

## President's letter

Mark Radcliffe

### THE DOCTOR–NURSE GAME

I don't know about you, but I like a good journal now and again such as Hello, Select – but sometimes find myself losing the will to live about three quarters of the way through an academic journal. However, in the case of certain journals you can jump to the exciting bits, like news, obituaries and the letters. I have to confess that for a number of years I teased and prodded the readership of this Journal and hoped that one day someone would put me out of my misery and reply to one of my missives. Alas, my BARNA inbox is full of adverts for Viagra (do they know something that I don't), get more hits to my website (don't have one!) or I have a chance to siphon off millions of dollars from a chap in Nigeria who has come into a lot of money. On this issue alone I have found the following site a real treat – <http://www.419eater.com/> and would definitely advocate you have a look through, particularly at the gallery. Or more likely the case, you fell asleep before you even got to the second paragraph of my letters.

However back to the editorial to something that has been taking up a great deal of my thinking time over the last few years – the old 'doctor–nurse game'. It was a grand old psychiatrist (well, less old when he wrote it) Leonard Stein (1967) who first coined the phrase back in the 1960s. It became rather vogue and spawned a great deal of research in its time and in some cases really pushed back the boundaries of what we knew about healthcare relationships, not just nurse–doctor ones. The nursing role in healthcare was examined and still is from a range of sociological perspectives and I personally believe that the feminist literature of the 1970s really did start a positive change in the role of women in society and thus nursing's position. Although Steins' original 'Research' consisted of a couple of phone calls with colleagues across the US, lets not let that detract from the fact it struck a significant chord with many people working in healthcare. Stein (1990)

updated his work in 1990 and identified that things had moved on significantly, although many of the games still existed and used to influence care. This debate has rumbled on and it was Radcliffe (2000) who said in the BMJ that the only thing that feminism has achieved for nursing is made more women want to be doctors. Now this was a bold statement and whilst many of you may agree with this statement, the most interesting response came from the replies in the 'rapid response' section. It pays to point out that Mark Radcliffe is a nurse and writes for the nursing times, although close to my name and I have been mistaken for him once or twice, as 'that guy who writes in the nursing times' ... No ma'am not me, well not in this case.

Firstly a doctor responds thus;

*Your piece hit the nail right on the head. Many nurses, particularly those of my wife's generation, also mourn the loss of the values which used to underpin nursing, and which gave nurses a unique role in caring for the sick.*

*I'm surprised there have been no other responses yet – you are doubtless in for a tar and feathering from the nurse-as-sociologist brigade, but no matter. If you need a referee when you start looking for a new job, I'd be glad to oblige!*

A nurse wades in at this point in a more sinister frame of mind;

*I surely do not wish it on you but, if you went from a healthy vibrant man to someone needing care then you may regret the inflated-top-of-the-food-chain-position you are putting forward.*

If you want to read some more then have a quick look on the BMJ site and you will see a lot more in a similar vein.

Now the funny thing is, the issue of the 'doctor–nurse' game was first raised by a Medic, but has often only agitated the nursing fraternity. Other than Stein,

the medical literature is almost completely devoid of references to such interactions and complications. You may say that it is because they are in charge and therefore not of importance to them but I get the sense that they just don't get it.

What's my point? Well couple of things really, Nursing has and always will define itself by benchmarking its influence against others in the healthcare field. This is likely to always come down to *doctors*, yet the intrinsic power of nursing to influence outcomes for patients has always been there, right back to Florence. It may therefore come down to our professional perception of control and how we feel about ourselves in the order and structure of healthcare. I get the impression that *nursing* is a 'half-empty glass' profession and sometimes cannot see the influence it has already, and rather craves for control that it can't have or others do. To illustrate this I was recently speaking to a new FY2 (SHO to you and me) who was rather

envious of nurses' position, in that they were still based as a team on ward, with patients they got to know for their stay till discharge. This FY2 felt *medicine* had now descended into a sporadic set of 'learning opportunities', with a nomadic lifestyle, no continuity with the patients and an erosion of the 'the firm' structure which frustrated them and the consultants.

Now I'm not for an instance suggesting that we simply put the placards away and be happy with our lot, but perhaps we should in the light of changes to healthcare take a new track of influence and celebrate what we have achieved and delivered for healthcare. Build upon this as a successful profession and move on. As Robert Fulghum said, 'The grass is not, in fact, always greener on the other side of the fence. Fences have nothing to do with it. The grass is greenest where it is watered.' Secondly, the letters in response to an editorial are often much more interesting than the article itself!

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## REFERENCES

- Radcliffe M. Doctors and nurses: new game same results. *BMJ* 2000; 320: 1085.
- Stein L. The doctor–nurse game. *Archive of General Psychiatry* 1967; 16: 699–703.
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