

INTRODUCTION TO SOCIOLOGY

RELATIONSHIP IN HEALTH CARE ORGANIZATION

ORGANIZATIONAL CULTURE

All organizations exist in the larger world. How well any organization performs depends not only on its own goals and policies but also on the organizational environment, and factors outside an organization that affect its operation. These factors include technology, economic and political trends, current events, the available workforce, and other organizations.

Modern organizations are shaped by technology, including copiers, telephones, and computer equipment. Computers give employees access to more information and people than ever before. At the same time, computer technology allows managers to closely monitor the activities of workers.

Economic and political trends affect organizations. All organizations are helped or hurt by periodic economic growth or recession. Most industries also face competition from abroad as well as changes in law, such as new environmental standards at home.

Current events can have significant effects even on organizations that are far away. These events could include economic slowdown and rise in energy prices which may affect both government and business environments.

Population patterns also affect organizations. The average age, typical level of education, social diversity, and size of a local community determine the available workforce and sometimes the market for an organizations products or services.

Other organizations also contribute to the organizational environment. To be competitive, a hospital must be responsive to the insurance industry and to organizations representing doctors, nurses, and other health care workers. It must also be aware of the medical equipment and health care procedures available at nearby facilities, as well as competitor's prices.

Inter-Professional Relationship

The World Health Organization (WHO) in 2010, defined inter-professional collaboration *as a situation where: "Multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care"*. This is essentially a situation where Health care professionals assume complementary

roles and cooperatively working together, sharing responsibility for problem solving and making decisions to formulate and carry out plans for patient care.”

Serious conflict which have often degenerated into violent physical combat have occurred between practitioners who share the same physical operational space and several groups of allied-health professionals who have requested for greater degrees of autonomy in the discharge of their duties as against the dictates of the existing chain of command which places them under the supervision of the physicians. This has particularly been a nagging problem in the Laboratories and Medical Imaging Departments.

Thus, the current state of inter-professional relationship in the Health sector is characterized by mutual suspicion, undue competition and rivalry, violation of intra- and inter-professional chains of command, sabotage of efforts of competing practitioners and at times outright hatred of other professionals.

The PATIENT, who is the reason for the establishment of the sector, is the first casualty in this crisis.

Several factors are responsible for the present state of things. One of which is the increasing demand for greater roles and greater authority in the management of patients by the different healthcare professionals in the hospital setting.

The health sector, like other multi-professional systems like the aviation industry, the university system and even the manufacturing industry relies on each of the different groups of professionals contributing in different ways to the overall management of the patient. The reasons for this demand for greater roles may be too numerous to mention, but prominent among them is the desire by allied health professionals to achieve greater recognition as professionals within the hospital system and in the administrative reckoning of the civil service bureaucracy as well as in the eyes of the public. It could also be the desire by allied-health professionals for equal financial reward and recognition with the physicians, since the success of their efforts in managing an illness now depends on contributions from other professionals.

In today's modern healthcare system, the consequences of strained inter-professional relationships have serious implications for healthcare delivery. Imagine a patient who is admitted

in a teaching hospital ward in Nigeria who by the time he spends five days on such admission would have encountered numerous healthcare workers of different professional orientation. The number of health workers to see a patient could be as many as 50 in countries with more sophisticated healthcare systems. Another immediate consequence of strained relationships is non-existent or poor communication channels between different categories of professionals. Hence the patient is confronted with conflicting instructions, suspicious practitioners which eventually affects the patient's psyche, erodes public confidence in the health system and overall treatment outcome. Indeed whether we acknowledge it or not, the absence of these inter-professional communication lines affects patient's morbidity and mortality because it stalls their investigation, evaluation and eventual treatment.

The parlous state of inter-professional relationships in the sector has also encouraged the growth of a most undesirable culture of "territorialism" which has caused the decline of true professionalism among practitioners. Each professional group converts its professional roles and even physical operating space into a "territory" that must be "guarded jealously" against any "violation" by any perceived competitor(s).

Sadly, this odious culture of "Territorialism" is being passed to junior/up-coming practitioners. Strained inter-professional relationships have also led to the creation of complex, unwieldy organizational structures within each profession that only serves to nourish egos and reduce productivity. It has also contributed to the poor image of the public health sector among our fellow citizens and is a festering problem that requires urgent intervention.

It stands to reason that as in many other sectors of the economy, the health care sector is also not immune to class struggle which has pitched the doctors against other professional groups in the hospital. The struggle for class distinction and leadership tussle by doctors has created acrimony among other professional which has not augured well for the overall effective discharge of their duties.

Intra-Professional Relationship

This refers to *multiple members of the same profession working together to deliver quality care*. As key members of the health care team, nurses are in a unique position to enhance team effectiveness and improve patient/client outcomes through strong intra-professional

collaboration. Nurses can lead or participate in designing and implementing systems that support intra-professionalism by acquiring knowledge of the attributes and competencies of effective, intra-professional teams.

Nursing is a profession that requires effective inter-professional and intra-professional relationships to provide positive outcomes for patients/clients. Intra-professional practice occurs *when multiple members of the same profession work collaboratively to deliver quality care within and across settings.*

Collaboration is both a process and an outcome in which shared interest is addressed by key stakeholders. A key stakeholder is any party directly influenced by the actions others take to solve the issue. The collaborative process involves a synthesis of perspectives to better understand complex problems. A collaborative outcome is the development of integrative solutions provided by input from various parties.

The terms **teamwork and collaboration** are used synonymously in the literature to express relationships between members of a team. Nurse-to-nurse intra-professional collaborative practice is complex in every setting, position, generation and experience, and high-quality, collaborative, respectful relationships are vital for communication, interaction and positive outcomes for patients/clients and job satisfaction for nurses.

There are positive outcomes for patients/clients and health-care teams linked to effective intra-professional collaboration that can be achieved by building supportive resilient teams; fostering colloquialism; improving the collaboration between new grads, managers, practical nurses, nurse practitioners, and registered nurses; and valuing respectful and effective communication between nurses. Team work enables continuity of care giver as well as continuity of care as key pillars of safe patient/client care. In addition effective team work and role clarity enables critical decisions to be made that support assignment of the most appropriate category of nurse to care for a patient/client based on acuity (stability, predictability, risk of negative outcome, and complexity) of the patient's/client's condition.

With the mounting evidence of the importance of these relationships there is a need to examine the multiple factors relevant to intra-professional collaborative practice among nurses that need to be considered to foster healthy work environments, quality patient care and the retention and recruitment of nurses, poor colleague relationships, together with workplace conflict, cause job

dissatisfaction. As a consequence, some nurses leave the profession while others continue working but remain chronically unhappy. The workplace can be a difficult place for both very experienced and less experienced nurses, regardless of the clinical environment. Nurses navigate their way in the workplace through a series of complex negotiations with each other and develop skills to assess the potential success of an interaction before approaching another nurse. Some also develop a resilience to conflict in their workplace, accepting it as part of working life.

Creation of a more positive work environment requires increased understanding of the way nurses relate to each other and appreciation of the factors in the environment that contribute to conflict and a negative atmosphere. This appreciation is a necessary prerequisite to developing a more satisfying and productive workplace enhancing the recruitment of new nurses and the retention of experienced nurses.

Inter-Personal Relationship

Interpersonal relationship refers to *a strong association among individuals working together in the same organization*. Employees working together ought to share a special bond for them to deliver their level best. It is essential for individuals to be honest with each other for a healthy interpersonal relationship and eventually positive ambience at the workplace.

An individual spends around eight to nine hours in his organization and it is practically not possible for him to work all alone. Human beings are not machines who can work at a stretch. There is need for people to talk to and share feelings. “Imagine you working in an organization with no friends around!” humans are social animals who need the company of friends. An individual working in isolation is more prone to stress and anxiety. They hardly enjoy their work and attend office just for the sake of it. Individuals working alone find their job monotonous. It is essential to have trustworthy fellow workers around with whom one can share all his secrets without the fear of them getting leaked. We must have friends at the workplace who can give us honest feedback.

A single brain alone can't take all decisions alone. We need people to discuss various issues, evaluate pros and cons and reach to solutions benefiting not only the employees but also the organization on the whole. Employees can brainstorm together and reach to better ideas and

strategies. Strategies must be discussed on an open platform where every individual has the liberty to express his/her views. Employees must be called for meetings at least once in a week to promote open communication. Interaction on a regular basis is important for healthy relationship.

Interpersonal relationship has a direct effect on the organization culture. Misunderstandings and confusions lead to negativity at the workplace. Conflicts lead you nowhere and in turn spoil the work environment.

We need people around who can appreciate our hard work and motivate us from time to time. It is essential to have some trustworthy co-workers at the workplace who not only appreciate us when we do some good work but also tell us our mistakes. A pat on the back goes a long way in extracting the best out of individuals. One needs to have people at the workplace who are more like mentors than mere colleagues.

It always pays to have individuals around who really care for us. We need colleagues to fall back on at the times of crisis. If you do not talk to anyone at the workplace, no one would come to your help when you actually need them.

An individual needs to get along with fellow workers to complete assignments within the stipulated time frame. An Individual working all alone is overburdened and never finishes tasks within deadlines. Support of fellow workers is important. You just can't do everything on your own. Roles and responsibilities must be delegated as per specialization, educational qualification and interests of employees. An individual needs help of his fellow workers to complete assignments on time and for better results.

Nurse-Patient Relationship

The nurse – client relationship *is an interaction aimed to enhance the well-being of a "client," which may be an individual, a family, a group, or a community.* The nurse-patient relationship enables nurses to spend more time to connect, to interact with their patients as well as to understand their patient's needs. It assists nurses to establish a unique perspective regarding the meaning of the patient's illness, beliefs, and preferences of patients/families. Thus, the patients/families feel that they are being cared for and they feel more motivated to open up to the nurses as well as working together to achieve better outcomes/satisfaction.

The nurse-client relationship is composed of several elements;

Boundaries: Boundaries are an integral part of the nurse-client relationship. They represent invisible structures imposed by legal, ethical, and professional standards of nursing that respect the rights of nurses and clients. These boundaries ensure that the focus of the relationship remains on the client's needs, not only by word but also by law. The College of Nurses of Ontario (CNO) Standards identifies that it is the nurse's responsibility to establish the boundaries and limits of the relationship between the nurse and client. The boundaries have a specific purpose and health goal, and the relationship terminates when identified goal is met. Any action or behaviour in a nurse-client relationship that personally benefits the nurse at the expense of the client is a boundary violation. Some examples of boundary violations are engaging in a romantic or sexual relationship with a current client, extensive non-beneficial disclosure to the client and receiving a gift of money from the client. Abuse and neglect are extreme examples; they involve the betrayal of respect and trust within the relationship. This includes withholding communication from a client because it is considered to be an example of neglect. It is the nurse's job to be aware of signs that professional boundaries may be crossed or have been crossed. Warning signs of boundary crossing that may lead to boundary violations include frequently thinking of a client in a personal way, keeping secrets with a specific client, favoring one client's care at the expense of another's and telling a client personal things about yourself in order to make an impression. Anything that could comprise the client's well-being if the relationship with a registered nurse is continued or discontinued can be considered a warning sign. Boundary violations are never acceptable and it is the nurse's job to handle any situation with any regards to it professionally and therapeutically regardless of who initiated it.

Confidentiality: This makes the relationship safe and establishes trust. The patient should feel comfortable disclosing personal information and asking questions. The nurse is to share information only with professional staff that needs to know and obtain the client's written permission to share information with others outside the treatment team. Nurses are expected to always act in the best interests of the patient to maintain a relationship that is strictly with all intent to only benefit the client. The necessary knowledge aspects that are needed to maintain a therapeutic nurse-client relationship are: background knowledge, knowledge of interpersonal and development theory, knowledge of diversity influences and determinants, knowledge of person,

knowledge of health/illness, knowledge of the broad influences on health care and health care policy, and knowledge of systems.

Background knowledge is the nurse's education, and her life experience. Knowledge of interpersonal and development theory is the knowledge of theories of the sense of self and self-influence on others.

Self-awareness: Self-awareness is an internal evaluation of one self and of one's reactions to emotionally charged situations, people and places. It offers an opportunity to recognize how our attitudes, perceptions, past and present experiences, and relationships frame or distort interactions with others. An example of self-awareness would be acknowledging that showing anger is not a sign of weakness, because there were emotions outside of your control. Self-awareness allows you to fully engage with a client and presence; being with the client in the moment, allows the nurse to know when to provide help and when to stand back. Until individuals can fully understand themselves they cannot understand others. Nurses need self-awareness in this relationship to be able to relate to the patient's experiences to develop empathy.

Genuine, warm and respectful: Highly skilled, experienced nurses must possess certain attributes or skills to successfully establish a nurse client relationship. Attributes such as being genuine, warm and respectful are a few to mention. An aspect of respect is respecting an individual's culture and ensuring open-mindedness is being incorporated all throughout the relationship up until the termination phase. The nurse works to empower the client along with their family to get more engaged in learning about their health and ways in which it can be improved. It is highly beneficial for the client to incorporate their family, as they may be the most effective support system. Revealing your whole self and being genuine with clients will accomplish the desired nurse client relationship.

Behaving therapeutically may require remaining silent at times to display acceptance, incorporating open ended questions to allow the client control of the conversation and encouragement to continue. In addition, the nurse may also reduce distance to demonstrate their desire in being involved, restating and reflecting to validate the nurse's interpretation of the client's message, directing the conversation towards important topics by focusing in on them. Furthermore, being polite and punctual displays respect for the client in addition to remembering

to be patient, understanding, also to praise and encourage the client for their attempts to take better care of their health.

Empathy: having the ability to enter the perceptual world of the other person and understanding how they experience the situation is empathy. This is an important therapeutic nurse behaviour essential to convey support, understanding and share experiences. A client to a nurse in a general sense is seeking help. Patients are expecting a nurse who will show interest, sympathy, and an understanding of their difficulties. When receiving care patients tend to be looking for more than the treatment of their disease or disability, they want to receive psychological consideration. This happens through good communication, communication with clients is the foundation of care.

During hard times, clients are looking for a therapeutic relationship that will make their treatment as less challenging as possible. Many patients are aware that a solution to their problems may not be available but expect to have support through them and that this is what defines a positive or negative experience. Empathy is used as a tool to enhance the communication between the nurse and client. Past experiences can help the clinician can better understand issues in order to provide better intervention and treatment.

Cultural sensitivity: healthcare is a multicultural environment and nurses have to expect that they will care for patients from many different culture and ethical backgrounds. Cultural backgrounds effect people's perceptions of life and health. The goal of the nurse is to develop a body of knowledge that allows them to provide cultural specific care. This begins with an open mind and accepting attitude.

Cultural competence is a viewpoint that increases respect and awareness for patients from cultures different from the nurse's own. Cultural sensitivity is putting aside our own perspective to understand another person's perceptive. Caring and culture are described as being intricately linked. This is believed because there can be no cure without caring and caring involves knowing the different values and behaviours of a person's culture.

A major obstacle to cultural sensitivity and good communication is *ethnocentrism*, which is the belief that one's ethical group is superior to another; this causes prejudice and stops a nurse from fully understanding the patient. Another obstacle is *stereotyping*, a patient's background is often

multifaceted encompassing many ethnic and cultural traditions. In order to individualize communication and provide culturally sensitive care it is important to understand the complexity of social, ethnic, cultural and economic. This involves overcoming certain attitudes and offering consistent, non-judgmental care to all patients. Accepting the person for who they are regardless of diverse backgrounds and circumstances or differences in morals or beliefs. By exhibiting these attributes trust can grow between patient and nurse.

Collaborative goal setting: A therapeutic nurse-client relationship is established for the benefit of the client. It includes nurses working with the client to create goals directed at improving their health status. Goals are centered on the client's values, beliefs and needs. A partnership is formed between nurse and client. The nurse empowers patient and families to get involved in their health. This relationship has three phases, a beginning (first time contact/introduction), a middle (develop a relationship to deliver care) and an end (the patient is no longer dependent on the nurse). To make this process successful the nurse must value, respect and listen to clients as individuals. Focus should be on the feelings, priorities, challenges, and ideas of the patient, with progressive aim of enhancing optimum physical, spiritual, and mental health.

Responsible, ethical practice: This is a communication-based relationship, therefore, a responsibility to interact, educate, and share information genuinely is placed upon the nurse. Nurses must intervene and report any abusive situations observed that might be seen as violent, threatening, or intended to inflict harm. Nurses must also report any health care provider's behaviors or remarks towards clients that are perceived as romantic, or sexually abusive.

Building trust: Building trust is beneficial to how the relationship progresses. An interview was conducted with 15 participants who spent at least three days in intensive care to investigate the factors that helped develop trust in the nurse-client relationship. Patients said nurses promoted trust through attentiveness, competence, comfort measures, personality traits, and provision of information. Every participant stated the attentiveness of the nurse was important to develop trust. One said the nurses "are with you all the time. Whenever anything comes up, they're in there caring for you". Competence was seen by seven participants as being important in the development of trust. "I trusted the nurses because I could see them doing their

job. They took time to do little things and made sure they were done right and proper," stated one participant. The relief of pain was seen by five participants as promoting trust.

One client stated, "They were there for the smallest need. I remember one time where they repositioned me maybe five or six times in a matter of an hour". A good personality was stated by five participants as important. One said, "They were all friendly, and they make you feel like they've known you for a long time". Receiving adequate information was important to four participants. One participant said, "They explained things. They followed it through, step by step". The findings of this study show how trust is beneficial to a lasting relationship.

Emotional support: Emotional Support is giving and receiving reassurance and encouragement done through understanding. A study was conducted to examine the process of nurse case management involving clients with mental illness. Nurses in inpatient, transitional, and community settings in four cities in Ontario Canada were interviewed. The interviews show the importance of providing emotional support to the patients. One nurse stated that if the client knows "Somebody really cares enough to see how they are doing once a week ... by going shopping with them or to a doctor's appointment. To them it means the world".

The interviews showed it was crucial to include the family as therapeutic allies. A nurse stated that "We're with the families. We can be with them as oppositional and overly involved and somewhere else in between, and we're in contact with them as much as they want". With frequent contact the nurse was able to discuss possibilities with the family. The study reaffirmed the importance of emotional support in the relationship.

Humour: Humour is important in developing a lasting relationship. An observation was carried out, and readers were asked to write about experiences with humour while in the hospital through a patient organization newsletter. Letters were chosen from 13 chronically ill clients from Finland. The clients were also interviewed in addition to their letters. The interviews reported that humour played an important role in health. A paralyzed woman said, "Well you have to have a sense of humour if you want to live and survive. You have to keep it up no matter how much it hurts".

Humour helped clients accept what happened by finding a positive outlook. One participant stated, "... when you're sick as you can be and do nothing but lie down and another person does

everything in her power to help, humour really makes you feel good". Humour also serves as a defense mechanism, especially in men. A participant said, "For male patients humour is also a way of concealing their feelings. It's extremely hard for them to admit they're afraid". The patient finds it easier to discuss difficult matters when a nurse has a sense of humour. "A nurse who has a sense of humour, that's the sort of nurse you can talk to, that's the sort of nurse you can turn to and ask for help" reported a participant. This study lends support that if humour is generally important to people, then in times of change it will remain important.