

## We're All Members of a Team, Right?

As we go about our technological business, a feeling of satisfaction can be derived from thinking of ourselves as a part of the team that brings quality medical care to the ill. Each member brings his own special skills to the problems faced by the team.

But teamwork is truly possible only if we are indeed a team. Certainly, the way in which team members communicate must be direct, open, and two-way if we are to be most effective.

There appears to be, however, a significant problem in the manner of communication between paramedical professionals and physicians.

Recently, a fascinating article came my way dealing with how doctors and nurses communicate. Its title is "The Doctor-Nurse Game," by Leonard I. Stein, MD (*1*). It makes some very interesting points concerning the way in which physicians and nurses have developed indirect communication patterns that allow nurses to communicate useful information to physicians while remaining properly deferential.

Every technologist should read this article. (It is only five pages long.) When you read the article insert "paramedical professional" or "technologist" in place of "nurse," and the basic points will still apply.

Dr. Stein states that the relationship between doctor and nurse is a very special one, and has a quality that fits a game model. He further states: "The underlying attitudes which demand that this game be played are unfortunate. These attitudes create serious obstacles in the path of meaningful communications between physicians and non-medical professional groups."

Important factors in the physician's "decision-making are the recommendations he receives from the nurse." (Read "technologist" here.)

"If the nurse is to make a suggestion without appearing insolent and the doctor is to seriously consider that suggestion, their interaction must not violate the rules of the game."

"The object of the game is as follows: the nurse is to be bold, have initiative, and be responsible for making significant recommendations, while at the same time she must appear passive. This must be done in such a manner so as to make her recommendations appear to be made by the physician."

Does this sound familiar? Does it sound like your daily life? Failure to play the game properly can result in severe penalties, so you need to know the rules.

"The cardinal rule of the game is that open disagreement between the players must be avoided at all costs. Thus, the nurse must communicate her recommendations without appearing to be making a recommendation statement. The physician, in requesting a recommendation from a nurse, must do so without appearing to be asking for it."

Have you ever told a physician what to do? Has one ever asked you what he should do? Have you ever gotten a physician to do what needed to be done? No, no, yes.

Playing the game well leads to operating efficiency. However, penalties for a game failure can be severe. "The nurse who does see herself as a consultant but refuses to follow the rules of the game in making her recommendations, has hell to pay. The outspoken nurse is labeled a 'bitch' . . . The outspoken bright nurse whose recommendations are worthwhile remains employed. She is, however, constantly reminded in a hundred ways that she is not loved."

Dr. Stein feels that part of the problem stems from the physician's fear of making an error; as a defensive mechanism he develops the belief that he is "omnipotent and omniscient, and therefore incapable of making mistakes."

Does this sound like anyone you know?

The physician is trapped in a paradox. He needs to be open to recommendations from others, yet "accepting advice from non-physicians is highly threatening to his omnipotence."

We too are trapped in a paradox. When our good sense tells us a recommendation would be helpful we are not allowed to communicate it directly, nor are we allowed *not* to communicate it. "The way out of the bind is to use the doctor-nurse game and communicate the recommendation without appearing to do so."

"Indirect communication is an inefficient mode of transmitting information. However, it effectively supports and protects a rigid organizational structure with the physician in clear authority." But, "continued expectation of a doctor-nurse-like interaction by the physician" will be disastrous. "The major disadvantage of a doctor-nurse-like game is its inhibitory effect on open dialogue which is stifling and anti-intellectual. The game is basically a transactional neurosis, and both professions would enhance themselves by taking steps to change the attitudes which breed the game."

This is a difficult area in which to establish a dialogue with physicians. Of course there are those wonderful physicians who have refused to cloak themselves in the robes of arrogance, omniscience, and omnipotence. But they are a precious few. They are a delight to work with, and I would like to emphasize the word *with*. The arrogant ones we end up working *for*. And this brings us back to the concept of a team. If we are all working with one another then we are indeed a team. But when we work for one another, and cannot communicate in a direct and open way with physicians, then somehow we are not a team, and our work with the ill suffers for it.

Where does that leave us? What choices are available to us? We can remain subservient, accept our lot—or we can speak out. Those of us fortunate enough to work *with* a physician are not faced with this problem. The rest of us can make an effort, as Dr. Stein has recommended, to alter our relationships with physicians; this will be to the benefit of both of us and to the patients we serve.

However, for our efforts we are very apt to be known by the same name as the up-pity nurse who refused to play the game. . . .

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## Reference

1. Stein LI. The Doctor-Nurse Game. *Archives Gen Psych* 1967; 16: 699-703.