



# Univerzita Tomáše Bati ve Zlíně

## Fakulta managementu a ekonomiky

The role of the doctor and the role of the nurse in health care.  
Cooperation of doctor and nurse

The essay

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**Thesis supervisor:** doc. Ing. Alena Klapalová, Ph.D.

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*Uladzimir Katushkin*

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## Introduction

In healthcare, it is inconceivable that one person should carry out general health care or take care of the sick. In order to achieve goals such as maintaining the highest possible quality of life for individuals and also their recovery from illness or mitigating the consequences of illness, it is necessary for individuals, professionals who provide care for individuals at the level of their profession and according to their competencies. It is important that the quality of the multidisciplinary team cannot do without the quality requirements for medical and nursing care.

It is not only in the hospital, as in the medical facility, that people's teamwork is inevitable and necessary. Each team is made up of a different number of people. These are team members, different human personalities, with different abilities and motivations, different ages and education, unequal competencies. However, only through the cooperation of all these people can the set goal be achieved. Whether cooperation will be seamless or problematic depends on both internal and external factors.

The doctor-nurse relationship has changed over time and with the development of nursing. In modern times, better conditions are being created for the independent work of nurses. As a result, old stereotypes between doctors and nurses are replaced by new ones. Good relationships and communication are very important in the workplace, because we spend most of our lives at work.

### 1. Professional roles of nurses and doctors

The professions of nurses, whether doctors or nurses, are among the most demanding professions. A large dose of professionalism, professional training is necessary, the need for lifelong learning is unforgettable, etc. The object of work is a person healthy and sick. Working with people requires adherence to certain forms of behavior, between healthcare professionals, but also towards the patient, his family and relatives. Related to this is the need for personal preconditions of health professionals, who should be receptive, with sufficient self-confidence, empathy, criticality of themselves and their surroundings, with the precondition for understanding problems and the ability to solve problems.



Furthermore, the personality of the healthcare professional should be characterized by an interest in the patient and his health. Many additional requirements are placed on nurses and physicians to help provide a more detailed description of these roles. Understanding their tasks and positions can help us better understand the need for mutual cooperation. Without a clear understanding of team roles, communication and collaboration may be less effective, and this in turn affects the patient and the quality of care provided.

## 1.1. The role of the nurse in the past and now

The history of nursing dates back to the Middle Ages, when care for the sick was provided in hospitals near monasteries. The original forms were within the framework of charitable activities in the Middle Ages, such a nursing service was provided primarily on a religious basis. No vocational education or training was required. The name of the whole profession was derived from the nuns who performed the most nursing work until the 20th century, and later in hospitals.

Major patient care reforms took place in the 18th century. The most important figure at the birth of the modern concept of the nurse is Florence Nightingale, who in the second half of the 19th century participated in the establishment of schools, organized nursing work and prepared nursing manuals. Another idea she wanted to enforce was the fact that nursing is not subordinate medicine, but in the cooperation of a doctor and a nurse it should be an equal relationship based on respect for their professions and not a paternalistic relationship with each other as has been the case so far.

Professionalization was then brought to an end in the 20th century, when the sisters played a significant role in both world wars. It was on the battlefield that the doctor's dominance over the nurses was replaced and they were replaced by mutual cooperation. The role of the nurse developed at the same time as the development of nursing, which was conditioned by the development of medicine. Medicine began to be specialized, this necessitated the specialization of nurses.

In many countries of the world, including the then Czechoslovakia, teaching at universities and colleges of nursing schools was organized after the Second World War, and the nursing role of nuns was often suppressed in favor of the civilian profession. At the same time, there was a more significant specialization for performing individual types of tasks.

A major turning point occurred at the turn of the 1970s and 1980s, when the field of nursing came to university. Thanks to this, the nursing process is being introduced into the work of nurses. They begin to assess, evaluate and diagnose nursing diagnoses, plan nursing interventions, evaluate the whole process, all on the basis of a predetermined nursing plan. Nursing care is also transferred to healthy individuals. There is only a loss of assistant work for doctors and nurses start working autonomously. Nurses are currently taking on new roles, have more autonomy and focus on health, not just illness.

The conditions of education are regulated by Act No. 201/2017 Coll., Amending Act No. 96/2004 Coll., On the conditions for acquiring and recognizing competence to perform non-medical health professions and to perform activities related to the provision of health care and precise competencies 424/2004 Coll., Which stipulates the activities of medical staff and other professionals. Competences affect the position of the nurse in the multidisciplinary team. It informs us about the activities performed by the general nurse without supervision and without the indication of a doctor, while providing nursing care through the nursing process, about activities that are based on the doctor's office, such as preventive, diagnostic, therapeutic, rehabilitation, emergency and dispensary care, and activities performed under the supervision and guidance of a physician or assisted in the performance of a physician.

The role of the nurse can currently be characterized by 4 basic parts:

*autonomous* - includes professional activities such as diagnostics of nursing problems, creation of nursing care plans and creation of nursing interventions, education about preventive behavior within nursing problems, and others;

*cooperative* - it is a cooperation with a multidisciplinary team (doctors, physiotherapists, occupational therapists, nutrition assistants, psychologists and other experts), performing activities based on doctor's indications, cooperation and support of the family and close patients;

*research and development* - includes the application of the latest knowledge based on EBP (evidence-based nursing), interest in the literature and the need for lifelong learning;

*coordination and management* - aimed more at leading positions and it is about the coordination of the nursing team, control of education of subordinates, their evaluation, motivational activity towards subordinates and control of economic factors of nursing care provision (costs of this care).

Today, the nurse should be considered an equal partner of the doctor. Her views should be taken into account, and the doctor should be able to accept the information that the general nurse brings and work with them at the level.

## **1.2. The role of the doctor in the past and now**

Solutions to human health problems from prehistory to the present focus primarily on the work of physicians and their predecessors. In prehistoric times, magicians and shamans provided healing. In the early and high Middle Ages, monasteries functioned as health care centers. In the 12th and 13th centuries, medicine began to be taught at universities. Between the second half of the 18th and the first half of the 19th century, physicians began to specialize and surgery developed rapidly. Towards the end of the 18th century, a modern method of vaccination was discovered. The discovery of the effects of ether in 1846, and its early replacement with chloroform, made it possible to perform painless surgeries under anesthesia.

We can talk about the role of the doctor only from the last third of the 19th century, when hospitals were formed as medical facilities with the competence of doctors. Medical science developed even faster after the First World War, and the discovery of important drugs, such as insulin or antibiotics, and diagnostic methods increased. Many other successes, for example in the field of organ transplantation or in the treatment of cancer patients, were recorded by doctors after 1945.

The doctor's activity is functionally focused on the protection and strengthening of health, on the diagnosis and treatment of diseases, on the saving of endangered lives. Physicians also acquire roles and social functions that are not directly part of the treatment process. Doctors today often feel a conflict of roles. On the one hand, with the current possibilities of medicine, they have extensive professional autonomy, on the other hand, health care is limited by the conditions of financial resources. This fact brings with it a certain internal incompatibility of the

role. At the moment, the doctor is faced with the decision of how to manage the available funds in order to satisfy the needs of his patients the most.

According to the Code of Ethics of the Czech Medical Chamber, the physician's task is to "protect health and life, alleviate suffering, regardless of nationality, race, color, religion, political affiliation, social status, sexual orientation, age, mental level and reputation of the patient or personal feelings of the doctor. ". It is the physician's responsibility to make the correct diagnosis, to suggest adequate treatment, and to agree with the patient what will actually be done. In doing so, they must protect the patient's privacy, shame and fears, and, last but not least, respect the patient's right to self-determination.

Talcott Parsons described and subdivided the concept of the role of the physician today. Basic features of the doctor's role:

- *functional specificity (professional competence)* - expresses the need for formal and factual competence for the performance of the profession. Professional competence is manifested both on a horizontal level (the type of department in which the doctor works) and also on a vertical level (vertical structure of the organization, another decision-maker has the primary, head of department, general practitioner, etc.). The next milestone that can be included in the functional specificity is the obligation to have a lifelong learning and be qualified in health and illness. Failure to comply with professional competence has significant health, legal and economic consequences,
- *emotional (affective) neutrality* - fact-oriented way of acting without emotional participation. The doctor controls the emotionality in his role. It is an orientation to a matter-of-fact way of acting without expressing one's own emotions,
- *universalism* - everyone can play the role of a patient, because illness is a universal phenomenon. There must be no disadvantage based on gender, race or religion. Due to the great specialization of physicians, this feature is narrowing and universalism is more transmitted to institutions (hospitals),
- *collective orientation* - the doctor is based on the interests of patients, should take care of optimal care in terms of diagnosis, therapy and treatment, should take care of human dignity and observe the duty of confidentiality.

## 2. Medical team

The healthcare team can be described as a group of people working in the healthcare industry. Their common goal is to provide quality and affordable health care. The basis of a quality team is excellent communication, high motivation of individual members, a common goal.



The goal of teamwork in healthcare is to comprehensively satisfy the needs of the patient.

This means its cure, or prevention of complications in connection with treatment, or alleviation of his suffering. The healthcare team is made up of many professionals, and the number of members and composition of the team varies according to the healthcare area where the care is provided. The composition and function of the medical team is different in the outpatient field, hospital, hospice, home care agency, etc. It turns out that a universal approach to appropriate teamwork in different departments, in different fields of medical facilities does not exist. Various standards and routines of teamwork are applied in healthcare.

Quality teamwork can be achieved through team training, joint reflection on teamwork, improving the equipment system. Quality teamwork of healthcare professionals not only increases job satisfaction, but also significantly reduces the incidence of burnout.

The most common type of team in healthcare is a multidisciplinary team, which includes doctors, pharmacists, general nurses, nurses, physiotherapists, nutrition therapists, psychotherapists, sanitary workers, social workers, clerical staff, clergy, volunteers, cleaners, technicians, medical and social students. An advanced understanding of a multidisciplinary team considers the patient and his family, or another close person, to be part of the team. They are indispensable in the planning and implementation of interventions needed to achieve the set goal, there is a deepening of mutual cooperation, the safety and quality of care provided is improved. In order to achieve comprehensive health care, there must be close cooperation between the individual teams. We call the approach to mutual cooperation as partnership (equivalent).

The responsibility of the members of the medical team should be collective, but the responsibility of each member for individual actions performed within his competences is also essential. The whole team is responsible for providing holistic care to the patient, for example, between the doctor and the nurse is assigned responsibility based on expertise gained through education, experience and training. Collective responsibility also means functional responsibility, which is the responsibility for assigning the task, setting the method of its implementation, selection of team members.

An atmosphere of positive communication in the workplace increases the productivity of team members. Individual members must feel safe in the team so that they can freely present ideas or criticism without being criticized. It is necessary to exchange information, talk about opinions, cooperate.

### 3. Doctor-nurse cooperation

Physician-nurse teamwork is very important because it leads to favorable treatment results through not only mutual expertise. It is proven that effective cooperation between doctor and nurse not only leads to mutual satisfaction, but also has a positive effect on the patient in terms of better care, shortening the patient's hospital stay, leads to overall patient satisfaction.

Cooperation between doctors and nurses in the care of the sick seems obvious. However, the level of this cooperation can be very different. It needs attention and some effort. Both the ideas and the priorities of the nurse and the doctor are often different. Self-austere instructions and their thoughtless fulfillment are not the best option. Optimal communication settings are a great benefit not only for patients, but also for the entire medical team. Only the doctor has some expertise needed for good diagnosis and treatment, but only the nurse spends a lot of time with the patient and thus obtains additional information no less important for the patient's care. The nurse's task is, among other things, to supplement the doctors with information that may remain "secret" to him. The communication will pay attention to the form of passing on information about the patient's condition in the direction of nurse-doctor and doctor-nurse, in writing vs. orally, by the bed vs. out of bed, by phone vs. in person, etc. A positive communication atmosphere is important, which affects the willingness to pass information, especially in the direction of the nurse-doctor. Some other factors that may affect the cooperation between doctors and nurses are also pointed out, such as tying vs. yelling, authoritative vs. family approach.

Nurses, unlike doctors, attach more importance to mutual cooperation in the doctor-nurse relationship, and nurses show greater interest in joint training in team cooperation in this relationship.

An interesting area is the degree of independent decision-making of the nurse since defibrillation, through the dosing of vasoactive drugs to the adjustment of extracorporeal circulation function or ventilation regime. The active role of nurses in emergencies such as cardiopulmonary resuscitation in the sense of more eyes is more important, warnings of current changes in the patient's condition, but also adherence to the necessary care algorithms is very important. Good cooperation with a balanced degree of independence and responsibility should lead not only to good treatment, but also to a sense of realization and job satisfaction of all team members and thus to its stabilization.

A nurse who works at a hospital bed is able to represent the work of more members of the medical team, and even in many cases it is required of her. In this way, her responsibility increases within the entire team. The ever-increasing volume of work, often unrelated to the competencies of the nurse, is a strong reason for a well-functioning teamwork in a medical team.

In mentally and physically demanding employment in a medical team in a standard nursing unit, nurses are often perceived as a "lightning conductor" not only for the emotions of patients and their families, but also for the frustrations of other team members. Add to this the conflicts between the sisters themselves, and it is very difficult to deal with grueling situations with foresight and professionalism.

In healthcare, cooperation is not always optimal and often does not go without conflicts.



For nurses who depend on each other in the wards, conflicts are an integral part of their working day. The nurse may come into conflict with both colleagues and superiors or subordinates. Healthcare professionals often come into conflict with doctors because they feel an unequal distribution of power, status and resources. They should respect each other to avoid time-consuming and often pointless problems that divert their attention from the patient. The consequences of these conflicts can be reflected in work performance, the quality of work performed, and there may also be greater turnover of nurses. The most common form is a conflict between two occupational groups, for example, nurse vs. doctor. The nursing staff reports not only to the nursing management, but also to the doctors. The nurses therefore accept the orders of the doctors, but also the station and head nurses. This multiple subordination can lead to the disruption of relations between the various actors.

The already mentioned conflict sister vs. a doctor is often created because they have different expectations about providing care to the patient. Many physicians still do not accept the professional independence of nurses mostly due to authority and sole responsibility for treatment. Doctors consider nurses to be less important members of the team, they do not cooperate with them in making decisions when treating a patient. Conflicts due to a lack of personal competence arise when a nurse's abilities do not meet her expectations in practice. It arises when a nurse enters an area with which she is not fully acquainted, ie a workplace with high demands, such as the ICU. This creates distrust of the nurse on the part of the patient and his family.

#### **4. Conclusion**

In conclusion, I can say that with special experience and read on the given topic of literature in cooperation between the doctor and the nurse can not forget the ultimate goal of that cooperation, and that is health or even the lives of patients. Therefore, mutual respect, trust and respect for the work of others is needed. In the meantime, there must be feedback between the doctor and the nurse so that everyone knows what to do. Even who would say anything about it, only decent people can survive in health care, who for years have been helping complete strangers to recover and even survive a difficult situation. Therefore, the cooperation of the doctor and the nurse, as well as the entire medical team, is important.

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