

Group-think among Health Workers; the Nigerian Perspective

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Abstract: Group think has been described as the ways in which members of a group distort their thinking to become overly supportive of suggestions made within the group and dismissive of suggestions from outside the group. This paper looks at the various ways in which group think affects the working relationship between health workers especially doctors and nurses in Nigeria. Review of relevant literature was carried out with particular emphasis on those related to doctor nurse relationship and group think in Nigeria. The role of culture, level of education and training as well as the influences from the various health professional bodies were identified as factors that affect the working relationship between health workers. In fighting among the various health worker unions has led to industrial action and paralyzing of the health sector in Nigeria, with some professional bodies resulting to legal action. It is imperative for government to recognize the existence of group think and establish committees that will attend to grievances among health workers. [Researcher. 2010;2(5):1-4]. (ISSN: 1553-9865).

Key words: Group-think; health workers; conflict; doctors; nurses

1. Introduction

Health care workers share a concern for the well-being of the patient, but there is often friction between members of the different professions. This may be due to individual differences, however most of it arises because of the way the professions view each other and this in turn arises out of the nature of the care they are providing. This phenomenon has been termed group-think.

Group-think refers to the way members of a group distort their thinking to become overly supportive of suggestions made within the group and dismissive of suggestions and challenges made from outside it (Iles V, 1997; Irving et al. 1982; Wikipedia. 2009; Janis, 1971). The WHO describes health workers as all people engaged in actions whose primary intent is to enhance health. They include doctors, nurses, pharmacists, laboratory technicians, community health workers, management and support workers such as financial operators, cooks, drivers and cleaners (WHO, 2006).

In Nigeria health care providers can be categorized based on source of funding and its management into government or public hospitals, private hospitals and faith-based hospitals. The primary health centers (primary institutions) are funded by the local government authorities. The general hospitals (secondary institutions) are owned and funded by the state government while the teaching hospitals (tertiary institutions) are owned and funded by the federal government (FMOH, 2004).

Material and Methods

Online search of articles, newspapers and literature on topics related to group-think and conflicts among health professional groups was carried out. Particular emphasis was placed on research carried out in Nigeria and environment.

Result and Discussion

There was a dearth of literature in relations to group-think in Nigeria. However there were a few published papers and newspaper article on doctor-nurse conflicts and relationship, and conflicts between doctors and other health workers.

The phenomenon of group-think was first described by Janis who observed the behaviour in groups in which some disastrous decisions had been made by very able and well intentioned individuals. He looked at the ways in which the US administration took decisions in relation to the Cuban missile crisis and the escalation of the Vietnam War (Iles V, 1997; Janis 1971).

Iles pointed out that specialization has bought great clinical advances but also problems of communication, a lack of shared understanding and fragmentation of responsibility which results in shared responsibilities (Iles V, 1997). In health care it is not just enough for each of us to take care of only our own responsibilities, we must also take responsibility across our boundary into interdependent specialties. This must be done with sensitivity. We should on the other hand respond charitably and not defensively when others cross our boundary. The issue of how to take responsibility across discipline is a critical one in health care. The

problems that arise do so at the boundaries between disciplines, they do so because each profession self-righteously blames the other and also vigorously defends its boundaries (Iles V, 1997).

There are certain principal characteristics associated with group-think. These include the fact that group members are intensely loyal to the group and its policies even if some of the consequences of the policies disturb the conscience of each member. Members do not criticize the reasoning or behaviour of fellow members, they are 'soft headed' i.e. they believe unquestionably in the inherent morality of their in group (Iles V, 1997).

They are 'hard hearted' when it comes to members of the out groups i.e. they hold negative stereotyped views of the out groups and their leaders. Individuals doubt and suppress their own reasoning when it conflicts with the thinking of the group. If a member does question the validity of arguments expressed, then other group members apply direct albeit subtle pressure to conform (Iles V, 1997). Various explanations have been used to explain the causes of hostility between professionals (Iles V, 1997). These are applicable among health care providers in Nigeria. They include: The hierarchy of clinical description (Blois, 1984; Iles V, 1997), this has a hierarchy of description for clinical conditions. It talks about the various ways in which clinical symptoms and signs are viewed by health workers, patients, family members and the society at large. A patient complaining of persistent headache and weakness might be described by the family as 'maybe dad has malaria'; the doctor might want to rule out hypertension. We have already three different ways of describing one clinical condition. The spectrum of views of disease (Iles V, 1997), here there are two traditional view of disease, the ontologic view described by Plato. This view describes a disease in terms of its attributes, without any reference to the patient; it talks about the 'course of the disease'. The second is the biographical view described by Hippocrates; here the sick patient is the focus of attention (Iles V, 1997). Doctors are more inclined to have an ontologic view of disease while nurses are more inclined towards the Hippocrates view. This results in them having different concerns which they feel are not been addressed by others. This has the potential to result in strife (Iles V, 1997). Another explanation is the degree of structure in the clinical problem (Blois, 1984). Many of the problems that arise between health workers appear to come in to play as a result of an undervaluing of the skills of the professionals on the other side of the boundary i.e. all health workers involved in reaching clinical diagnoses (Iles V, 1997). Protecting of boundaries

by health care professionals especially when they sense that others are eroding into their boundaries or appear to be taking over, can also leads to conflict. In addition to this, poor leadership, poorly defined job specification, corruption and failure to address the situation have further worsened the group-think phenomenon in Nigeria.

Group-think is 'killing' the health care industry in Nigeria, particularly in government owned hospitals. The various health care professionals have a high distrust of each other and try to down play the role of each group as not as important as the role they play. Inter-professional conflicts in the Nigerian health care delivery system has been described as very intense, deep-rooted and crippling (Inyang,1998). Conflicts are sometimes taken to the pages of the national dailies and sometimes involve law enforcement agents(Punch, 2008). Often times other health workers challenge the headship of the medical doctors in the health care profession. Roseline et al 2006 reported that a Majority of nurses (86.1%) compared to doctors (29.2%) want the headship of hospitals open to election by all health care professional groups in the hospital. Group-think is perhaps more pronounced between doctors and nurses because they interact more than any other health worker. It creates a stressful, unpleasant work environment and invariably rubs off on the patients. Similarly among nurses Tabak et al 2007 reported conflict with physicians has been a significant source of stress. In Nigeria older nurses may also expect traditional cultural respect due to an older person from often relatively younger doctors, this has also been identified as one of the sources of conflicts between doctors and nurses (Roseline et al. 2006). In addition, others have blamed medical training programs that set up a hierarchical model with nurses in a relatively subservient role to doctors (Rosenstein et al. 2002).

Group-think is perhaps further worsened in government hospitals where doctors are seen by nurses as proud and arrogant and have no business giving them instructions on patient care. This has led to nurses and other professionals in the health care industry to challenge the subordination of their occupational status to that of physicians (Roseline et al. 2006). On the other hand nurses are viewed as rude and unwilling to carry out their duties. A patient at the national hospital in Abuja had this to say about the services she received there. "The service delivery is okay but I must not fail to speak about the unfriendly attitude of the nurses. Some weeks back, I was on admission here. I had to

remind them of their duties before they did it and in the process, they barked at me not minding I am their patient." (Daily Trust, 2008).

The relationship between doctors and nurses in tertiary facilities degenerated at a stage that today nurses no longer come with doctors on their ward rounds.

In privately owned clinics and faith based facilities group-think is much reduced among the health workers as the medical director has the power to discipline erring health workers in his establishment unlike in some government hospitals. Private practitioners are however not devoid of group-think phenomenon. In their case it comes from external forces, such as bodies representing other health care professionals. These bodies have not failed to disrupt and interfere with their activities under the guise of maintaining standard of practice. The Federal Ministry of Health and the Medical and Dental Council of Nigeria are in a better position to regulate and maintain standard of medical practice.

Though it is expected that health care professionals tend to have a common goal of caring for their patient's well being; it is interesting to note that when there is hostility between the various groups it is patients that suffer. This is because they tend not to get best care from providers who ought to be concerned for them. There is a communication gap between patients and their providers in government hospitals and patients that can afford to pay will rather go to private health care facilities.

The last director general of NAFDAC (National Agency for Food and Drug Administration and Control) Prof Akuyili was a pharmacist who made giant strides towards eradication of fake drugs. Upon appointment of the new Director general of NAFDAC who is a medical doctor the Pharmaceutical Society of Nigeria (PSN), Lagos State branch, was reported in one of the national dailies (Punch, 2009) to have been 'set to initiate full legal proceedings against the National Agency for Food and Drug Administration and Control over the appointment of its new Director-General, Dr. Paul Orhii'. 'According to the Lagos PSN, the law stipulates that a NAFDAC DG must have a good knowledge of pharmacy, drugs and food'. It said, 'If pharmacy still remains a profession like it is in other parts of the world, in Nigeria, we continue to wonder how any person who is not a member of a profession will have a good knowledge of the same'. To make good its demand the PSN dragged the federal government to court in a few months later asking that the DG's

appointment be set aside. (Vanguard 2009, Daily trust, 2009)

It is also important to note that though all the various groups of health workers want to be in control however only doctors have the power of autonomy due to their technical expertise and skills. Others have challenged the reasons why doctors have to head all the health institutions. Conversely doctors have insisted in heading teaching hospitals, state and federal ministry of health as chief medical officer, commissioner and minister respectively. Recently when the new list of ministerial nominees were released for screening the Nigerian Medical Association quickly pointed out that there was no medical doctor included. In response to this all other health professional bodies have threatened to withdraw their services if a medical doctor is employed as minister under the current administration of acting president Goodluck Jonathan. (Daily Independence, 2010).

One may argue that the failure of the referral system in the health sector means a higher work load at the tertiary level and might actually have its own effect on group-think. Sadly it is the patients that we all profess to care about that are at the receiving end when group-think is so pronounced among health professions. This is more so when the various group withdraw their services to exert pressure on government. These patients also have preformed view of their health care providers especially the ones in government institutions. Doctors are seen as people who waste their time and end up spending very little time with them. Hence the recommendation to employ more doctors (Daily Trust, 2008). Nurses are seen as discourteous, highly irritable and unsympathetic to their plight. (Daily Trust, 2008).

Finally I think it is imperative that all government health care institutions should have clearly define job specification for all categories of health care workers including doctors on employment .in addition to this management of government owned hospitals should conduct interpersonal communication seminars for workers and establish a committee that will attend to grievances among staff. This will go a long way in improving relationships among health workers and serving the patients better.

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