The Doctor/Nurse Game

The term ‘doctor/nurse game’ was coined by Leonard Stein (1967) to refer to the implicit or explicit relationships of power between doctors and nurses, and the social game played by both parties to maintain that balance. Traditionally, the relationship between doctors and nurses has been a simple hierarchy: doctors are superior to nurses. When Stein observed this game, doctors were responsible for curing patients—and all the medical work this entails—and nurses were only ‘in charge of folding pillow cases and mopping brows’ (Radcliffe 2000). The division between doctors and nurses—and men and women—was clear-cut and unquestioned. Stein contended that the interaction between doctors and nurses was carefully managed so as not to disturb this hierarchy. If nurses, who had much to contribute to the care and treatment for patients and who were responsible for important recommendations, had directions, suggestions, or advice for patient treatment—an act of initiative—they had to act within this hierarchy and subsequently appear passive. Thus, nurses had to make it appear as though their recommendations were initiated by doctors; this was often achieved through subtle prompts or anticipatory treatment preparations that effectively signalled the course of action a doctor should take. The nurse was, at once, nurturing patients as well as the doctors’ sense of professional dominance.

After the 1970s and the second wave of feminism, the nursing profession changed. Through a process of professionalisation, including the move to university qualifications, the role and status of nursing began to be redefined. When Stein revisited the doctor/nurse game in 1990, he found that much had changed. Nurses stood up to doctors, offered advice, and were regarded with much more respect than they previously had been (Stein, Watts & Howell 1990; see also Williamson 2003). Indeed, Leonard Fagin and Antony Garelick (2004, p. 280) point out that ‘nurses have already moved into administration and supervisory roles, and control their own licensing processes. Senior nurse managers often operate as team leaders, particularly in community mental health teams, and doctors come within their purview.’ Importantly, we must not forget that professional territory is often willingly conceded by the dominant profession if doing so supports its interests. Fagin and Garelick continue: ‘some have said that these extra responsibilities and status symbols have been delegated down by physicians to share the workload rather than to establish parity of influence’ (2004, p. 280).
Nursing had changed from being simply a nurturing role to being a profession that valued and was valued for its education, skills, and responsibilities. Nurses practiced their occupation with pride and professionalism. Further, nurses were not necessarily female anymore, and doctors not necessarily male. More recently, the introduction of nurse practitioners marks a further evolution of the profession’s status, autonomy and influence over health care delivery.

Nursing remains essentially subordinate to medicine, but the status of the profession has changed, and opportunities exist for nurses to exercise overt (though limited) autonomy, beyond the passive role implied by the doctor/nurse game. The public’s view of doctors has also changed with time. Patients are less likely to regard doctors as all-knowing and infallible; some of the power has thus been shifted. The blurring of boundaries between ‘cure’ and ‘care’ has led to the empowerment of the nursing profession and encouraged a move to a more mutually respectful relationship between doctors and nurses. Still, as Fagin and Garelick point out:

Daily decisions such as agreeing to a patient’s leave or the need for close observation are rarely delegated to nurses, even though in these areas doctors may have no more knowledge than their nursing colleagues. If anything, they are probably less able to make appropriate judgements because of their more distant contact with in-patients, and yet deference is paid to their ‘expertise’. (2004, p. 278)

Sociological reflection

What do you think are the current rules of the doctor/nurse game?

References


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