day, perhaps for several consecutive days, and yet not once being consulted

by the doctor as to the patient's present health status or future health care plans. (The word *health* is used here as defined by the World Health Organisation — a **state of complete physical, mental and social well being, not merely the absence of disease or infirmity**) In the above situation one would think that the nurse concerned would best know the patient's physical and mental health needs.

By this it is not meant that the nurse would be in a position to direct medical treatment — but she would surely know if her patient was dehydrated, over-sedated or the like, and could make suggestions based on this knowledge. Yet she is rarely given the chance. This is but one example, many more could be stated. The fact is that, for the most part, doctor-nurse communication is not what it should be to enable a *health team* to function effectively.

DETERMINING THE BARRIERS

Pin-pointing the communication barriers is not easily done. It could be that the traditional hierarchial system within hospitals still persists to some degree and inhibits free communication. Perhaps the majority of doctors like to cling to the long outdated idea that the nurse's prime function is to follow their orders without question or contribution.

Table 2: Analysis of replies to questions put to thirty student nurses.

Questions	Replies					
	YES		NO		OTHER	
	NO	%	NO	%	NO	%
1. Do you feel that nurses have a large enough say in their patients' nursing care plans?	10	33	20	67		
2. In your opinion, do nurses provide full and accurate feedback to doctors?	8	27	21	70	1	3
3. In your opinion, do doctors read and act on information in the nursing process records? If <i>no</i> please give reasons?	3	10	26	87	1	3
4. Would patient care be improved if nurses were included in doctors' rounds?	28	93	2	7		
5. Are nursing requests given by doctors usually clear and adequate?	16	53	12	40	2	7
6. How do you usually receive these requests	Direct from Doctor		From Doctors order sheet		Via Sister	
	2	7	8	27	20	66
7. Do you feel free to express your opinion of treatment methods being used to the doctor concerned? If <i>no</i> please state reasons?	9	30	19	63	2	7
8. Do one month <i>stints</i> on each ward give you time to build a good working relationship with doctors on the ward?	1	3	28	93	1	3
9. What do you understand by the term <i>Health Team</i> ?*						

*See discussion in text

Nursing records

At present, the main routes of communication between student nurses and doctors seems to be very indirect. They are either via the sister, the doctor's order sheet or the nursing records. Are these intermediate links as satisfactory as direct communication? Apparently not.

Firstly, instructions on the doctor's order sheet are, of necessity, brief — often too brief. Second, just over half the doctors said that the nursing records are not a reliable way of obtaining information. Of course it may be said that these records are not primarily intended for the doctors' use. This may be so, but at present they are the only way nurses can record and pass on their observations. As pressures of work often result in a scarcity of nurses when doctors need information, surely adequate and accurate nursing records would be of considerable value to them.

When the doctors were asked to give reasons as to why the records were inadequate, such comments were made as: *Not reliable, not relevant, not of high enough technical standard. Nurses show total lack of clinical appreciation, therefore it is not worth reading their notes. Notoriously inaccurate, vague. Often the nurse does not understand what the*

patient's problem is and records information which is not relevant, leaving out the pertinent point and so it went on. One doctor also admitted that *Maybe I as a doctor do not fully understand its position.*

Unfortunately nearly every one of these statements, and more besides, are correct. Too often nursing records consist of little more than a string of trivial comments, such as *had a fair day, dozed most of the morning and nil special to report.* This does not tell other staff members much at all, and no doubt, if the patient is actually asked, he will tell you his day was troubled or irritating and he could not sleep in the morning due to the high level of ward noise.

Many of the records are certainly irrelevant or even erroneous. Can we blame the doctors for passing them by? Strangely enough many of the nurses' comments reflected similar feelings. One student nurse observed that *the nursing process is not always used to its full advantage by the nurses, and thus does not provide accurate and reliable feedback.* Another had this to say: *Records are not explicit, doctors probably feel they waste their time if they read them. They'd rather question a nurse (and often still not get an adequate answer).*

Hence it seems obvious that the feedback provided by nurses in their records is a far cry from what is needed and expected of them. This being the case, can we complain when doctors show reluctance to accept our changing nursing role and with it the increasing responsibilities vested in us?

Thus at this stage, communication via the nursing process is very poor. What is more, the majority of both nurses and doctors agreed that, in general, nurses do not provide feedback of a high enough standard. Is this a reflection of teaching methods or just our personal incompetence? Perhaps if student nurses were more efficient doctors would be prepared to acknowledge our role as future professionals, giving us more respect and acceptance.

Communication with doctors

On the other side of the coin, it would appear that nurses have some grounds for complaint. Well over half of the nurses said that they did not feel free to express their opinion on treatment methods to the doctors concerned. When asked why this was the case replies included:

Our opinion isn't really valued. Doctors always feel superior and don't like being questioned. Some of them treat

you like an idiot and embarrass you - hence, once bitten, twice shy. One senior (3rd year) nurse admitted, *I don't feel I have enough knowledge on the subject to comment.*

Answers do not show good communication from student nurses to doctors. A possible reason is that student nurses change wards monthly and do not have time to develop a good working relationship with the doctors on their ward.

Alternatively, it could be that many doctors feel strongly about the nurse's *subservient role* and do not condone them stepping out of line and *interfering* with them and their patients. If this is the case, perhaps doctors ought to be more content with the standard of nursing records as they are at present. Why should they expect more from colleagues whom they so obviously consider *inferior*?

CONCLUSION

It is apparent that we are caught in a vicious circle. Nurses provide poor feedback, so doctors do not bother to ask for it. Yet the attitude of many doctors inhibits nurses from expressing their opinion — so they remain silent.

This is obviously not a satisfactory state of affairs, the worst part of it being that the patient suffers the most.

We do not in fact have a functioning *Health Team* and seem some way off from acquiring one. Most people have a clear idea of what they understand by the term *Health Team* and they all come close to the textbook definition. Comments from both professions included: *People with different functions working together as a single unit with the aim of attaining and maintaining health in its highest form possible. Helping each other and not always looking for each other. A multidisciplinary team whose sole objective is to improve the quality/duration of the patient's life.* One doctor simply wrote, *an all together effort.*

It is encouraging that everyone at least understands the concept in theory — is it not time we started putting it into practice? We could start by improving our communication - in fact, the development of a healthy *Health Team* depends on this.

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