

Research

Mental health nurses' views of doctors

Danny Allen MB BS, MRCPGP, MRCPsych,
Senior Registrar in Psychiatry, Blackberry Hill Hospital, Bristol

Love them or loathe them, doctors continue to exert a strong influence on the nursing profession. Some research into the relationships between general nurses and doctors has been carried out, but much less has been undertaken in the field of mental health. The author completed a survey of nursing staff in one psychiatric hospital, specifically aiming to discover their awareness of junior doctors' on-call activities and re-imbursements, and their views on doctors' attitudes in general. The results suggest a perhaps more positive perspective than may have been guessed, but continued ignorance of the characteristics of being 'on-call' was evident.

Junior doctors often complain that nursing staff do not appreciate the long hours they work or the nature of their on-call commitment. Nurses, on the other hand, have been known to be critical of doctors for adopting an exclusively 'medical model' in their care of patients.

Apart from a recent study of general nurses' attitudes to house officers in Scotland (1), no research seems to have been done into this subject in the UK. One American article seems to have at least addressed it (2), and some research looking at nurse-doctor communication has been done in the US (3, 4). This study looked at nurses' perceptions of junior doctors' hours and pay, and what they thought about their attitudes.

Method

A questionnaire was circulated to all members of nursing staff, including students and nursing auxiliaries (NAs), at Coney Hill Hospital in Gloucester via the nurse in charge of the ward. The questionnaire was divided into five parts. The first part concerned the respondent and asked about his or her grade, length of service in the NHS, area of work and whether he or she worked days, nights, or both.

The second section asked about how much time off respondents thought a junior doctor had after and before a night on-call, and whether they believed doctors on-call slept or not. The third section asked about nurses' perception of the pay of senior house officers (SHOs) and registrars and the amount of overtime they earned as a percentage of, and in comparison to, standard cleaners' pay. The fourth section asked about nurses' perceptions of junior doctors' attitudes, and the final section asked for general comments.

Results One hundred and eighty questionnaires were distributed, of which 91 (51 per cent) were returned. These were from 41 registered mental nurses (RMNs) (41 per cent), 17 enrolled nurses (ENs) (19 per cent), 7 students (8 per cent) and 25 NAs (27 per cent) (one unidentified). The RMNs had worked between three and a half and 32

years, the ENs between three and a half and 31 years, the students between 1 and 7 years and the NAs between 5 weeks and 32 years.

Forty-one staff (45 per cent) worked in the psychogeriatric unit, 42 (46 per cent) in acute, 4 (4 per cent) in substance abuse, 7 (8 per cent) in mental handicap and 13 (14 per cent) in rehabilitation. Fifty-six (61 per cent) were day workers, 12 (13 per cent) were night workers and 22 (24 per cent) worked both days and nights.

Sixty-four respondents (70 per cent) knew that before a night on-call a junior doctor has no time off, and 57 respondents (63 per cent) knew that the same applies after a night on-call. Seventy-five respondents (82 per cent) were aware that when on-call a junior doctor is likely to try and sleep after midnight, but 13 (15 per cent) thought that he or she would be awake or even doing rounds.

Estimating pay rates

When it came to estimating pay-rates, 51 respondents (56 per cent) thought that SHOs earned less than they actually do, but pay for registrars was more correctly estimated with 37 respondents (41 per cent) stating the correct range. Thirty-seven respondents (41 per cent) were aware that junior doctors overtime pay was one third of their normal rate, but 37 (41 per cent) believed they earned the same amount or more. Twenty-six respondents (29 per cent) were aware that a doctor on-call earns approximately the same hourly rate as a cleaner (the study was conducted prior to the new overtime arrangement), although interestingly, 18 respondents (20 per cent) thought they earned less and 42 (46 per cent) thought they earned more.

There was an interesting range of responses to a series of statements about junior doctors. Sixty-two respondents (68 per cent) felt that doctors were well-meaning but 'only able to see part of the picture', while only 24 (26 per cent) felt they were able to look at the 'whole' patient. Ten (11 per cent) respondents commented that their answers did depend on individual doctors, and only 21 (23 per cent) thought that doctors were 'arrogant'.

Twenty-five (27 per cent) thought that doctors were able to understand nursing models of care, but 31 (34 per cent) believed they did not. One RMN did not think this surprising since models changed so frequently that even nurses had difficulty keeping up. Sixty-six (73 per cent) felt doctors were willing to listen and one RMN commented that they were now more open and approachable than previously. Another RMN thought that the gap in communication lay between nurses and consultants, and two claimed this was a good area to study. Forty-five (49 per cent) thought that doctors were considerate.

The comments section contained a variety of different statements and some questions. One RMN wondered what good would come of filling in the questionnaire and another wanted a copy of the results sent to the wards. Another felt that doctors used too hierarchical a model in describing patients' problems. A number of nurses felt that doctors were overworked and underpaid; one went so far as to say that they should work shorter hours for more pay because they deserve it, while a more politically-minded RMN thought they should get themselves a better union! One RMN commented that junior doctors only put up with their conditions of work because they knew things would improve as they got promoted.

Two RMNs wondered what results would be obtained if junior doctors were asked their views on nurses. One nurse mentioned the fact that doctors can be reluctant to come to the ward at times and another that nurses did not see them often enough. An RMN thought that the attitudes of doctors were moulded by their experience on previous placements and another commented that on the whole they were respectful, a point which was echoed by two nurses who felt they were very understanding to patients as well as being helpful and supportive. One nurse thought they brought their personal problems to work and another that they did not accept nursing opinion as being on a par with their own.

Conclusions

It is reassuring to doctors to see that the majority of nurses involved in this study know that if they ring a doctor after midnight they stand a good chance of waking him or her. The 18 per cent who were not aware of this con- x firm personal experience and suggest that Sanders and Shah's finding that general nurses were unaware of the hours worked by junior doctors also applies to some psychiatric nurses (1).

The 50:50 split between those who believe doctors earn more and those who believe they earn as much as or less than cleaners while on-call shows an absence of knowledge in this area; on the other hand, it is interesting that a considerable number of nurses actually under-estimated the pay of registrars and SHOs. This is in contrast to Sanders and Shah's finding that nurses overestimated the pay of house officers (1).

The perception that the majority of nurses have of doctors as being unable to look at the whole patient despite being well-meaning ought to give doctors pause for thought, although only a third of the sample believed doctors were even able to understand nursing models of care.

The fact that doctors were still thought capable of listening by over 70 per cent of respondents should give hope, especially since this skill was considered the most important communication skill by nurses questioned in an American study (3). But as only half the respondents considered doctors 'considerate', they may need to listen even more carefully to what nurses and patients are telling them.

Acknowledgement

I should like to thank the nursing staff of Coney Hill Hospital, Gloucester, for their co-operation in this study.

References

Sanders D, Shah P. Nurses get it wrong on doctors' jobs. *BMA News Review*. 1992. 18, 10, 10.

Mechanic D, Aiken L H. A co-operative agenda for medicine and nursing. *New England Journal of Medicine*. 1983. 307, 747-750.

Morse B W, Piland R N. An assessment of communication competencies by intermediate-level health care providers: a study of nurse-patient, nurse-doctor, nurse-nurse communication relationships. *Journal of Applied Communication Research*. 1981. 9, 1, 30-41.

Weiss S, Remen N. Self-limiting patterns of nursing behaviour within a tripartite context involving consumers and physicians. *Western Journal of Nursing Research*. 1983. 5, 1, 77-89.