Nurses in the health hierarchy - the myth of the health team approach to health care

Any discussion about nurses and nursing would be incomplete without a discussion on the hierarchical nature in nursing and the hierarchical relationship between doctors and nurses.

Bearing in mind the fact that the majority of nurses are female, the first part of this article argues that both these issues should be seen in the context of the socio economic and political experiences of women. The second part of the article shows that the role and status of nurses is ambiguous and is not clearly defined with regard to their professional position and responsibilities. Finally the article examines the implications of these hierarchical relations.

The health hierarchy in context

Before one can look at a woman's work within the health sector, it is important to consider the sexual division of labour and roles in society as a whole.

In society, men are expected to be active participants in the labour force and are generally considered to be the breadwinners and decision makers in the family. Women on the other hand, are assigned responsibility for the caring and nurturing of the family - so-called 'women's work'.

In the economy, women are usually employed in less skilled jobs with lower pay and status than men. Women often fulfill a supportive function to men, for example as secretaries.

These sexual divisions are easily identified in the health sector. The function of curing patients is regarded largely as the province of doctors who are usually men.

In addition, the decision makers in the health hierarchy are doctors.

Women health workers are found mostly lower down in the hierarchy in supportive or domestic positions which are viewed as requiring less proficiency and carry less responsibility. This work is seen as 'women's work' and as an extension of the 'traditional' role of women in the home.

Supportive roles to doctors include nursing, radiography and indirectly, domestic duties such as cleaning, cooking or laundry work. Women are therefore doing most of the jobs which are considered less professional, less skilled and less desirable and certainly the least pleasant. The consequences of the gender division of health care labour has important consequences for women workers. These include: less decision making, less status and lower pay, with non-classified workers at the very bottom of the scale.

In South Africa the situation is further compounded by racial discrimination, with black women representing the most oppressed group in our society. This discrimination is manifest in the large numbers of black women employed in the health sector doing the most unpleasant and least skilled work at the lowest pay.

Traditionally, women are assigned responsibility for the caring and nurturing of the family

In the health sector, women perform many of the jobs which are considered less skilled and less desirable

The process of socialisation

The majority of nurses are women who have been socialised into accepting the role of care giver and who are in a weaker position in the labour market. This has various implications for the nurse. Nurses accept a subordinate, supportive role in the health 'team'. They work long and unsociable hours with overtime, for poor salaries. They are expected to endure this without complaint. The education of nurses reinforces their socialisation as women by demanding subservience and uncritical acceptance of their role as care giver.

Within the health hierarchy, nurses are expected to play a subordinate role not only to doctors, but to the nursing and hospital bureaucracy as well. The nursing hierarchy is structured on a strict order of rank which is imposed from above and is largely inflexible. Relations between different ranks of nurses are often strained and based on fear rather than on co-operation.

Nurses are often afraid to oppose authoritarian structures for fear of victimisation. They are afraid to voice publically their dissatisfactions and challenge authorities, either at a hospital level or within their professional associations. Part of the process of inculcating notions of loyalty to associations such as SANA and SANC, employers and patients, inhibit nurses from exploring and expressing their own needs. It is very effective in entrenching negative attitudes towards alternative organising structures such as trade unions.

The role and status of nurses

Although a nurse's role is subordinate to a doctor's, it can be argued that this role is often ambiguous. On the one hand, nurses are expected to play a supportive role and to take and carry out doctors' orders. On the other hand, they are expected to accept a very responsible role in patient care.

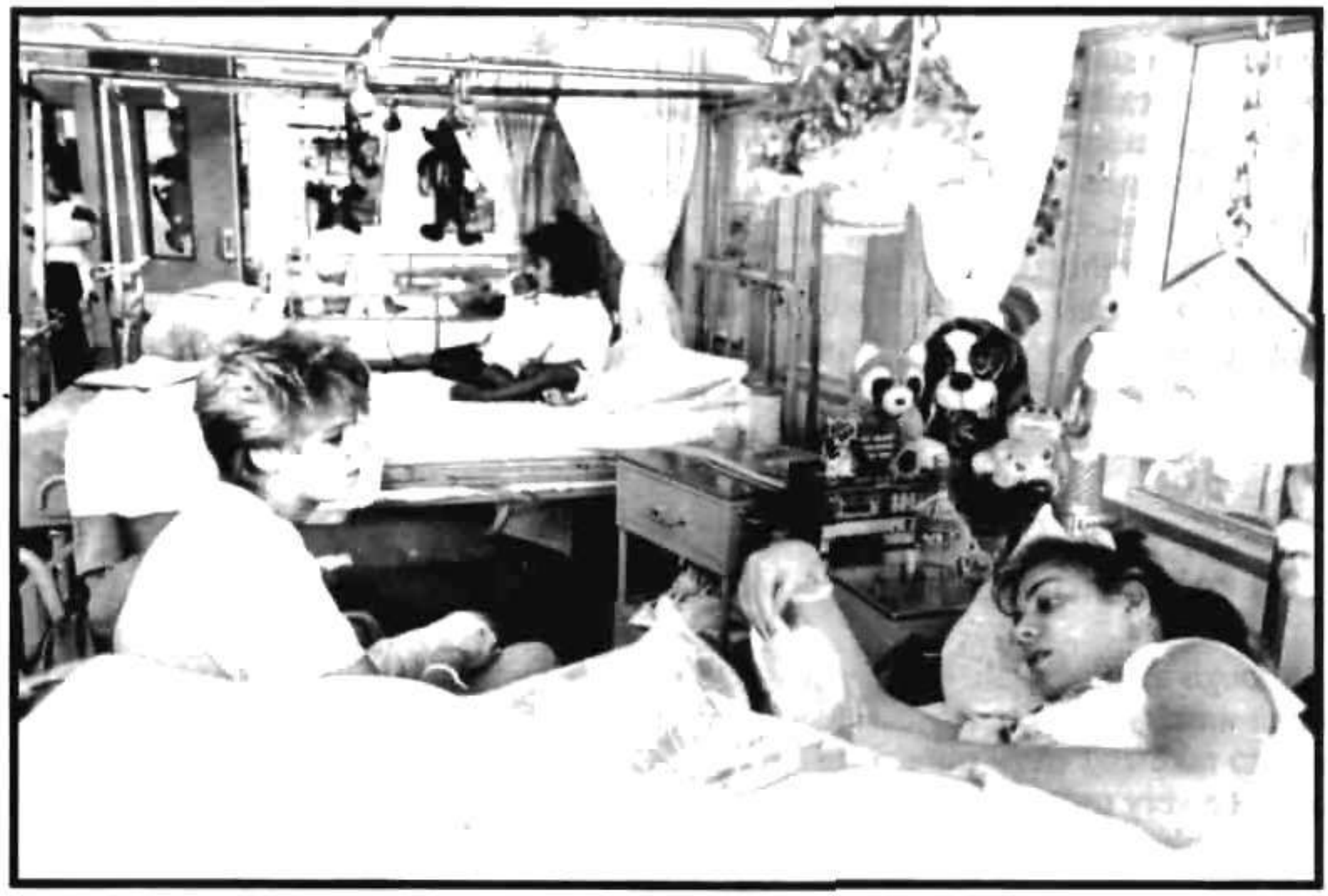
Unable to make many decisions on the treatment of patients, the nurse nonetheless is often left to take sole responsibility for patients' welfare in the absence of doctors - for example on night duty or in rural clinics. This is particularly prevalent in the private hospital situation. The nurse is often the only person immediately available in an emergency. The nurse takes responsibility for administering most of the patients' care giving medication, intravenous injections and fluids, maintaining tracheotomies and so on, any one of which could cause the death of a patient if mishandled.

This is an ambiguous situation, which causes conflict in the doctor-nurse relationship. On the one hand, doctors insist on maintaining their powerful decision making role in the health 'team' and on the other hand, expect nurses to take the responsibility for the patient's life when they are not around.

Despite the acknowledgement of nurses' capabilities, doctors still tend to be reluctant to consider equal working relations with nurses. While no one will deny that in many ways the roles of doctor and nurse are very different, the one is no

more important than the other and therefore does not justify such a great disparity in authority, rank, salary and reverence. This inequality creates disharmony, resentment, even fear among the two sectors of health workers who should be working closely together.

Authoritarian relationships work against good patient care for a variety of reasons. Nurses are afraid to query orders they do not understand, are afraid to report mistakes and may simply refuse to co-operate in order to protect themselves. In the interests of patient care, the health 'team' should work toward equity and away from the elitism which has prevailed for so long.



The hierarchical nature of health care works against the health team approach essential for good patient care

Conclusion

This article has tried to give some insight into the hierarchical nature of health care and to show how this structure is entrenched by the exploitation of women in the health sector and the ambiguity of the role of nurses. It has also been argued that these factors work against an equal and co-operative relationship between health workers and also work against a health team approach essential for good patient care.