

Angels with Stethoscopes

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“A nurse will always give us hope.” ‘An angel with a stethoscope.’ ‘God found some of the strongest women and made them nurses.’ ‘Save one life and you’re a hero. Save 100 lives and you’re a nurse.’ ‘If love can’t cure it, a nurse can.’ I didn’t invent these words, I found them on Google. Type the word ‘Nurse’ in Google search and you’ll find hundreds of such gems. Going by these rosy proclamations, you’d imagine the world adores nurses. But being insiders, we know better. In fact reading these quotes, I get the feeling that we treat nurses very much the same way we do our moms. In the public psyche, we place them on a pedestal and shower them with endless platitudes, but in reality we give them a raw deal.

To us doctors, nurses are an indispensable part of our profession. While on the rounds, we need them by our side every minute. While we are away, we expect them to stand in for us and do our job by proxy. And this with just a fraction of the hard training and knowledge that we possess. In the line of duty nurses also expose themselves to great risk. The tragic tale of Lini, the 31 year old nurse of Kerala who died last month to after possibly getting exposed to the deadly Nipah virus while attending to an infected patient, is all too fresh in our minds. Lini did not even get a chance to say goodbye to her two kids and husband.

So are we treating nurses as we ought to? What is the ideal way for us to interact with them? I hope my following words will throw some light and bring greater clarity to your role *vis-a-vis* our nursing colleagues.

NOT ANGELS, BUT PROFESSIONALS LIKE US

A casual look back on the nursing profession is illuminating for the way in which it unfolds the evolving saga of the doctor-nurse relationship. The lop-sided equation we share, while partly to be blamed on history, is also a fallout of some of our own fallacies. Traditionally, it was the members of religious orders, such as nuns and monks, who provided nursing-like care. There is clear evidence of such practices in Christian, Islamic and Buddhist traditions, and the title ‘sister’ by which we

refer to them is a pointer to this historical legacy. Many religious orders have continued to dedicate themselves to the cause even up to this day.

In the 19th century, the pioneering efforts of Florence Nightingale, a legendary personality in her own right, ushered in the era of professionalism in nursing. Her observations and the initiatives that she took while being employed as a nurse during the Crimean War laid the foundations of professional nursing. Her *Notes on Nursing* (1859) laid the conceptual framework for the future of nursing and her methods came to be looked upon as the Nightingale model of professional education in the field. Being closely connected to a continuously operating hospital and medical school, it caught on and spread widely in Europe and North America after 1870.

Meanwhile, and on a parallel plane, the modern doctor was also born. Armed with more scientific knowledge and training, the doctor became an authority figure, revered and feared in equal measure but for different reasons - revered for his real healing powers, and feared for his nasty temper, which was also real.

Somewhere along the line, their two separate worlds - that of doctors and nurses - met and an equation set in by default. The doctor naturally had an upperhand and the nurse became the underdog, forced into playing a subservient role. Over the last century, their respective roles have undergone a sea change, yet at a fundamental level, the default equation that had been already set remains unchanged. “The relationship between nurses and physicians is known for being strained, with much of the strife being attributed to the nurse’s struggle to gain professional respect from doctors who view them as subordinates. This is reflected by an informal 2013 survey conducted by consulting firm Advisory Board, which found that 31% of the 1,289 respondents believed there are ‘too many unprofessional clashes’ between nurses and doctors [1].”

It is true that the doctor by virtue of his knowledge and training is the master of the ship and his / her role

cannot be undermined. But what about the nurse? Where does she fit in?

Today we live in the age of professionalism. The doctor is no longer the demi-god he once was. He/She is a professional – if a highly qualified one at that – like any other, say a lawyer or a chartered accountant. There is a growing realization that nurses too should enjoy the same privilege. Nurses in the present day undergo years of rigorous professional training before they join the stream. Practice of medicine has evolved into team effort, with the doctor heading the show, while being assisted by an entire retinue of support staff which includes nurses, paramedics and medical technicians. Leadership is the key to success in this format. There is no scope for the intellectual arrogance that defined the doctors of the past and the nurse is not a sidekick. The authoritarian leadership model is defunct. We need new skills to harvest the benefits of synergy arising out of team work.

MAKE THE TEAM WIN

So where do we go from here? To answer this question, first we need to recognize our role in the team play. McKay and Narasimhan observe: “Despite the social and professional view that nurses are second rate to doctors, there is a vast difference between the two professions. The essence of each are different, yet are required to achieve the same goal [2].”

In the modern healthcare team, doctors deal with both technicians and nurses. While our engagement with the technical cadres is largely technical in nature, our relationship with the nurses is loaded with the human factor. This is where intangibles like respect and trust come in. Team work is heavily dependent on both these essentials of life. So it follows that building a mutually respectful and trusting work environment should enjoy top priority. Three factors play a vital role in fostering team spirit: Competence, Communication and Empathy.

Competence: “Professional identity is related to demonstration of professional competence, in turn related to development of mutual interprofessional respect and enduring interprofessional trust [3].” Hence the first prerequisite is to assert one’s competence as the team leader. As the doctor you are the acknowledged expert and the outcome of patient care rides on you. Use this to advantage by maintaining very high personal standards of excellence. When the team respects you as a person and a professional, the overall impact is magical to say the least. For the army general who leads from the front, the rank and file will do anything for the asking. The next step is to translate your personal expertise into

team expertise through transfer of knowledge. Regularly interact with the team members so that they see the big picture and understand their own role in it. To put it in psychological terms, this type of active engagement with the team delivers identification, while an inert / impersonal approach could guarantee alienation.

Communication: This is the key essential of human leadership. There is no substitute for one-on-one talk. Gone are the days when the doctor-nurse relationship was a one-way street. Use your day-to-day interface with the nurses to discuss your therapeutic strategies. Today’s nurses are trained professionals and their clinical exposure could easily complement yours. Remember they spend more time with the patient than you do. Respect their competence by involving them in the decision making, inviting their suggestions, clarifying their doubts, correcting them when they are wrong and appreciating them when they are right. This does not mean letting the bus conductor drive the bus – you’re still the boss, but a more inclusive one at that.

Empathy: Have a silent understanding of what it means to be a nurse, who has to attend to multiple patients and report to doctors of different temperaments, while diligently obeying hospital policies, yet showing no outwardly signs of hurry, worry, anger or irritation. Be an observant judge of their respective levels of competence and foster an environment which maximizes their potential. It does not mean a permissive tolerance of inadequacy, but rather it is about envisioning a positive and proactive leadership model for yourself. Address a nurse by name, don’t be rude to her in front of the patient, respect the nurse’s interactions with the patient and the fact that the patient may be more comfortable with the nurse. Such little gestures will go a long way in creating a culture of inclusion and also convey the message that you recognize the nurse as a person rather than a prop. Focusing on being a leader rather than a commander will make nurses more comfortable asking questions and sharing patient concerns without feeling inferior or troublesome [1].

In the contemporary scenario, the nurse’s recognized role is that of a trained caregiver, patient-educator and on-site advocate / health promoter all rolled into one. In pediatric settings, the nurses need many more allied skills and abilities. Nurses outnumber doctors by a wide ratio and they are a huge workforce who complement and supplement you in unseen ways. They are the foot soldiers who strive round the clock to actualize the goals that you have set for the well being of the patient. Build the much needed respectful and trusting equation which can propel their potential from mediocrity to excellence

through great team work. In conclusion I wish to go back to Google and quote the one tribute to nurses that I really loved: 'Behind every successful doctor is a great nurse.'

REFERENCES

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