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Professional Relationships Between Nurses and Doctors at Vlora Regional Hospital : A Cross-Sectional Study

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Abstract

The success of the nursing profession, as a key indicator of high-quality healthcare institutions, depends on efficient patient care and effective collaboration among nurses and with medical staff [1, 2]. This study aimed to identify the professional relationships of nurses and the factors influencing them. A cross-sectional study was carried out at Vlora Regional Hospital between June 9 and September 1, 2025, involving 116 nurses and 44 doctors randomly selected from multiple departments. Two questionnaires were used: a questionnaire for doctors and a questionnaire for nurses through linguistic validation in Albanian of the questionnaires Nurse-Doctor Relationship in Rwanda: A Questionnaire Survey IOSR Journal of Nursing and Health Science (IOSR-JNHS).

Statistical analysis was performed with the SPSS 19 package. Nurse–nurse relationships were rated at a moderate level, with a mean score of 6.53 (SD = 1.88). Most nurses (61.21%) reported

that these relationships need improvement, reflecting moderate levels of professional behavior and ethics. The nurse–doctor relationship was similarly rated as moderate by 70.69% of participants, though 23.28% evaluated it as very good. Communication issues were identified by 23.81% of doctors as a key factor affecting nurses’ professional conduct. The most challenging interactions involved both nurse–nurse and nurse–doctor relationships (57.52%). Hierarchy (43.1%), communication problems among staff (37.1%), and insufficient adherence to ethical standards (21.6%) were identified as major sources of difficulty in nurse–doctor collaboration. Conclusions: Professional relationships at Vlora Hospital remain at an average level and require improvement, particularly in communication, mutual respect, and ethical behavior. Recommendations: Strengthen professional performance, ensure effective communication using

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appropriate medical terminology, reinforce ethical conduct, and promote cohesive teamwork.

Keywords: *professional relationships, nurses, doctors, communication, ethics, collaboration, hierarchy, performance, healthcare teamwork.*

Introduction

The success of the nursing profession as a defining component of high-quality healthcare institutions depends on effective patient care and strong professional collaboration among nurses and between nurses and medical staff [1,2]. A functional nurse–doctor relationship is a critical determinant of patient safety, quality of care, and healthcare efficiency.

Clear role definition, appropriate task allocation, accurate information exchange, mutual respect, and collaborative decision-making form the foundation of effective interprofessional relationships [1,3,4]. However, factors such as hierarchical structures, shift-based work models, occupational stress, and lack of professional support may negatively affect collaboration and communication [5,6].

Deficiencies in professional relationships are associated with increased clinical errors, rehospitalization rates, and higher mortality [4,7]. Therefore, assessing professional relationships and identifying the factors influencing them is essential for improving healthcare delivery and organizational performance.

Study Objective: To identify the professional relationships of nurses, as well as the factors and Objectives:

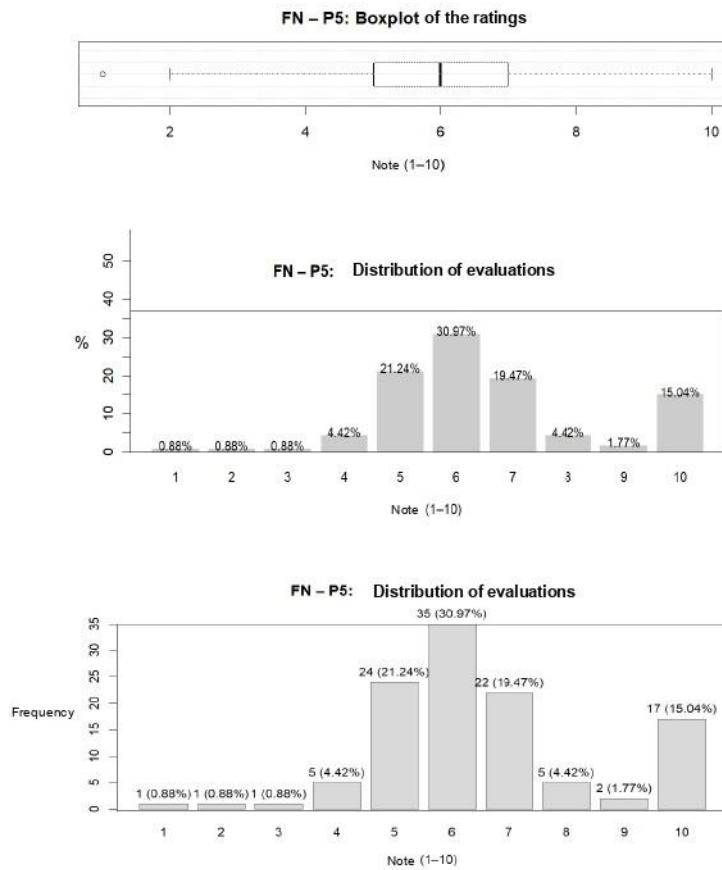
- To assess the professional relationship between nurses.
- To assess the professional relationship between nurses and doctors.
- To identify factors influencing professional relationships.
- To determine the most difficult professional relationship perceived by healthcare staff.

Methodology:

- **Study Design:** This study employed a cross-sectional design.⁷
- **Study Setting and Period:** The study was conducted at Vlora Regional Hospital from 09.06.2025 to 01.09.2025, with the involvement of academic staff.
- **Study Population:** The study included 116 nurses and 44 doctors randomly selected from various hospital departments. Participation was voluntary, and informed consent was obtained. Each participant completed the questionnaire only once. Statistical analysis was performed with the SPSS 19 package.
- **Inclusion and Exclusion Criteria**
Inclusion: Nursing and medical staff employed at Vlora Regional Hospital.
Exclusion: Other hospital employees not professionally classified as nurses or doctors.
- **Instruments:** Two questionnaires (one for nurses and one for doctors), linguistically validated in Albanian, were used. These instruments were adapted from the Nurse–Doctor Relationship survey previously published in the IOSR Journal of Nursing and Health Science.

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Results: Nurse–Nurse Professional Relationship



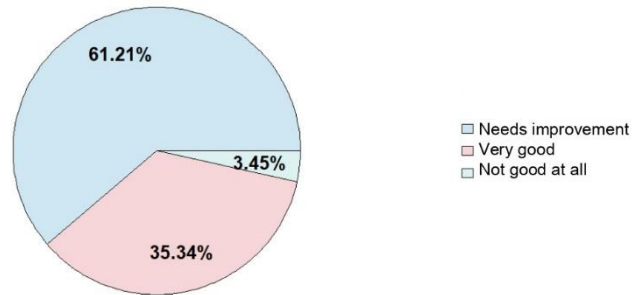
Graph 1: Distribution of Ratings for the Nurse–Nurse Professional Relationship

The nurse–nurse professional relationship was rated at a moderate level. The most frequent ratings were 6 points (30.97%), 5 points (21.24%), and 7 points (19.47%). A total of 61.21% of nurses reported that this relationship needs improvement, indicating moderate levels of professional behavior and ethics.

- **Mean** = 6.53 (SD = 1.88)
- **Median** = 6.00
- **Min–Max** = 1–10
- **IQR** = [5.00; 7.00]

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FN – P6: Relation with colleagues (structure)



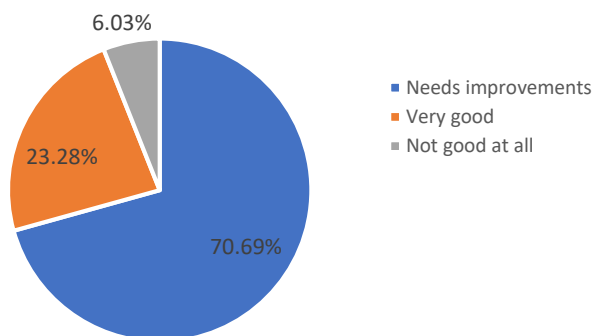
Graph 2: Structure of Ratings for the Nurse–Nurse Professional Relationship

The most frequent evaluation indicates that the nurse–nurse relationship **needs improvement** (n = 71, 61.21%), showing that professional behavior and ethics are at moderate levels. A total of 41 nurses (35.34%) rated their relationship with fellow nurses as very good, reflecting a

highly satisfactory level of professional behavior among colleagues, which contributes to the provision of high-quality and professional care. Only 3.45% of nurses rated the professional relationship among colleagues as **poor**.

Nurse–Doctor Professional Relationship

FN-P7-Relations with doctors



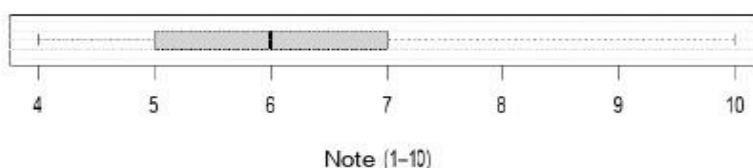
Graph 3: Structure of Ratings for the Nurse–Doctor Professional Relationship

The nurse–doctor relationship was also perceived as moderate. Approximately 70.69% of participants indicated that this relationship needs improvement, while 23.28% rated it as

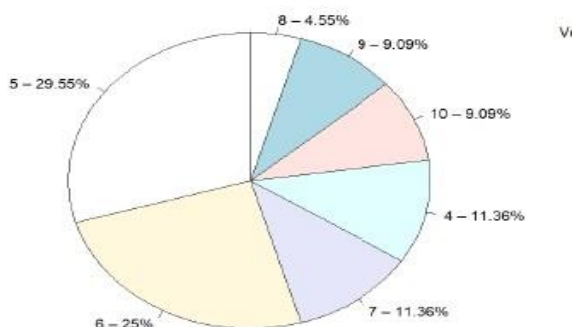
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very good. Doctors’ evaluations of nurses’ professional behavior resulted in a mean score of 6.32 (SD = 1.81). This reflects an average level of professional ethics and highlights issues of inadequate respect for the doctor’s role by nurses and for the nurse’s role by doctors.

Question 1 (FM) – Boxplot of the evaluations



Question 1 (FM) – Structured responses



Graph 4: Structure of Responses (Pie Chart) for the 1–10 Rating of the Nurse’s Professional Relationship with the Medical Staff

Assessment of the Nurse’s Professional Relationship with the Medical Staff (1–10 Rating):

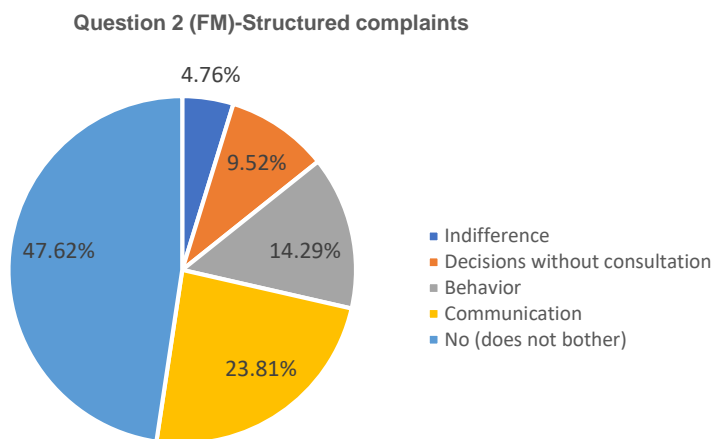
The nurse–doctor professional relationship was perceived as **average**, with the following distribution of ratings: 5 points (29.55%), 6 points (25%), 7 points (11.36%), 8 points (4.55%), 9 points (9.09%), and 10 points

(9.09%), reflecting doctors’ evaluation of nurses’ ethical and professional behavior.

- Mean = 6.32 (SD = 1.81; min = 4, max = 10; median = 6; IQR = [5; 7])
- 95% Confidence Interval for the mean: [5.77; 6.87]
- Most frequent rating: 5 (Frequency = 13; 29.55% of responses)

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Identification of Factors and Causes Affecting the Professional Relationship



Graph 5: Structure of Responses (Pie Chart) for the Identification of Factors and Causes Affecting the Professional Relationship

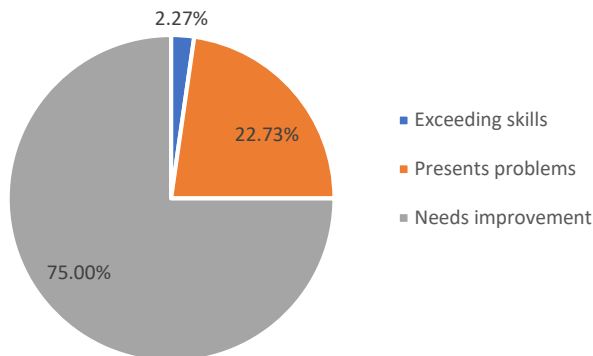
Professional relationships are built on open communication, mutual respect, and effective collaboration among healthcare personnel. However, a number of factors and causes can either positively or negatively affect professional relationships. According to doctors' feedback regarding nurses' behavior, 47.62% of doctors reported that there is nothing that bothers them, indicating effective professional collaboration between medical and nursing staff, where each knows their role and responsibilities. Communication

was cited by 23.81% of doctors as a factor that disturbs them in nurses' professional behavior. This can lead to misunderstandings, interpersonal tensions, and clinical errors, affecting the quality of the professional relationship. Three other causes that disturb doctors regarding nurses' professional behavior and that influence the development of ethical, stable relationships and a healthy work environment for high-quality service are:

- *Behavior*: cited by 14.29% of doctors
- *Decisions without consultation*: cited by 9.52% of doctors
- *Indifference*: cited by 4.76% of doctors

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Question 3(FM)-The structure of evaluations

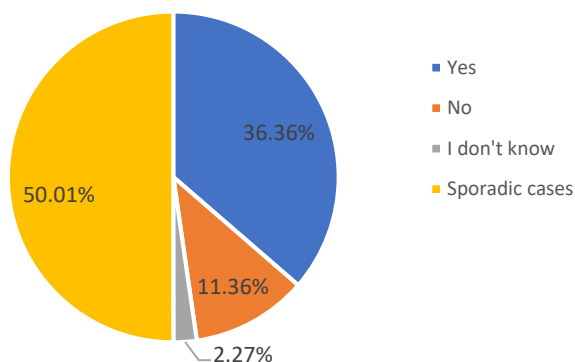


Graph 6: Structure of Responses (Pie Chart) for the Identification of Factors and Causes Affecting the Professional Relationship According to Doctors

According to doctors’ feedback regarding the evaluation of nurses’ communication with staff, **communication needs improvement (75.00%)**. Communication is a fundamental component of nursing ethics and practice, and poor communication undermines professional relationships and patient care. No problems were reported by **22.73%**, indicating that these relationships are characterized by mutual respect,

open communication, trust, shared responsibility in fulfilling professional duties, and work efficiency. **Overstepping of competencies** was reported by **2.27%**, representing a deviation from the professional boundaries of each member of the healthcare team, which directly affects patient safety, the quality of care, and professional relationships.

Question 4 (FM)-Structured of the answers



Graph 7: Structure of Responses (Pie Chart) Regarding the Content of the Code of Ethics by Nurses

According to doctors’ feedback regarding nurses’ adherence to the code of ethics, **sporadic compliance** was reported by 50.00%, while **non-compliance** was reported by 11.36%. The code of et

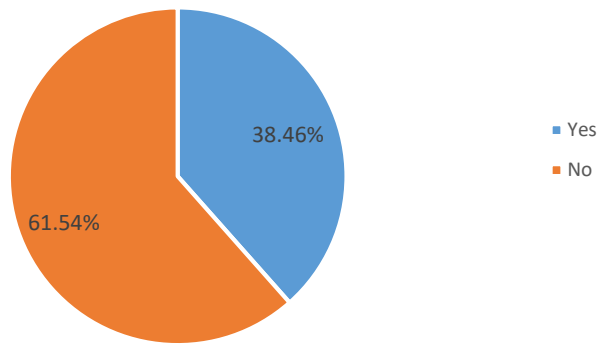
hics serves as an ethical guide for every professional decision made by nursing staff, and failure to follow or violation of it constitutes not only a disciplinary issue but also a legal responsibility.

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A portion of doctors (36.36%) reported that nurses demonstrated professional responsibility, re

spect for patients' rights, collaboration with colleagues, and provision of quality care to patients.

FN-P9: Do you feel offended/humiliated?



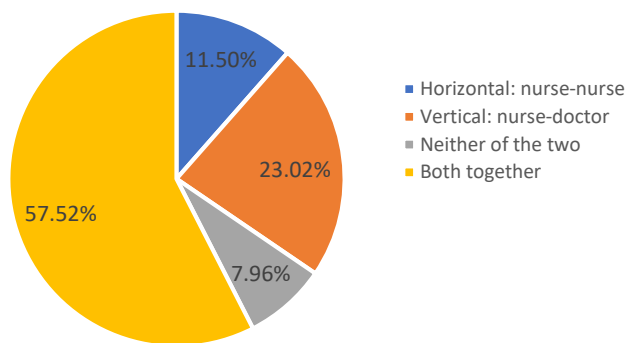
Graph 8: Structure of Responses (Pie Chart) Regarding Nurses' Adherence to the Code of Ethics

Workplace harassment violates the Ethical Codes and Disciplinary Regulations governing the nursing profession and constitutes a breach of employee rights. Every healthcare institution has the duty to protect the integrity of its staff. According to nurses' feedback, **61.54%** reported that they do **not** feel harassed at work, indicating a safe and respectful work environment. In contrast, **38.46%** reported feeling harassed at work,

which represents a serious problem that negatively affects not only emotional and professional well-being but also the quality of healthcare services provided to patients.

The Most Difficult Relationship According to Healthcare Staff

FN-P8: The most difficult relationship



Graph 9: Structure of Responses Regarding the Most Difficult Professional Relationship

Interprofessional relationships are essential for providing high-quality and comprehensive patient care, but in some cases, these

relationships can be challenging. The most difficult relationship reported was the combined nurse–nurse and nurse–doctor relationship

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(57.52%), followed by nurse–doctor (23.01%) and nurse–nurse (11.50%) relationships. These difficulties were mainly associated with unclear communication, lack of mutual respect, and insufficient role recognition. This directly affects patient care quality, causing treatment delays, inaccurate clinical communication, and reduced efficiency of doctors and nurses as a professional team.

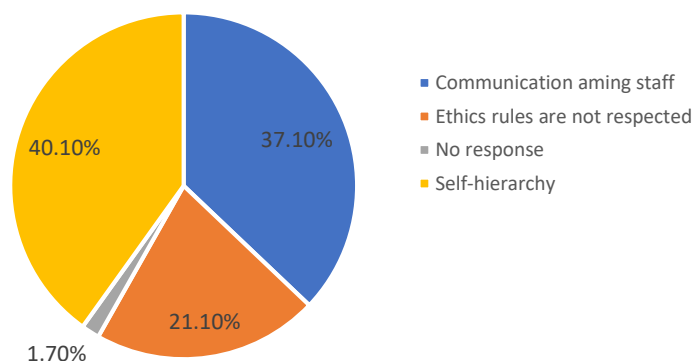
- *Vertical relationships: nurse–doctor (23.01%)* – difficulties are due to professional hierarchy, where one party feels

undervalued or excluded from decision-making.

- *Horizontal relationships: nurse–nurse (11.50%)* – challenges arise from ineffective communication, lack of collaboration, professional rivalry, disrespect for colleagues’ roles and experience, and feelings of being undervalued. This lowers staff morale and negatively affects patient care quality.

About 7.96% reported that none of the relationships were difficult, indicating a healthy relationship among healthcare professionals and mutual respect for each other’s roles.

Question 8a-The reasons that complicate the relationship



Graph 10: Structure of Responses (Pie Chart) Regarding the Causes That Complicate the Nurse–Doctor Professional Relationship.

Three main factors are perceived as sources of difficulty in the nurse–doctor relationship:

- *Hierarchy (43.1%)* – indicating that vertical structures and power relations remain a major obstacle.
- *Staff communication (37.1%)* – suggesting that lack of clarity and appropriate information exchange creates tensions.
- *Non-compliance with ethical rules (21.6%)* – highlighting concerns about professional

behavior. Responses indicating multiple causes most often combine *communication +*

ethics, suggesting that communication problems are frequently perceived as linked to adherence to ethical norms.

Discussion

The study highlighted that professional relationships at Vlorë Hospital are at an average level, indicating the presence of communication and collaboration, but leaving room for further interventions aimed at standardizing the delivery of healthcare. These values are higher compared to a 2022 study in Ethiopia, which found that 43.3% of respondents experienced ineffective collaboration among professionals, showing that two in

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five professionals reported cooperation problems, underlining an average level of professional relationships and the need for improvement [8]. In our study, more than half of the nurses reported deficiencies in communication and professional ethics, while two-thirds of doctors reported their relationships with nurses as average due to hierarchical constraints and role limitations that reduce collaboration. However, a 2024 study in Jordan showed a positive correlation between nurse–doctor collaboration and perceived quality of healthcare services provided to patients [9].

The findings indicate that professional relationships at Vlora Regional Hospital are at a moderate level. More than half of the nurses and approximately two-thirds of the doctors reported deficiencies in communication and professional ethics, largely influenced by hierarchical constraints and role limitations.

These findings are consistent with international studies reporting moderate levels of nurse–doctor collaboration and the need for improvement [8–10]. In contrast, studies conducted in Turkey and other European countries have reported higher levels of nurse–nurse collaboration, highlighting the importance of organizational culture and institutional support [11,12].

Approximately one-third of doctors and over 50% of nurses reported deficiencies in communication and mutual respect, which later manifested in misunderstandings and work-related stress. Similar results were observed in a 2023 study in Korea, where 20% of nurses had a low level of collaboration, 50% had a medium level, and 30% had a high level of collaboration [10]. In Turkey, a study showed that nearly all nurses reported nurse–nurse collaboration as accepted and at a high level within their units [11].

Similar findings were reported in studies conducted in Brazil and Germany, involving populations of doctors and nurses. In these studies, participants in focus groups identified opportunities and barriers arising from Primary Healthcare models used in their respective countries. In both countries, nurses' contributions to Primary

Healthcare were mainly linked to meeting complex health needs; however, promoting nurse engagement was challenged by the dominance of doctors in healthcare policies and practices.

Regarding future trends in expanding nursing practices in collaboration with doctors, all participants in Brazil supported a complementary approach focused on increasing nurse autonomy in Primary Healthcare. In Germany, opinions were mixed, with medical stakeholders and some general practitioners advocating a delegation-based approach [12].

Conclusions

Professional relationships between nurses and their colleagues, as well as with doctors, were rated as average. Both nurse–nurse and nurse–doctor relationships require improvement, particularly in communication, mutual respect, and adherence to professional ethics.

The most difficult relationships were reported as combined nurse–nurse and nurse–doctor relationships, reflecting systemic challenges in teamwork and role recognition. Hierarchy, communication issues, and non-compliance with ethical rules were identified as the main factors affecting professional collaboration.

Recommendations:

- Strengthen professional communication through continuous training and standardized medical terminology.
- Promote strict adherence to professional and ethical standards.
- Encourage interprofessional collaboration through team-based patient care models.
- Clearly define and respect professional roles and competencies.
- Reduce hierarchical barriers to improve collaboration and healthcare quality.

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